

Adapted Summary of a Public Health Ethics Framework Guttman and Salmon (2004) *Guilt, Fear, Stigma and Knowledge Gaps: Ethical Issues in Public Health Communication Interventions*

September 2017

This short document presents an adapted summary of the approach proposed by Guttman and Salmon in 2004. This document is part of a series of adapted summaries of ethics frameworks for public health, to be used in combination with a series of short case studies. They are intended to give public health practitioners some material for practice in ethical deliberation. The documents in this series are available at: www.ncchpp.ca > Projects > Ethics.

In 2004, Nurit Guttman and Charles T. Salmon developed an approach that focused on eight themes in order to help identify ethical issues in public health communication initiatives. While messages “about how to improve health may not appear as ethically problematic to many public health practitioners” the authors contend that they may nevertheless contain ethical issues related to their potential effects on individuals and society (p. 551). The paper is not explicitly presented as an ethics framework, but it is well-suited to be adapted and used as such.

The first part of this adapted summary presents the eight themes proposed by the authors including questions that we have drawn up to summarize their discussion, with the goal being to help identify the ethical issues. The authors “suggest that an ethical analysis be applied to each phase of the communication process” (p. 552). This document concludes with a selection of resources for further reading. We encourage readers to consult the original.

Eight themes for identifying ethical issues

1. THE ‘TARGETS’ OF THE COMMUNICATION INTERVENTION

- Who is the targeted public?
- Are certain groups excluded? Why?
- Are these exclusions equitable? Are they for reasons of efficiency?
- Does this manner of targeting population groups promote or diminish social solidarity? Does it increase or decrease stigmatization?
- Is the information presented complete and accurate?

- Is the information presented in a way that is culturally appropriate for the different groups for whom it is intended?
- Will certain groups feel unjustly excluded?

2. INFORMED CONSENT

- Does the intervention call into question community or cultural norms? Does it touch upon sensitive issues?
- If yes, was that community involved or consulted in the development process? Can it be said that the community consented to this intervention?

3. PERSUASION TACTICS

- Does the intervention rely on shock value or produce strong emotional reactions to attract attention or to convince?
- Does the message amplify risks or exaggerate statistics to attract attention or to convince?
- Does the message present uncertain information as though it were certain?
- Might the message be too offensive or too frightening for some persons?

4. RESPONSIBILITY AND CULPABILITY

- Who is implicated as being responsible for the problem in question, and who is implied as being responsible for resolving it?
- Does the message imply that the affected individuals are solely responsible for the problem?
- Does the message take into consideration that “individuals may have limited impact on social factors that affect their behaviour” (p. 542)?
- Does the message promote or diminish social solidarity?
- Is one asking people to do things that they are not in a position to be able to do?
- Does the intervention produce feelings of shame, powerlessness or guilt?
- Why are these risks being targeted when certain other types of risk-taking behaviour are sometimes socially approved (e.g., some sports activities)?



5. HARM REDUCTION

“The harm-reduction approach prioritises the obligation to protect people from greater harm while they while they may be engaging in other potentially harmful practices. It justifies proffering information and services to help individuals avoid certain risks even if this appears to condone practices judges by society as anti-social and even immoral” (p. 546).

- If the communication is part of a harm-reduction approach, might it serve to normalize a practice that one would otherwise wish to limit, or one that might be perceived as anti-social or even immoral?

6. LABELLING AND STIGMATIZATION

- Does the intervention stigmatize individuals or groups?
- Will it create and/or reinforce stereotypes?
- Who is represented as having the problem in question (age, race, gender, sexual orientation, etc.)?

7. SOCIAL AND HEALTH EQUITY

- Will the intervention increase or decrease social and health inequalities?
- Does the intervention set out to curb a practice that is valued by a disadvantaged population? Does this practice have particular emotional or cultural value?
- Is the targeted practice or habit a compensatory mechanism, or does it have an important social function?

- Are there alternative practices or habits that are available and affordable that could replace the targeted practice? Are these mentioned in the communication?

8. THE PROMOTION OF HEALTH AS A VALUE

- What are the potentially negative implications of promoting health as an important social value? As though it is the most important value?

Resources and additional reading

Adapted summaries of public health ethics frameworks and cases

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

Reference

Guttman, N. & Salmon, C. T. (2004). *Guilt, Fear, Stigma and Knowledge Gaps: Ethical Issues in Public Health Communication Interventions*. *Bioethics*, 18(6). Retrieved from: <http://onlinelibrary.wiley.com/wol1/doi/10.1111/j.1467-8519.2004.00415.x/full> (paywall).

Questions or comments?

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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.

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