

How Can I Choose a Public Health Ethics Framework that Is Suited to My Practical Needs?

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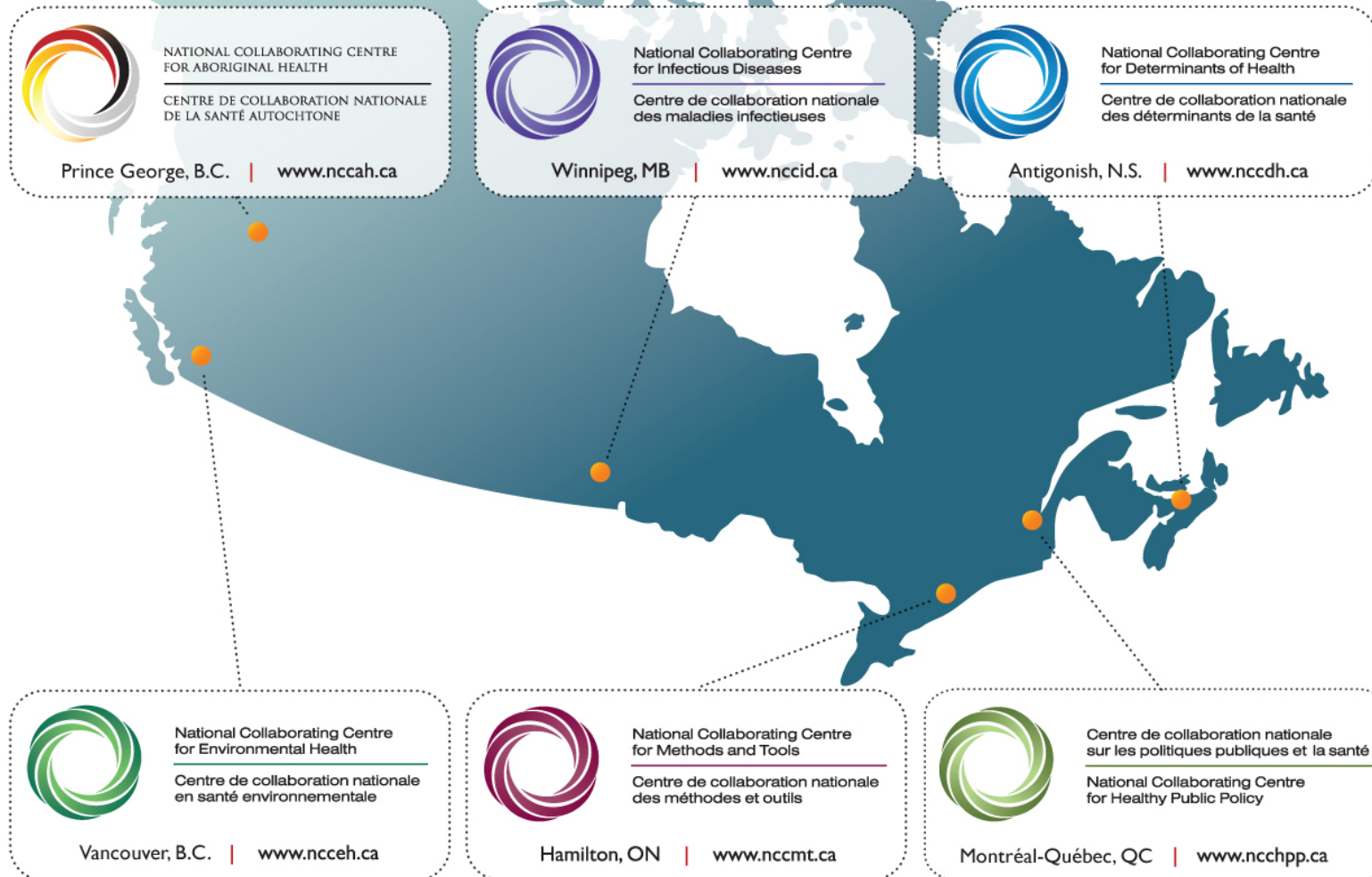


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Neither presenter has a conflict of
interest to declare.

The National Collaborating Centres for Public Health



National Collaborating Centre for Healthy Public Policy (NCCHPP)

Our mandate

- Support public health actors in their efforts to promote healthy public policies

Our areas of expertise

- The effects of public policies on health
- Generating and using knowledge about policies
- Intersectoral actors and mechanisms
- Strategies to influence policy making



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What will we do today?

- Introduce ethics frameworks for public health
- Practise (just a little) ethical deliberation by applying two of them to a case
- Identify the characteristics that distinguish frameworks from one another
- Use that understanding to guide our thinking about which framework(s) might work for us.



Let's start with a problem



In 2013, about 15% of the Canadian population had smoked cigarettes in the past 30 days (preceding the study) and another 2% had used E-cigarettes (E-cigs).

(Czoli et al., 2015)

E-cigs first appeared on the global market in 2004 and arrived on the Canadian market in 2011. Since then they have grown significantly in popularity, especially among smokers and young people.

(INSPQ, 2015)

The sale of E-cigs with nicotine is prohibited in Canada, while nicotine-free E-cigs are permitted. Several cities and provinces have regulated the sale and use of E-cigs.

(Non-Smokers' Rights Association, 2016; Health Canada, 2009)

And one response...

Case:

Prohibiting E-cigarettes that resemble conventional cigarettes

Your public health unit has been asked to make a statement at a consultation led by the federal government in collaboration with the provincial and territorial governments. The hearings are on a new regulatory framework for electronic cigarettes in Canada. You have been asked, specifically, to comment on recommendation 5 of the House of Commons' Standing Committee on Health's report on vaping. According to this recommendation, electronic cigarettes that resemble conventional cigarettes (e.g., similar size, false filters, lighted tip, etc.) should be prohibited in Canada.



'Different types of electronic cigarettes'

Crédit photo : Vaping360.

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Standing Committee on Health of the House of Commons of Canada. (2015). *Vaping: Toward a regulatory framework for e-cigarettes*. Retrieved from: <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=7862816&File=18>

Some factors to consider...

No
manufacturing
standards

(INPSQ, 2015)

Sale to minors is
prohibited in several
provinces

(Non-Smokers' Rights Association, 2016)

Vaping is prohibited in
many areas (often where
smoking is prohibited)

(Non-Smokers' Rights Association, 2016)

Vaping costs
less than
smoking

(INPSQ, 2015)

Who uses E-cigarettes in Canada?

- Smokers > Former smokers > Never smokers
- More educated > Less educated
- Youth are curious

(Czoli *et al.*, 2014; INSPQ, 2015)

Contaminants in the vapour < Contaminants in tobacco smoke

Long-term effects not known

(Hess *et al.*, 2016; McNeill *et al.*, 2015; WHO, 2014)

Vaping is popular among smokers who wish to quit

Its effectiveness as a stop-smoking aid is not known

(Czoli *et al.*, 2014; McNeill *et al.*, 2015; WHO, 2014)

Does vaping lead to smoking (Gateway effect)?

There seems to be a correlation... but causation?

(Barrington-Trimis *et al.*, 2016; WHO, 2014)

At first glance, are you in favour of prohibiting E-cigarettes that resemble conventional cigarettes?



Yes!



Maybe?



No!

Why?

There are many different ways of asking, *should we do this?* We could ask:

1. Is this an effective way to improve health?
2. Is this cost-effective?
3. Who judges the status quo to be a problem and who is the most affected?
4. Is there public support for this program?
5. How will individuals and groups be affected by this? Are some groups more affected than others? Were they consulted?

Scientific and other evidence

Economic analysis

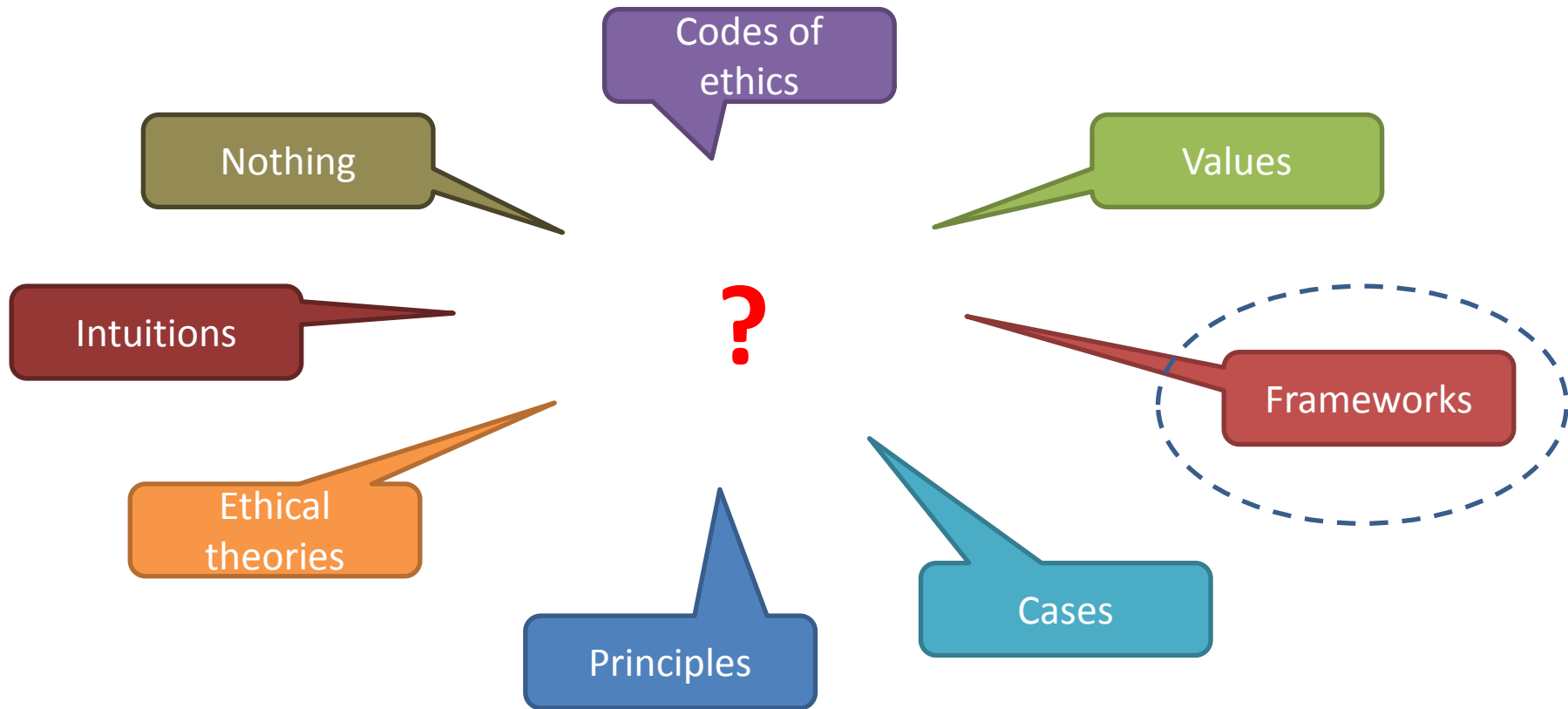
Problematization/
policy analysis

Acceptability

Beneficence, harm, equity,
justice, fairness, etc. - ethical
values more explicitly

1-5 **all** have ethical implications! (not just #5)

What can we use to help us think about ethical issues in public health?



What is an ethics framework?

A framework is a guide that can help to highlight ethical values and issues, and serve as an aid to deliberation and decision making.

What can it offer?

It provides an entry point and a structure for deliberation.

It can guide specialists in ethics as well as novices.

It provides a common language for addressing issues and values.

It provides a lens for looking at, and thereby seeing, ethical issues.

It helps to 'frame' issues.

What can it *not* offer?

It won't do the work or the thinking for you.

It won't replace your own critical perspective (and a note of caution ... a framework can produce complacency).

It won't eliminate your biases, though if you deliberate in more diverse groups and use a framework, this might help to reduce their effects.

Let's discuss our case with the help of a public health ethics framework

Case:



- **Prohibit electronic cigarettes that resemble conventional cigarettes**
 - Avoid 'renormalizing' smoking
 - Avoid the 'gateway effect'
 - Could limit uptake/transition by current smokers

The framework:



Its goal:

“to bring clarity to some of the ethical aspects of public health decision making in practice” and to determine when a public health action that infringes upon individual freedom is justified (p. 102).

Upshur, R. E. G. (2002). **Principles for the justification of public health intervention.** *Canadian Journal of Public Health*, 93 (2), 101-103.

Available at: <http://journal.cpha.ca/index.php/cjph/article/view/217>

Our adapted summary is available at:

http://www.ncchpp.ca/docs/2016_eth_frame_upshur_En.pdf

Applied to nursing practice : Canadian Nurses Association. (2006).

Its structure:

4 principles

Framework 1: Upshur, 2002

1. Harm principle

“The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others” (Mill, 1859, cited by Upshur, 2002, p. 102).

2. Least restrictive or coercive means

“[M]ore coercive methods should be employed only when less coercive methods have failed. Education, facilitation and discussion should precede interdiction, regulation or incarceration” (Upshur, 2002, p. 102).

3. Reciprocity principle

If ethical duties are imposed, society is obliged “to facilitate individuals and communities in their efforts to discharge their duties.” If one imposes burdens on individuals or groups, “these should be compensated” (Upshur, 2002, p. 102).

4. Transparency principle

“All legitimate stakeholders should be involved in the decision-making process, have equal input into deliberations, and the manner in which decision-making is made should be as clear and accountable as possible” (Upshur, 2002, p. 102).

Questions? Comments?



Photo: The Portable Camera

Next:

Small group exercise:
Applying an ethics
framework



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Let's discuss our case with the help of another public health ethics framework



Its goal:

“to raise awareness of ethical issues within the practice of public health; and to provide a ‘toolbox’ to support thinking and reasoning (and possibly decision making) on the part of public health professionals [...]” (2014, p. 9).

Its structure:

- 1st part: 7 principles.
- 2nd part: 9 steps to guide ethical reasoning.

Schröder-Bäck *et al.* (2014). Teaching seven principles for public health ethics: Towards a curriculum for a short course on ethics in public health programmes. *BMC Medical Ethics* 2014, 15(73).

Available at:

<http://bmcomedethics.biomedcentral.com/articles/10.1186/1472-6939-15-73>

Our adapted summary is available at:

http://www.nccphp.ca/docs/2016_eth_frame_schroder-back_En.pdf

Framework 2: Schröder-Bäck et al., 2012

1st part

Seven Principles

1. Non-maleficence
2. Beneficence
3. Health maximization
4. Efficiency
5. Respect for autonomy
6. Justice
7. Proportionality

2nd part

1. Identify the issue in your own words: what is the underlying moral conflict?
2. Identify the issue in ethical words:
Which principles apply here?
How do we interpret them in this case?
Which ones are in conflict with others?
3. Do we have all the information we need?
What do we need to learn more about?
4. What alternatives are there? Are they feasible? Do they reduce moral issues or tensions?
5. Further interpretation of principles: With more information, does your interpretation change?
6. Weighing: Are all conflicting principles still of equal value? Does your interpretation push one or more into priority?
7. What do we conclude? What is our solution to the problem?
8. Integrity: Does the solution seem appropriate and acceptable? if it were to be implemented, could we live with it?
9. Act and convince others: Both will be based on your ethical reasoning and judgment

Questions? Comments?



Photo: The Portable Camera

Next:

How to choose a
framework?



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How to choose a framework?

- Many are available in both the scientific and grey literatures
- Also, there are probably many more out there that have been developed or adapted for use but that are not publicly available
- There are significant differences among them
- Some will be better adapted for your context / organization / community / issue / policy / etc.



<http://www.ncchpp.ca/708/repertoire-of-frameworks.ccnpps>

Do we want a general framework or one designed for a specific purpose?

Scope:

For public health interventions that infringe upon individual autonomy:

Upshur, 2002

For pandemic preparedness:

Thompson et al., 2006

For any situation:

Kass, 2001

Marckmann et al., 2015

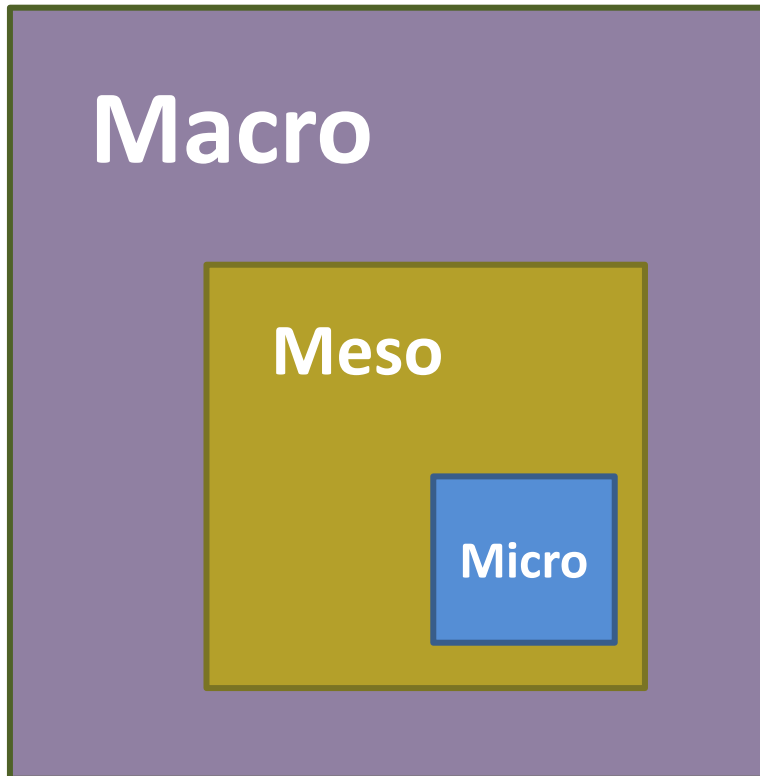
Schröder-Bäck et al., 2014

For obesity or overweight prevention:

ten Have et al., 2012

Will we be evaluating at the level of programs/policies or situations involving just a few people?

Scale/perspective:



More meso-macro:

Focus more at policy/program/structural/
population/macro levels ...

E.g., Upshur, 2002; Schröder-Bäck *et al.*, 2014

More micro:

Focus more on what to do at an
individual/interpersonal/situation
level ...

E.g., WRHA, 2015

Are my values, those of my organization and those of the community more liberal or communitarian?

“Framing” the issues:

More liberal
(emphasis on individual autonomy)

More communitarian
(emphasis on common goods)



Childress et al., 2002

Upshur, 2002

WRHA, 2015

Kass, 2001

Thompson et al., 2006

Schröder-Bäck *et al.*, 2014

Baylis et al., 2008

Tannahill, 2008

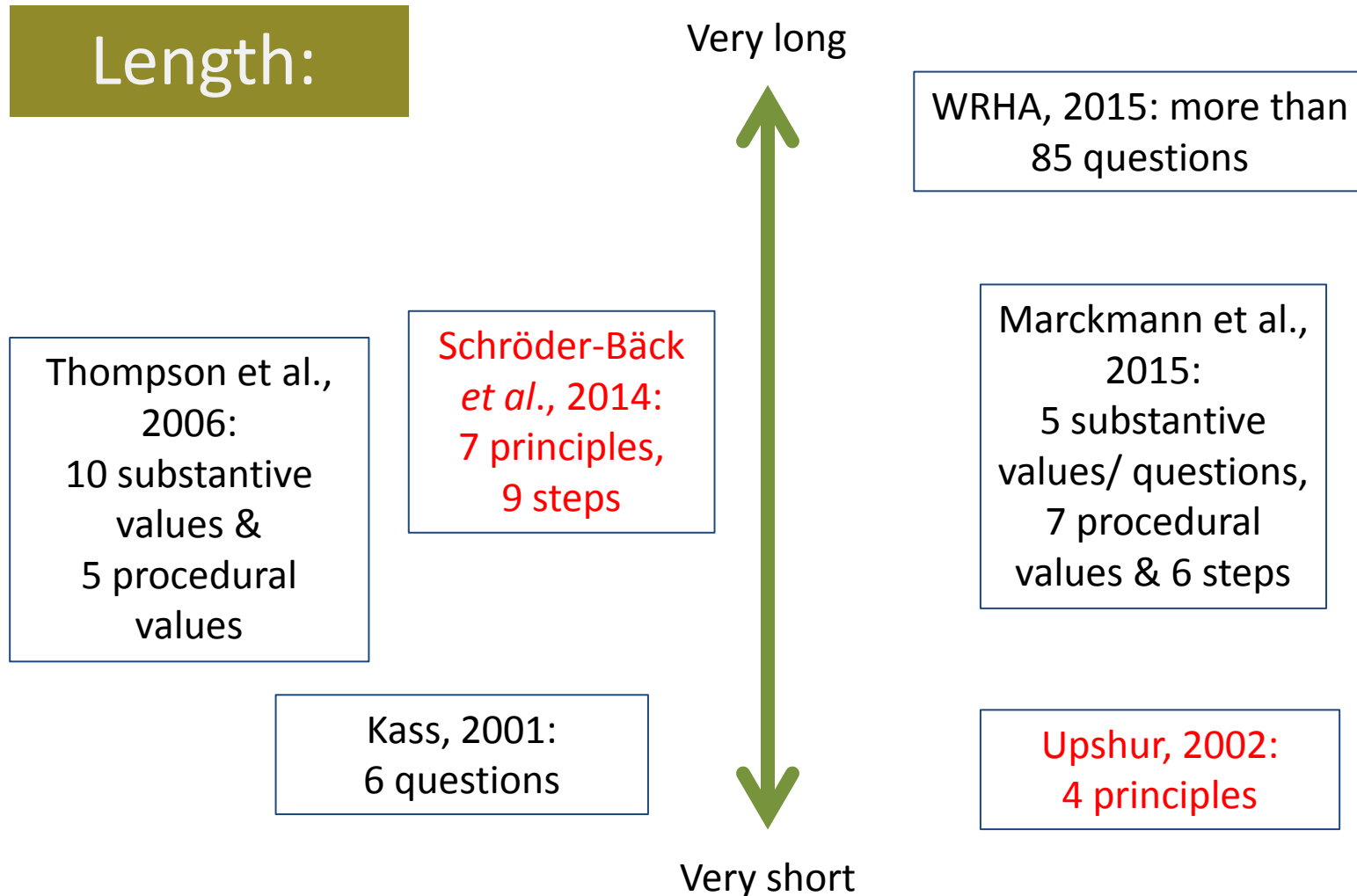
ten Have et al., 2012

Do we prefer using principles or questions to raise ethical issues?

Form:

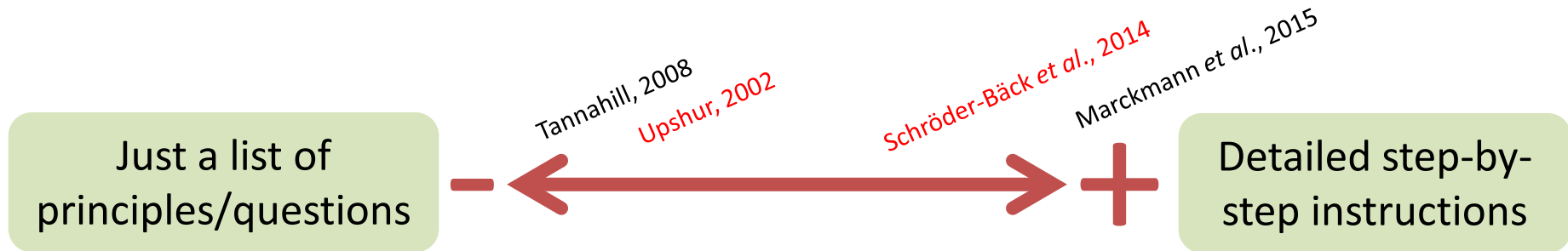
- **Principle-based frameworks:**
 - Propose a series of principles to consider
 - Childress et al., 2002
 - Upshur, 2002
 - Schröder-Bäck *et al.*, 2014
- **Question-based frameworks:**
 - Pose a series of questions that evoke principles or values
 - WRHA, 2015
 - Public Health Ontario, 2012
 - Schröder-Bäck *et al.*, 2014

How much time do we have for the ethical analysis?

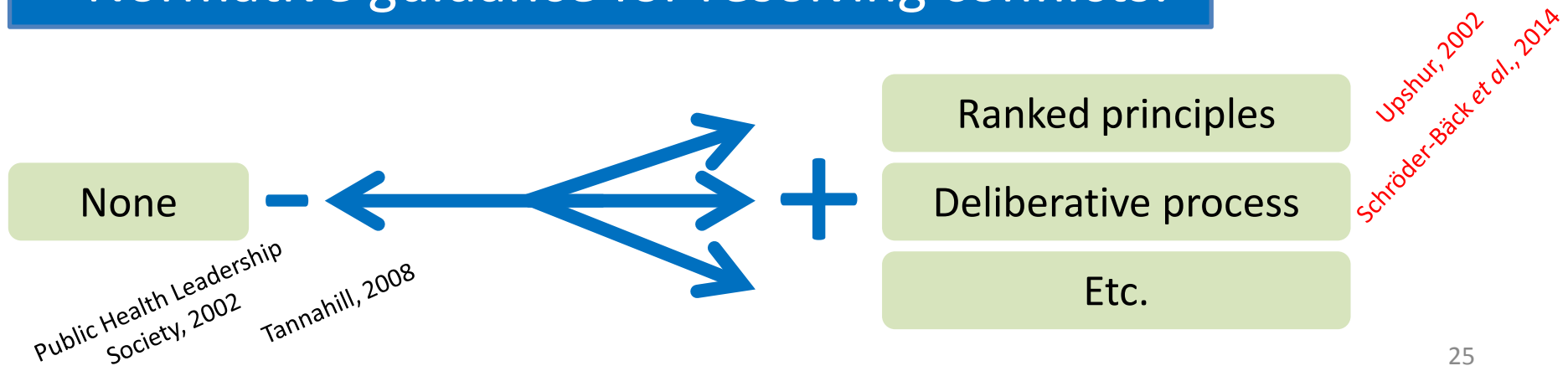


What sort of guidance do we want?

Practical guidance for how to proceed:



Normative guidance for resolving conflicts:



Take home messages

- Ethical frameworks are not algorithms, and they cannot do the work for you, but they can help you to:
 - Identify ethical issues
 - Structure deliberation
 - Make decisions
 - Justify them.
- Many frameworks exist for public health:
 - We have listed 20+ below with links
 - You might find one or more that work for you
 - You might find elements to add to your current framework.
- Learning to ‘read’ their characteristics can help you to select one or more according to your professional context and the kinds of issues you tackle.

Discussion, questions, and evaluation forms

- All of this material will be made available on our website in June (in French and English).
- Please complete your evaluation forms before you go – we ***really*** use those ...

Thank you!

Resources



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Links to selected frameworks for public health ethics

Baum, N. M., Gollust, S. E., Goold, S. D., & Jacobson, P. D. (2007). **Looking ahead: Addressing ethical challenges in public health practice.** *Global Health Law, Ethics and Policy*, Winter 2007, 657-667. Available at: <http://deepblue.lib.umich.edu/bitstream/handle/2027.42/75478/j.1748-720X.2007.00188.x.pdf?sequence=1&isAllowed=y>
Our adapted summary is available at: http://www.ncchpp.ca/docs/2016_eth_frame_baum_En.pdf

Baylis, F., Kenny, N. P., & Sherwin, S. (2008). **A relational account of public health ethics.** *Public Health Ethics*, 2008, 1-14. Available at: <http://noveltechethics.ca/files/pdf/259.pdf>

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Our adapted summary is available at: http://www.ncchpp.ca/docs/2016_eth_frame_bernheim_En.pdf

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Gostin, L., Mann, J. M., & Gostin, L. (1994). **Towards the development of a human rights impact assessment for the formulation and evaluation of public health policies.** *Health and Human Rights*, 1(1), 58-80. Available at: <http://academic.udayton.edu/richardghere/NGO%20Man/Gostin%20article.pdf>

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Tannahill, A. (2008). **Beyond evidence—to ethics: a decision-making framework for health promotion, public health and health improvement.** *Health Promotion International*, 23 (4), 380-390. Available at: <http://heapro.oxfordjournals.org/content/23/4/380.full.pdf+html>

ten Have, M., van der Heide, A., Mackenbach, J., & de Beaufort, I. D. (2012). **An ethical framework for the prevention of overweight and obesity: A tool for thinking through a programme's ethical aspects.** *European Journal of Public Health*, 23(2), 299-305. Available at: <http://eurpub.oxfordjournals.org/content/23/2/299.long>
Our adapted summary is available at: http://www.ncchpp.ca/docs/2016_eth_frame_tenHave_En.pdf

Selected frameworks (5)

Thompson, A. K., Faith, K., Gibson, J. L., & Upshur, R. E. G. (2006). **Pandemic influenza preparedness: An ethical framework to guide decision-making.** *BMC Medical Ethics*, 7(12). Available at:

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Our adapted summary is available at: http://www.ncchpp.ca/docs/2016_eth_frame_upshur_En.pdf

Willison, D., Ondrusek, N., Dawson, A., Emerson, C., Ferris, L., Saginur, R., Sampson, H., & Upshur, R. E. G. (2012). **A framework for the ethical conduct of public health initiatives.** Public Health Ontario. Available at: <http://www.publichealthontario.ca/en/eRepository/PHO%20%20Framework%20for%20Ethical%20Conduct%20of%20Public%20Health%20Initiatives%20April%202012.pdf> Also, this shorter

document discusses the framework and provides a table of its ten guiding questions: Willison, D. J., Ondrusek, N., Dawson, A., Emerson, C., Ferris, L. E., Saginur, R., Sampson, H., & Upshur, R. (2014). **What makes public health studies ethical? Dissolving the boundary between research and practice.** *BMC Medical Ethics*, 15(61), 1-6. Available at: <http://bmcmethics.biomedcentral.com/articles/10.1186/1472-6939-15-61>

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NCCHPP Resources in Ethics

Recent publications:

[Introduction to Public Health Ethics 3: Frameworks for Public Health Ethics](#)

[Introduction to Public Health Ethics 2: Philosophical and Theoretical Foundations](#)

[Introduction to Public Health Ethics 1: Background](#)

[Solidarity in Public Health Ethics and Practice: Its Conceptions, Uses and Implications](#)

[Methods of Economic Evaluation: What are the Ethical Implications for Healthy Public Policy?](#)

Web presentation:

[Public Health Ethics: What is it? And Why is it Important?](#)

New in 2016:

[A Collection of Adapted Summaries of Public Health Ethics Frameworks and Very Short Case Studies](#)

[A repertoire of ethics frameworks for public health, with links to the original documents](#)

[Utilitarianism in Public Health](#)

['Principlism' and Frameworks in Public Health Ethics](#)

For a project update with our current plans and recent publications, please visit:

<http://www.ncchpp.ca/126/News.ccnpps>



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Thanks for joining us

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