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Public Health Ethics in Practice: Applying Frameworks to Cases

Webinar | October 1, 2015

Michael Keeling & Olivier Bellefleur
National Collaborating Centre
for Healthy Public Policy

Centre de collaboration nationale
sur les politiques publiques et la santé

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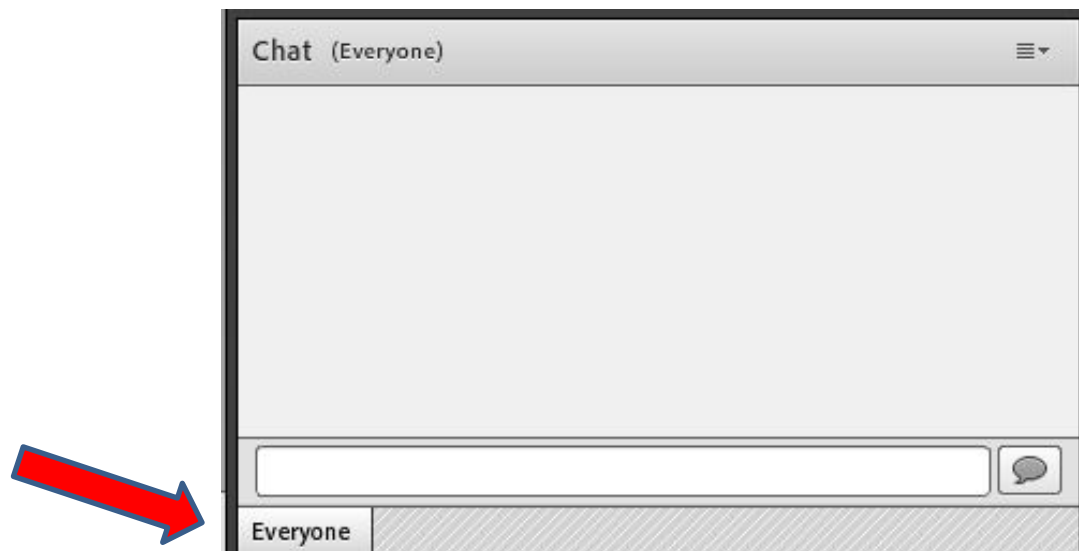**PLEASE PUT YOUR TELEPHONE ON MUTE (*6)**

Talk to you soon!

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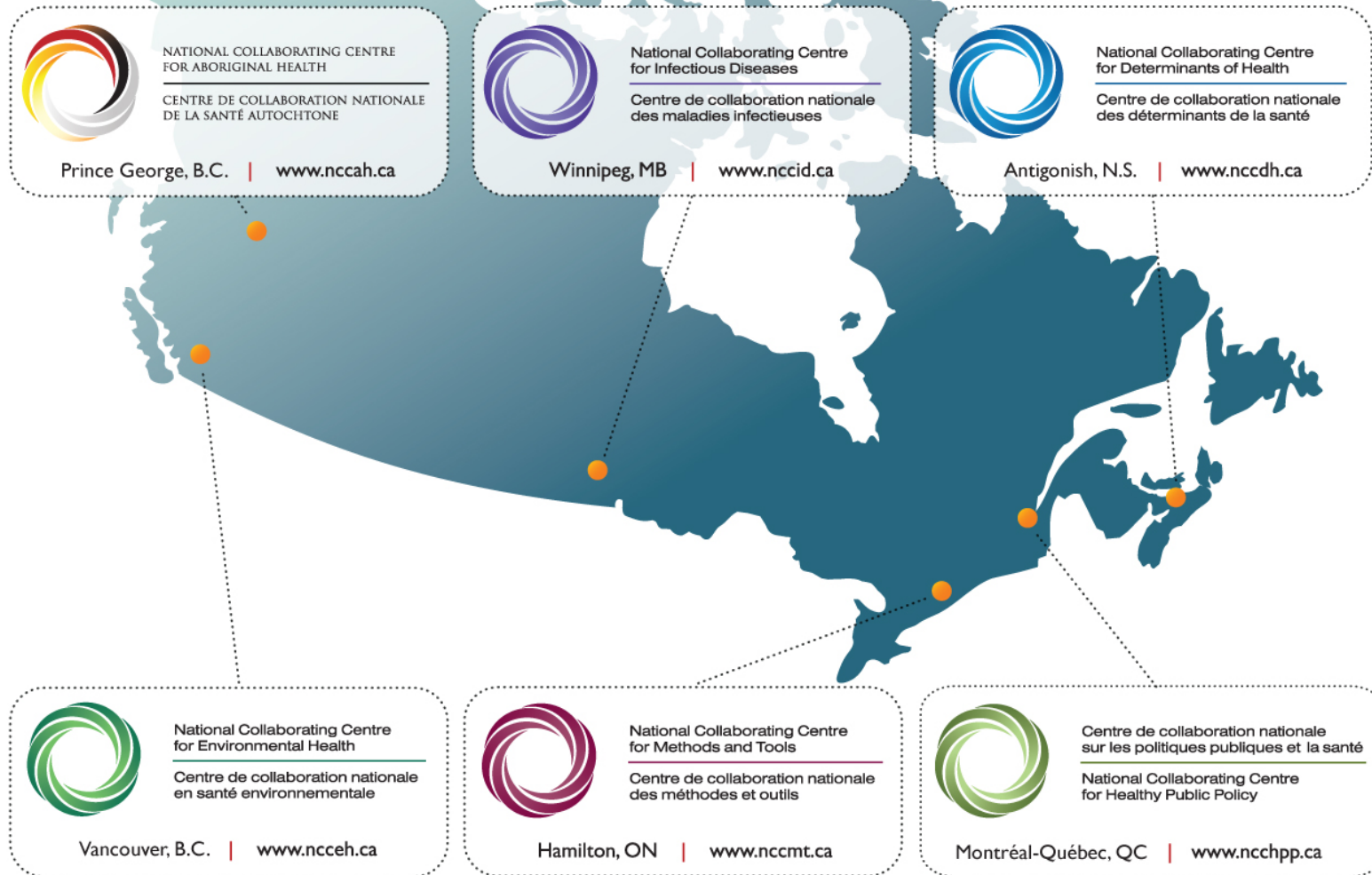# To ask questions during the presentation

Please use the chatbox at any time.

Please note that we are recording this webinar, including the chat, and we will be posting this on our website.

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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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Declaration of real or potential conflicts of interest

Presenters:
Olivier Bellefleur and Michael Keeling

I have no real or potential conflict of interest related to the material that is being presented today.

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Checking in...

What is your level of knowledge in public health ethics?

Expert?

Intermediate?

Low?

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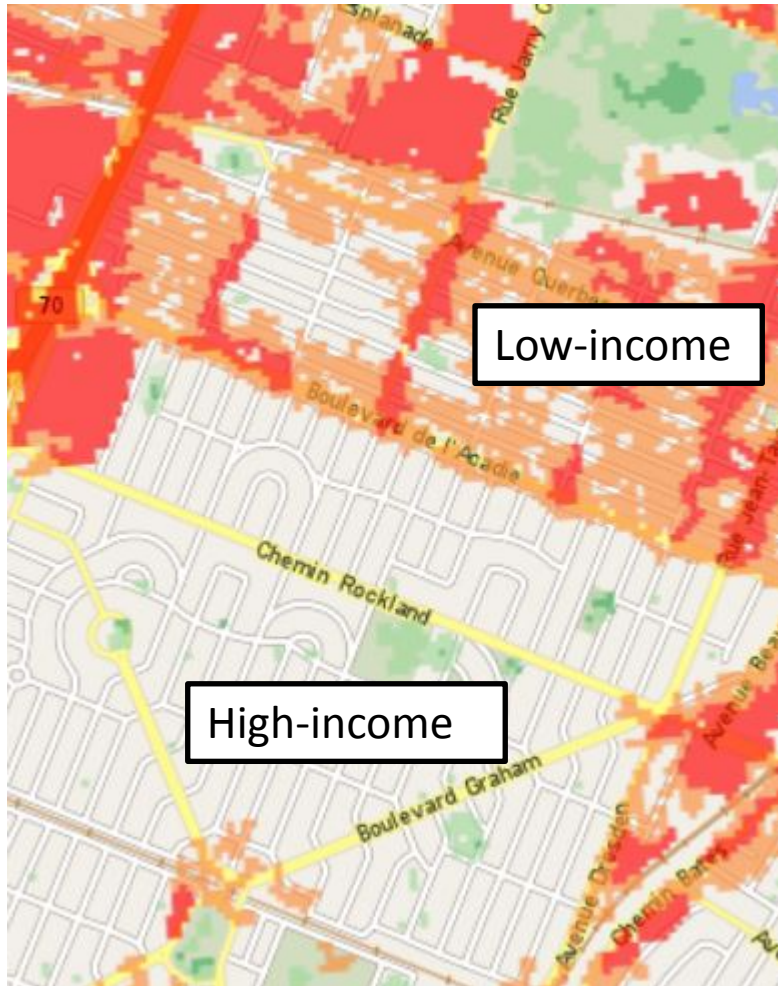
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Goals

- Introduce the general nature and role of ethics frameworks in public health,

- Introduce summary versions of two such frameworks, and
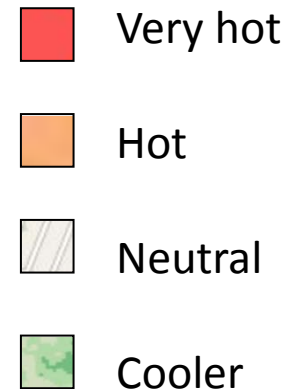
- Apply those frameworks to two cases.

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Let's start with a problem

Heat islands in high-income and low-income Montréal neighbourhoods

Legend

🟥	Very hot
🟧	Hot
⬜	Neutral
🟩	Cooler

And one response…

Case 1:

Heat wave

Your health unit has been asked to review the municipality's *Heat Alert and Response Plan*.

One of the plan's key elements is the provision of neighbourhood cooling centres during heat waves. However, some neighbourhoods, particularly low-income areas where the need is greatest, are thought to lack suitable facilities for cooling centres.

One option is to bus at-risk individuals to air conditioned shopping malls, community centres, sports facilities, etc. in other neighbourhoods.

At first glance, are you in favour of bussing at-risk individuals to cooling stations in other neighbourhoods?

Vote now:

A – Yes

B – No

C – Hmmmm. Maybe?

Why?

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

1. **Is this an effective way to improve health?** (scientific and other evidence)

2. **Is this cost-effective?** (economic analysis)

3. **Who judges this to be a problem and who is the most affected?** (problematization, policy question, policy analysis)

4. **Is there public support for such an initiative?** (acceptability)

5. **How will individuals and groups be affected by this? Are some groups more affected than others? Were they consulted?** (ethical values more explicitly)

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

What is public health (PH) ethics?

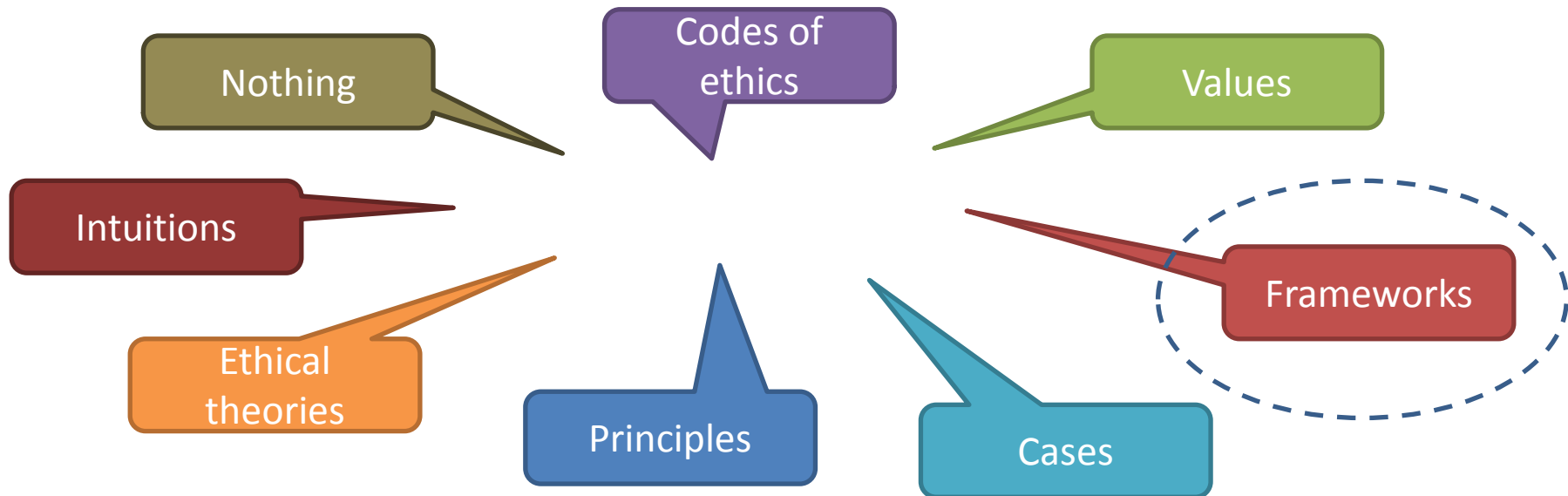PH ethics is mostly about what **should** and **shouldn't** be done
- **collectively**
- to protect and promote the health of **communities.**

PH practice is sufficiently different from clinical practice to require its own ethics…

…in order to help:

- See ethical issues

- Deliberate about options

- Make decisions

- Justify them

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

Nothing

Codes of ethics

Values

Intuitions

Frameworks

Ethical theories

Principles

Cases

Frameworks:
- The most common approach
- Help to highlight ethical values and issues
- Help with deliberation and with decision making

Before exploring some of the characteristics of frameworks, let's plunge right in and use a framework that has been very influential…

An ethics framework for public health
Nancy Kass, 2001

1. What are the public health goals of the proposed program?

   The ultimate health goal(s)

Reduce morbidity and mortality resulting from heat waves

Kass, N. E. (2001). An ethics framework for public health. *American Journal of Public Health*, 91(11), 1776–1782.
http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.91.11.1776

Kass (2)

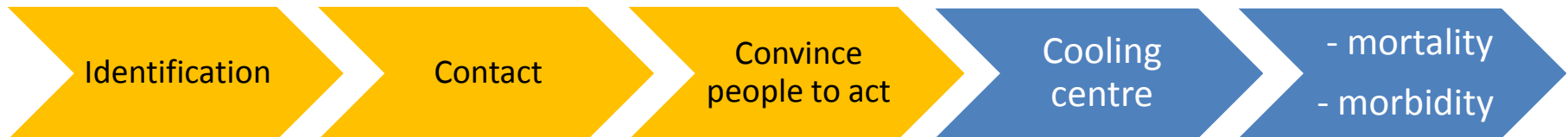What are the public health goals of the proposed program?

2. How effective is the program in achieving its stated goals?

   The "greater the burdens posed by a program" (liberty, costs, etc.) the stronger the evidence should be

- Cool environments work

  …but this is not a case of "if you build it, they will come"

- The most vulnerable tend to not want to leave their neighbourhoods
- Many do not identify themselves as at risk
- People with mental illness are particularly at-risk

Identification → Contact → Convince people to act → Cooling centre → - mortality - morbidity

References: Merkes, 2014; NCCEH, 2008; O'Neill et al., 2009; Price, Perron, & King, 2013.

Kass (3)

1. What are the public health goals of the proposed program?

2. How effective is the program in achieving its stated goals?

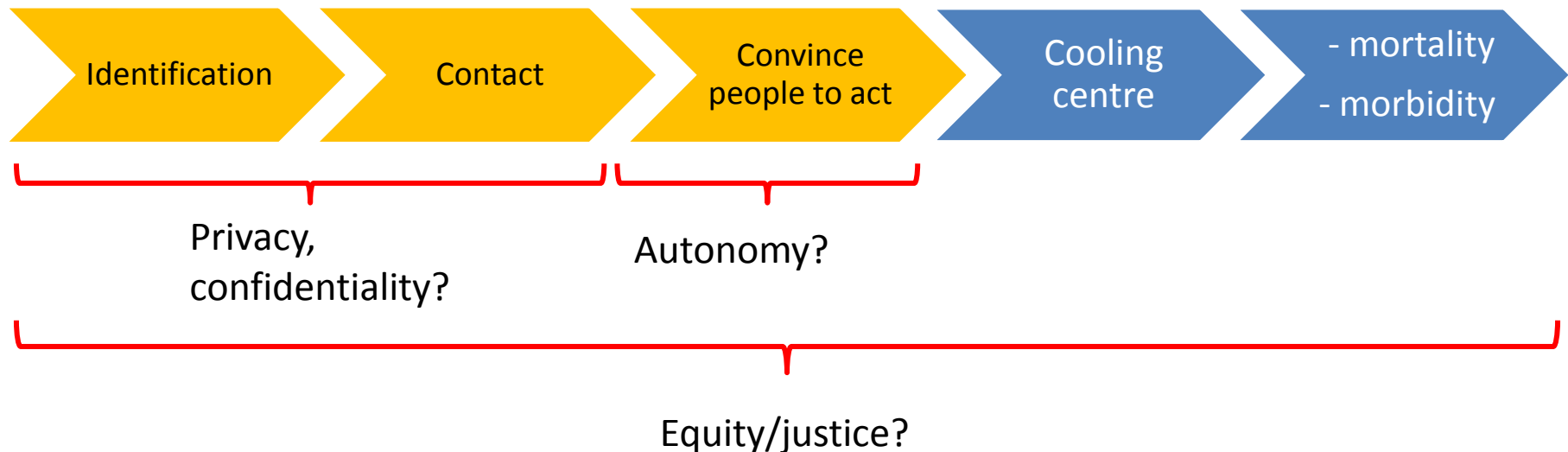3. What are the known or potential burdens of the program?
   What are the risks
      to privacy and confidentiality?
      to liberty and self determination?
      to justice?
      to individuals' health?

Identification → Contact → Convince people to act → Cooling centre → - mortality - morbidity

Privacy, confidentiality?

Autonomy?

Equity/justice?

Kass (4)

1. What are the public health goals of the proposed program?

2. How effective is the program in achieving its stated goals?

3. What are the known or potential burdens of the program?

4. Can burdens be minimized? Are there alternative approaches?

   "[W]e are required, ethically, to choose the approach that poses fewer risks to other moral claims, such as liberty, privacy, opportunity, and justice, assuming benefits are not significantly reduced" (p. 1780).

Rather than trying to transport people, why not open more centres?
   Be creative and seek participation from the local community, restaurants, businesses, etc.

Kass (5)

1. What are the public health goals of the proposed program?
2. How effective is the program in achieving its stated goals?
3. What are the known or potential burdens of the program?
4. Can burdens be minimized? Are there alternative approaches?
5. Is the program implemented fairly?

   Is there a fair distribution of benefits and burdens?
   Will the program increase or decrease inequalities?
   Should the program be universal?
   Should it target certain populations?
   Is there a risk of stigmatizing certain groups?

- What will happen to at-risk people in non-targeted (e.g., higher-income) neighbourhoods? Will they be contacted?
- Is there a risk of stigmatizing neighbourhoods?

Kass (6)

1. What are the public health goals of the proposed program?
2. How effective is the program in achieving its stated goals?
3. What are the known or potential burdens of the program?
4. Can burdens be minimized? Are there alternative approaches?
5. Is the program implemented fairly?
6. How can the benefits and burdens of a program be fairly balanced?

   "[T]he greater the burden imposed by a program, the greater must be expected public health benefit".

   the more that "burdens are imposed on one group to protect the health of another...the greater must be the expected benefit"

   Balancing these calls for a democratic, equitable process.

How will at-risk persons be identified, contacted and convinced to act?
How was the decision made to transport them? Was there any consultation?

Now, are you in favour of bussing at-risk individuals to cooling stations in other neighbourhoods?
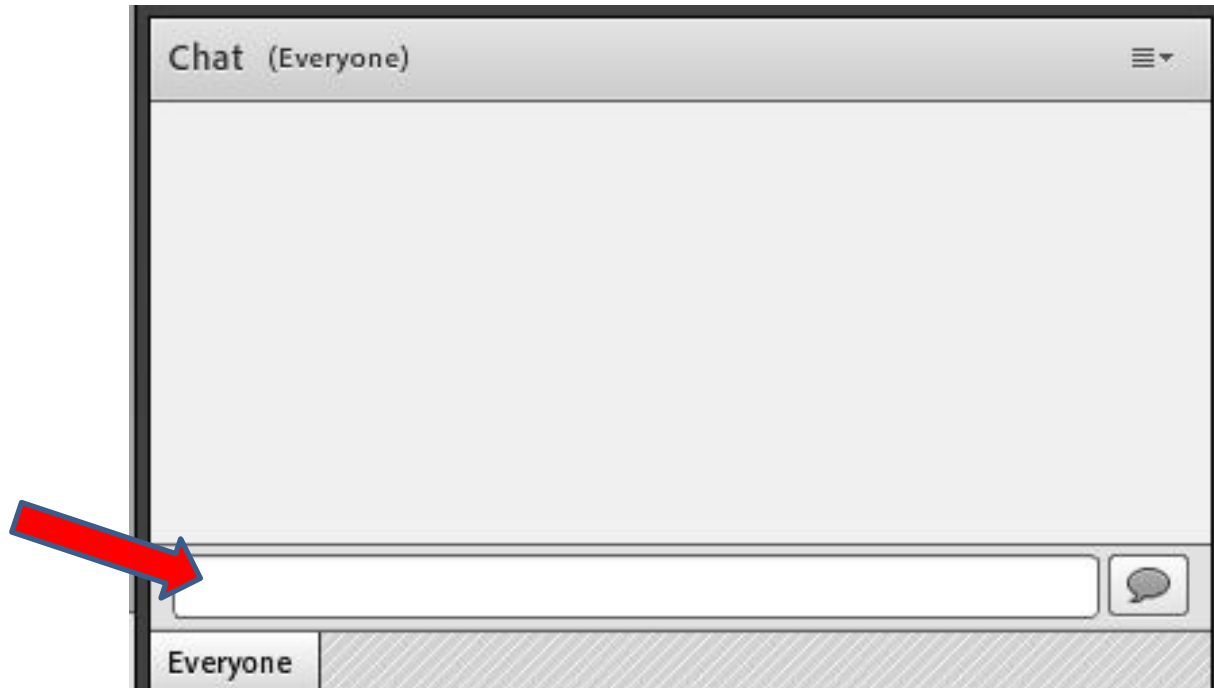
Vote now:

A – Yes

B – No

C – Hmmmm. Maybe?

Questions? Comments?

Next… More about frameworks

What is a framework? What can it offer?

No need to be a specialist to use one

Designed to guide practice

Ethical issues/tensions between principles or values are dealt with through deliberation, not theory

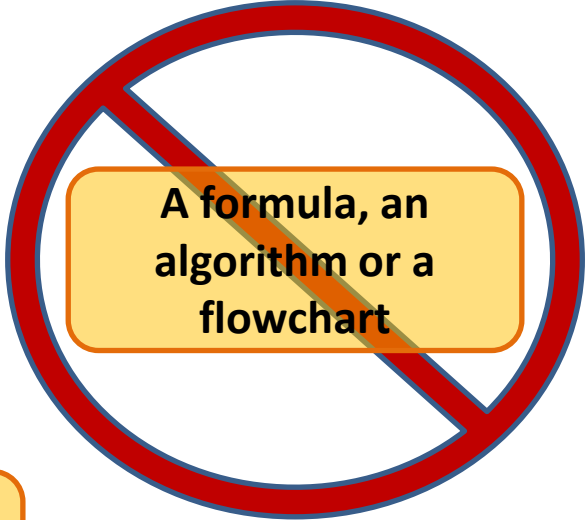Provides an entry point and a structure for deliberation

Flexible

A lens for looking at, and thereby seeing, ethical issues

'Frames'

A formula, an algorithm or a flowchart

Requires a critical perspective

Inspired by: Dawson, 2010b, pp. 192, 200.

How do they differ? (1)

- In **medical ethics**, one framework dominates:
  - The "principlism" of Beauchamp and Childress, based on 4 principles:
    - respect for autonomy
    - beneficence
    - non-maleficence
    - justice

    Medical ethics = focus is on individuals

- In **public health ethics**, several frameworks have been developed since 2000.

Beauchamp, T. & Childress, J. (1994). *Principles of biomedical ethics, Fourth Edition*. Oxford: Oxford University Press.

How do they differ? (2)

Frameworks "frame" the issues differently:

Perspective more liberal
(emphasis on individual autonomy)

Perspective more communitarian
(emphasis on common goods)

Childress et al., 2002

Upshur, 2002

Selgelid, 2009

Kass, 2001

Thompson et al., 2006

Public Health Leadership Society, 2002

Baylis et al., 2008

Tannahill, 2008

How do they differ? (3)

The framework's scope:

To justify public health interventions:

Upshur, 2002

For any situation in public health:

Kass, 2001
Marckmann et al., 2015

For specific issues or situations:

Obesity: ten Have et al., 2012
Pandemic: Thompson et al., 2006

How do they differ? (4)

Principles/Questions:

- **Principle-based frameworks:**
  - Propose a series of principles to consider
    - Childress et al., 2002
    - Upshur, 2002 → -Harm principle
      -Least restrictive means
      -Reciprocity
      -Transparency

- **Question-based frameworks:**
  - Pose a series of questions that evoke principles or values
    - Kass, 2001
    - Baum et al., 2007
    - Public Health Ontario, 2012

How do they differ? (5)

Whether to be explicit or not about some methodological issues ...

"[T]here is nothing wrong with a framework taking certain theoretical considerations for granted and [...] aiding busy decision makers through the provision of a checklist of relevant considerations..."
(Dawson, 2010b, p. 192).

Frameworks require "two necessary components: (1) a set of normative criteria based on an explicit ethical justification and (2) a structured methodological approach..."
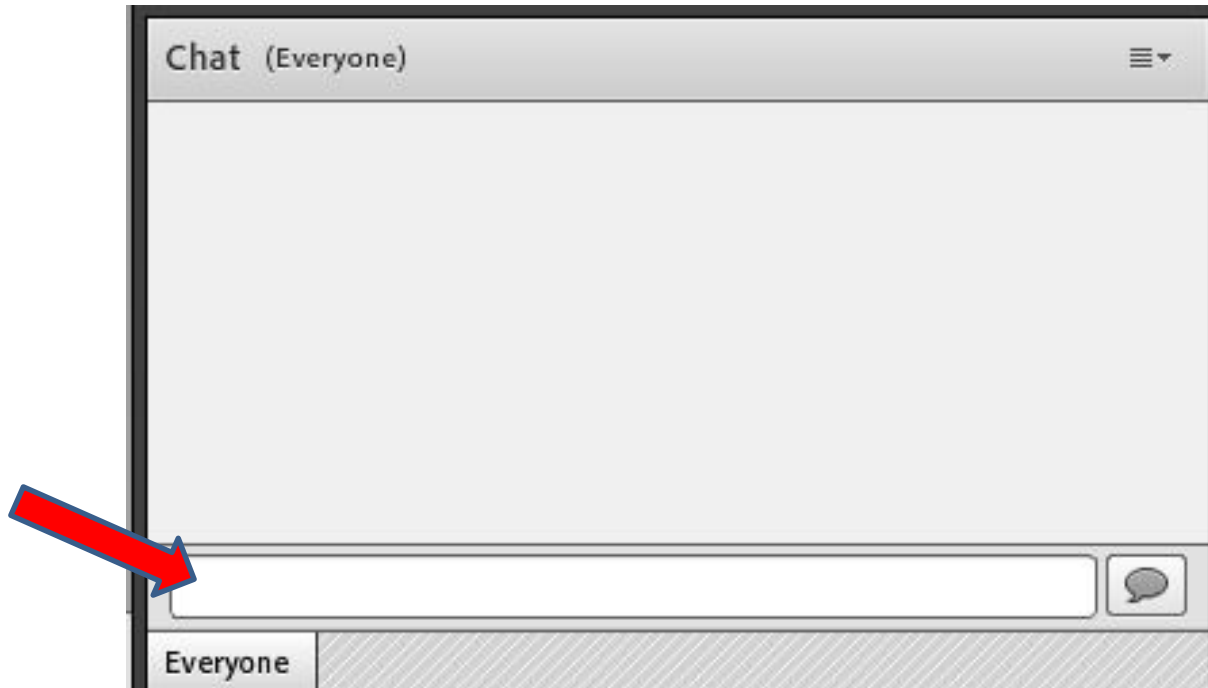(Marckmann et al., 2015, p. 1.)

Rationale: why these principles for this issue?

Justification: what is the source of the ethical 'should'?

Procedure: practical guidance and some order or structure to help users to apply the principles and balance them in cases of conflict.

Questions and discussion

Next… Another case and another framework

Case 2: Cycling helmet law

Your health authority is partnering with the provincial government to develop a mandatory helmet law for all cyclists. If the law passes, your office will be responsible for an information campaign, a rebate program for helmet purchases, and ongoing research.

Five provinces already have this type of law (three others have a law for minors only).

Should your health authority support the mandatory use of helmets for cyclists?

At first glance, would you support a law requiring all cyclists to wear a bike helmet?
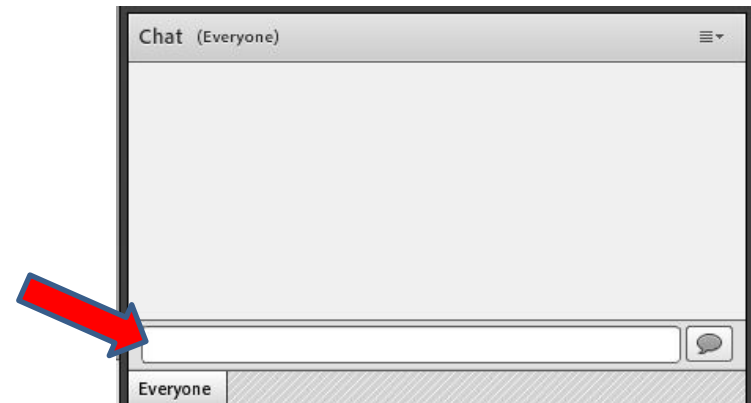
Vote now:

A – Yes

B – No

C – Yes, but it should only apply to minors

D – I do not know

Framework: Baum et al. (2007)

Population-level utility	Does the program generally advance the well being of those in affected communities, according to *their* conception of well being?

Baum et al. (2)

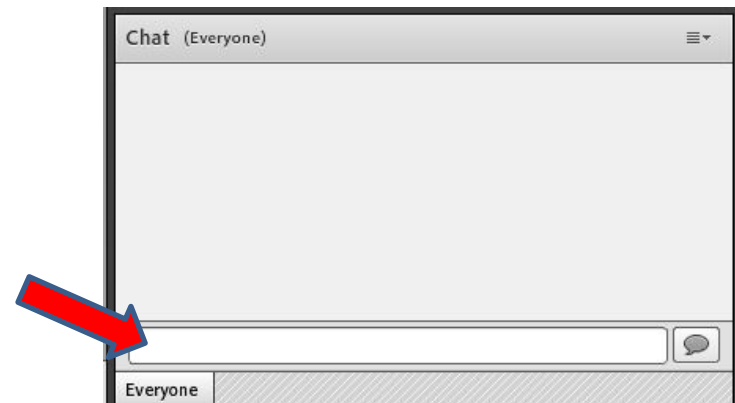| Population-level utility	Does the program generally advance the well being of those in affected communities, according to *their* conception of well being?
Evidence	Is the program's effectiveness supported by the best available evidence?

Helmet laws are associated with:
- ↑ people wearing helmets
- ↑ comprehensive law= ↑ helmet wearing
- Law + education = ↑ helmet wearing
- ↑ helmet wearing = ↓ head injuries, hospitalizations, deaths

Baum et al. (3)

Part 1/3 - Public health dimensions

Population-level utility	Does the program generally advance the well being of those in affected communities, according to *their* conception of well being?
Evidence	Is the program's effectiveness supported by the best available evidence?
Justice/fairness	Will the benefits and burdens be equitably distributed?

Baum et al. (4)

Population-level utility	Does the program generally advance the well being of those in affected communities, according to *their* conception of well being?
Evidence	Is the program's effectiveness supported by the best available evidence?
Justice/fairness	Will the benefits and burdens be equitably distributed?
Accountability	Will the justification behind the program be made public? Within this program, are the funds being used responsibly?

Questions:
- Were affected people /stakeholders consulted?
- Will the logic model of the program be shared with the public?
- Will the choices underlying the program that favour some values over others be made public, along with the processes that led to those choices?
- Will the program be delivered in a way that uses the funds responsibly?
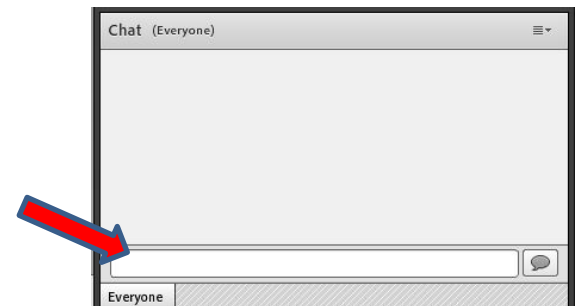
Baum et al. (5)

Population-level utility	Does the program generally advance the well being of those in affected communities, according to *their* conception of well being?
Evidence	Is the program's effectiveness supported by the best available evidence?
Justice/fairness	Will the benefits and burdens be equitably distributed?
Accountability	Will the justification behind the program be made public? Within this program, are the funds being used responsibly?
Cost/ efficiencies	What are the costs? (Implementation and ongoing) Could this money be used more efficiently on another program?

Subsidies for helmet purchases: cost-effective for children ⬆ and for adults ⬆.
Is it better to pay for infrastructure (cycling paths, traffic-calming measures)?

Source : Kopjar & Wickizer (2000)
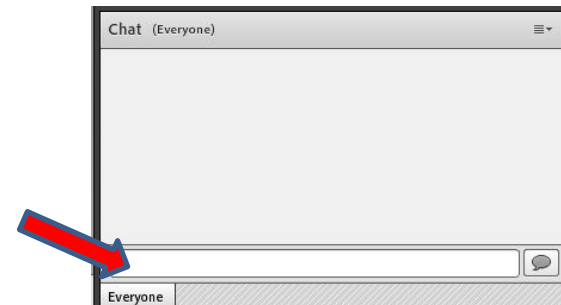
Baum et al. (6)

Population-level utility	Does the program generally advance the well being of those in affected communities, according to *their* conception of well being?
Evidence	Is the program's effectiveness supported by the best available evidence?
Justice/fairness	Will the benefits and burdens be equitably distributed?
Accountability	Will the justification behind the program be made public? Within this program, are the funds being used responsibly?
Cost/ efficiencies	What are the costs? (Implementation and ongoing) Could this money be used more efficiently on another program?
Political feasibility	Is the program politically feasible? What is the community's degree of acceptance of the program?

Baum et al. (7)

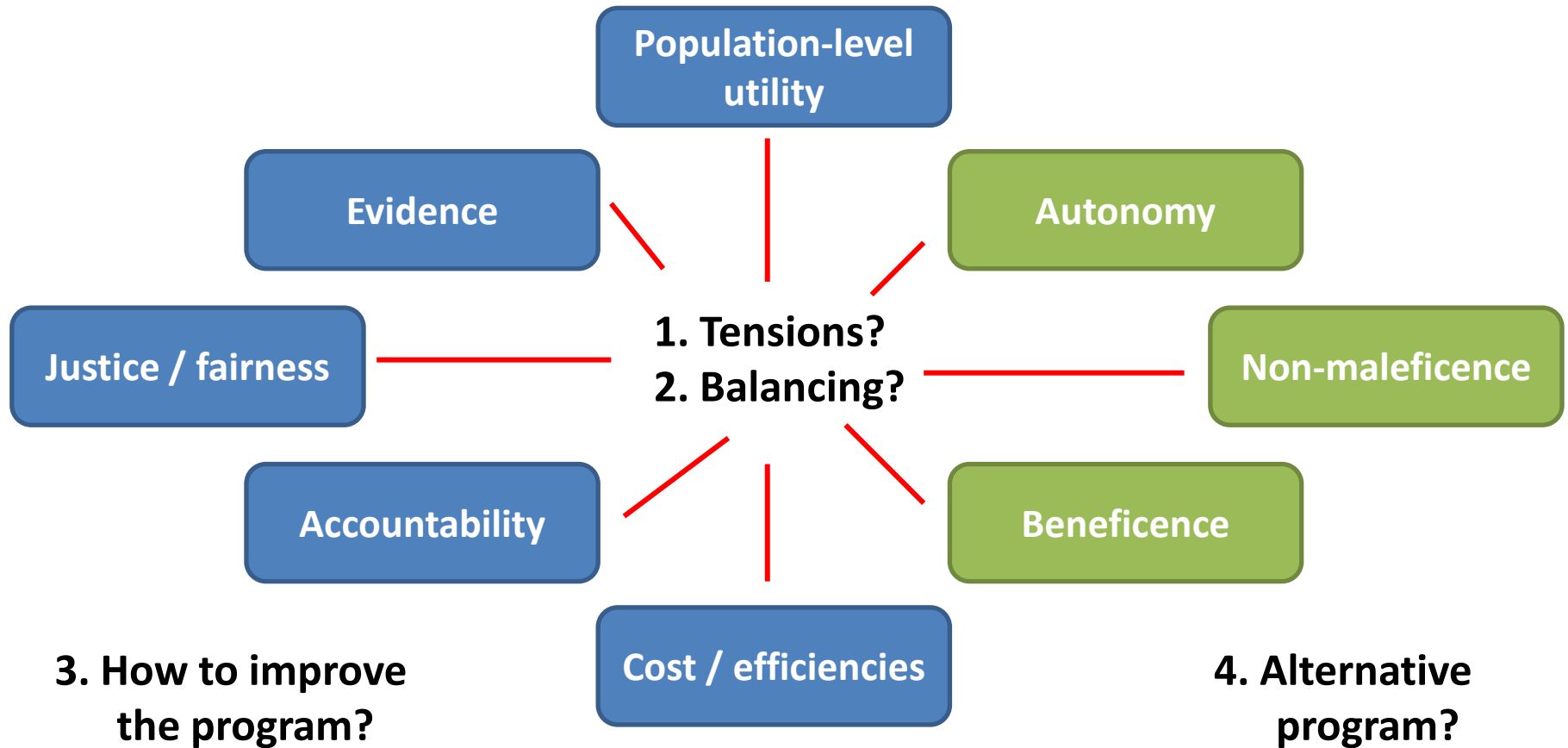| Autonomy (individual)	Does the program limit individual liberties?
Non-maleficence	Does the program do harm to any individuals or groups?
Beneficence	Does the program improve the well being of the affected individuals?

Baum et al. (8)

Part 3/3 - Resolution

Population-level utility

Evidence

Autonomy

Justice / fairness

1. Tensions?
2. Balancing?

Non-maleficence

Accountability

Beneficence

3. How to improve the program?

Cost / efficiencies

4. Alternative program?

Now, would you support a law requiring all cyclists to wear a bike helmet?

Vote now:

A – Yes

B – No

C – Yes, but it should only apply to minors

D – I do not know

Conclusion

- **Frameworks** can help you to:
  - See ethical issues
  - Deliberate about options
  - Make decisions
  - Justify them

- **But you must:**
  - Choose a framework
  - Recognize that the framework won't do the work for you
  - Adopt a critical perspective

- And here are some **resources** to help you out…

Resources

Here are a few principles that are commonly used in public health ethics frameworks:

Substantive		**Procedural**
• Duty to provide care	• Proportionality	• Accountability
• Effectiveness	• Protection of the public	• Inclusiveness
• Equity / social justice	• Reciprocity	• Participation
• Harm principle	• Respect	• Reasonableness
• Least restrictive means	• Solidarity	• Responsibleness
• Necessity	• Sustainablity	• Responsiveness
• Precautionary principle	• Stewardship	• Transparency

Substantive: these can help to reveal ethical issues and to to make and justify decisions in specific contexts.
Procedural: these can help in making ethical choices concerning the processes by which programs, policies etc. are realized.

For further information: Please send us an email and we can refer you to several interesting resources. Or, you can find these by consulting the frameworks that are listed on the next three slides.

Links to selected frameworks for public health ethics
(these are also a good source for learning about normative principles)

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/2015_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

Bernheim, R. Gaare, Nieburg, P., & Bonnie, R. J. (2007). Ethics and the practice of public health. In R. A. Goodman, R. E. Hoffman, W. Lopez, G. W. Matthews, M. Rothstein, & K. Foster (Eds.), *Law in public health practice*, pp. 110-135. Oxford: Oxford University Press. For information (paywall): http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780195301489.001.0001/acprof-9780195301489
Our adapted summary is available at:
http://www.ncchpp.ca/docs/2015_CPHA_HandoutA_Bernheim_En.pdf

Canadian Nurses Association. (2006). Public health nursing practice and ethical challenges. *Ethics in Practice for Registered Nurses*, February 2006, 12 pp. Ottawa: Canadian Nurses Association. Available at: http://cna-aiic.ca/~/media/cna/page-content/pdf-en/ethics_in_practice_jan_06_e.pdf

Childress, J. F., Faden, R. R., Gaare, R. D., Gostin, L. O., Kahn, J., Bonnie, R. J., Kass, N. E., Mastroianni, A. C., Moreno, J. D., & Nieburg, P. (2002). Public Health Ethics: Mapping the Terrain. *Journal of Law, Medicine & Ethics*, 30 (2), 169–177. Available at: http://www.virginia.edu/ipe/docs/Childress_article.pdf

Selected frameworks (cont.)

Fry, C. (2007). *Making values and ethics explicit: a new code of ethics for the Australian alcohol and other drugs field*. Canberra: Alcohol and other Drugs Council of Australia. Available at: http://www.adca.org.au/wp-content/uploads/ethics_code.pdf

Kass, N. E. (2001). An ethics framework for public health. *American Journal of Public Health*, 91(11), 1776–1782. Available at: http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.91.11.1776 Our adapted summary is available at: http://www.ncchpp.ca/docs/2015_eth_frame_kass_En.pdf

Marckmann, G., Schmidt, H., Sofaer, N., & Strech, D. (2015). Putting public health ethics into practice: A systematic framework. *Frontiers in Public Health*, February 2015, 3(23), 8 pp. Available at: http://journal.frontiersin.org/article/10.3389/fpubh.2015.00023/full Our adapted summary is available at: http://www.ncchpp.ca/docs/2015_TOPHC_Ethique_HandoutB_EN_Final.pdf

New Zealand Ethics Advisory Committee. (2007). *Getting through together: Ethical values for a pandemic*. Wellington: Ministry of Health. Available at: http://neac.health.govt.nz/system/files/documents/publications/getting-through-together-jul07.pdf

Public Health Leadership Society. (2002). *Principles of the ethical practice of public health*. Available at: http://www.phls.org/home/section/3-26/

Selgelid, M. J. (2009). A moderate pluralist approach to public health policy and ethics. *Public Health Ethics*, 2 (2), 195–205. Available at: http://phe.oxfordjournals.org/content/2/2/195.full.pdf+html

Selected frameworks (cont.)

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://ejournals.ebsco.com/Direct.asp?AccessToken=46BYKY58K92PJ5PC2PB125J5YJK181CB6&Show=Object&msid=604035520
 Our adapted summary is available at: http://www.ncchpp.ca/docs/2015_TOPHC_Ethique_HandoutA_EN_Final.pdf

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: http://www.biomedcentral.com/1472-6939/7/12

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/2015_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

NCCHPP Publications in Ethics

Recent Publications:

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

[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](#)

Web presentation:

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

In the Works for 2015/2016:

Publications :
Utilitarianism in Public Health

Principlism and Frameworks in Public Health Ethics

Paternalism in Public Health

Presentation:
Paternalisme(s), biais cognitifs et politiques publiques favorables à la santé. Dans le cadre de la journée annuelle de santé publique *Faut-il protéger les gens contre eux-mêmes?, 9 décembre 2015.*

For an update on our recent publications and our plans, please visit:
http://www.ncchpp.ca/126/News.ccnpps

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Québec

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Michael Keeling & Olivier Bellefleur
National Collaborating Centre for Healthy Public Policy

michael.keeling@inspq.qc.ca   olivier.bellefleur@inspq.qc.ca