

# Adapted Summary of a Public Health Ethics Framework from Marckmann *et al.* (2015) in *Putting Public Health Ethics into Practice: A Systematic Framework*

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This short document presents an adapted summary of the approach proposed by Marckmann *et al.* in 2015. 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.

Marckmann *et al.* set out to produce a framework “to provide practical guidance [...] to analyze the ethical implications of public health practice” for ethicists, policy makers and public health professionals, among others (2015, p. 2). The first part of this adapted summary presents five normative criteria to guide ethical analysis and outlines seven procedural conditions for conducting a fair process. The second part presents a series of steps for the ethical evaluation of a public health intervention.

## Part 1 – Five normative criteria

### 1. WHAT ARE THE EXPECTED HEALTH *BENEFITS* OF THE INTERVENTION FOR THE POPULATION?

This requires defining the goals of the intervention with the range of expected effects (their likelihood, magnitude, etc.). Do we have evidence that the intervention will produce the expected benefits?

Are there alternative interventions to better achieve the goals and/or to maximize benefits?

### 2. WHAT ARE THE POTENTIAL *BURDENS* AND *HARMS* OF THE INTERVENTION?

Will the intervention cause harm, directly or indirectly, to others? Are there ways to reduce the risks of harm?

What is the magnitude and likelihood of these burdens? Can we rely on evidence to assess this?

### 3. HOW DOES THE INTERVENTION AFFECT THE *AUTONOMY* OF THE INDIVIDUALS IN THE TARGET POPULATION?

If possible, the intervention should improve the health literacy and competence of the affected individuals.

If possible, individuals should decide for themselves whether to participate in the public health program.

If individual informed consent is not possible and if goals can only be achieved by restricting individual freedom of choice, it is necessary to demonstrate that the public health goal cannot be reached by a less restrictive intervention.

### 4. IMPACT ON *EQUITY*: HOW ARE *BENEFITS* AND *BURDENS* DISTRIBUTED?

Does the intervention contribute to reducing health inequalities?

Are the health outcomes of the intervention fairly distributed among the population?

“When PH interventions accept a potential harm for certain subgroups to achieve a significant expected benefit for another subgroup, strategies to compensate for these risks have to be considered for the sake of compensatory justice.” (2015, p. 4)

### 5. *EFFICIENCY*: WHAT ARE THE COSTS AND OPPORTUNITY COSTS OF THE INTERVENTION?

Are there more cost-effective alternatives to achieve the same public health goals?

## Seven procedural conditions

Public health interventions should only be implemented by means of a thorough and fair process. Seven conditions must be observed to meet this requirement: (1) transparency, (2) consistency [same rules apply to everyone], (3) reasonable explanation, (4) public participation, (5) managing conflicts of interest, (6) openness to revision, and (7) managing adherence to conditions.



## Part 2 – Steps for the ethical analysis

### 1. DESCRIPTION: UNDERSTANDING THE PUBLIC HEALTH INTERVENTION AND ITS CONTEXT

What are the goals? Are the means of intervention well suited to reach them?

What is the broader context of intervention? Who are the stakeholders and what are their interests?

### 2. SPECIFICATION: ADJUSTING AND ADAPTING THE NORMATIVE CRITERIA

What is the practical relevance (content and scope) of each criterion for the intervention at hand? Is there any additional criterion that should be taken into account?

Are there disagreements as to how the criteria should be applied in this situation? Should we revise our understanding of the criteria to reach a common ground?

### 3. EVALUATION: ANALYZING THE INTERVENTION USING THE CRITERIA

Are there alternatives to the proposed intervention? Can any of the alternatives resolve the ethical issues that were identified (in Part 2, Step 2) above?

If not, what are the pros and cons of each potential solution? Is doing nothing an acceptable solution?

### 4. SYNTHESIS: CONDUCTING AN EVALUATION OF THE PUBLIC HEALTH INTERVENTION

Does the analysis (in Part 2, Step 3) above reveal unresolved tensions or conflicts between the normative criteria?

How should the conflicting ethical obligations be balanced? Which criterion should prevail? Can you provide a reasonable explanation to support your decision?

Are there less ethically problematic alternatives available?

### 5. GENERATING RECOMMENDATIONS BASED ON ANALYSIS

Should you recommend that the intervention be implemented?

Should there be adjustments made to maximize the expected benefits and/or to minimize the expected costs (or burdens)?

### 6. MONITORING: FOLLOWING-UP WITH ONGOING EVALUATION

In retrospect, was the ethical evaluation adequate? Have new ethical issues arisen during the implementation of the program?

Have the recommendations been followed? Were they effective in assuring an ethically appropriate implementation of the intervention?

## Resources and additional reading

### Example of the application of the framework by Marckmann *et al.* (2015) in practice:

Luyckx, V. A. *et al.* (2018). Ethical Challenges in the Provision of Dialysis in Resource-Constrained Environments. *Seminars in Nephrology*, 37(3), 273-286. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S0270929517300074>

## Reference

Marckmann, G., Schmidt, H., Sofaer, N., and Strech, D. (2015). Putting public health ethics into practice: a systematic framework. *Frontiers in public health*, 3(23), 1-8. Retrieved from: <http://journal.frontiersin.org/article/10.3389/fpubh.2015.00023/full>

## Questions or comments?

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