Public Health Ethics: The Voices of Practitioners

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ABSTRACT

Public health ethics is emerging as a new field of inquiry, distinct not only from public health law, but also from traditional medical ethics and research ethics. Public health professional and scholarly attention is focusing on ways that ethical analysis and a new public health code of ethics can be a resource for health professionals working in the field. This article provides a preliminary exploration of the ethical issues faced by public health professionals in day-to-day practice and of the type of ethics education and support they believe may be helpful.

Public health law and public health ethics have been the focus of much scholarly and professional attention in recent years, beginning well before but certainly fueled by the bioterrorist and infectious disease threats arising with 9/11 and Severe Acute Respiratory Syndrome (SARS). While legal interventions in public health have been accepted as legitimate throughout history, the current debates about law are driven by the felt need to update antiquated, fragmented, and inconsistent public health statutes. Public health ethics, on the other hand, is emerging as a new field of inquiry, distinct not only from public health law, but also from traditional medical and research ethics.[1]

Whereas public health officials have always looked to the law to establish their authority, funding, and obligations, particularly in emergencies, many now also recognize the need to turn to the field of ethics for answers to questions that law cannot provide. To take one example: When confronted with a case about whether to detain or isolate a person who has an infectious disease which may pose a threat to others, the difficult question is not, "Does one have the legal authority to do so?" but rather "When and how *should* a public health official intervene ethically in this situation?" In short, there is growing recognition in public health that, given our pluralistic society where consensus about social norms is often lacking, explicit ethical analysis can help to "elucidate and interpret applicable law and provide additional justification and legitimacy for public health authority and action in a particular situation where more than one alternative course of action is legally permissible."[2]

To address the ethical dimensions of public health, scholars in ethics and related fields have been exploring the theoretical foundations of public health ethics, to enrich our ideas about the common good and to offer frameworks that enumerate and balance communal values with the individual interests that seem to dominate our political and legal systems.[3,4,5] At the same time, public health practitioners have been actively engaged through professional associations in formulating a Code of Ethics that sets out basic public health values to serve as a resource for practitioners facing ethical questions in their day-to-day jobs.[6]

Much of this work is at an early stage of development, with some ethical concepts and methods still "largely undefined",[1] and public health values unspecified. Complicating the analyses is the fact that public health is an "enormously complex phenomenon."[8] Furthermore, as elaborated by Wendy E. Parmet, public health professionals not only possess specialized skills, such as their abilities to use biostatistics and

epidemiology, they also share a common language and values and a world view that may differ significantly from those in another profession such as the law.[7] Governmental public health officials, who generally are either elected directly or appointed by democratically elected officials, also have additional professional roles, obligations and values growing out of their accountability to citizens — the public—and other government officials to ensure that "the government is able to monitor the population's health and intervene when necessary...."[8]

To provide a preliminary understanding of the language, values and perceived ethical needs of public health officials in practice and a general inventory of some of the major ethical issues encountered in governmental public health agencies, faculty from the Institute for Practical Ethics and Public Life and the Center for Survey Research at the University of Virginia convened three focus groups of between 9 and 12 public health practitioners each (one at each level of government practice) in March and April, 2001 in Washington, D.C. and Atlanta, Georgia. Participants were recruited through publicity and subsequent self-selection from members of the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and from among staff of the Centers for Disease Control and Prevention. The questions raised in the focus groups were exploratory, rather than quantifiable, and included: 1) What are the ethical challenges that emerge most often in the practice of public health? 2) What are the principles or values that animate the practice of public health? 3) How well are practitioners in the field equipped to deal with the ethical dilemmas they encounter? and 4) What education or support would be useful to assist them?

This article presents a summary of the major ethical issues and types of cases described by the public health professionals, as well as a brief account of the ethical values or principles the groups highlighted and of their perceived needs for ethics training and support. It should be noted, however, that focus group findings generate only limited information and impressions and are designed to stimulate new ideas and further study. The article concludes with a few observations about the profession of public health and the fields of public health law and ethics.

Ethical Issues and Cases

Public health practitioners at all levels of practice reported that they must confront numerous ethical choices, both explicitly and implicitly, in their professional roles every day. They often feel ill-prepared to make the "ethical trade-offs" and percieve a need for more education and support to make these decisions.

The major ethical issues raised by practitioners can be grouped under four headings: 1) Public – private partnerships and collaboration in general; 2) The allocation of scarce resources, setting priorities, and choosing among different groups and health needs; 3) The collection and use of data and information; and 4) Politics and relationships with other government officials and legislative bodies.

With whom do we partner and collaborate?

Public health practitioners, particularly at the local and state levels, emphasized the ethical concerns arising from a strong current commitment in public health to partner and collaborate with many sectors in the community, including businesses, faith-based organizations, consumers' rights and advocacy groups, and non-profit agencies. Their ethical concerns involved real and perceived conflicts of interest and conflicts of obligation that arise with these relationships: Do we accept money from private organizations in order to carry out our programs? What about funds from pharmaceutical companies and the tobacco industry? These questions ignited lively discussions about cases and the roles of public health professionals.

The following scenario presented by one participant led to a lengthy discussion and analysis of relevant considerations: If I can solve my community's dental problems because a drug company says it will give my department this

amount of money for educational materials and for a dental program, and in return the company asks that its name be listed on the educational material and that it be allowed to publicize the program, what do you do? Other participants responded with numerous questions and concerns: Would it matter if the health department frequently purchased products from that company? Would it matter what the public perception of that company was, or what the company's employee policies were, and if so, how much time and energy should public health professional spend to investigate these questions? Also, did it matter what kind of product the company produced so long as it was not purchased by the public health agency, e.g. what about fast-food companies? Other questions speculated about different potential relationship conflicts. For example, what if a business that was regulated by the public health agency, such as a restaurant, offered funding to the health department?

One participant summed up the sentiments expressed during a group discussion: "Clearly the public-private partnership, as we move into the future, is a huge issue, and as we can see, there's just a gazillion issues, none of which have been worked out, none of the criteria, as you say for analyzing...." Among the major ethical concerns voiced by public health officials was the potential loss of trust with community members, as well as the danger of being coopted by more powerful organizations with greater financial resources.

How do we allocate scarce resources?

The difficult ethical challenges of priority-setting and allocating scarce funds also permeated all of the focus group discussions. Public health officials noted that assessments of their particular community health needs should be the main factor in priority-setting. However, they voiced concerns that community allocation decisions were influenced by other factors, such as the need to fund programs "mandated" by other authorities and by pressure to devote time and energy to programs that could be funded by private organizations, such as a program funding education about and drugs for a particular disease, such as hepatitis C. Participants asked: Was it an ethical breach to allow an outside party to direct public health attention to a particular problem? Even if the funding had a positive impact on health in the community, did it matter that it diverted resources from other greater community health needs

Another case highlighted the traditional public health tension between individual good and population benefit. One participant presented an illustrative case: One of the issues we wrestle with regularly with the Medicaid program is transplants. Where do you deny transplants and where do you provide transplants? It's almost strictly a fiscal issue. If I spend huge bucks on a transplant with a relatively low chance for success, I'm spending money that I could be better using on primary care somewhere else, that may save a number of lives in the long term. We have wrestled with this question, trying to devise some kind of formula, such as, if it gets to be 40% probability of success we'll do it. Or is 45% the right number? Or do you couch the question in terms of what the cost is going to be as well? Does it make a difference if the cost is $100,000 versus a half a million? We wrestle with this all of the time, trying to figure out some kind of way to make this decision "scientific." It is clear, however, that this is an ethical decision.

Ethical issues related to the collection and use of data and information

Numerous ethical issues relating to the collection, use, and dissemination of data emerged during focus group discussions. One concern focused on the potential risk for imprecision and inaccuracy in data assessment and reporting, particularly given the power of data to secure funding, drive agendas, and appear in publications.

Another cluster of ethical issues revolved around the collection, reporting and use of data about particular subgroups in the population that are identified on the basis of ethnicity, race, geographic location, or socioeconomic status (SES). While targeting a population can be beneficial,

the potential long-term harms of stigmatization were a great concern. One participant raised lead poisoning as a good example because, while it crosses racial categories "it is geographically located and still causes a stigma to attach with the SES." Related concerns addressed the effect of the data on the subgroup itself, raising individuals' frustration (because often there is inadequate funding for follow-up) and panic, given the repeated messages that they are more likely to be "carriers of every single bug in the whole wide world." On the other hand, one participant pointed out that to have effective interventions for smoking cessation among women, for instance, "one size doesn't fit all" because the type of tobacco use, the motivations for use, and the cultural contexts differ among subpopulations. The ethical trade-off was characterized as benefit versus potential stigmatization, and without either the data to quantify the benefit or harm or general agreement about explicit overriding ethical principles to rely on, it was not clear to participants how to analyze such ethical trade-offs.

The dissemination of more general health information also raises complex ethical issues for public health officials. While public health officials expressed strong commitments to be truthful and build trust with their communities, they were concerned that the release of some information was counterproductive and served only to create fear in the community or inappropriate behavior. Information about the risk of infectious disease outbreaks was an example. Genetics was another, as described by one participant: "I'm actually more concerned that in the enthusiasm about genetics we're racing to everybody with information without establishing a public understanding that this doesn't mean you necessarily are going to develop a disease. This doesn't mean that your child will have it. I think that is an ethical problem – that we're just putting all this information out there without qualifying it...."

Ethical issues related to political and intergovernmental relationships

Participants in all three groups described ethical issues that arise because they felt constrained by governmental relationships and politics. As public health officials they are government employees and therefore must operate within a system in which local, state, and federal politicians make decisions and generate publicity about public health funding, goals and strategies. At all three levels, public health professionals described the need at times to compromise public health values because they operated within the political system. Participants cited needle exchange programs for intravenous drug users as an example of a simple program that public health professionals know would reduce the rate of disease transmission, but which they could not undertake for political reasons. They were concerned that either they individually or their departments might suffer if they presented data and supported some types of public health programs.

Other ethical dilemmas for health officials involve their relationships with the legislative and regulatory arms of government. Participant questions included: How much should they advocate "on principle" for a certain piece of legislation or for a certain vulnerable population or take a public position to correct misinformation circulated by a politician? Also, once a piece of legislation is written, what is their duty when writing the regulations to honor the intent of the statute? Or alternately, if the law is bad, is it ethical to write the regulations to better address public health needs? Legal issues also presented ethical challenges for public health officials, since many of the community members most in need were "on the other side" of the law. How can they as government representatives work with populations engaged in illegal behavior (prostitutes, drug addicts)?

Principles or Values that Animate Public Health

Although many practitioners in governmental public health organizations have backgrounds in medicine and nursing, their knowledge about treating individual patients in an ethically appropriate manner may not easily transfer to public health settings. The primary value public health officials identified was population benefit or utility, although there was some discussion about whether a utilitarian perspective was just the default position in the absence of other clearly stated values.[9] Participants also identified the following public health values or principles in the focus group discussions, both when asked directly and when discussing particular topics: social justice, "do no harm" and prevent harm, truth-telling, and respect for individuals.[10] In addition, building and maintaining trust with the communities they served, which included promise-keeping, was a high priority and, indeed, was a thread throughout the discussions.

While public health professionals at the state level seemed to focus more on utility as a principle, local health department officials suggested social justice was a primary value. A number of participants were concerned that public health officials were not voicing this value strongly enough because it was politically dangerous to do so. Regarding the value, "do no harm" or prevent harm, some public health professionals stated that one could never act in public health without the risk, if not reality, of resulting harm. The example of exposing people to pesticides to prevent West Nile Virus infection raised the following questions: Was there a difference between the harm caused by omission (not acting) or commission (intervention)? Between harm to identifiable people in the short term or unidentifiable people in the future? Some discussed the notion that even collecting data on a condition to declare it a public health issue may result in harm, and pondered whether that activity had ethical dimensions that needed to be considered.

Need for Ethics Training and Support

While many of the participants in the focus groups had taken a course or two in ethics during their education, almost all felt that they would benefit from additional training and support in ethics. A number of participants cautioned that, to be useful, ethics education must be based on actual cases and involve professionals in actual practice. They suggested that good training in ethics would include internships and opportunities to shadow professionals, particularly when the professionals were interacting with community, political and legislative groups. In addition, some participants expressed an interest in establishing and consulting with standing ethics boards or committees.[11]

Concluding Comments

At least two types of ethical issues emerged from focus group discussions. The first involved the kinds of assessments and trade-offs of public benefits, harms, and risks that are similar to other public policy decisions, for example, when making allocation decisions in environmental policy or transportation. A question for both the fields of public health ethics and law to address is whether the health of the population is different from other public goods, and if so, how this distinctiveness might lead to different ethical and legal analyses? The second type of ethical issue described in the focus groups is related to the professional practice of public health. The profession is clearly evolving, as the field of public health itself expands. With public health now emphasizing community empowerment and greater community participation, partnerships with the private sector, and a population approach that addresses multiple determinants of health, the roles of public health officials become increasingly complex.[8,12,13] In addition to their responsibility to monitor and ensure that public health interventions are based on data and solid evidence, public health officials are now expected to fill many roles, including regulators, authorities in emergencies, managers, advocates, educators, mediators, and negotiators, to name just a few.

Difficult ethical conflicts seem to arise from multiple obligations and identities. As one focus group participant asked, "So, what captures more of a sense of our primary purpose, being a partner with the community, a public servant, or an employee of the government?" Others replied, "You're in the middle, you're a bridge, you're a forced ambassador, trying to make peace."

The focus group discussions suggest that public health professionals today are often operating in new territory, with new partners, new obligations, and new ethical concerns. And the trend is likely to continue. The recent Institute of Medicine report, *The Future of the Public's Health in the 21st Century*, calls for building yet a "new generation of intersectoral partnerships."[8] The focus group discussions suggest that public health officials are still struggling over the legal and ethical parameters of current partnership opportunities. The fields of public health law and public health ethics have important and complementary roles to play in helping public health officials define these new partnerships and other new relationships. If public health officials can clarify the boundaries between what they legally can do and what they ethically choose to do — they will take an important defining step, along with the articulation of a Code of Ethics, in the profession's evolution.

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