

Teaching of Ethics in Schools of Public Health

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In December 1974, a letter was sent to the deans of 19 schools of public health in the United States and Canada, making inquiry as to the extent and nature of teaching offered in medical and social ethics. The letter, which also included a brief discussion relating certain public health practices and policy issues to their underlying ethical dilemmas, presented a small questionnaire. This read as follows:

1. Have you a course devoted to the ethics of public health programs?
2. If so, what is the course content? Is it an elective? Required? By whom? Credit hours? Qualifications of instructors? Attendance?
3. If there is no such course, is there one which incorporates some of the above concepts, and if so, how?
4. If this area of study plays no part in the present curriculum, has its introduction been considered? Is value seen in discussing the ethical basis of public health discipline?

Summary

Correspondence from the 15 schools responding is summarized as follows:

The majority (10) of schools responding (15) did *not* offer any studies of the ethical basis of public health practice. The two with significant offerings were Harvard and Columbia. Doubt was expressed by some schools that such a subject could be taught. Several respondents expressed the belief that students will inevitably raise ethical considerations for discussion and therefore no particular planning need take place to ensure that the subject is properly taught. A number felt that the topic was already covered in other courses. Still others expressed the belief that funding would be impossible for such programs without government intervention. Nevertheless, significant interest was expressed by many respondents with requests for whatever curricula had been developed in the field.

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Discussion

The world of clinical medicine is deeply and rightfully concerned at the present time with the moral and ethical implications of exploding technology and increasing dehumanization of the medical care process. How much more concerned should be the public health administrator who is responsible for the expenditure of millions of dollars in public funds and the direction in which such funds are channeled!

Ethicists working in the biomedical sciences have not been dealing exclusively with the ethics of the one-to-one relationship between physician and patient (i.e., truth telling, informed consent, confidentiality, behavior control, etc.). They have also explored what are clearly public health issues (i.e., allocation of scarce medical resources, fetal and human experimentation, etc.). Many areas presently under intensive study strongly represent both personal and societal dilemmas (i.e., fertility control, abortion, definitions of death, euthanasia, organ transplantation, etc.). In reviewing the far-ranging scholarly work accomplished over the past decade in a field which vitally affects our own goals and aspirations as public health workers, one is impressed that the bulk of the work has been done, not by us, but by theologians, philosophers, biomedical and social scientists who have little background in public health. It is ironic that we should not even be *profiting* from the fall-out of work to which we might have contributed in large measure, had we perceived the need and joined forces.

Schools of public health have a responsibility to raise the consciousness and broaden the decisional horizons of young administrators who may be intent *solely* upon the efficient, economical, acceptable provision of quality health services. Ethics has been taught in graduate and undergraduate schools as a course of study in philosophy since ancient times. It is not too vague or esoteric to be introduced to modern schools of public health. Although the federal government (through the National Endowment for the Humanities) has funded a series of seminars for physicians in ethics and the humanities, Schools of Public Health need not await federal funding before initiating such studies.

There are a number of fascinating case studies that

might be developed for public health practitioners as the basis for a course. These could be built around some of the following issues:

- Is there an ethical conflict inherent in the cost-benefit analysis as a prime determinant of health funding?
- How do the concepts of equal value of all human life become violated when decisions must be made to fund either a well-baby center or a geriatric day center?
- What should be the criteria for determining not only who is selected for renal dialysis, but whether or not renal dialysis *itself* as a health care measure should be approved by the Health Commissioner for funding by the state?
- How can self-determination (i.e., the right to smoke) co-exist with government financed medical care for terminally ill victims of bronchogenic carcinoma (i.e., self-provoked illness)?
- How does hospital and health center administration interfere with the covenant between physician and patient in the pursuit of bureaucratic order?
- What are the ethical considerations in the compulsory Pap smear?; the 10 p.m. curfew for residents of long-term care facilities?
- How may the police functions of the Health Department be viewed in light of moral considerations?

These are but a handful of the issues directly applicable to public health practice. Many more such problems should be uncovered and dissected. In undertaking a formal analysis of the ethical basis of public health programs we do more than merely study how the needs of the individual and the needs of society become regulated and integrated into daily function. We perform a more comprehensive and significant audit upon ourselves than we might ever have thought possible. We also prepare ourselves for decisions and tasks the ivory towered academicians can only ponder in splendid isolation.

SELECTED READINGS IN MEDICAL ETHICS

1. Publications of the Hastings Institute, 360 Broadway, Hastings on Hudson, New York, N.Y. 10706
 - a. Hastings Center Studies, Vol. 1, Number 2, 1973. Especially recommended are articles by Robert M. Veatch, Roy Branson. \$3.00
 - b. Hastings Center Studies, Vol. 2, Number 1, 1974. Ivan Illich, *The Political Uses of Natural Death*, pp. 3-20. \$3.00
 - c. Bibliography of the institute of Society, Ethics and the Life Sciences. 1975. \$3.00
2. Readings on Ethical and Social Issues in Biomedicine, Richard M. Wertz, Editor, Prentice-Hall, 1973. Especially recommended are essays by Henry K. Beecher, James F. Childress, and Leon R. Kass. \$7.50

Association between Juvenile Onset Obesity And Severe Adult Obesity in 73,532 Women

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The purpose of this report is to explore the role of juvenile obesity as a risk factor in adult female obesity through a cross-sectional study of 73,532 women. Since severe adult obesity in women is a recognized health hazard,^{1, 2} an association between juvenile obesity and severe adult obesity would provide the rationale for juvenile weight control programs.

Methods

The women in this study were all members of the TOPS Club (Take Off Pounds Sensibly). The details concerning the population of women in this study are given elsewhere.^{1, 3, 4}

Relative obesity was determined by use of the obesity index (Weight/Height). This was determined to be a good

measure of the degree of obesity because of its high correlation with weight and low correlation with height.⁵ The obesity index scale was divided into 10 intervals so that approximately 10 per cent of the women were included in each interval. Basic descriptive data are shown in Table 1.

Criterion for Juvenile Obesity

In this study the existence of juvenile obesity was ascertained by the question, "Were you considered a fat child?" Mullins,⁶ in his retrospective study of childhood obesity, used a similar type of question to determine childhood weight status, finding it "to be the single most practical criterion." Although the answers to this question could be subject to biases, we feel that it gives a good estimate of the presence of juvenile obesity for the following three reasons: (1) The women involved in this study are members of TOPS (a weight reduction club); thus all are likely to be conscious of their weight problem and its history. (2) Fat children are known to have more difficulty with interpersonal relationships and are discriminated against by their peers.^{7, 8} A woman is likely to remember adverse experiences. (3) The per-

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