

Does Solidarity Contribute to Health? A Comparative Study of the Connections between Social Structures and Challenges in the Fields of Health and Medicine

A project headed by Dr. Hagai Boas

Research team: Dr. Hagai Boas, Prof. Nadav Davidovitch, Prof. Yael Hashiloni-Dolev, Dr. Eviatar Neshet, Prof. Aviad Raz, Dr. Anat Rosenthal

General

Does solidarity contribute to health? If so, how? And the corollary: What can we learn about solidarity from health challenges? In recent years, in the wake of a series of health and environmental crises and following advances in the development of medical technology, questions regarding solidarity have become relevant to a growing number of areas in the fields of medicine and public health. The most prominent example is the return to the question of mutual responsibility and solidarity in the context of the coronavirus pandemic, access to vaccination worldwide, and the tension between public health and the rights of individuals over their bodies. The “new normal” generates a new normative array for social and political life in which the question of mutual responsibility and solidarity is crucial for coping with the current crisis and those in the future. In this context, confronting health risks is a collective effort even more than an individual endeavor. Solidarity is a key component in these collective efforts. This project will delve into current and varied manifestations of solidarity to expand our knowledge on what solidarity is and how to harness it in favor of confronting health risks.

The ethical underpinning of contending with challenges in the fields of health and medicine was formulated in the second half of the twentieth century and reflected liberal approaches to individual rights, liberty, and free will, with the aim of creating a barrier against paternalistic, and sometimes oppressive and exploitative, medicine. In this sense, bioethics, the field that seeks to establish norms of behavior in the fields of health and medicine, is liberal bioethics, which puts the individual in the center and promotes such ideas as “informed consent,” “autonomy,” and “the patient’s well-being.” In this normative framework, values that take collectives as their reference point, as equity, the public good, and solidarity are to be found, at most, on the margins. But the life experiences of recent years, the “new normal,” and the command that we “live with” a continuing state of danger to individual and public health and wellbeing require a rethinking of liberal bioethics. As part of this rethinking, we propose that solidarity is one of the collective values required of bioethics in a time of continuing crisis.

But what is solidarity? Is its existence dependent on the existence of an external enemy, a commitment to a particular interest, or universal values? The literature on solidarity offers answers from the field of bioethics, social sciences and health sciences. At this stage, and without committing to one binding definition, it is reasonable to assume that these questions do not represent an either/or situation but rather various combinations within a complex social reality. For analytical purposes one may view these questions as representing a set of axes that connect ideal types, such as “us” and “you,” “interests” and “values,” “communalism” (particularism) and “liberalism” (universalism). The concept itself is polysemic and takes on political meanings in various contexts.

This project aims to focus on three cases, each of which emphasizes a different combination of these axes. In the context of organ donations, we will study the interplay between altruism and solidarity in living anonymous organ donors in Israel. In the context of DNA donation to biobanks we will examine the potential for achieving solidarity that looks beyond commercial interests from the perspective of a neoliberal policy. And in the context of coronavirus vaccination, we will explore how solidarity can develop from the clash between abstractions on “society” at large, and the historical and political contexts that charge this discourse with conflictual contexts.

The concept of solidarity itself has engaged social theorists and researchers in other fields since the beginning of the nineteenth century. It has become an umbrella term for a host of sometimes contrary definitions derived from various traditions of thought. It lost its luster, primarily in the critical theories that flourished in the 1970s and 1980s. But it seems that life under the “new normal” revived the relevance of the concept. The challenges require normative thinking about confronting looming hazards together, and the issues of mutual responsibility and social cohesion gain relevance. The new normal is also an opportunity to study in depth the various mechanisms and ways in which solidarity is generated and operates in different contexts and in the face of different challenges.

The critical approaches in the social sciences viewed the concept of solidarity and its use, primarily by philosophers of the structuralist tradition in the first half of the twentieth century, as depoliticizing systems of inequality—of class, gender, ethnicity, and race. In groups engaged in conflict with other groups - class consciousness, sisterhood, and perceptions of ethnic or racial identity- solidarity is generated out of a conflict and as part of the collective struggle. This approach to solidarity—as a condition for a collective struggle—can be seen in the use of the concept in connection with contexts other than

those of inequality, thus depoliticizing the term. Given these criticisms, the concept itself needs to be deconstructed and repoliticized in relation to current power arrays in society. But deconstruction does not mean a total negation of the concept. The theoretical challenge is to understand how various registers of solidarity—sometimes complementary and sometimes contrary—are created and played out within and between various communities and groups, with regard to neoliberalism, nationalism, privatization, patriarchy, populism, racism, and colonialism.

The theoretical challenge—the attempt to rethink solidarity as a concept that has analytical value—is also a normative challenge and a practical one. Contending with the challenges facing humankind requires mutual responsibility and a rethinking the role and practice of solidarity in the field of healthcare. The need to rethink the role of solidarity derives from humankind’s shared challenges in a time of total and continuing crises. In more than one sense, life in the new normal touches not only life with the constraints of the coronavirus but also new normative conditions that require a reorganization of society. Thought about health in the second decade of this century cannot avoid accepting the premises of public health and public-health ethics. These premises regard the publics, the collective, populations and social groups as its main unit of analysis. This is an approach to health that diverges from our intuitive understanding of the concept as pertaining solely to the individual and his or her body. In this framework, solidarity and mutual responsibility are values that are key to understanding how to achieve full health.

The solidarity challenge in the twenty-first century is broad and comprehensive and of global dimensions. This project seeks to examine it in relation to developments in the field of health. In recent decades this field has undergone a series of revolutions. Technological developments make possible therapies once thought imaginary. Genomics makes possible a variety of interventions that, in turn, generate new ethical spheres. The ability to collect, store, and process unprecedentedly vast bodies of medical data makes possible the discovery of connections between individual characteristics and the appearance of illnesses as well as the development of personalized medicine and the tailoring of therapies to the individual—in contrast to the conventional approach of a universal human body.

Alongside these developments, the sciences of medicine and public health have continued to establish the connection between social, cultural, and environmental characteristics and the health of individuals and populations. The coronavirus pandemic has emphasized even more the importance of the discipline of public health and of the view that the health

of the individual is often the outcome of the health of the entire population. The pandemic has also highlighted the fact that combined action of the publics for the general good is a key condition for improving the health of the individual. On the basis of this assumption, one may argue that in addition to the structural factors, such as access to health services, a healthful lifestyle, access to clean water, and nutritional security, solidarity is a social determinant of health. This is the case with regard to vaccination; collection of biological samples for building medical databases; and collection of cells, tissues, and organs for blood banks or organ transplantation. Advances in medicine rely on public involvement and participation. The challenge of solidarity raises a series of unresolved normative issues regarding the connection between health, science, technology, and society.

This project includes three research foci in which the issue of solidarity is key to the very existence of health initiatives. The three projects are (1) living anonymous organ donation, (2) the establishment of vast medical databases, and (3) the coronavirus vaccination challenge. The effectiveness of coronavirus vaccines will be fully realized only when large parts of the world's population have been vaccinated. This will be possible not only because of approaches that calculate the individual benefit but also from the approach of a shared effort to overcome a threatening crisis. The establishment of vast medical databases depends on the generosity of individuals who supply biological specimens for research that will benefit the public. There is no individual recompense for these donations and the individual benefit, if it exists at all, is distant and indirect. The donation is for the purpose of broadening medical knowledge and for the public itself. Organ transplantation is an empty technology without the cooperation of the public and willingness to donate organs. In light of the growing shortage of available organs, what are the normative foundations that nevertheless encourage organ donation?

Each one of the research foci presents a different angle on the issue of solidarity in relation to existing power arrays in society. As we will see below, the research teams will study in depth the view of solidarity as an emergent property of the field being investigated, its existing power arrays, and the concrete meanings attached to the concept. In addition to the research foci, the project also includes a study group for a deep study of the concept. The group will delve into the sources and historical manifestations of the concept so as to understand the analytical challenges of using the concept in the field of health. The thinking group will also compile the various insights that will arise from the research teams into an attempt to generalize an up-to-date theoretical formulation of the concept of solidarity.

Details of the Project

Team 1: Organ Donations and Solidarity

The medical success of organ transplantation technologies has made them a successful solution for a growing number of medical conditions. But the success has led to increasing demand for organs for transplantation and to a growing shortage of organs worldwide. Organs for transplantation come from two sources: Donations from cadavers can include all the organs that can be transplanted. Living donors can donate a kidney, a lobe of the liver, or a lobe of a lung. More than 85% of organ transplants worldwide are of kidneys, and donations from living donors constitute a large part of these.

Regarding each of the two sources of organ donations there is a different assumption about the connection between organ donation and solidarity. Cadaver donations are donations to society in general, for whoever is at the top of the waiting list. Donations from living donors are generally intended for specific recipients, usually family members who receive a kidney from a relative. Recently, we have witnessed a global increase in the incidence of living donors who are not related to the patients in need. They are not relatives, friends, or even acquaintances. Anonymous living donations are a growing trend in the political economy of organ supply in Israel. What motivates these people to donate organs to people they don't know, and is this the same solidarity that is manifested in cadaver donations?

Most of the anonymous donations in Israel come through a private nonprofit organization that recruits individuals for organ donations for people they do not know. The vast majority of these volunteers are from the Orthodox, both ultra-Orthodox and Modern Orthodox, population. Thus far, the organization has lined up nearly 1,100 such donors since its establishment in 2009. The vast majority of the donors requested that the recipients be Jews. What is the assumption of solidarity in this case? Does stating a preference conflict with the values of equality and of saving lives? These ethical questions can be answered sociologically and it is possible to examine the attitudes of the donors themselves regarding the donation, the perception of the other in Israeli society, and the general socio-structural context of the society in Israel.

Lead Researchers

[Dr. Hagai Boas](#) and [Dr. Eviatar Neshet](#)

Team 2: The Public Good in Big-Data Medical Initiatives

Throughout the world, and now also in Israel, national initiatives for mapping and analyzing genetic data from large populations have been promoted. Their aim is to take advantage of the potential of the genomic data and cross-check it against clinical and behavioral information, in order to promote public health and medical research as part of the vision of personalized medicine. The initiatives in most European countries and in the United States differ from each other in their various stages, the means of regulation, and the characteristics of the volunteers, but they raise the same social and bioethical issues. These include definition of the normative basis for the initiative, the means of recruiting volunteers from various populations, rules regarding the requisite confidentiality, the nature of the requisite informed consent, and rules regarding coming back to participants with information or findings, and the degree of transparency and information necessary with regard to them and the publics. These questions are closely linked to key issues of public trust and institutional trustworthiness. When the initiative moves from research to clinical application, additional issues arise, both instrumental and ethical, of translatability.

The issue of partnership between the public and these initiatives may involve, among other drives, an element of solidarity. On the one hand, the public is asked to donate biological samples for the sake of scientific and medical progress. The donation is framed as volunteerism for the sake of science, like the donation of one's body to science. But on the other hand, it is unclear what obligations the initiatives have to the public good, and to which specific public, if any, they have a specific obligation. This issue comes into sharper focus primarily in light of the trends of privatization and commodification of biological samples and information, so that the beginning of the chain is in donation and partnership, but very quickly the donation is assessed, valued, compensated for, and financed.

The Covid-19 pandemic has brought the issue of the relation between the individual and large medical initiatives into even sharper focus. The issues regarding the priorities, research interests vs. the public interest, privacy, transparency, oversight, and protection of the individual have become even more sensitive and subject to public debate. Clarifying these issues as they are expressed in the public's attitudes, public discourse, and knowledge of experts, marks out a new field of discourse regarding partnership, mutual responsibility, and attitudes regarding the public good. A precise outline of this

discursive field will contribute to the discussion of solidarity in relation to medical technology, privatization, and issues of social categorization.

[Prof. Yael Hashiloni-Dolev](#) and [Prof. Aviad Raz](#)

Team 3: The Dilemma of Coronavirus Vaccination in Countries with a Past and Present of Conflict

General Description

The dilemma of how to protect individual rights and the autonomy of patients undergoing medical procedures while maintaining public health, is one of the key issues in vaccination policy. This policy generally relies on a resolution of the dilemma by means of mutual benefit. Vaccination of an individual protects that individual, and a large enough aggregation (“herd immunity”) protects the entire population. Usually, the response to fear of vaccination is increasing trust in the safety of the vaccine and the scientific and health basis for its distribution. The source of this framing of the vaccination dilemma lies in the Western and liberal perception of society, of a nation-state, of the individual’s rights, and of a functioning health system. But how is the dilemma formulated and explained in societies with a past and present of continuing social conflict? How is it possible to speak about “society,” or “the public good,” “rights of the individual,” or “trust” in societies in which these concepts are charged with a tragic history or present of civil war, occupation, colonialism, genocide, or racism?

The Covid-19 pandemic is a global crisis that has left no country untouched. Identical means of contending with it are recommended everywhere: Vaccination of the population will reduce the dimensions of the pandemic; social distancing and masking will protect against infection. But in the race to a vaccine, each country sought to look out first of all for itself, in what has been termed “vaccine nationalism.” International initiatives such as COVAX are perceived as charitable schemes and are usually not obligated to abide by a rule, a law, or even a norm. But even within countries, in various situations of conflict, a traumatic past, or a strife-filled present, access to vaccines and vaccination raises questions regarding the feasibility of mutual responsibility, trust, and cooperation between the public and the medical establishment in vaccination.

This is an international ethnographic project that aims to examine how at the middle level official agents of vaccination, community leaders, or opinion makers frame the vaccination dilemma in discourse regarding solidarity. What are the limits of this

solidarity and how do the dimensions of inequality between populations involved in a conflict or with a traumatic past of conflict merge in its formulation?

Lead Researchers

[Dr. Anat Rosenthal](#), [Prof. Nadav Davidovitch](#)

Study Group: Solidarity in the Era of the “New Normal”

Group Organizer: [Dr. Hagai Boas](#) and [Prof. Dani Filc](#)

The ideational group will function on three levels: a) collecting the insights, findings, and considerations of the research teams; b) researching the various ways in which solidarity exists, is created, and functions in the era of the new normal, while relating to the theoretical roots of the concept; c) writing the manuscript that will summarize the project and will be published internationally.

Monthly meetings throughout the project. During the first year we will focus on reading formative texts concerning solidarity and medicine. During the second year we will focus on the specific studies involved in the project. The third year will be devoted to writing.

This study group will delve into the concept of solidarity in the field of healthcare. It intends to discuss solidarity and healthcare along the following axes: (a) historical analysis of the concept's development; (b) philosophical-bioethical: the meaning of solidarity in conceiving the relations between the individual and the social; (c) sociological-institutional: forma of organizational institutions that promote solidarity; (d) normative policy – how to pursue solidarity at the backdrop of contemporary challenges in healthcare; (e) what are the differences in discussing solidarity in the context of healthcare from discussing it in other fields. The group will advance the theoretical analysis of solidarity along these five axes in order to deepen our understanding on how to conceptualize, analytically and normatively, solidarity in the 21st century.

A summer school on social solidarity, starting in 2022, that will bring together experts on the connection between social solidarity and the field of health and medicine. The discussions will continue and will be an integral part of the group's discussions. We will try to have the discussions continue from year to year and for some of the participants in the summer school to join the ideational group.

Aims

International publication of a book on solidarity in the era of the new normal.

Funding

The research group: The Van Leer Jerusalem Institute. The summer school: The Van Leer Jerusalem Institute, the Cohn Institute, the Sidney M. Edelstein Center, and other partners.

Time Table

A call for participants in the group will be issued in October 2021.

The group will begin its work in January 2022.