

MEDICINE AND SOCIETY: PEER-REVIEWED ARTICLE

Would Conceptualizing Past, Current, and Future Generations as Constituting a “League of Patients” Be Useful for Humanity?

Elizabeth Finneron-Burns, DPhil and Susan McNair, MD

Abstract

Since health is a crucial, if not the most important, feature of persons’ well-being, we have good reasons to consider all present and future persons as members of a “league of patients.” This article explores what this concept might mean, proposes how it could be applied in the emerging field of existential health care ethics, and draws upon it to better conceive of how to meet the health needs of current and future patients.

Neighbors in Time

In 1962, German philosopher Günther Anders wrote that present-day humanity’s increased ability to significantly influence future people had made distinctions between generations meaningless and that we would do better to understand generations as “*neighbors in time*.”¹ Just as setting our own house on fire will affect our neighbours in space, so setting a fire metaphorically (or perhaps literally, given the potential catastrophic environmental effects of climate change) in our own generation can significantly affect future generations, our neighbors in time. According to Anders, “all are allies against the common [nuclear] menace,” and “everybody is in the deadly reach of everybody else.”¹ As such, we should not conceive of generations as independent, separate entities, but as all (past, present, and future generations) composing a single “*League of Generations*.”¹ In the nuclear context in which Anders was writing, all individuals were at risk, meaning that the League of Generations would necessarily include individuals in the present and future. There was no option but to “join” (ie, to recognize that you are a member of) the league, since all would be affected.

Since health is an important, if not the most important, element of people’s well-being, Anders’ views might suggest that we should think of all generations of patients as a “league of patients” in order to underscore the importance of ensuring that the health needs of current and future generations of patients are met. However, we will argue that this concept is unlikely to be helpful in ensuring that health needs are met because there are significant differences in needs not only between generations, but also within them.

A League of Patients

Anders' conception of a League of Generations was an effective way to draw attention to the impact that our actions (for Anders, the use of nuclear weapons) can have on future generations: our actions affect those proximate to us not only in space, but also in time. It is important to remember that Anders was writing at a time when the world was on the brink of **nuclear war**; he wanted to remind us that, if that were to happen, it would affect not just the current generation, but also that generation's descendants and even their ancestors (by destroying the things they built, both physical and social, and possibly the human species). So, in a way, his was a call for equal recognition and protections, rather than equal treatment.

What would an intergenerational league of patients look like? Following Anders' conceptual model, it would be a call for intergenerational and international *solidarity* around the issue of health care—a recognition that actions and choices (whether of individuals, clinicians, or institutions) can affect the health treatments and outcomes of others proximate in space *and* time. A league of patients would not be limited geographically. Everybody in the world is a patient at some time or another and is always at least a potential patient, so a league of patients would necessarily comprise all people globally. Moreover, a league of patients would not be limited by time since the proposal is for an *intergenerational* league of patients. Finally, a league of patients would be limited by subject matter—members have a common interest in everybody's health, wherever they live—but that's about it. What the intergenerational league of patients would *not* be is an actual organization akin to the World Health Organization or the United Nations. It is an attitude, not an object.

Would Conceptualizing a League of Patients Improve Health Care?

We have 2 reservations about the efficacy of the concept of a league of patients. The first is the feasibility of such international and intergenerational solidarity. Even within a single generation, members vary in terms of income, wealth, level of health and education, political views, religion, resource availability and consumption, and level of development, to name just a few factors. This means that, even within a single generation, it would be extremely difficult to form anything like an international league of patients that can agree on and work towards a single goal (eg, securing equal access to health care for all), even if that goal is something they all have in common. Moreover, an intergenerational league of patients, even if its members could agree on the goal of securing access to health care for all, would immediately discover that doing so requires some members to redistribute resources (eg, wealth, health care professionals) to others. This necessity would open up a complex discussion about the ethics of resource distribution both geographically and intergenerationally, contrary to the inclusive scope of the league.

Furthermore, because we can only imagine what health care will look like in a hundred years, let alone 5 hundred, including future people—especially distant future people—in a league of patients would do little to help people currently living or them. Standards of health have changed dramatically over time, with new diseases and treatments constantly being discovered. Medicine itself, and the way it is practiced, is also evolving. For example, in Western medicine, there has been a shift from a paternalistic model of health care to a collaborative model in which clinicians' expertise plays one part in patients' overall health decision-making. As digitalization expands, it is more and more commonplace for patients to have access to their medical records, which supports collaborative health care by facilitating patients' understanding and recall of health

information as well as their engagement with the treatment process.² However, there would be disagreement about the utility of expanding electronic health record (EHR) access among members of the league of patients charged with improving health care standards. A group of patients situated in the present day, in a relatively wealthy nation, could reasonably advocate for it. A group of patients situated a hundred years ago would have little understanding of how this type of access to health records would be possible. Furthermore, members of the group would likely not comprehend **how EHR access would benefit their health**, as the standard of medicine at the time relied on a more paternalistic model of care. And we have no idea how the documentation standard of medicine will evolve over time; it could be that, in another hundred years, the documentation standard of medicine will involve such radically different forms of recordkeeping and patient collaboration that access to the EHR would no longer be a meaningful idea.

Even if the goal pursued by an intergenerational league of patients were a general one of meeting everyone's health care needs, it is still not clear at all how this goal would be helpful. Since the league would include everyone in the world (and all current and future people), it is not clear which, if any, role the league would play in such advocacy. If all people presumably can agree that everyone's health care needs should be met and furthermore can agree on how they should be met, why hasn't this happened already?

Our second reservation about the efficacy of the concept of a league of patients is that it is pointless, because health care is one of the resources covered under the concept of caring for future generations more generally.³

Conclusion

Considering all people, from all over the world—past, **present and future**—as a single league of patients may have a similar appeal to Anders' League of Generations: it emphasizes our interconnectedness, as neighbors in both space and time. Unfortunately, when we consider such a league more closely, it necessarily dissolves, and the differences within the league become too stark to enable it to function as a means for ensuring that health needs are met.

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Elizabeth Finneron-Burns, DPhil is an associate professor of political theory at Western University in London, Ontario, Canada. She received her DPhil in politics from the University of Oxford. Her research interests include intergenerational justice and the ethics of human extinction. She is the author of *What We Owe to Future People: A Contractualist Account of Intergenerational Ethics* (Oxford University Press, 2024).

Susan McNair, MD is a psychiatrist in Hamilton, Ontario, Canada. She received her MD from the University of Western Ontario and completed her psychiatry residency at McMaster University.

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