



Letter to the editor

Health education and ethics in emergencies: reflections from the public health perspective

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Dear Editor,

We are writing in response to two contributions published in previous issues of Alerta. The first contribution, titled "Relevance of sanitary law in health legislation"¹ was written by Molina Velásquez and Erazo Salas. The second piece, titled "Current challenges of the right to health protection in El Salvador"² was authored by Alfaro Alvarado. Both works agree that health law requires not only a normative foundation but also effective enforcement mechanisms, especially in emergency contexts and in protecting vulnerable groups.

We consider it essential to develop health education as an indispensable complement. This is not limited to the dissemination of information, as it constitutes a process of health literacy aimed at both the general population and those involved in the health system. Such literacy promotes understanding of rights and responsibilities, knowledge of protocols and procedures, and, in general, informed decision-making in line with the current regulatory framework.

The COVID-19 pandemic highlighted the fragility of decision-making in situations of uncertainty. The lack of solid scientific evidence created diagnostic and therapeutic uncertainties, making it difficult to provide timely, consistent responses. This scenario highlighted the need to rethink decision-making mechanisms during health crises. It reinforced the importance of a systematic health education framework to protect the most vulnerable groups and prevent future omissions.³

The health crisis also highlighted persistent structural limitations: restricted access to medicines, lack of rehabilitation services for people with disabilities and patients with chronic diseases, and lack of sign language interpreters in health care centers.⁴ These conditions led many people to postpone or even give up effectively exercising their right to health.

In this context, it is essential to recognize that health education contributes to a complex, comprehensive, and long-term process aimed at promoting autonomy and responsible decision-making in individuals and communities. Its effectiveness depends on the level of education, the capacity of the health system, the continuity of public policies, and intersectoral coordination. The results can be observed gradually: significant behavioral changes may take between five and ten years. In contrast, a sustained transformation of the national health culture could take between two and three decades.

From this perspective, health education should be considered a guarantee in the implementation of public health strategies, as it allows for an understanding of the scientific and ethical foundations of each measure. It should not be limited to indicating what actions should be taken or how to carry them out. However, it should also explain why they are necessary, based on scientific evidence and bioethical principles. This promotes individual understanding and the exercise of the right to receive transparent information and to be treated with dignity.

A well-informed population actively participates in its own self-care and contributes to the construction of health systems that are more resilient, equitable, and sustainable over time.⁵ To this end, it is essential to design sustained, culturally relevant strategies adapted to different educational levels, with the participation of key actors such as the education system, the media, government institutions, and civil society.⁶

However, education alone is insufficient. It must be accompanied by a legitimate legal framework that respects and guarantees fundamental rights. We agree with Molina Velásquez and Erazo Salas¹ that the strengthening of health rights must be based on the principles of legitimacy, proportionality, and reasonableness, so that the population accepts public policies and they are effective in their application.

The integration of health education, with a human rights approach in emergencies, offers a strategic route for dealing with future crises. A resilient health system and an informed citizenry strengthen each other: while the former ensures access and equity, the latter contributes legitimacy and social commitment to the measures adopted. This vision is consistent with the principles of UNESCO's Universal Declaration on Bioethics and Human Rights, which promotes dignity, justice, equity, and social participation, particularly in crisis contexts.⁴

In conclusion, in the face of emerging health challenges, it is urgent to strengthen health education with a bioethical approach and citizen participation. The resilience of the health system does not depend solely on solid regulatory frameworks, but also on the empowerment of the population through education that encourages critical reflection and co-responsible action. We invite the scientific community, decision-makers, and Salvadoran society to deepen this dialogue and move forward together toward a more just, equitable, and prepared health system for future contingencies.

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