

# Adapted Summary of a Public Health Ethics Framework 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

September 2016

This short document presents an adapted summary of the framework proposed by Schröder-Bäck et al. in 2014. We originally produced this summary for use during a workshop offered in June 2016.<sup>1</sup> We have adapted this and other summaries of frameworks and republished them together so that they might be used in combination with the very brief public health ethics cases that we have produced to date. They are intended to give public health practitioners some material for practice in ethical deliberation.

Peter Schröder-Bäck and colleagues set out to produce a short, case-based teaching course in ethics for students in public health because at present, practitioners must often face “difficult situations in which they have to make decisions with explicitly moral dimensions and yet they receive little training in the area of ethics” (2014, p. 9). The course outline is readily amenable to adaptation and use as an ethics framework. The first part of this summary outlines seven ethical principles: from the outset, each is to be considered as equal in importance to the others. The second part presents a series of steps for ethical reasoning and decision making. This summary concludes with a selection of resources for further reading.

### 1. Seven principles

#### NON-MALEFICENCE

Will the proposed intervention harm anyone?

#### BENEFICENCE

Will the intervention benefit every involved/affected individual?

#### HEALTH MAXIMIZATION

Is the intervention effective and evidence-based?

Does it improve the health of the population?

Maximization of population health can come into conflict with the principles of non-maleficence and beneficence. These two principles tend to be understood at the level of “individual professional-client encounters,” while in public health “the primary end sought is the health of the broader constituency of the public” (2014, p. 3).

#### EFFICIENCY

Is the intervention cost-effective?

Would the resources be better directed to another option?

#### RESPECT FOR AUTONOMY

Does the intervention involve coercion?

Is it paternalistic?

Does it promote autonomy?

Are personal data/privacy handled appropriately?

#### JUSTICE

Does the intervention involve or provoke any stigmatization, discrimination or exclusion?

Will it reduce or increase social and health inequalities (inequities)?

Will vulnerable sub-populations be considered and supported?

Will it enhance or corrode social cohesion and solidarity?

#### PROPORTIONALITY

Among the possible alternatives, does the intervention impose the least burdens upon people?

Are its burdens in proportion with its hoped-for outcomes?

Proportionality demands that the benefits must be balanced against the negative effects, for example in weighing the burdens placed upon some individuals in order to realize collective goods (2014, p. 5).

<sup>1</sup> The PowerPoint is available online at:  
[http://www.ncchpp.ca/128/presentations.ccnpps?id\\_article=1553](http://www.ncchpp.ca/128/presentations.ccnpps?id_article=1553)



## 2. Steps of applied ethical reasoning

Identify the issue in your own words: What is the underlying moral conflict?

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?

Do we have all the information we need? What do we need to learn more about?

What alternatives are there? Are they feasible? Do they reduce moral issues or tensions?

Further interpretation of principles: With more information, does your interpretation change?

Weighing: Are all conflicting principles still of equal value? Does your interpretation push one or more into priority?

What do we conclude? What is our solution to the problem?

Integrity: Does the solution seem appropriate and acceptable? If it were to be implemented, could we live with it?

Act and try to convince others based on your ethical reasoning and judgment.

## Resources and additional reading

**Adapted summaries of public health ethics frameworks and cases:** [http://www.ncchpp.ca/127/Publications.ccnpps?id\\_article=1525](http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1525)

**A repertoire of ethics frameworks for public health (with links to the documents):** [http://www.ncchpp.ca/708/Repertoire\\_of\\_Frameworks.ccnpps](http://www.ncchpp.ca/708/Repertoire_of_Frameworks.ccnpps)

**Population and Public Health Ethics: Cases from research, policy, and practice:** [http://www.ncchpp.ca/127/publications.ccnpps?id\\_article=720](http://www.ncchpp.ca/127/publications.ccnpps?id_article=720)

**Example of the application of the framework by Schröder-Bäck et al. (2014) in practice:**

Drowos, J. (2015). *Public health ethical principles: Making ethical decisions*. Presentation at American Osteopathic College of Occupational and Preventive Medicine. Retrieved from: <http://www.aocopm.org/assets/documents/MY15/Idrowos%20public%20health%20ethical%20principles.pdf>

## Reference

Schröder-Bäck, P., Duncan, P., Sherlaw, W., Brall, C., & Czabanowska, K. (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). Retrieved from: <http://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-15-73>

## Questions or comments?

Michael Keeling: [michael.keeling@inspq.qc.ca](mailto:michael.keeling@inspq.qc.ca)

Olivier Bellefleur: [olivier.bellefleur@inspq.qc.ca](mailto:olivier.bellefleur@inspq.qc.ca)

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

*Information contained in the document may be cited provided that the source is mentioned.*