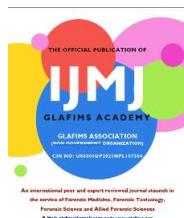




Content list Available at [ijmj.net](http://ijmj.net)

## International Journal of Medical Justice

Journal Homepage: <https://www.ijmj.net>



## Editorial: IJMJ-V3-N2-2025

### "The Theory and Doctrine of Relative Justice"

#### Article History:

Date of Submission: Saturday December 6, 2025

Date of Acceptance: Saturday December 13, 2025

Date of Publication: Wednesday December 24, 2025

Digital Object Identifier [DOI]: [10.5281/zenodo.17993023](https://doi.org/10.5281/zenodo.17993023)

Available Online: Sunday December 15, 2025

Website Archive: <https://www.ijmj.net/archive/2025/2/editorial-v3n2.pdf>

**Citation:** Imran S. The Theory and Doctrine of Relative Justice. Int J Med Justice. 2025 Dec 24;3(2):71-73. doi:10.5281/zenodo.17993023

INDEX COPERNICUS

**Indexing:** Indexed in [INTERNATIONAL OpenAIRE](#), [INTERNATIONAL Scientific Indexing](#), [LetPub](#) 

The foundational axiom of the Theory of Relative Justice posits that the concepts of justice and injustice are intrinsically relational and contingent. A condition or action deemed just by one agent or group may be concurrently perceived as unjust by another. This inherent dialectic implies that Absolute Justice—conceived as a state wholly free from imperfection, bias, or contextual limitation—functions primarily as a regulative ideal, a utopian construct that human institutions, being inherently fallible, seldom actualize.

The Doctrine of Relative Justice constitutes the pragmatic instantiation of this theoretical framework. It describes a systemic operationalization wherein the entitlements and interests of a dominant social, political, or numerical majority are accorded primacy, often at the measurable expense of non-dominant parties. This dynamic is cyclical rather than fixed; it perpetuates irrespective of shifts in the demographic or political composition of the dominant group. While ethically contentious, the doctrine's proponents argue it represents a functional *modus vivendi*, asserting that a system administering relative justice is sociologically

preferable to one yielding systemic disorder, thereby preserving social cohesion amidst imperfect equity.

#### Applications in Medical Ethics and Justice

Within medical ethics, the doctrine manifests pervasively, governing complex distributive and normative decisions:

- **Allocation of Scarce Resources:** The rationing of finite medical resources—such as transplantable organs, critical care capacity, or novel therapeutics—often adheres to utilitarian frameworks designed to maximize aggregate benefit. This constitutes a paradigmatic case of relative justice, wherein the urgent needs of a minority may be subordinated to the welfare of the collective.
- **Public Health Policy:** Mandates encompassing vaccination, quarantine, or standards for medical attire (e.g., personal protective equipment protocols) explicitly prioritize communal safety and health security over unqualified individual autonomy. Such policies, while legally codified, are ethically undergirded by an appeal to relative justice for the majority.
- **Systemic Health Disparities:** Analogous to biases within criminal justice systems, structural inequities in healthcare access, diagnostic rigor, and treatment efficacy across racial, ethnic, and socioeconomic lines exemplify applied relative justice. These disparities, frequently rooted in historical and socio-cultural bias, institutionalize a gradient of medical entitlement that correlates with group dominance.

#### The Normative Pursuit of Absolute Justice

Recognizing the empirical prevalence of Relative Justice does not constitute its normative endorsement. Instances such as the racial profiling of individuals, with downstream consequences for mental and physical health, illustrate how juridical and social inequities exacerbate health outcome disparities through mechanisms of stress, stigma, and institutional distrust.

Therefore, while Absolute Justice may remain an asymptotic ideal, it must be steadfastly upheld as the normative objective. In medical practice, this pursuit necessitates:

- Equitable Health Provision: Architecting systems to guarantee universal access to care, impervious to biases of religion, ethnicity, socioeconomic status, or geography.
- Robust Ethical Oversight: Maintaining independent review bodies empowered to audit and challenge policies that disproportionately sacrifice minority interests for majority benefit.
- Mitigation of Implicit Bias: Implementing structured training for healthcare practitioners to identify and counteract subconscious prejudices that corrupt clinical decision-making and patient interactions.

In summation, while the Theory of Relative Justice provides a descriptive lens for analyzing existing societal structures, the mission of scholarly inquiry—exemplified by this Journal—is to critically interrogate its applications and advocate tirelessly for systems wherein justice approaches the absolute, limited only by the frontiers of human commitment and moral progress.

**Dr Imran Sabri**

Editor, IJMJ

Faculty Member,

Division of Forensic Medicine,

College of Medicine, King Faisal University, Al-Ahsa, Saudi Arabia

Email: [ikhan@kfu.edu.sa](mailto:ikhan@kfu.edu.sa)

ORCID: 0000-0002-8754-0450

Email: [editor@ijmj.net](mailto:editor@ijmj.net)