

Hans Jochen Diesfeld's Moral Clarity¹

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Global Health practitioners who work in the global North, and who lead privileged lives by global standards, have been rethinking their role. They increasingly see themselves as supporters of colleagues in the Global South, rather than as benefactors or saviours. SEYE ABIMBOLA & MADHUKAR PAI envisaged this shift when they wrote:

[G]lobal health practitioners in HICs [High-Income Countries] and those who are otherwise privileged, have embraced an appropriately modest view of their importance, and mastered the art of critical allyship, where they see their primary role as allies and enablers rather than leaders (ABIMBOLA & PAI 2020: 1628).

A few decades ago, this was different. From positions of political and economic power, the Global North often claimed the right to decide the *fate* of other peoples – or at least to steer them in convenient directions. This outlook, shaped by colonial thinking, also entered science, resting on assumptions of intellectual superiority and on the idea that knowledge from the North was more “relevant” (ABIMBOLA *et al.* 2024: 643).

This has been changing, albeit slowly and tediously. The move toward an equity-based perspective did not happen by itself; it was advanced by people who combined principle with patience and practice. HANS JOCHEN DIESFELD was one of those pioneers.

The shift required years of hard political work in expert bodies and advisory boards because *structures* needed to change. In the preface to his collected works published in 2023, DIESFELD wrote that the volume “is also meant, in all modesty, as a tribute to our founding father of *Public Health* – Rudolf Virchow. To use his words, I too place, in this retrospective, the *political dimension of medical practice at the centre*” (DIESFELD 2023: 22)

While public health communities in Germany and beyond will consider this focus on Virchow

fully justified (LANGE 2021), it may understate what was the real centre of DIESFELD'S work: his moral courage and integrity.

This is best seen through the lens offered by SUSAN NEIMAN in *Moral Clarity: A Guide for Grown-Up Idealists* (NEIMAN 2013). NEIMAN'S idea is straightforward: moral clarity means recognising what is wrong, naming it plainly, and working to fix it in a practical, reasoned way. It is not showy or dogmatic. It is steady work: say what needs changing, then *do the work* to change it. That applies to DIESFELD'S push away from a Eurocentric, colonially tinged “tropical medicine” toward a global health perspective that foregrounds equity.

DIESFELD'S field experience, beginning in the early 1960s (DIESFELD 2023), reshaped his questions and priorities. The following example may seem small, but it was consequential: In the 1980s and 1990s, medical students from the Global South studied at German universities, yet curricula hardly considered the health-care structures and needs in their *home* countries, where the priority was health for all, rather than high-tech diagnostics and therapies for the few. Diesfeld learned from Stefan Schubert in Leipzig (then in the GDR) how medical training could be re-oriented (BRUCHHAUSEN, GÖRGEN & RAZUM 2011). DIESFELD and his team then set out to put similar changes into practice in West Germany. In an oral history interview in 2009, DIESFELD recalled what an uphill struggle this was:

We wanted to give [medical] students [from the Global South] a kind of professional “ticket” – something that would help them work more effectively once they returned *home*. But the plan failed because of the guardians of the medical licensing regulations. We spent days and weeks at the Ministry of Education in Bonn, trying to convince them: why not replace a completely irrational part of the German curriculum – one that is useless for

these students – with something more useful. (BRUCHHAUSEN, GÖRGEN & RAZUM 2011: 84; GÖRGEN, GÖRGEN, BRUCHHAUSEN & SCHRETTENBRUNNER 2010) (video transcript translation: OR).

Diesfeld did not give up. He and his team at the Institute of Tropical Hygiene and Public Health at Heidelberg University developed a seminar series for medical students, “Gesundheitsversorgung in Entwicklungsländern” – Health Care in Developing Countries (with Wolfgang Bichmann and several other colleagues), and the “Ärzteprogramm” – the “Doctors’ Programme”, including a Diploma Course (with Dieter Hampel) (DIESFELD 2023). That openness and persistence were integral elements of DIESFELD’S moral clarity: he identified problems clearly and then worked to correct them, in this case turning ideas into institutions that endured for many years, until needs in the Global South changed.

The brief interview sequence, analysed through Neiman’s lens, thus neatly summarizes what Diesfeld stood for:

- Learning from others, on the quality of evidence, not ideology (Stefan Schubert was working on the “wrong” side of the Iron Curtain at the time)
- Translating insights into action, including engaging with politics
- Persisting, even when this meant a frustrating, uphill struggle
- Finding alternative solutions when the original plan did *not* work
- Thinking for the *common good*, not for particular interests or personal career – even when self-serving shortcuts might have tempted.

NEIMAN criticises today’s public debate for having shifted from “Is this right?” to “Will this work?” – a technocratic narrowing. DIESFELD refused that narrowing and did not give in to the fashionable cynicism that says nothing really changes, so why bother (NEIMAN 2013: 37, 302, 432, 468). That would be surrender. Instead, he continued to do what he believed was right for the common good, in the best possible way, despite disappointments and obstacles.

What is on offer here is not a hagiography. DIESFELD was fallible, as all human beings are. But, as SUSAN NEIMAN points out, moral seriousness is not the absence of error; it is the willingness to act from principle, despite the risk of error – and to accept correction. For example, DIESFELD began his career within the older *Tropical Medicine* paradigm – conducting disease-specific work and engaging in North-South knowledge transfer. Over time, and while working in the Global South, he came to see that frame as too narrow. He tellingly titled the volume of his collected works *Von „Tropenmedizin“ zu „Global Public Health“* (From “Tropical Medicine” to Global Public Health) (DIESFELD 2023), thereby publicly reflecting on this shift – which is exactly the kind of grown-up moral seriousness NEIMAN describes (2013).

At the same time, ABIMBOLA & PAI’S citation about global health practitioners in high-income countries (2020) can also be read in a slightly more critical way, using Neiman’s lens: dismantling supremacy is essential, but so is the universality of human rights. Decolonialising global health is overdue, but it should not be used as a pretext to delegitimise *universal* claims about justice and human dignity. Universal moral claims are not by default colonial; as SUSAN NEIMAN argues, they give us the language to name –and confront – injustice across contexts (NEIMAN 2013). Judging from conversations with Diesfeld, it seems likely that he would have agreed with this non-ideological reading.

This brief tribute outlined the moral clarity that DIESFELD taught by example. His moral courage and integrity may be his most enduring legacy.

Notes

1 This is a slightly revised version of the closing address delivered at the Memorial Symposium for Prof. Hans Jochen Diesfeld, held at the Alte Aula, Heidelberg University, on 30 October 2025.

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