



ORIGINAL ARTICLE

Opinion of the users of Riobamba on the violations to the right to the health, in connection with the mortality

Opinión de los usuarios de Riobamba sobre las violaciones al derecho a la salud en relación con la mortalidad

Luis Ramiro Ayala-Ayala¹✉ , Marcelo Xavier Valdez-Maigualema¹ , Sebastián Alejandro Contento-Correa¹ , Irene Marisel Ramos-Berrones¹ 

¹Universidad Regional Autónoma de los Andes, Riobamba. Ecuador.

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ABSTRACT

Introduction: the right to health is a fundamental principle, although in practice, various violations of this right can undermine it.

Objective: to explore the opinions of Riobamba users regarding violations of the right to health in relation to patient mortality.

Methods: a qualitative study conducted in 2024 with a non-probabilistic, intentional sample of 30 users affiliated with the Social Security system in the Riobamba canton. The study employed both theoretical and empirical methods, using an ad hoc interview to explore participants' opinions. Descriptive statistical methods were applied, and medical ethics were observed.

Results: all users reported having experienced, either personally or through family members, situations in which they felt their right to health was violated within the public healthcare system, and in every case, these situations were associated with patient mortality. Additionally, 67 % believe these violations are directly related to increased deaths. Furthermore, 80 % of respondents believe that awareness and public education could help reduce these violations within Ecuador's public health system.

Conclusions: all users, directly or indirectly, have experienced situations where they perceived a violation of their rights within Ecuador's public healthcare system. This highlights the urgent need for a coordinated response between authorities and society, including investment in infrastructure, human resources, medical staff training, and transparent management of public healthcare funds.

Keywords: Right; Health; Public System of Health; Medical Care; Ecuador.

RESUMEN

Introducción: el derecho a la salud es un principio fundamental, aunque en la práctica, diversas violaciones al derecho a la salud pueden socavarlo.

Objetivo: explorar el estado de opinión de los usuarios de Riobamba sobre las violaciones al derecho a la salud en relación con la mortalidad.

Métodos: estudio cualitativo efectuado durante 2024, en muestra no probabilística, intencional, de 30 usuarios pertenecientes al Seguro Social del cantón Riobamba. Se emplearon métodos teóricos y empíricos, recurriéndose a la administración de una entrevista *ad hoc* para explorar sus opiniones. Se emplearon métodos de estadística descriptiva, respetándose la ética médica.

Resultados: el 100 % de los usuarios reportaron haber vivido personalmente o con familiares, situaciones en las que sintieron vulnerado su derecho a la salud en el sistema público, las cuales, en todos los casos, se asociaron con la mortalidad de pacientes. El 67 % considera que estas violaciones están directamente relacionadas con el aumento de muertes. Por su parte, el 80 % de los encuestados cree que la concientización y la educación pública podrían ayudar a reducir estas vulneraciones en el sistema de salud público ecuatoriano.

Conclusiones: Todos los usuarios han vivido, directa o indirectamente, situaciones en las que percibieron una vulneración de sus derechos en el sistema de salud público del Ecuador. Esto evidencia la necesidad urgente de una respuesta coordinada entre autoridades y sociedad, que incluya inversión en infraestructura, personal, capacitación médica y una gestión transparente de los recursos públicos.

Palabras claves: Derecho; Salud; Sistema Público de Salud; Atención Médica; Ecuador.

INTRODUCTION

The right to health is a fundamental principle enshrined in numerous international human rights instruments and in the constitutions of many countries. However, despite these legal and regulatory frameworks, significant challenges remain in effectively guaranteeing this right, particularly in the context of the Ecuadorian public health system. In practice, various violations of the right to health can undermine this principle by directly affecting the lives and well-being of patients.⁽¹⁾

These violations can manifest themselves in various ways, such as: lack of timely access to medical services, shortage of essential medicines, poor hospital infrastructure and insufficient quality of care provided, institutional corruption, loss of confidence in the health system, among others. In this context, violations of the right to health in the public system represent a crucial concern.⁽²⁾

The right to health recognizes that all people should be able to achieve the highest attainable level of physical and mental well-being. This right includes fundamental components such as access, availability, quality, and acceptability of health services. Both international standards and national legislation establish that such services must be provided without discrimination, respecting individual needs and preferences. It is the State's responsibility to guarantee this right through concrete policies and actions that ensure accessible, dignified, and quality health care for the entire population.⁽³⁾

The Ecuadorian Constitution recognizes the right to health as a fundamental right of all persons, without discrimination. It establishes that the State has the obligation to guarantee this right by promoting policies and actions that ensure universal access to health services, prevention, treatment, and rehabilitation.⁽⁴⁾

The Organic Health Law establishes the guiding principles of the national health system in Ecuador, including universality, equity, solidarity, interculturality, and social participation. It defines the right to health as the right of all persons to access comprehensive, timely, and quality health services, without discrimination. It establishes the State's obligation to provide health services through public health facilities, as well as to regulate and monitor the quality of services offered by the private sector.^(5,6)

Over the years, Ecuador has undergone significant evolution in its healthcare system, undergoing various reforms and adaptations to address the changing needs of its population. From the implementation of public health policies to the creation of specialized institutions, the country has sought to improve access, quality, and equity in the provision of healthcare services for all its citizens. Through a combination of primary care services, public hospitals, and health prevention and promotion programs, the Ecuadorian government strives to provide comprehensive coverage to its entire population, regardless of their socioeconomic or geographic status.⁽⁷⁾

The Ecuadorian health system faces significant challenges, such as resource scarcity, unequal distribution of services, and hospital overcrowding in urban areas, coupled with weak coordination between levels of care. Despite medical advances, violations of the right to health persist, reflecting structural inequalities that particularly affect vulnerable populations, depriving them of adequate medical care. These violations compromise people's physical and mental well-being but can be addressed through policies that ensure equitable access without discrimination and with respect for human dignity.^(8,9,10)

One of the most compelling indicators for assessing the incidence of these violations is patient mortality. The relationship between health system deficiencies and mortality is a vitally important field of study, as it allows for the identification of critical areas requiring urgent attention and corrective action by the competent authorities. Therefore, the following objectives are proposed: To explore the state of opinion among Riobamba users regarding violations of the right to health in relation to mortality.

METHODS

A qualitative study was carried out during the period from July to December 2024. From the universe composed of Social Security users in the canton of Riobamba, a sample of 30 was selected in a non-probabilistic manner, by convenience (with the selection criteria being the voluntariness to participate in the study, and the signing of the informed consent).

Theoretical and empirical methods were employed, using an ad hoc interview to explore their opinions on the right to health and how it has influenced the mortality of family members and friends.

Descriptive statistics were used to present the results in graphs. The principles of medical ethics and the aspects established in the Declaration of Helsinki were observed. Informed consent was obtained from participants, and this research was approved by the Research Ethics Committee of the Universidad Regional Autónoma de los Andes.

RESULTS

All users in the Riobamba canton have personally or as a family member experienced a situation in which they felt their rights were violated by Ecuador's public health system. Furthermore, in all the reported cases, these situations contributed to the mortality of a patient.

Sixty-seven percent of respondents who received care in the public health system of the Riobamba canton responded affirmatively, considering that violations of the right to health in the Ecuadorian public system are linked to an increase in patient mortality (Chart 1).

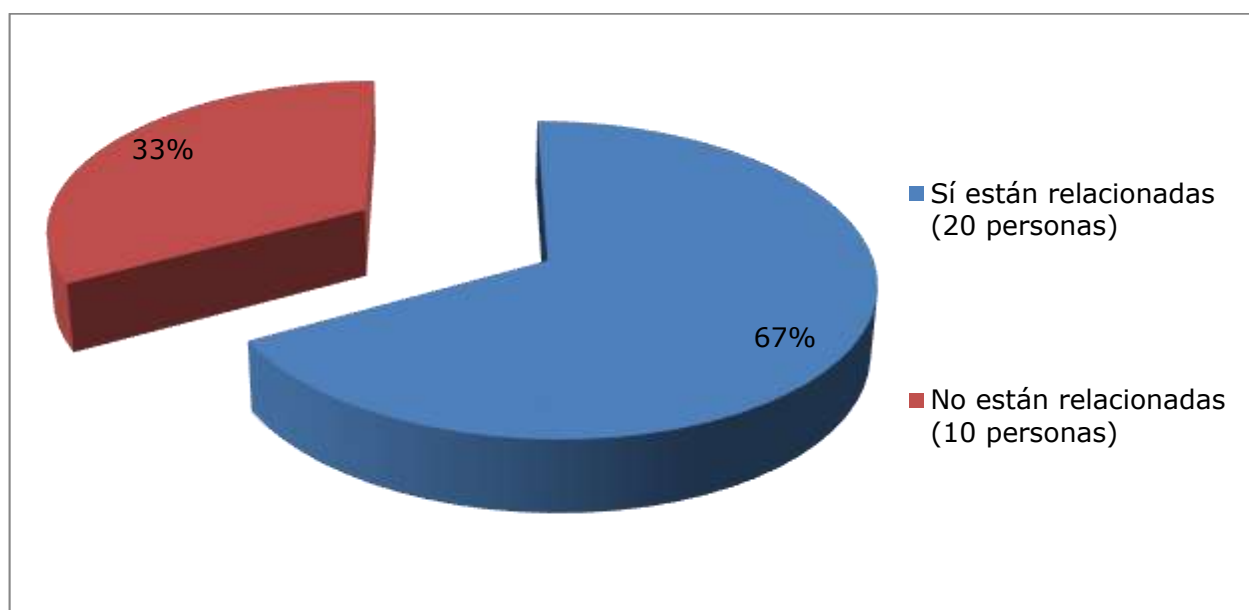


Chart 1. Opinions on the relationship between violations of the right to health in Ecuador's public health system and increased patient mortality.

Chart 2 shows that 80 % of users of the Riobamba public health service believe that public awareness and education could effectively contribute to reducing violations of the right to health in Ecuador's public health system.

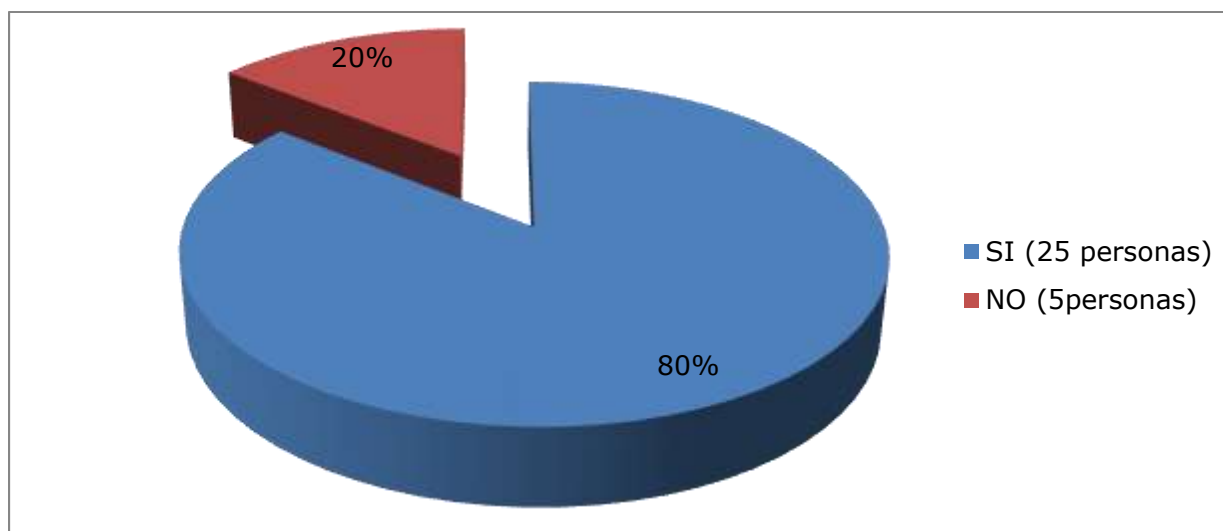


Chart 2. Opinions on whether awareness and public education can contribute to reducing violations of the right to health in Ecuador's public health system.

DISCUSSION

According to Seoane,⁽¹¹⁾ the consideration of health as a right does not refer solely to the recognition of the right, but also to its enjoyment or enjoyment to the maximum degree; he qualifies health as a fundamental right; and emphasizes its universal character, inherent to every human being without any room for discrimination. The combination of the different dimensions of justice with the most basic notion of health capacity and its legal translation as a right allows for the establishment of two levels of ethical, legal, and political action: the guarantee of minimum health and social care, and the promotion and support for the development of health and well-being at a broader level.

The 2024 Report of the Spanish Bioethics Committee states thatThe lack of coverage or the impossibility of accessing the system not only harms the health and physical integrity of the person due to illness, suffering or pain, but also includes situations of humiliation and exploitation that violate one's dignity, foundation of rights. Although it is not possible to resolve all health inequalities, a minimum threshold or basic level must be guaranteed below which the lack of health coverage and care would violate the dignity and infringe several rights of the affected persons.⁽¹²⁾

In Mexico, violations of the right to health persist, as noted in a United Nations report, which highlights the connection between this right and access to healthy and nutritious food. Despite the State's obligations, human rights organizations and courts have revealed repeated violations in the areas of health and food, aggravated by the prioritization of private interests over public welfare. These actions have led to the consideration of violations of the right to health, food, and consumer information as serious.⁽¹³⁾

The emphasis on increasing coverage of universal access to health services has put the need to resolve the low quality and infrastructure and equipment problems that affect the provision of health services in the background. In addition, the fragmentation of the National Health System implies that users have access to unequal levels of care with different costs according to the affiliation scheme, if any, raises an article on multiple violations of women's human rights.⁽¹⁴⁾

According to Bellamy,⁽¹⁵⁾ the pilgrimage for services; the denial of care; the danger in delay or abandonment of the patient; the generation of confusion, errors, endless delays and bureaucratic indifference, with the consequent flattery to which people are subjected, in which we can notice public rituals of degradation. The responsibility for human actions is also hidden through the functioning of the system and reduces relationships between objects and not between people. In this way, the responsible subjects are blurred, and apparently no one has the control to act and no one is specifically responsible for solving and addressing the problems that arise within the institution.

In the authors' view, violations of the right to health in the Ecuadorian public health system are a matter of concern that directly affects the lives and well-being of citizens. Lack of timely access to medical care, scarcity of resources, poor management of health services, and corruption within the system are just some of the problems that contribute to this situation. These violations have a direct impact on patient mortality, as they delay adequate diagnoses and treatment, worsen preventable health conditions, and limit access to necessary medications and procedures.

The lack of adequate infrastructure in health centers, insufficient training of medical personnel, and unequal distribution of resources are also factors that exacerbate this problem. It is essential that the Ecuadorian State prioritize improving the health system, guaranteeing equitable and quality access for all citizens. Furthermore, it is crucial to promote education and awareness about health rights so that citizens can demand and defend their rights in the event of violations.

CONCLUSIONS

The incidence of violations of the right to health has a direct impact on patient mortality, according to respondents in the Riobamba health system. Therefore, immediate and coordinated action by authorities and society is urgent. Significant investment in infrastructure, human resources, medical personnel training, and transparency in the management of public resources allocated to health is required.

Declaration of Conflict of Interest

The authors declare that there is no conflict of interest regarding this study.

Authors' Contribution

LRAA: Conceptualization, Data curation, Formal analysis, Research, Methodology, Project Management, Resources, Monitoring, Validation, Visualization, Writing-original draft, Writing-review and editing.

MXVM: Conceptualization, Data Curation, Research, Methodology, Resources.

SACC: Conceptualization, Research, Methodology, Resources.

IMRB: Conceptualization, Research, Methodology, Resources, Writing-original draft.

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