

Between Principles and Practices: a Narrative Review on the Interface of Human Rights, Health, and Medicine

Entre Princípios e Práticas: Uma Revisão Narrativa Sobre a Interface Entre Direitos Humanos, Saúde e Medicina

Entre Principios y Prácticas: Una Revisión Narrativa Sobre la Interfaz Entre los Derechos Humanos, la Salud y la Medicina

RESUMO

Objetivo: Esta revisão narrativa tem como objetivo analisar a interface entre os direitos humanos, a saúde e a medicina, destacando os desafios éticos, legais e formativos envolvidos na efetivação do direito à saúde.

Método: A partir da análise temática de sete artigos selecionados, foram identificados dois eixos principais: (1) os direitos humanos como fundamento ético e legal da saúde; e (2) a formação médica, práticas e lacunas no ensino ético-legal. **Resultados:** Os achados indicam que, embora a saúde seja reconhecida como um direito universal, sua concretização enfrenta obstáculos decorrentes de desigualdades estruturais, omissões institucionais e insuficiências na formação dos profissionais de saúde. A formação médica ainda se encontra fortemente ancorada em modelos biomédicos, tecnicistas e fragmentados, o que limita a integração de conteúdos ligados à ética, à equidade e aos direitos humanos. A ausência de práticas pedagógicas humanizadoras e a fragilidade na articulação entre teoria e prática comprometem a atuação médica em contextos vulneráveis. **Conclusão:** Conclui-se que a efetivação do direito à saúde demanda não apenas políticas públicas fundamentadas nos direitos humanos, mas também uma formação médica crítica, sensível e comprometida com a dignidade humana, a justiça social e a promoção da saúde como bem público coletivo.

DESCRIPTORIOS: Direitos Humanos; Educação Médica; Ética Clínica; Políticas de Saúde.

ABSTRACT

Objective: This narrative review aims to analyze the interface between human rights, health, and medicine, emphasizing the ethical, legal, and educational challenges in realizing the right to health. **Method:** Through thematic analysis of seven selected articles, two central themes emerged: (1) human rights as the ethical and legal foundation of health; and (2) medical education, practices, and gaps in ethical-legal teaching. **Results:** The findings indicate that, although health is universally recognized as a right, its implementation is hindered by structural inequalities, institutional omissions, and weaknesses in professional training. Medical education remains grounded in biomedical and fragmented models, limiting the inclusion of content related to ethics, equity, and human rights. The lack of humanizing pedagogical practices and weak integration between theory and practice impair the physician's ability to act effectively in vulnerable contexts. **Conclusion:** It is concluded that the realization of the right to health requires not only public policies based on human rights but also a medical education that is critical, socially engaged, and sensitive to human dignity, social justice, and the collective nature of health as a public good.

DESCRIPTORS: Human Rights; Medical Education; Ethics Clinical; Health Policy.

RESUMEN

Objetivo: Esta revisión narrativa tiene como objetivo analizar la interfaz entre los derechos humanos, la salud y la medicina, destacando los desafíos éticos, legales y educativos involucrados en la efectivización del derecho a la salud. **Método:** A partir del análisis temático de siete artículos seleccionados, se identificaron dos ejes principales: (1) los derechos humanos como fundamento ético y legal de la salud; y (2) la formación médica, sus prácticas y vacíos en la enseñanza ético-legal. **Resultados:** Los resultados muestran que, aunque la salud es reconocida como un derecho universal, su implementación se ve obstaculizada por desigualdades estructurales,

omissões institucionais y deficiências en la formación profesional. La educación médica sigue centrada en modelos biomédicos y fragmentados, lo que dificulta la incorporación de contenidos relacionados con la ética, la equidad y los derechos humanos. La falta de prácticas pedagógicas humanizadoras y la débil articulación entre teoría y práctica afectan negativamente el desempeño profesional en contextos de vulnerabilidad. **Conclusión:** Se concluye que la realización del derecho a la salud exige no solo políticas públicas basadas en derechos humanos, sino también una formación médica crítica, sensible y comprometida con la dignidad humana, la justicia social y la salud como bien público colectivo.

DESCRIPTORES: Derechos Humanos; Educación Médica; Ética Clínica; Políticas de Salud.

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Tatiana Carneiro de Resende

Faculty member at ESTES/UFU. Nurse, Dentist. Master's and PhD in Health Sciences. Medical student – Faculty of Medicine of Uberlândia.
ORCID: <https://orcid.org/0000-0002-8604-5087>



Elton Luiz Costa

Nurse specialized in intensive care and occupational nursing. Medical student – Faculty of Medicine of Uberlândia.
ORCID: <https://orcid.org/0009-0007-4170-5997>



Wanslivea Aparecida Silva

Biomedical Scientist. Specialist in Clinical Analysis, Aesthetic Biomedicine. Medical student – Faculty of Medicine of Uberlândia.
ORCID: <https://orcid.org/0009-0006-0978-7788>



Denise Yochimura

Biomedical Scientist. Medical student – Faculty of Medicine of Uberlândia.
ORCID: <https://orcid.org/0000-0002-2202-8579>



Etiene Rodrigues Cardoso

Nurse. Medical student – Faculty of Medicine of Uberlândia.
ORCID: <https://orcid.org/0009-0007-0927-2714>



Anna Júlia Nascimento Cunha

Medical student – Faculty of Medicine of Uberlândia.
ORCID: <https://orcid.org/0009-0006-6180-8291>

INTRODUCTION

Health, conceived as a fundamental human right, constitutes one of the central pillars for building just and equitable societies. This concept is supported by international documents, such as the 1948 Universal Declaration of Human Rights, and by national legislation, such as the 1988 Federal Constitution, which states: “health is a right of all and a duty of the State”^{1,2}. However, the realization of this right faces structural, ethical, and educational challenges, which require an intersectoral and critical approach to understanding health not merely as the absence of disease, but as a collective good and an expression of hu-

man dignity.

The relationship between health, ethics, and human rights is multifaceted, manifesting itself from the design of public policies to daily practice in health services. The intersection between public health, ethics, and human rights proves essential in the implementation of programs such as the Unified Health System (SUS) and the Family Health Program (PSF), but is constantly challenged by obstacles such as underfunding, regional inequalities, and structural limitations³. Such obstacles not only limit the effectiveness of public policies but also jeopardize the realization of the right to health as legally established.

In the educational field, medical train-

ing still has significant gaps regarding the internalization of ethical and legal values. Although there has been progress in the teaching of subjects such as Bioethics and Legal Medicine, deficiencies persist in students' knowledge of fundamental aspects of human rights as applied to medical practice⁴. This educational deficit may manifest as shortcomings in humanized care, respect for patient autonomy, and the promotion of equity in care, revealing a disconnect between theory and practice.

The pedagogical approach also plays a strategic role in this context. The use of active methodologies, such as Project-Based Learning (PBL), has proven effective in building critical and reflec-

tive competencies in Public Health, especially regarding sensitive topics such as gender, sexuality, and care for the LGBTQIA+ population⁵. This strategy allows students to engage in the analysis of public health policies based on lived experiences, promoting a more humanistic education committed to social rights.

In addition to educational and systemic challenges, medical practice in crisis contexts, such as wars and humanitarian disasters, further increases the complexity of the interface between medicine and human rights. In times of armed conflict, health professionals are not only targets of attacks but also essential agents in protecting human dignity⁶. Medicine's ethical imperative for peace reinforces the need for neutral—yet not indifferent—action in the face of serious violations that compromise access to healthcare, particularly among vulnerable populations.

In light of this, this narrative review aims to analyze the interface between human rights, health, and medicine, identifying the main challenges, advances, and perspectives in the development of public policies and medical practices committed to equity, ethics, and social justice. By integrating different dimensions—legal, educational, ethical, and practical—we seek to contribute to critical reflection on the role of medicine in promoting human rights in diverse and complex contexts.

Therefore, how do human rights influence medical practices and health policies in the contemporary world? Thus, the objective is: to analyze, based on a narrative review, how human rights underpin and impact medical practices and public health policies, highlighting ethical, legal, and social challenges in promoting health equity.

METHOD

This is a qualitative narrative review of the literature, with an exploratory and analytical approach. The choice of this methodology is justified by the need to

understand, in a broad and critical manner, the interface between human rights, health, and medicine, addressing their ethical, educational, legal, and social dimensions.

The construction of the theoretical framework followed systematic steps. Initially, the inclusion and exclusion criteria were defined. Articles published between 2020 and 2025 in Portuguese, English, and Spanish that addressed topics related to human rights in health, medical ethics, public health policies, public health, or medical education were included. Empirical and theoretical studies, as well as experience reports with a scientific basis, were considered. Texts of an opinion-based nature without a technical or scientific basis, duplicate articles in different databases, and publications outside the thematic scope were excluded.

Literature searches were conducted between October and November 2025 in the following databases: SciELO, PubMed, the Virtual Health Library (VHL), and Google Scholar. The keywords used in the searches were combined using Boolean operators (AND, OR), including the following terms in Portuguese, English, and Spanish: “human rights and health,” “medical ethics,” “medical education,” “public health,” and “public health policies.” Articles with a DOI submitted directly by the authors were also used for analysis.

The selection of materials occurred in three stages: exploratory reading of titles and abstracts, full reading of the texts that met the criteria, and finally, the organization of the references in a spreadsheet. Following this process, four articles were selected to form the core of the analysis, considering their relevance to the proposed objectives, thematic diversity, and methodological rigor.

Content analysis was guided by the thematic analysis technique, with data categorized along two axes: (1) human rights as the ethical and legal foundation of health; (2) medical education, practices, and gaps in ethical-legal teaching. The

articles were critically reviewed, seeking convergences and divergences between the findings, national legal frameworks (such as the 1988 Federal Constitution and the Organic Health Law), and international human rights documents. Although this review does not follow systematic protocols, such as PRISMA, and does not assess the methodological quality of the sources, the narrative approach enabled an in-depth and interdisciplinary reflection on the topic. The absence of primary empirical data and the risk of selection bias are acknowledged as limitations, although mitigated by the diversity of sources and rigor in the critical analysis of the texts.

DESCRIPTION OF THE NARRATIVE REVIEW AND DISCUSSION

The objective of this narrative review was to reflect on the interface between human rights, health, and medicine using an analytical, exploratory, and qualitative approach. The content was organized into two main thematic axes: (1) human rights as the ethical and legal foundation of health; and (2) medical education, its practices, and gaps in ethical-legal teaching. The analysis sought to integrate normative, epistemological, and practical frameworks that shape public health policies and medical professional practice in the contemporary context.

HUMAN RIGHTS AS THE ETHICAL AND LEGAL FOUNDATION OF HEALTH

In the first theme, it was observed that human rights constitute the fundamental legal and ethical basis for the formulation of public health policies. Health, as a social and human right, is inseparable from the notion of human dignity, as argued by Sturza and Souza⁷, when exploring the historical evolution of public health care and the role of the Welfare State in consolidating the right to health. The authors revisit the perspectives proposed by Scliar⁸—ranging from the magical to the social—to emphasize that the understanding of health as a collective good

and a state responsibility is a historical and cultural construct. In the same vein, Rodrigues et al.⁹ discuss the impact of public policies on vulnerable populations, such as people experiencing homelessness, highlighting the role of human rights as guides for inclusive practices sensitive to social diversity.

Still within the first axis, the experience of physicians in contexts of vulnerability, as described by Teixeira and Silva¹⁰, reveals the tension between legal precepts and the concrete challenges faced by professionals in the daily practice of medicine, especially in situations of crisis, exclusion, and the absence of institutional safeguards. Health thus appears not only as a normative right but as an arena of disputes, omissions, and resistance, requiring constant ethical and political vigilance on the part of public officials and civil society.

The consolidation of human rights as the ethical and legal foundation of health represents a civilizational achievement that transcends the legal field, reaching the political, social, and moral dimensions of life in society. From this perspective, health is recognized as a universal right, indivisible and interdependent with other rights, such as the right to food, housing, education, non-discrimination, and a dignified life¹². This understanding is present in documents such as the Universal Declaration of Human Rights¹ and the International Covenant on Economic, Social, and Cultural Rights¹², which directly influenced Brazilian constitutional normative frameworks, especially Article 196 of the 1988 Federal Constitution².

In practice, however, the realization of this right often proves to be contentious and incomplete.

As Sturza and Souza⁷ indicate, public health in Brazil suffers the impacts of an unequal structure, resulting from the historical absence of a consolidated welfare state. Despite advances such as the creation of the SUS, institutional bottlenecks persist that jeopardize the universality and comprehensiveness of care.

This tension between the normative and the real is also highlighted by Rodrigues et al.⁹, who analyze the difficulties faced in caring for the homeless population. The study shows that, although there are legal provisions and human rights guidelines aimed at this population, the implementation of these guarantees remains precarious.

Furthermore, Cortes⁶ highlights the importance of the medical profession's ethical commitment in the face of extreme situations, such as wars and armed conflicts. The author argues that medicine must actively position itself in defense of peace and human rights, noting that medical neutrality must not be confused with inaction in the face of violations.

Legal and institutional discourse, therefore, must be accompanied by coherent political, social, and educational practices. As Teixeira and Silva¹⁰ indicate, medical practice in contexts of high vulnerability requires not only technical knowledge but also ethical sensitivity, emotional preparedness, and a commitment to equity.

MEDICAL EDUCATION, ITS PRACTICES, AND GAPS IN ETHICAL-LEGAL TEACHING

The second axis of the analysis focused on medical education and its shortcomings regarding the integration of content related to ethics, human rights, and public health. The literature points to the persistence of curricula centered on a biomedical and technocratic model, with little emphasis on the humanistic and social dimensions of medicine. There is a significant gap between what national curriculum guidelines propose in terms of ethical training and what is actually implemented in educational institutions⁵.

In the same vein, it is argued that the absence of a structured approach to human rights in undergraduate programs contributes to the weakening of physicians' ethical training, which can negatively impact the physician-patient rela-

tionship and commitment to equity¹¹. The lack of practical experiences in vulnerable communities and the fragmentation of teaching into compartmentalized disciplines have also been identified as obstacles to the consolidation of a humanized education⁶.

Complementing this discussion, it is noted that the incorporation of social rights—and, in particular, the right to health—into the legal frameworks of contemporary democracies also requires the adaptation of educational processes⁷. Medical education must therefore be rethought in its entirety to ensure that future professionals not only master the biomedical sciences but also understand the social determinants of health and act based on sound ethical and legal principles.

Contemporary medical education faces a dual challenge: to meet the technical demands of an increasingly sophisticated medical field and, simultaneously, to cultivate the ethical, humanistic, and social commitment necessary for professional practice in contexts marked by inequalities, exclusions, and complexity.

The literature shows that medical education, despite the advances promoted by the National Curriculum Guidelines, remains anchored in traditional, biomedical, and hospital-centered paradigms that prioritize technical content at the expense of ethical reflection, human rights, and public health^{5,6}.

This narrow focus in medical education has significant practical implications, such as the poor preparation of future physicians to address the needs of vulnerable populations, to handle extreme situations involving conflicts of values, or even to recognize the legal implications of their conduct. The lack of systematic spaces for discussion on ethics, bioethics, and human rights leads to the normalization of discriminatory practices and the devaluation of the relational dimension of care¹¹.

The lack of integration between theory and practice is also evident when one observes that, although curricula include

subjects such as Medical Deontology or Legal Medicine, these are often treated superficially or detached from the realities experienced in healthcare settings¹⁰. This creates a gap between ethical-normative discourse and the daily practice of medicine.

A relevant alternative to this pedagogical limitation is the adoption of active teaching methodologies, such as project-based learning (PBL), which seeks to bring students closer to social reality and foster competencies such as critical thinking, empathetic listening, and evidence-based decision-making⁵.

From this perspective, the importance of practical experiences in vulnerable communities stands out as a powerful pedagogical strategy to sensitize students to social inequalities in health⁶. These experiences help integrate technical knowledge with the patient's sociocultural context.

Furthermore, it is emphasized that medical education must prepare professionals for adverse and crisis contexts, such as armed conflicts and humanitarian disasters, in which medical practice

demands more than clinical skills: it requires an ethical stance in the face of barbarism and the active defense of human dignity⁶.

CONCLUSION

This narrative review has allowed us to understand, from different perspectives and approaches, how human rights constitute not only a legal foundation but also a fundamental ethical principle for the organization of health policies and the practice of medicine. The recognition of health as a human right implies concrete commitments by the State and society to build systems that promote equity, social justice, and dignity, especially for vulnerable populations.

In terms of medical education, it became evident that there is still a disconnect between curriculum guidelines guided by humanistic principles and the traditional teaching model, which is predominantly technical and fragmented. The gaps identified in ethical and legal education reveal the urgency of integrating human rights content in a cross-cutting, critical, and ap-

plied manner, prioritizing methodologies that bring future professionals closer to the social realities and ethical complexities of healthcare.

Analysis of the articles demonstrated that the realization of human rights in medicine is not limited to normative guarantees or institutional rhetoric, but requires educational, professional, and policy practices that are effectively aligned with the values of justice, respect for diversity, and solidarity. In this sense, the need for medical education committed to the collective good is reaffirmed, as is the need for clinical practice sensitive to the multiple dimensions that constitute the right to health.

Finally, the intersection of health, medicine, and human rights, though challenging, proves to be a fertile ground for critical reflection and the transformation of health practices. Investing in the ethical training of professionals, strengthening public policies, and ensuring the centrality of human dignity in care processes are indispensable paths toward consolidating a medicine that is more just, equitable, and consistent with the fundamental principles of life in society.

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