A small group of academics and policy-makers met to consider the fundamental values in global health, a question which has been surprisingly neglected. Much philosophical work has been done on the moral foundations of health care, and a good deal on specialized topics in medical ethics and bioethics, but less attention has been given to the values underpinning the importance of health and its global distribution.

The meeting began by asking to what extent explicit agreement or clarity about such values is desirable: might ‘incompletely theorized agreements’ enable a broader consensus to be reached for certain actions despite underlying value disagreement? Although this argument works in some contexts, participants agreed that not only would greater clarity about values in global health be intellectually desirable, it would also play a crucial role in guiding policy. For example, the decision as to how to implement the WHO’s ‘3 by 5’ commitment (3 million more people to receive HIV/AIDS treatment by 2005) hinges on a choice of underlying values (whether efficiency or a ‘pro-poor’ commitment).

Two particular values were then examined. First, dignity, which is often invoked in political speeches and journalism but less often in the philosophical literature. The connection between dignity and respect was underscored, as was the vulnerability of those whom ill health makes dependent on others for the protection and negotiation of their dignity. Second, the broader question of social justice. It was agreed that a full theory of social justice based on capabilities has still to be developed, and that this must both take account of individual responsibility and review the levels of acceptable inequalities. The fourth and final session looked broadly at the case of bioethics. Here an important distinction between ‘frontier bioethics’ and ‘everyday bioethics’ was drawn. Organ sale is an example of both: does the ethical case against it rest primarily on commodification or on subordination? This question was raised also in relation to other markets in health care.

Participants concluded that a rolling programme of discussions from two perspectives would be especially useful. On the one hand, they were eager to continue to explore the terms of a global theory of social justice in relation to health. On the other hand, they felt that considering particular problems in global health from the standpoint of various ethical theories would yield greater clarity as to the implications of choosing one value over another. Combining these two perspectives with the range of disciplines and approaches represented at the meeting promises more to be gained.