

Public Health Ethics:

Relevant from a community health perspective?

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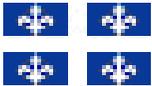
CHNC, Toronto, June 18, 2010



Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

***Institut national
de santé publique***

Québec 

Agenda

- Why public health ethics?
 - Background: ethics, SARS & other Crises and challenges
 - Emerging Policy Standards
 - Emerging Professional Standards
 - NCCHPP Mandate
- What is public health ethics?
 - Ethics, syndemics & ph decision-making
 - Some (but not much) moral theory
 - Public health ethics vs. Bioethics
- Several frameworks & a reflection tool
- Group Discussion

Objectives

- Survey some key **practical & theoretical considerations**
- Review several **frameworks** for public health ethics
- Pose & Discuss **dilemmas/challenges**
- Be aware of the **mandate and resources** on public health ethics of the **NCCHPP**

Why Ethics?

- Need for a **moral compass** to guide difficult decisions that have to be made in public health policy & practice
- Moral analysis is **part of coherent, accountable decision-making and public policy formation**
- Ethical issues are **one set of considerations** (among many – epi data, risk analysis, economics, law, etc...)
- BUT, often other sets of considerations involve moral evaluations (eg: risk benefit analysis)

Lessons from SARS

- SARS underscored the need for a clearly understood and widely accepted ethics approach to dealing with public health decision and policy making
- Health care systems are generally not prepared to deal with hard ethical choices that arise rapidly, or that involve complex systems
- Lesson learned is to establish the ethical framework in advance and to do so in an open and transparent manner

2 ways for ethics to contribute

Decision and policy making in public health ought to be

- Informed by (substantive) ethical values/principles
- Guided by (procedural) ethical decision-making processes

Poll: who to evacuate first?

- **Most ill or disabled?**
- **Most ambulatory?**
- **As if it were the titanic?**



Katrina: varying priorities, none clearly “right”

- Hospitals: **most critically ill** patients first
- Firefighters: **least ill patients** first and most ill later
- Helicopter Pilots: **pregnant women and babies**



Renewed interest in public health

Public health “crises”

- Tainted blood
- BSE
- *e coli* outbreaks
- Living conditions of indigenous communities
- H5N1, XDR-TB, SARS, H1N1

Growing challenges

- Value of universal health care
- Persistent health inequities according to class, race, gender
- Genetic screening, bio-banks, commercialization (e.g., HPV vaccine)

Renewed Interest in PH Ethics

- Proliferation of **publishing** in last 10 years
- Increased **teaching** in schools of PH
- International **symposia, journals, books**
- APHA **Code of Ethics, 2002**
- **Pandemic Ethics**
- **Global Health Ethics**
- Nuffield Council (UK): Ethical Issues, 2007

= emerging policy and professional standards

Poll: who to vaccinate first?

- the most vulnerable?
- those most likely to transmit the most illness?
- those “essential” to ongoing efforts against the outbreak?
- it’s another titanic situation... (pregnant women and babies)



Public health

... frequently involves ethical dilemmas for which practitioners may **not feel well trained, skilled or prepared** to confront, and **on which they may profoundly, but reasonably, disagree...**

Public health ethics

... provides a common language (and thus perhaps more clarity) about the **goals, means, and limits of public health**, which may reduce conflicts arising from **the heterogeneous (and often conflicting) values** on which health protection, promotion and prevention rest

EG: New PH Policy Standards

“Ethical Governance”

- Requires that policy-making process be:
 - Fair, Equitable, Transparent & Accountable
- Encourages that policies be explicitly values-based, and that policy-makers account for the impact of their decisions, especially on:
 - Equity, Solidarity & Social Justice

eg: WHO EURO Health For All agreement (2005); Qc Loi sur la santé publique (2001) (common good & equity) + CESP + volet éthique du CSBE (2005)

EG: Emerging Professional Standards

"Public Health Ethics"

- PHAC Core Competencies for Public Health in Canada (2007) requires practitioners to:
 - “Utilize public health ethics to manage self, others, information and resources” (Leadership section 7.3)
- CHNC PH Nursing Specific Competencies 1.0 (2009) requires public health nurses to:
 - “Determine the meaning of information, considering the ethical, political, scientific, socio-cultural and economic contexts” (Assessment & Analysis Section 2.7)
 - “Apply ethical standards and principles taking into consideration appropriate public health and nursing ethics” (Professional Responsibility & Accountability Section 8.2)

EG: Emerging Professional Standards

"Public Health Ethics"

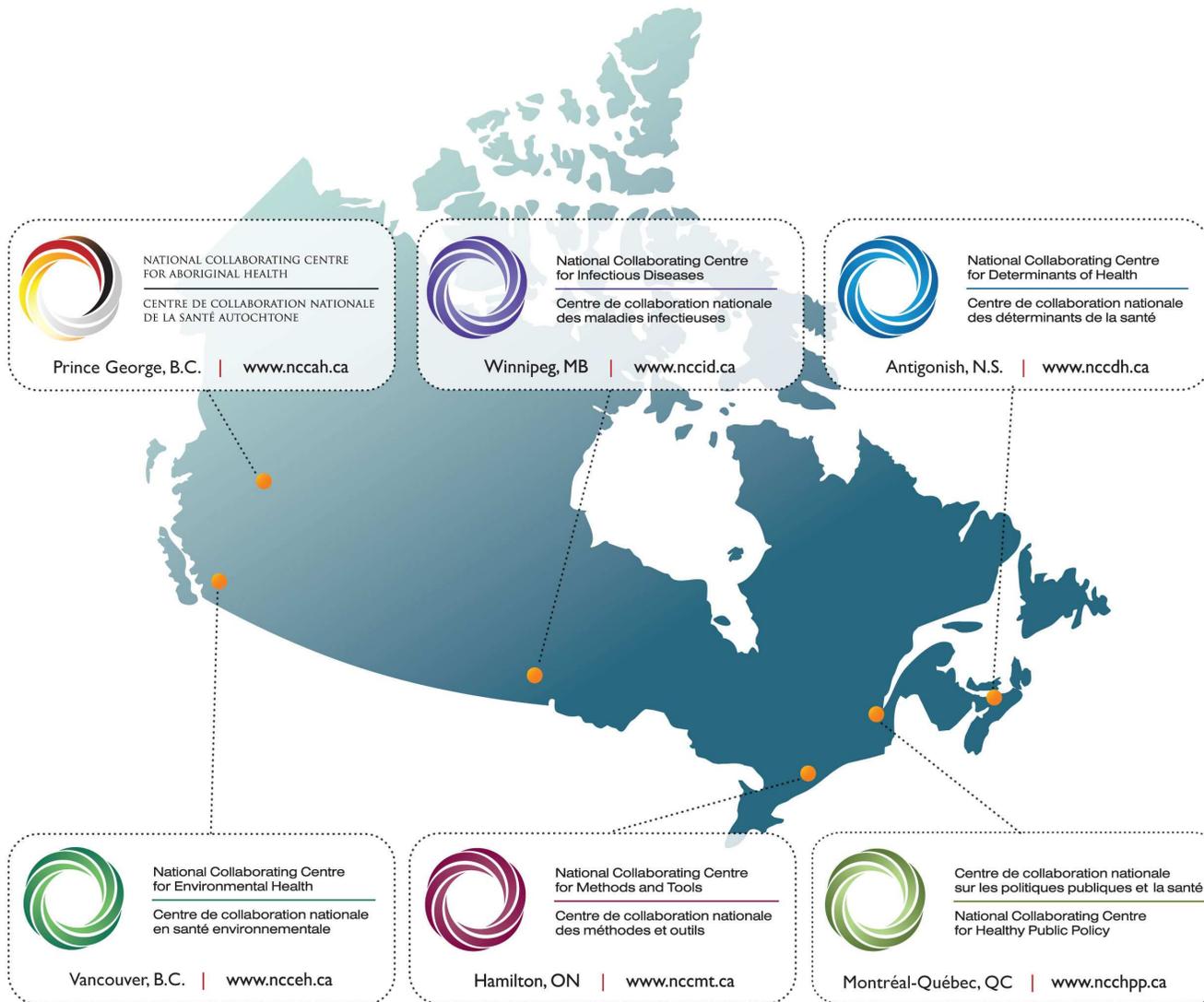
- CHNC Vision Statement Values (2009) & CHNAC Canadian community health nursing standards of practice (2003) values and beliefs:
 - Principles of Primary health care
 - Multiple ways of knowing
 - Individual/Community partnership
 - Empowerment
 - Social Justice/Caring

NCCHPP: 1 of 6 PHAC Centres

Different topics

Different
institutions

Collective projects



NCC Public Health

Mission

- To “bridge” the communities of researchers, practitioners & decision-makers

Activities

- Knowledge Synthesis, Translation & Exchange
- Identification of Knowledge Gaps
- Research Promotion
- Network Development

NCC Healthy Public Policy

Objective

- To increase expertise in public policy

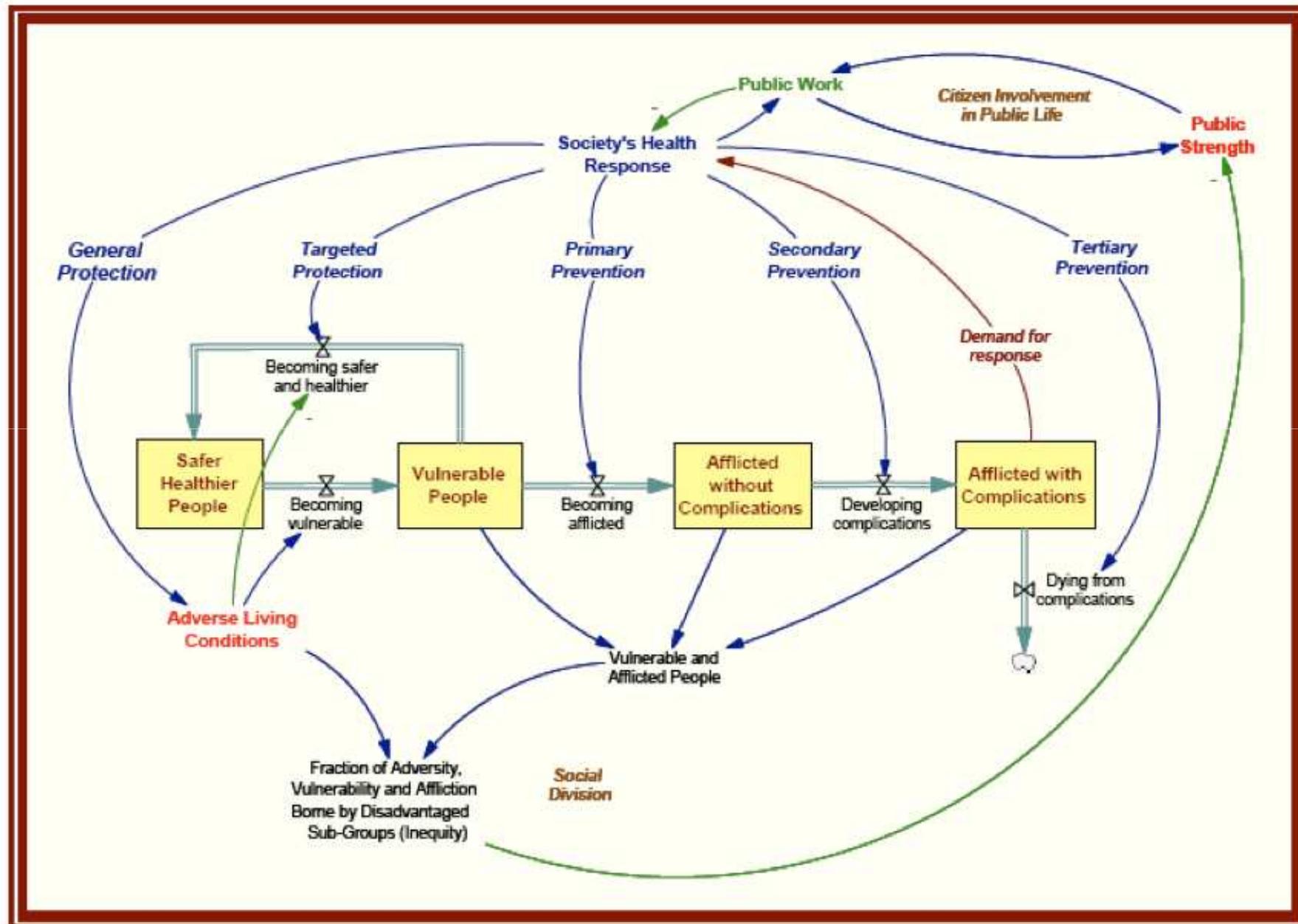
Focus

- Public policy processes, impacts on health, & methods to study these and apply findings

Synthesis, exchange, translation

- Co-construction with users
 - Elicit and capture practices
- Usable
 - Adaptable/adapted to context
 - Multiple diffusion strategies/formats

Figure 10 A Balanced System of Health Protection



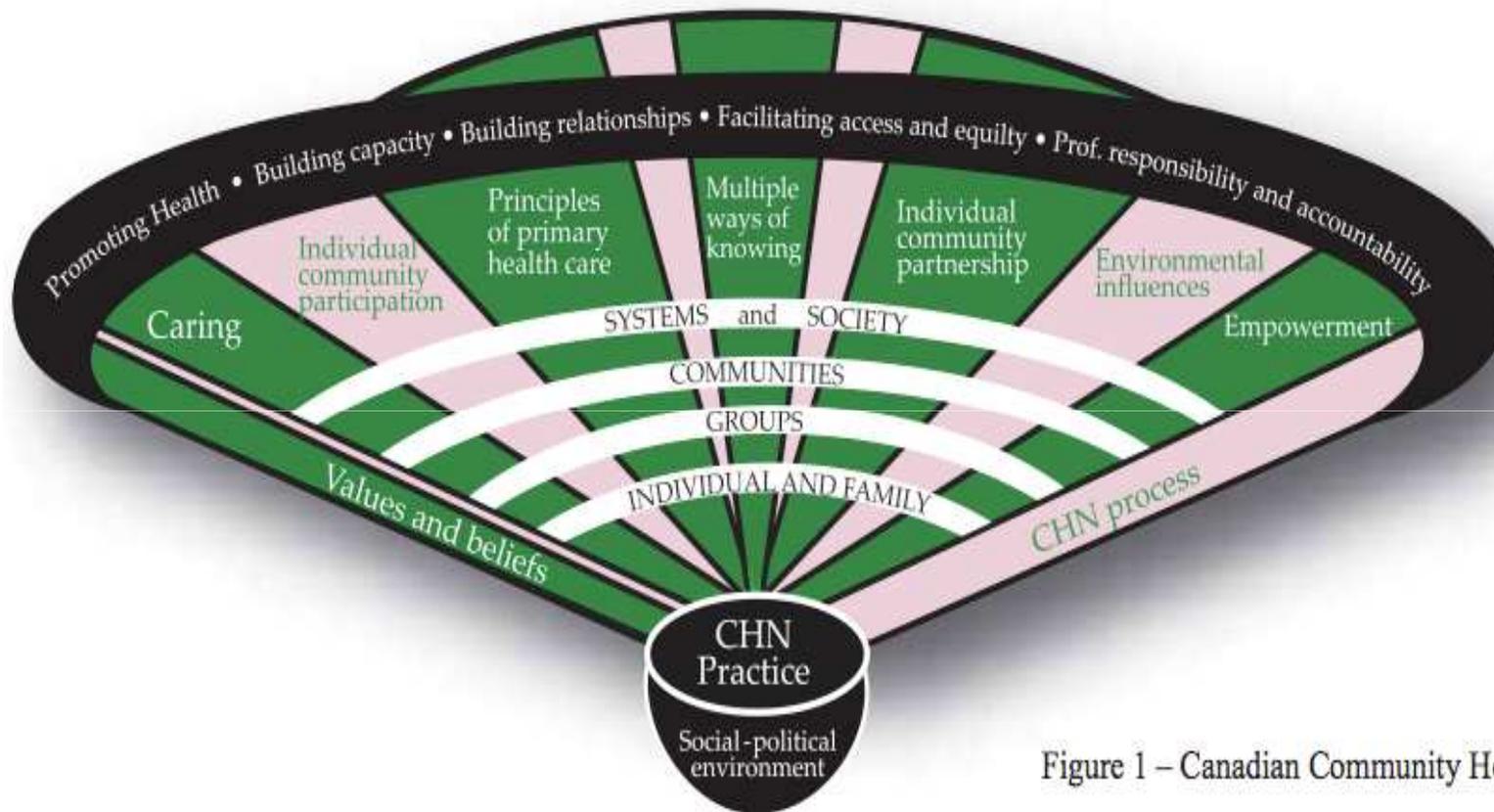


Figure 1 – Canadian Community Health Nursing Practice Model

Public health ethics in the workplace

- Encountering **dilemmas?**
- Being uncomfortable with **outcomes?**
- Dealing with **political interference?**
- Having the **discretion to make values based decisions?**

Public health ethics in the workplace

	>once	once
• Redirected funds	7%	34%
• Massaged data	11%	34%
• Exaggerate severity to boost attention	0	21%
• Less than 100% honest to secure treatment	6%	22%

Pakes, 2010 (unpublished)

Poll:

- Have you taken a formal ethics course?
- Do you have skills/knowledge to ID & resolve dilemmas in your work?
- Is it appropriate to devote scarce resources to ethics training?



The value of practical ethics

- Of 1200 nurses & social workers surveyed, half with Masters, only approx **50% of have some ethics education** (& 25% of nurses had none)
- Those with were **more confident in their judgments** and **more likely to explicitly use ethical arguments in their decision-making**
- “Ethics education has a significant positive influence on moral confidence, moral action, and use of ethics resources”

(Grady et al, Am J Bioethics 2008)

But which ethics?

- Whose goals, which principles, what processes, which outcomes?
- Who decides?
- Where does moral authority reside?

Surely not principlism... even though most health ethics training teaches it exclusively...

- Autonomy
- Beneficence
- Non-maleficence
- Justice

Historical Roots of Clinical Ethics

- Post-WW2 then 1950/60's
 - concern for ethics of **health research**
 - critiques of **medicalization**
 - attention to **power relations** between researcher/subject, doctor/patient
- 1970/80's
 - drama of **high technology** medicine, beginning and end of life decisions

Historical Roots of Public Health

- State intervention and health paternalism
 - Authoritarian, even coercive, enforcement
 - Goals: protect common good, promote utility
- Progressive Social Reform Movements
 - Mitigate worst consequences of industrial revolution
 - Goals: protect inherent value/dignity of all, promote equity

How is PH ethics distinct from clinical ethics?

Clinical ethics

- **Context:** fiduciary responsibility of clinician in therapeutic contract with patient, legitimized by informed consent of patient
- **Pattern of practice:** patient seeks out clinician, may accept or reject advice

Public Health ethics

- **Context:** contract is with society as a whole, legitimized by policies and law of government
- **Pattern of practice:** patient sought by PH practitioner, may not be able to refuse advice

Why is public health ethics distinctive?

- Public health is a **collective good**
- Public health has a particular focus on **prevention**
- Public health generally requires **government action**
- Public health is intrinsically **utilitarian/consequentialist**

Examples of Frameworks for PHE

- **Kass (2001)**

- What goals can be achieved?
- Will the intervention be effective in achieving those goals?
- What are the known and potential burdens?
- Can the burdens be minimized? Are there alternative approaches?
- Can the intervention be implemented fairly?
- How can the benefits and burdens of the intervention be fairly balanced?

- **Barbera et al (2001)**

- Reasonable (risk)
- Favourable (cost benefit analysis)
- Feasible (effectiveness)

- **Childress et al (2002)**

- Effectiveness
- Proportionality
- Necessity
- Least infringement
- Public justification
- Trust

Examples of Frameworks for PHE

- **Upshur (2002)**
 - Harm Principle
 - Least restrictive means
 - Reciprocity
 - Transparency
- **Buse (2003)**
 - Representative
 - Transparent
 - Accountable
 - Equitable
- **JCB (2003)**
 - Individual Liberty
 - Public Protection from harm
 - Proportionality
 - Reciprocity
 - Trust
 - Privacy
 - Duty to provide care
 - Equity
 - Solidarity
 - Stewardship
 - + Fair Procedure = Reasonable, Transparent, Inclusive, Responsive, Accountable

Public health ethics is value pluralistic

Selected ethical principles, values & norms potentially relevant to public health decision-making

Ethical Considerations from the Nova Scotia Pandemic Flu Plan ¹ (adapted)				
Social Values	Policy Values		Individual Values	
<i>Justice/Fairness</i>	<i>Issues</i>	<i>Outcomes</i>	<i>Individual</i>	<i>Institutional</i>
Universality	Utility/Necessity	Efficiency	Liberty	Interdependence
Equity/Equality	Need	Quality	Freedom	Trust
Protection from harm and of life	Accountability	Feasibility	Dignity	Loyalty
Protection of the vulnerable or marginalized	Relevance	Acceptability	Autonomy	Stewardship
Protection from stigma	Reasonableness	Effectiveness	Privacy	Solidarity
Fair access	Transparency	Sustainability	Beneficence	Evidence
Fair outcomes	Proportionality	Value for cost	Non-Malfeasance	Subsidiarity
Precautionary principle	Inclusivity	Least restrictive means	Conflict of interest	Duty to care
Social cohesion	Legality	Neighbourliness	Informed consent	Advocacy
Collaboration	Revisibility	Unity	Integrity	Flexibility

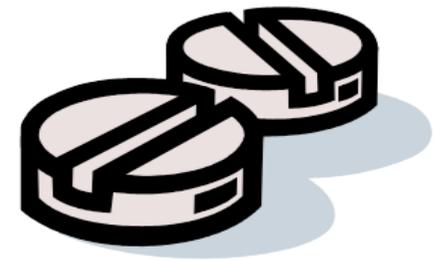
Poll: treatment or prevention of HIV where resources are limited

-Prevent 5000 infections this year?

or

-Preserve 500 lives over the next 5 years?

What is an acceptable discount rate when it comes to human lives?

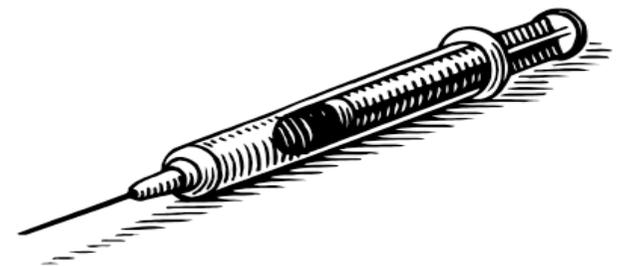


Poll: foreign aid to support mass vaccination – potential good vs statistically certain harm

Because we know as many as half of all injections in low resource settings are non-sterile (resulting in est. 8-16M cases of Hep B & 75-150 000 cases of HIV per year globally)

- Do we continue funding paediatric vaccination programs?

Where to start given overwhelming needs & inequities?



A core challenge from public health ethics

Recognize and make relevant the interdependence of autonomy, relationality, and community trust

From autonomy...



*a form of personal liberty of action
where the individual determines his or her
course of action in accordance with a plan
chosen by him or herself*

Contemporary liberal theory has yet to take account of the fact that men are not mushrooms." *Susan Moller Okin*

...To relationality

Agency is not isolated,
but inherently relational



Victims and vectors



“Infectious disease reminds us that we are related in our vulnerability.” *Leslie Francis*

Bioethics

... has become “**stale & tedious**” and has no future in its present form...

Public health ethics

... is a “means to an **invigorated, richer and socially-engaged** bioethics”

(Dawson, 2010)

Small group Workbook



The graphic is a horizontal rectangle divided into two main sections. The left section has a dark blue background with the text 'Ethical Decision-Making Worksheet' in white and yellow. The right section has a yellow background with four steps listed vertically, each preceded by a colored circle containing a letter: I (red), D (blue), E (orange), and A (green).

Ethical Decision-Making Worksheet

- I** Identify the facts
- D** Determine the ethical principles in conflict
- E** Explore the options
- A** Act on your decision and evaluate

Adapted from the Toronto Community Care Access Centre Community Ethics Toolkit, developed by the Community Ethics Network (CEN) 2008.
http://www.jointcentreforbioethics.ca/partners/documents/cen_toolkit.pdf#search=%22CEN%20toolkit%22

Case: Imposing Restrictive Measures

- Flu pandemic underway globally
- Person to person spread confirmed in your community
- Public health officials are strongly recommending the immediate implementation of some restrictive measures to help slow the spread of the infection
- Death of a child in a car accident, non-english speaking immigrant family are known to have invited 500 to attend the funeral

From: Canadian Program of Research on Ethics in a Pandemic (www.CanPrep.ca)

Case: Imposing Restrictive Measures

First set of questions

1. What are your initial thoughts and feelings about this situation?
2. What do you think were the most important considerations for the family in making their decision?
3. What are the features of this case that you find most compelling?

Case: Imposing Restrictive Measures

Scenario Unfolds - Public health authorities ask everyone who attended the funeral to stay home for a period of 7 days (voluntary self-quarantine), even though there is still little information about the virus or the extent of the outbreak. Many people, who can barely make ends meet, find it impossible to respect because they work on hourly wages and wouldn't get remunerated if they don't go to work. In particular, Rajinder wonders whether this is feasible for him and his family. He decides to go to work in spite of the order, while the rest of his family stays home.

Case: Imposing Restrictive Measures

Second set of questions

1. What do you think of Rajinder's decision?
2. Do you think people should face consequences if they don't respect an order of quarantine? If yes, what sort of penalties do you think would be fair?
3. Is there anything compelling about this development?

Case: Imposing Restrictive Measures

Scenario Unfolds - The provincial government has declared a state of emergency. Three people who attended the funeral are showing symptoms of influenza and one person has died from it. Although Rajinder is aware that the outbreak has now hit home, he can't see how it would be possible for him not to go to work since he has just taken over his sister's job to support his family. Amandeep had been the sole income earner, supporting her entire family by pruning violets in neighbouring Chilliwack. After several warnings, public health detains Rajinder, meaning that the family is left with no income and is left stranded at home with little food.

.

Case: Imposing Restrictive Measures

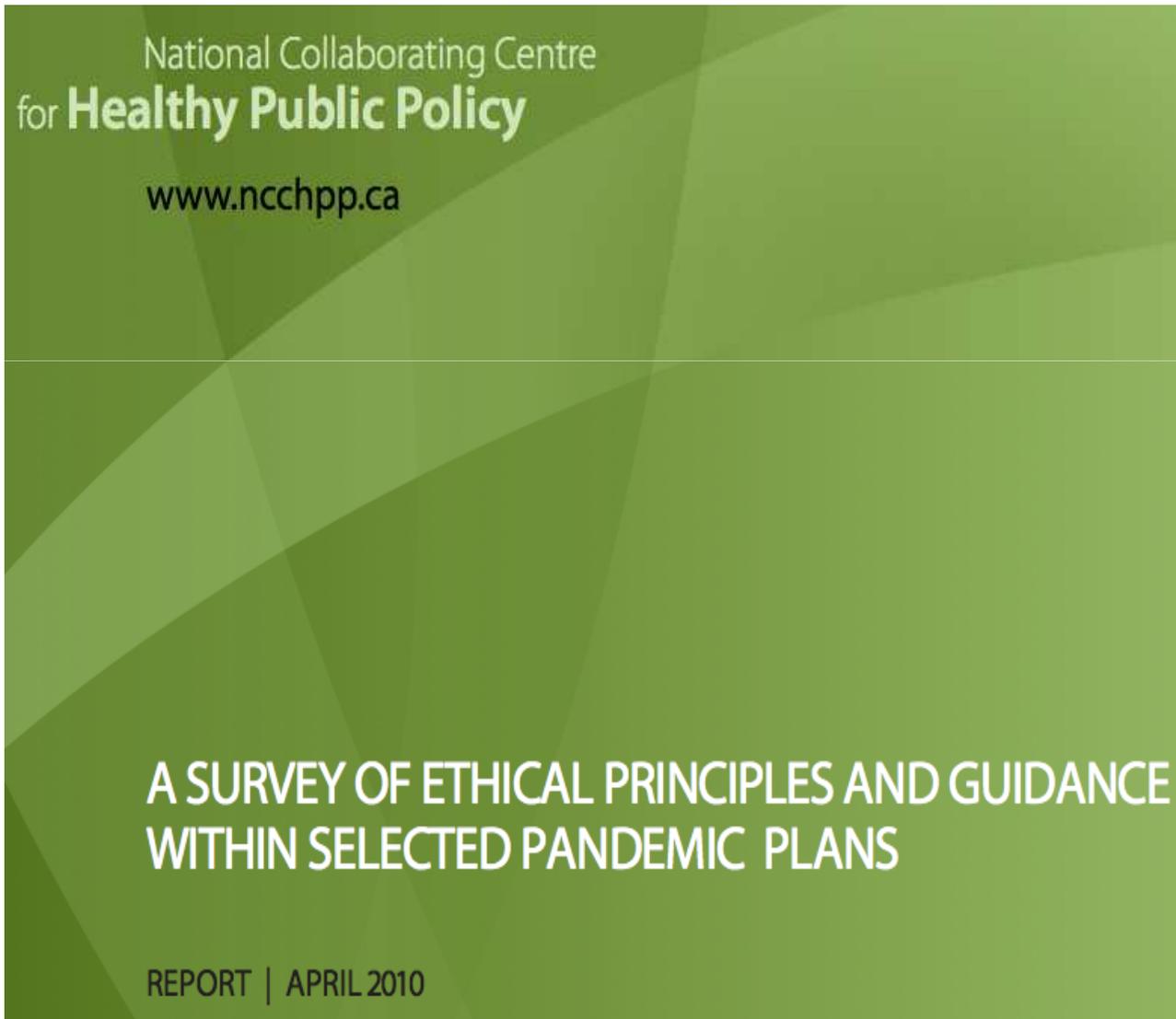
Third set of questions

1. Have your responses to the situation changed in light of this new information?
2. What do you think of public health's decision to detain Rajinder?
3. Is there anything compelling about this development?

Final questions

1. Do you think public health has obligations to those asked to stay in quarantine?
2. On what basis should the decision to cancel public events and quarantine be made?

Most recent publication



National Collaborating Centre
for **Healthy Public Policy**

www.ncchpp.ca

**A SURVEY OF ETHICAL PRINCIPLES AND GUIDANCE
WITHIN SELECTED PANDEMIC PLANS**

REPORT | APRIL 2010

Initial Publications

Repertory

List of individuals across
CAN engaged in public
health ethics

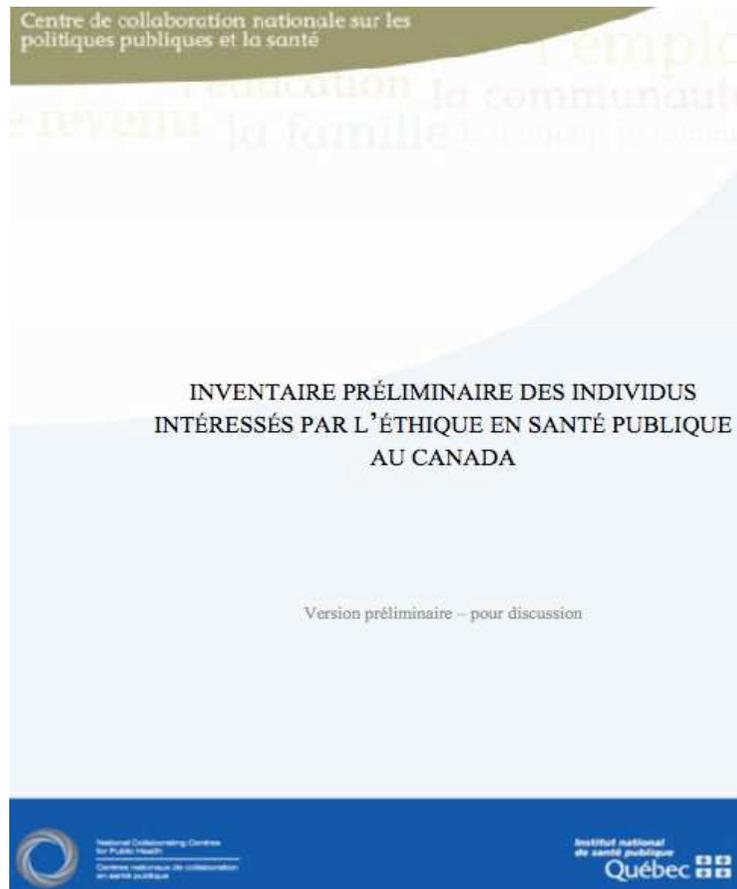


Case studies series

11 narrative hypotheticals around
pandemic response and ID
control that aim to stimulate
reflection and debate

Initial Publications

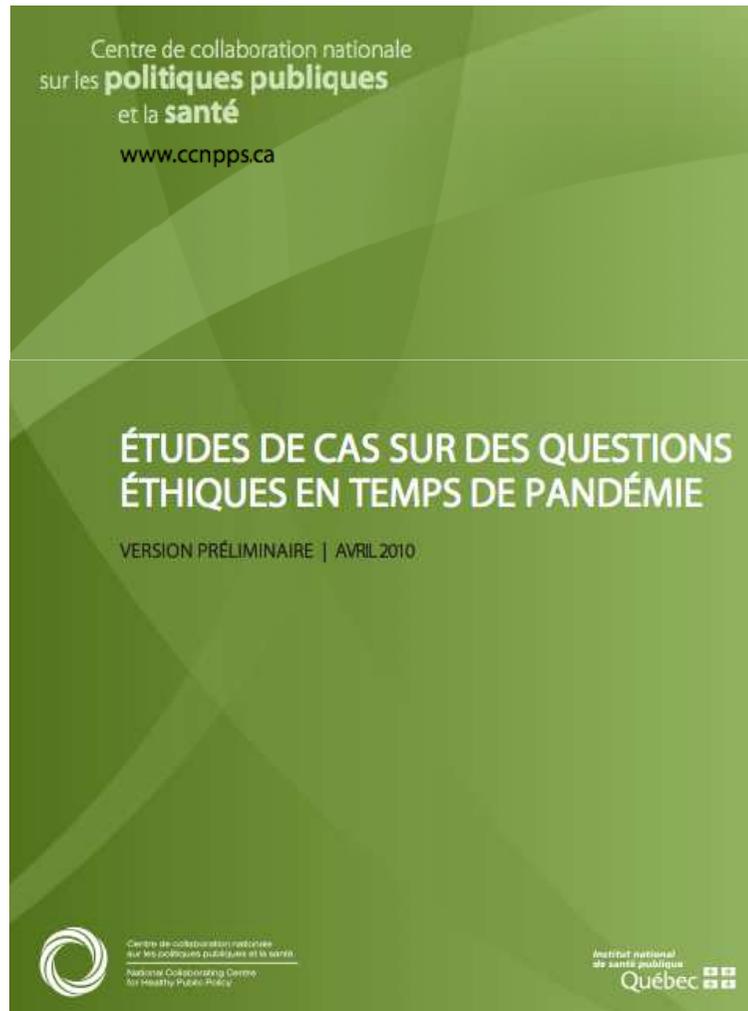
Inventory



- first step in attempt to develop a comprehensive pan-Canadian information portal for PHE resources, researchers, educators, projects and literature to be hosted by the NCC

Initial Publications

Case studies series



- 11 cases extracted from existing documents or research proposals
- illustrate wide range of pandemic and infectious disease control scenarios in which professional roles and responsibilities generate ethically complex situations
- aim is to assist in the development and application of moral reasoning through concrete examples

Imminent publication

OVERVIEW OF ETHICS AND PANDEMICS LITERATURE

- 1.1 Brief overviews of Ethics in a Pandemic
- 1.2 Slide Presentations on Ethics in a Pandemic
- 1.3 Decision-Making Guides and tools
- 1.4 Other Selected Resources
- 1.5 Broad overviews of Ethics and Policy Issues in a Pandemic

INTERNET, LEARNING AND DISCUSSION RESOURCES

- 2.1 Breaking News, Summaries & Electronic newsletters
- 2.2 Distribution lists (listservs)
- 2.3 Blogs & Other Updates
- 2.4 Other Pandemic Ethics Resources
- 2.5 Miscellany
- 2.6 Glossaries

You're interested in this topic?

Visit us at www.ncchpp.ca for more resources on public health ethics.



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