The Promise of Public Health: Ethical Reflections

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ABSTRACT

Public health is in the spotlight of public and political concern, providing a unique window of opportunity for its revitalization and restoration as a pillar of the Canadian health care system. The establishment of a Federal Public Health Agency is a critical first step. The public health community has identified key challenges toward this renewal. However, public health ethics have received little attention and, when addressed, have focussed almost exclusively on communicable diseases. The ethical issues inherent in public health transcend infectious diseases and are distinct from clinical and research ethics. Identifying and addressing ethical issues at the heart of public health, including the public interest and the common good, as well as fundamental issues related to the core functions of public health will be essential if this revitalization of public health is to be achieved. While legal and regulatory reforms are necessary, they will not be sufficient to adequately address fundamental questions of the valuing of public health or the ethical issues in public health. Elements of a research agenda on the ethical foundations of public health reform are identified here.

MeSH terms: Ethics; public health; public policy; goals

RÉSUMÉ

Puisque la santé publique est actuellement au cœur des préoccupations de la population et de la classe politique, la conjoncture est favorable à sa revitalisation et à sa restitution en tant que pilier du système de santé canadien. La création de l'Agence de santé publique fédérale et la nomination d'une ministre d'État à la Santé publique ont été de premières mesures essentielles. Les intervenants en santé publique ont cerné les principaux défis à relever pour assurer le renouvellement de leur discipline. Toutefois, l'éthique en santé publique a très peu été abordée, et presque exclusivement sous l'angle des maladies transmissibles. Or, les enjeux moraux de la santé publique transcendent les maladies infectieuses et diffèrent des enjeux liés aux pratiques cliniques et à la recherche. Pour réaliser la revitalisation nécessaire, il sera indispensable de répertorier et d'aborder les enjeux moraux au cœur de la santé publique, comme le bien du pays et l'intérêt commun, ainsi que les enjeux fondamentaux liés aux fonctions de base de la santé publique. Des réformes des lois et des règlements sont nécessaires, mais elles ne suffiront pas à résoudre les questions fondamentales de la valeur intrinsèque de la santé publique ou des enjeux moraux à l'intérieur de la santé publique. Nous cernons ici les éléments d'un programme de recherche sur le fondement moral de la réforme de la santé publique.

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Far from the past 'heroic age' of public health, contemporary thinking about health has been dominated by acute, technologically-driven health care.[1,2] A series of unfortunate incidents have culminated in renewed public attention and political action to revitalize Canadian public health, providing a unique window of opportunity.[3] Political action has established a Federal Public Health Agency distinct from Health Canada. The public health community has recognized this unique opportunity and identified key challenges to this renewal, including, "…understanding why public health has not received attention from decision-makers….the context for decision-making…strategic leadership in public health…and ethical and legal issues related to public reporting of cases."[2](pp.8-9)

These initiatives demonstrate the need for critical analysis of the "elements for creating and sustaining a robust public health infrastructure in Canada."[4](p.5) A robust, coherent and meaningful ethic of public health is a crucial but neglected element. Even the excellent National Advisory Committee Report (NACR)[3] focusses almost exclusively on legal and regulatory concerns and on the ethical issues identified in the Toronto SARS outbreak. While important, the almost exclusive focus on ethical issues in communicable diseases there and in recent scholarship[5-9] inappropriately narrows the range of issues necessary for a meaningful renewal of public health.

We contend that the ethical issues inherent in public health are distinct from clinical and research ethics. In this paper, we situate public health within its history and traditional functions, describe unique theoretical concerns for the ethics of public health and identify key issues requiring further research if the revitalization of public health in Canada is to achieve its full potential.

Historical considerations

Public health has long been recognized as having an essential role in human health. Since ancient Greece, a clear distinction developed between the treatment of individuals and public actions focussed on disease prevention. Innovations in public health have had a significant role in preventing disease and improving population health.[10] Bridging disparate fields, pioneer-

ing practitioners from the medical sciences, epidemiology, and community and population health have developed a complex field spanning different methodologies and perspectives on the goals of public health.

Despite achievements that have quietly and steadily improved quality of life and saved innumerable lives, public health has not been a public or political priority as evidenced by receipt of less than two percent of all funding for health at the time of the SARS epidemic.[3] Furthermore, our fixation on acute, individual-oriented health care has contributed to the erosion of understanding the importance of public and population health and their relationship to the health of individuals. We must learn from the past and seize the opportunity to establish public health as a vital component of our health care system.

The definition and scope of public health

With an expansive scope, spanning multiple fields and utilizing different methodologies, defining public health is difficult. It is often contrasted to medicine in focussing on: the health of populations rather than individuals; disease prevention and health promotion rather than treatment and cure; long-term rather than immediate effects; political action and inter-sectoral collaboration.

The NACR defines public health as "the science and art of promoting health, preventing disease, prolonging life and improving quality of life through the organized efforts of society."[3](p.46) Five essential functions of public health systems have been identified: health protection, health surveillance, disease and injury prevention, population health assessment, and health promotion.[11,12] The NACR recently added "disaster response" as a sixth function.[3](p.47)

In contrast to clinical and research ethics, public health ethics, focussing on the social conditions that affect morbidity and mortality in populations, have received little attention. Its broad scope and complexity add to the difficulty of developing a coherent public health ethic. Moreover,

"Public health ethics, like the field of public health it addresses, traditionally has focused more on practice and particular cases than on theory, with the result that some concepts, methods and boundaries remain largely undefined."[13](p.170)

The lack of adequate theoretical framework for public health ethics has been identified by many writing in this field.[14-16] Contemporary bioethics principles of respect for autonomy, beneficence, non-maleficence and justice[17] are relevant to public health but, with their focus on individual autonomy, are inadequate for the dilemmas of appropriate state and collective action needed for public health. Such an ethic requires a theoretical framework that addresses the tension between *public* and individual benefit; attends to concepts such as the *common good* and the *public interest*; clarifies the relationship between public health and health care; identifies the central role of the socio-economic determinants of health[18] and recognizes the importance of reducing health inequalities and attention to the most vulnerable because "(P)ublic health is inherently concerned with social justice, with fair and equitable resources to protect, preserve, and restore health."[14]

A developed public health ethic could assist in identifying the goals of policy and action (the terminal values), the appropriate and fair process for development, implementation and evaluation of the policy (procedural values) and the criteria – values and principles – on which a policy or decision are based (substantive values). The goal of decreasing morbidity and mortality and reducing health inequities must always be clarified. The process must be reflective of the public/collective nature of public health and attentive to the collaborative action and citizen engagement so important in dealing with public health issues, especially chronic illnesses and lifestyle-related conditions. Research identifying key procedural values in pandemic decision-making – reasonable, open and transparent, inclusive, responsive and accountable[9] – provides an excellent starting point.

Finally, a new ethic for public health (that is complementary but distinct from legal and regulatory approaches) will need to identify specific criteria – values and guiding principles – that ought to be the basis for decisions and action.

"How public health recommendations are made in the face of scientific uncertainty is a methodologic problem that has received little attention in epidemiology. Traditionally, its solu-

tion has involved the notion of judgment, with little or no emphasis on what judgment entails, or, for that matter, what constitutes a good judgment and bad judgment."[19](p.77)

The values and principles here should be those relevant to good judgement for public policy and collective/state action. Work to date has identified a long list of values: the precautionary principle,[20] accountability, efficiency, effectiveness, transparency, feasibility, sustainability, respect for cultural diversity, protection of the vulnerable, empowerment of the marginalized, social responsibility, interdependence,[21] the harm principle, the principle of least restrictive means, the reciprocity principle and the transparency principle,[22] and fair balancing of benefits and burdens. From an exhaustive list of potential values and principles, a core list of values needs to be identified and justified. Guidance in reconciling competing values will be crucial if the ethical framework is to be meaningful.

In addition to these overarching issues, each of the core functions of public health contains compelling ethical issues, including:

Health protection – aims to minimize threats to health through collective action such as safe food, water, drugs, workplace and environments. On what values or principles ought decisions regarding the balance of individual freedom and public safety be made? How much coercion is acceptable?

Health surveillance – requires ongoing, population-based data collection. Privacy and confidentiality are crucial for maintaining public trust. On what grounds can we breach confidentiality? Where is the line between public safety and individual privacy? Could communities and groups be targeted for discrimination?

Disease and injury prevention – requires a balancing of collective and individual good. Mandatory screening, immunization and treatment can present risks to individuals; how do we justify? What screening options should be provided to whom and why? Contact tracing involves 'others' who have not participated in screening or diagnosis; what duties and obligations are owed to them? Is harm reduction an ethically justifiable strategy?

Population health assessment – requires a definition of health. How expansive ought

it to be? Health inequity is a crucial indicator of population health and involves conceptions of justice. How are risks to justice and fairness identified and dealt with?

Health promotion – involves respecting the delicate balance between individual and social responsibility for health. To avoid ineffective, unethical victim blaming, understanding the multiple determinants of health is necessary. Educational programs can be coercive, paternalistic, can target particular groups and utilize incentives. How ought health education programs to incorporate these considerations?

Disaster response – raises many issues, particularly the balancing of civil liberties with community safety, and the duties of health care workers. How are risks/dangers defined, assessed, perceived and communicated to the public? What is an acceptable risk, when does a risk become a danger and how do we prioritize risks? What are the duties and limit of duty for health care professionals?

CONCLUSIONS AND RECOMMENDATIONS

The time is ripe for revitalization of public health in Canada. Legal and regulatory reforms are necessary, but not sufficient, to adequately address fundamental questions of the valuing *of* public health and the eth-

ical issues *in* public health. There is an urgent need for research and reflection on these questions. Only when the ethical foundations of public health reform are addressed will its promise be realized fully.

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