

<b>HEALTH PROMOTION AND DISEASE PREVENTION</b> <b>A Handbook for Teachers, Researchers, Health Professionals and Decision Makers</b>	
<b>Title</b>	<b>Ethics in Public Health and Health Promotion</b>
<b>Module: 1.8.3</b>	<b>ECTS: 0,25</b>
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<b>Key words</b>	Public health, health promotion, ethics
<b>Learning objectives</b>	After completing this module students and public health professionals will be able to: <ul style="list-style-type: none"> <li>• understand the conceptual framework of ethics and public health;</li> <li>• become familiar with the major theories in ethics that define viewpoints and perspectives on how society is organized and how it ought to operate;</li> <li>• be able to discuss an ethical issue;</li> <li>• be able to analyze an ethical dilemma;</li> <li>• contribute in providing ethical solutions to various issues.</li> </ul>
<b>Abstract</b>	Ethics in public health is an ever raising issue that can no longer be postponed from more seriously taking it into consideration. This module provides overview of major ethical theories (utilitarianism, liberalism and communitarianism) and basic concepts and principles of moral philosophy as applied to public health and health promotion. Ethical theories provide a way of thinking and highlight various ways of approaches to alternative priorities and problem definitions in public health and health sector reform issues. It also provides an insight in the most common ethical dilemmas that arise in public health and health promotion.
<b>Teaching methods</b>	<ul style="list-style-type: none"> <li>• introductory lectures related to ethics concept and its understanding;</li> <li>• distribution and discussion of relevant literature on ethics;</li> <li>• guided discussion on general ethical issues small group;</li> <li>• seminar papers preparation on related topics.</li> </ul>
<b>Specific recommendations for teachers</b>	<ul style="list-style-type: none"> <li>• ¾ lectures; ¼ discussions;</li> <li>• facilities equipment available;</li> <li>• training materials elaborated and distributed;</li> <li>• cases presentations and discussion.</li> </ul>
<b>Assessment of students</b>	<ul style="list-style-type: none"> <li>• multiple choice questionnaire for theoretical aspect;</li> <li>• seminar paper presentation and evaluation.</li> </ul>

## ETHICS IN PUBLIC HEALTH AND HEALTH PROMOTION

Carmen Ungurean

Ethics or moral philosophy is the branch of philosophy which takes a systematic approach to define the social, as well as individual morality. It sets the norms and standards to be then applied to the judgement of behavior and practice.

The discipline of ethics is usually sub-divided in two categories: metaethics and normative ethics.

**Metaethics**, the conceptual view of ethics, is the least precisely defined area of moral philosophy. It can be defined as the study of the origin and meaning of the ethical concepts and it is concerned with the underlying reasons to making judgement (1).

**Normative ethics** involves arriving at moral standards that regulate right and wrong conduct. The classical example of normative ethics is the Golden Rule: do to others, what you expect them to do to you (2). Normative ethics seek to determine what ought to be done rather than what is done and hence, it is prescriptive. Having its roots in ethical theory, normative ethics formulates and, equally, defends systems of principles and rules that identify whether an action is right or wrong (3, 4).

Two more other concepts need to be distinguished within this context: morals and values. Although ethics and morals are confounding terms, and very often moral equal ethic, **morals** reflect beliefs and tradition of beliefs of what is right and what is wrong, and are associated with social prevailing culture or religion (3). Other authors refer to morals as actions taken involving values but, with no involvement of judgements or comparison (5).

**Values** reflect a wide range of personal beliefs, experience, culture and religion and represent the worth that an individual, group, or society places on things or action, regardless of principles or norms.

Both, morals and values being non-normative and non-prescriptive, contribute to individual and personal evolution and growth and allow actions in conformity with personal beliefs and clarifications, nonetheless, collective decisions should be based on ethical principles.

### Ethical theories and principles

There are three types of ethic theories that gained attention:

**Utilitarianism** considers an action as morally right if its outcomes or consequences are more favorable than unfavorable to everyone well being. Measuring the value of actions by outcomes and consequences, these theories are often called consequentialist or teleologic theories. Utilitarianism (utilitarism) comes from the work of the 19<sup>th</sup> century British jurist, philosopher, and legal and social reformer. Jeremy Bentham who argued that what really mattered in any kind of public policy decision was the results of the decision, the outcomes and the impact on human well-being. It is rooted in the thesis that an action or practice is right (when compared to any alternative) if it leads to the greatest possible balance of good consequences or to the least possible balance of bad consequences or “the greatest good of the greatest number” (3). These theories surrender the individual rights, goods or benefices to the common collective welfare. Main problems and open questions with utilitarianism are: 1) Does “utility” exist?; 2) Is there one correct way to measure well-being?; and 3) Can we really sacrifice some for others?

**Moral good:** Moral good, deontological, or formalist theories place the duty above the consequences and holds at its core the respect for fundamental rights, such as the right to

truth, privacy, to fulfilled promises. The main promoter of the deontological theories of ethics was Emmanuel Kant. Kant states that persons should be treated as end themselves and that actions should be based on duty and all persons should act “for the sake of duty” (3).

Kants work in this area, together with the work of other thinkers associated with the Scottish Enlightenment, will became part of the broader 19<sup>th</sup> century theory of *liberalism* which emphasizes on indivdual rights and equality in opportunity.

Main motto of the liberalism is: “Respect an individual’s right to choose their own life plan”. Liberalism is concerned about where people start, what sort of entitlements do they have, what rights do they have, and in health care what rights do they have to health care or to health status. The main problems and open questions with liberalism are: 1) How do we know who has what rights?; 2) How far can we redistribute?; and 3) What do we do when rights conflict?

There is a clear distinction between these two theories and often appear to be competing with each other should the consequences used by utilitarianism be regarded as costs and the moral good employed by the deontology be a reasonable level of human existence (6). From this point of view, these theories appear to be mutual exclusive, but nowadays, most formalists agree to a certain extent with the utilitarian theories, but they maintain that principles are not to be compromised by exclusive focus on consequences. Thus, a number of hybrid theories have emerged, such as act-utilitarianism, rule-utilitarianism, libertarianism, egalitarian liberalism, etc.

**Communitarianism or virtue theory** is the third significant theory of ethics focuses on the character on people themselves and on the society in which they function. It bases its reasoning on ideas of virtue, of good character both for individuals and for the community, and deals with the nature of the community within which individuals live and function. The main motto of the communitarianism is: “Societies should raise their members to exhibit good character in order to create the good society. In opposition with utilitarianism and liberalism and other formalist theories, which base their judgements on particular acts committed by individuals, the virtue theories (communitarianism) stress their reasoning on moral character of individuals, such as honesty, compassion, tolerance, etc (3). The main problems and open questions with communitarianism are: 1) How do we know the boundaries of the community?; 2) How far can communities go to suppress dissent?; and 3) What happens when those with conflicting visions meet?

The moral reasoning involves various degrees of abstractions and systematization, and therefore some authors provide a simplified diagram for ethical reasoning (Table 1).

**Table 1.** Hierarchy of Ethical Reasoning (4)

Theories	Systematically related bodies of principles and rules; used for resolving conflicts of principles
Principles	Serve as a foundation or source for justifying rules, which guide decision making.
Rules	State that actions of certain kind ought (or not) to be made because they are right or wrong
Judgements (or action)	Constitute specific decisions, verdicts or conclusions

According to Beauchamp and Childress the ethical reasoning includes, from bottom: specific judgements, rules, principles and theories. An action taken as the result of a decision, based on a rule (stating that the action should or shouldn't be taken because it is right or wrong). The rule regulates the action, undoubtedly, because they are base on the set of principles, already solved and categorized by the theories. In sum, judgements of what ought to be done in specific situations are justified by moral rules, which in turn are justified by principles, which ultimately are justified by ethical theories (4).

The judgement and sound reasoning is based on a set of principles which ensure an ethic decision:

*Beneficence* –means the promotion of doing good and charity. The first formulation of this principle appears in the Hippocratic Oath: “I will apply dietetic measures to the benefit of the sick according to my ability and judgement; I will keep them form harm and injustice” (7).

*Nonmaleficence* – ensures that no harm is done. It usually states which ought not to be done.

*Respect for persons (autonomy)* - roots in Kant's theories, and ensures that no respect and dignity of persons are valued and taken into consideration when judgments and actions are taken. This principle is often used when defending personal liberties and individual rights.

*Justice* – is the most complex ethical principle and entails fairness, equality, impartiality.

*Utility* – dictates the balance that should be maintained between good and bad aspects of alternatives.

Medical ethics and the ethics in health care are as old as medicine itself, bioethics is a newer field which arose in late 1960, in response to the dilemmas of that era. Since then, the thorny ethics debates have broadened, deepened and multiplied, as the health services and the demand for health services have evolved and increased. The last 15-20 years have produced a much-needed resurgence of public health and with it the issue of ethics in public health is gaining prominence. The care and responsibility for collective health has broadened the public health domain from the narrow focus of risk reduction to socio-cultural and economic roots of health and entails a whole range of issues, such as equal access to health services, fair distribution of resources, and equality in health. In this respect the ethic aspect of public health is taking much attention in the recent years.

Public health policy and interventions often arise from controversy, generate controversy and pose a number of dilemmas as they are implemented. Therefore the issue of a moral foundation and an ethical approach in decision making process becomes crucial as it can solve and resolve much of the controversy. Ethical analysis in public health can be looked from a number of perspectives, which are not separated, nor mutual exclusive.

*Professional ethics* are concerned with the ethical dimension of public health professional, the way they conduct their professional activity as individuals. It entails the identification of the mission of the profession and developing the standards within which all professionals should act (8,9).

*Applied ethics or practical ethics* are concerned with the public health enterprise and devise general principles to be applied to decision making or specific interventions (8,9).

*Advocacy ethics* is informed by the sole value of a healthy community. The ethical persuasion is a sample of advocacy for those social changes and reforms that will enhance the general wellbeing (8,9).

*Critical ethics* attempts to combine the strengths of all the above perspectives. It is historically informed, practically oriented towards real time, real world problems of public

health, but also brings larger social values. This perspective has much in common with egalitarianism and human-rights oriented discourse of advocacy ethics (8).

The current debate over the forms of public health ethics, some believe that a code of ethics will help clarify the many ethical dilemmas; other argue that a single set of values for the many areas of public health competence would hardly be relevant to each group. Some think that the health and safety of the population are implicit and should be central to all activities and criticize the cost-benefit approach when deciding between alternatives, or even when deciding alone.

Another debate is over the advocacy role of public health for social justice and community health, which is by some central and by others not (9).

### **Law and ethics**

Public health is one area where health protection and assurance entails legal measures. Often, public health practitioners are both, members of administration and governments and representatives of the public towards they are responsible. The law is an efficient tool to protect the health of population and to implement the health strategies. These legal measures employ coercion (compulsory vaccination), restrictions (banned smoking in public places), limiting some rights (quarantine). They also regulate the incentives for health assurance, such as taxing and spending, the production of goods in order of safety and security and they regulate the city planning and development.

The current debate argues the governments should rarely exercise coercion and often invokes the civil rights and liberties, autonomy and privacy. The relationship between law and ethics is a very interacted one, but it is pertinent to say that most public health laws have a moral purpose behind them (8).

### **Ethics of public health, health promotion and diseases prevention**

The current debate of the ethical issues in this area of public health is focused on the extent of state intervention in limiting or prohibiting harmful behaviors. Marc Lalonde, former Canadian minister of health, the American secretary Joseph Califano, or John Knowles former president of the Rockefeller foundation, were the first to bring into attention the individual responsibility for a change in behavior to reduce the burden of morbidity and mortality in a post infectious society (9). These statements were interpreted as a sign of absolving the state from its obligation to provide health services and serve the patients needs. The foundations were laid by John Stuart Mill, by his essay "On Liberty", where he antagonize paternalism and states that has justification for imposing limitations upon individual in only two circumstances: when children are involved and those with cognitive limitations, as both categories are not able to care for themselves.

The alternative to individualism whose exponents were briefly cited above would be to set paternalism as the core value and norm of public health. The exponent for this approach was philosopher Robert Goodin (9).

These would be the two alternative of state involvement in promoting health and preventing diseases. In between the floor is open for discussion.

The ethical discussion is opened in the area of *health communication campaigns* which have to face the challenge of keeping the balance between correct information of the public and the avoidance of exaggerations and placing messages that can lead to stigmatization. The classical example is the case of HIV/AIDS campaigns that in order to avoid stigmatization

have created the message that virtually everyone is at risk. In its efforts to meet the ethical issue of non-stigmatization, these campaigns were faced with the ethical problem of passing out modified statements, which in fact are misinformation.

*The censure of public advertising* for products that are proven to be harmful to health raise the challenge of freedom of expression. Here the best-known debate on tobacco advertising is still not closed.

*Compulsory behavior and interdictions* are probably the most ethically debated issues in public health. Autonomy, freedom of choice, privacy are the issues brought into discussion when mandatory wear of helmets for cyclists or motorcyclists, or restriction of alcohol consumption are imposed by governments as a way to prevent accidents and injuries, as well as consequences and to protect health of the citizens.

These issues are laying the foundation to a code of ethics in public health and health promotion. The code of ethics is necessary for at least three reasons (9): responding to the controversy, establishing the moral credibility of an area of practice and provide it with tools to solve common dilemmas, and to provide the profession the framework to take forward its mission and ideals.

Some recent developments have taken place in this respect (11):

- the Public Health Code of Ethics adopted by the American Public Health Association
- publication of a report of a research collaborative project on ethical and social dilemmas of health promotion and diseases prevention, conducted by Hastings Centre and Stanford University centre for Medical Bioethics
- the policy debate on health equity and distributive justice opened by the World Health report released by the World Health Organization in 2000.

In advancing to the defining the morals of the health promotion profession Callahan and Jennings provide a set of recommendations (8):

1. Leaders in public health should support the development of conferences and symposia on the theme of ethics and public health;
2. The editors of leading public health and bioethics journals should give high priority to accepting and soliciting rigorous work in public health ethics for publication;
3. Efforts should be undertaken to compile a set of case materials for ethics discussion and teaching;
4. The specific topic of ethical issues in public health research should be a focus;
5. The accreditation process for schools of public health should involve an increase in ethics instruction requirement;
6. As a profession, public health should develop continuing education requirements and make ethics prominent among them;
7. Public health agency managers and supervisors at the federal, state, and local levels should be encouraged to provide the time and resources necessary for periodic in-service ethics sessions;
8. Scholars in the field of ethics should educate themselves about public health and develop a more sophisticated understanding of how ethical issues in public health might best be approached.

## **Exercise**

The students will work in small groups (4-6 students). They will analyze various theories and ethical issues that arise in the course of implementing an public health and health promotion intervention.

### ***Recommended readings:***

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4. Beauchamp TL, Childress JF. Principles of biomedical ethics. 2<sup>nd</sup> edition. New York: Oxford University Press; 1983:5.
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10. Mill JS. On Liberty. London: Longman, Roberts & Green, 1869; New York: Bartleby.com, 1999.
11. Sindall C. Does Health Promotion Need a Code of Ethics?. Health Promot Int. 2002 Sep;17(3):201-3.