WHO membership: the plight of Taiwan

I would like to raise a pressing issue relating to the World Health Organization (WHO) which should (I believe) concern the medical profession throughout the UK. The WHO Charter advocates the provision of health to all—as a human right. It is therefore to be regretted that these Charter obligations have not been exercised with respect to Taiwan whose 25 million citizens still cannot benefit from its protection. This democratic country, which is a beacon of human rights in Asia, is still excluded from the WHO. It is expected that in 2005 the island will again try for admission as an observer—the only status currently open to it since the People’s Republic of China has opposed Taiwan’s membership. Indeed Taiwan has already embarked on a new policy of “health diplomacy” in which the considerable Taiwanese contribution to global health has been highlighted.

It is certainly to be hoped that Taiwan’s bid will make the agenda of the World Health Assembly (WHA) in Geneva in 2005. I believe that the UK healthcare sector should be more vigorous in voicing its support for fair play on issues of this sort. Taiwan’s case has the backing of many prestigious international medical bodies such as the World Medical Association. It also has considerable worldwide political support. Indeed the European Parliament recently passed a resolution urging its member states to endorse the island’s participation in the WHO. Professor Vivienne Nathanson, of the British Medical Association, has argued that it is “desirable for the medical profession in Taiwan to enjoy the advantages offered by links with the WHO, and we should therefore certainly support its application for observer status.”

Likewise, prominent parliamentarians such as Tom Cox MP, of the all-party British-Taiwanese group in the House of Commons, have strongly condemned Taiwan’s exclusion.

The events of 11 September 2001 and the spectre of potential bioterrorism which followed in its wake, have highlighted the need for global cooperation on health matters. Yet Taiwan, which has contributed so much to medical assistance abroad, still remains excluded from the protection afforded by the WHO. This is a medical tragedy which surely should not be constrained by political considerations. Taiwan is willing to observe the WHO as a “health entity”—thus somewhat nullifying the politics of the issue. It is clear that Taiwan’s citizens both need the world health community but the application was rejected. As a Taiwanese citizen, a healthcare professional, and a medical ethicist, I believe, undoubtedly, that this involves serious infringement of the moral rights of the Taiwanese people. The outbreak of the SARS (severe acute respiratory syndrome) epidemic that followed in May-July 2003 eventually proved that more lives could have been saved if Taiwan had not been excluded from the WHO.

Three questions should be answered when considering the morality of inclusion:

1. Which beings qualify as members of the primary moral community?
2. Under what conditions are participants in a cooperative framework obligated to include individuals who can participate effectively?
3. To what extent is there an obligation to ensure the nature of one of the world’s most fundamental frameworks for cooperation renders it more rather than less inclusive?

On deliberating these three questions, it is clear that to exclude Taiwan from participating in the WHO is not justifiable. To rectify this injustice, which is also self-defeating and contrary to the constitution and the aims and objectives of the WHO, should be high on the agenda of the WHA. It is hoped that medical professionals throughout the UK and other readers of the Journal of Medical Ethics from the member states of the WHO will realise and endorse the morality of inclusion by giving Taiwan the support and help she needs to have a legitimate role in participating in the primary global moral community, the WHO.

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