Ethics in Health Promotion

Health Promotion Forum Symposium

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Overview of workshop

One: Outline of ideas on ethics

Two: Public health ethics and frameworks

Three: Specific framework for ethics in health promotion for Aotearoa/New Zealand

Four: Test-drive of the framework with scenarios (in 4 groups)

Five: general discussion - lessons learnt - how could framework be improved?
One
What is ethics?
Some ways to say what ethics is

- Ethics is about what matters, how best to live
- Values are “beliefs about what matters”
- Ethics tries to answer the questions:
  - What should I - and we as a society - do?
  - How ought I to live?
Main ethical approaches in Western thought

We decide if something is right or wrong according to:

- Its **consequences**: 'the right thing to do is that which will bring about the best consequences'.

- The **intrinsic nature of the possible course of action**: there are duties and rights which are important, independent of consequences. The status of moral rules comes from their intrinsic rightness.

- What a **good person**, someone with the right motivation, would do (virtue ethics).
More on consequentialism

- The main example of the consequences approach is utilitarianism.

- The 'greatest happiness principle': actions are right insofar as they tend to promote the greatest happiness of the greatest number, wrong as they tend to promote the reverse.

- Greatest good for the greatest number.

- Future oriented.
Human rights ï a right to health?

- Human rights thinking belongs to the 'intrinsic moral duties and rights' approach

- Humans are important as ends in themselves

- How do we know what rights we humans have? The list keeps changing. Societies differ. Can we even say there is a 'right to health'?
Other isms: relativism

Relativism: ‘morality is relative to the values or rules of a particular culture’. What is wrong for one culture right for another. No universal moral truths

Hence need to respect different values

But some practices just aren’t ok (?). Eg slavery, domestic violence.

Consequentialist, intrinsic duties/rights, virtue ethics: all disagree with relativist stance and attempt to provide an answer to its challenges
Liberalism and individualism

- Emphasises the rights of the individual to self-determination.
- The individual is autonomous and must be free.
- Suspicious of the state: government shouldn’t make and enforce judgements about how individuals should live - ‘paternalistic’.
Communitarianism

- This approach critiques liberalism’s idea that the individual is all-important. Idea of the individual separate from social context is not very meaningful.

- Important idea of common good, idea of shared values, ideals, and goals of a community.

- Communitarians emphasise the goods that are held or enjoyed in common, eg clean air and water. These goods are best obtained by collective action.
Other approachesé

This quick scamper through major approaches in ethical thought does them no justice!

Other ideas which enrich our thinking: Māori perspectives and values; feminist theories
Two - How do we apply these ideas to health promotion?

Public health people have developed a number of frameworks - checklists - with questions to ask about specific situations.

For example:
- Kass
- Upshur et al
- Bernheim et al
Kass framework

- Review proposed health policy/measure, assess:
  - What are the health goals
  - How effective is programme in achieving stated goals
  - What are known or potential burdens of programme
  - Can burdens be minimised - alternatives?
  - Is programme implemented fairly (ethics of distributive justice)
  - How can benefits and burdens of programme be fairly balanced?
Upshur framework

He suggests 4 ethical principles

- Harm principle
- Least restrictive/coercive
- Reciprocity (Society must individuals discharge their duties, e.g., supply food if person quarantined)
- Transparency – participation in decision-making process
Three part framework

- **Analyse** ethical issues: eg what are the risks, who are their stakeholders, what are their moral claims?

- **Evaluate** the ethical dimensions of alternative actions, eg according to utility, justice, respect for individuals

- **Provide** justification for a particular action, with ref to effectiveness, proportionality, least infringement, necessity
Limitations of these frameworks for Aotearoa/New Zealand?

- No reference to Treaty of Waitangi (not surprising as not NZ based!)
- Assumption that only one measure is the 'best' - but many health issues are multi-causal - require multi-strategy responses
- Some ethical frameworks seem developed for specific issues - not so relevant or useful for others
- Cultural diversity issues not sufficiently highlighted.
- Hence... a need for our own framework?
Three - Aotearoa Health Promotion framework

This framework consists of:

- Explicit *assumptions* about health promotion
- Identification of *values* central to NZ health promotion
- Questions to *analyse and apply* ethics to health promotion issues
Assumptions.. (some of)

- Interdependency basic to the human condition
- Most health promotion issues are multi-causal and their solutions multi-pronged
- Health status of individuals and communities strongly influenced by social, economic, structural determinants
- Uncertainty inherent in many health promotion policies and measures
Valuesè (some of)

- Principles, concepts, obligations under Treaty of Waitangi
- Pro-poor, pro-disempowered: social justice and equity
- Common good, collective interests
- People and future people have rights as defined by law, corporate bodies have rights to a lessor extent
- Consequences are important
- Democratic processes are important, transparency
- Different cultures enrich New Zealand

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Questions to analyse and apply ethics to health promotion: summary

1. Review nature of problem and issue, scale, likelihood of worsening, who it affects, stakeholders, Treaty of Waitangi obligations, equity issues, cultural dimensions. Whose are stakeholders, whose interests at stake? Cultural implications, legal implications.

2. Identify possible solutions at all levels: structural, policy, nitty-gritty. Efficacy of solutions (and evidence for this), who will benefit from solutions, degree of public discussion. Time-scale considerations. One solution possible or multiple acting together?
Questions to analyse and apply ethics to health promotion: summary

3 What are disadvantages of possible options: their nature (physical, financial etc), level and gravity of disadvantage, temporary or permanent, who will suffer. Are disadvantages of solution proportionate to problem, even if effective?

4 Can disadvantages of possible solutions be minimised, compensated for, or distributed more appropriately? Degree of choice relevant.
What do we think?

- Are these our assumptions?
- Are these our values?
- Are these the best questions to ask?
What happens where ethical analysis shows conflict of values - or no clear answer?

Many health promotion measures have both advantages and disadvantages. Sometimes a ‘win-win’ solution can be found.

But sometimes not. Can we address this by prioritising values – some values with greater weight than others? Eg some values may have widespread international or community support.

In some situations even this not possible. In which case maybe legislative response needed.
Four - Workshop examples

- Rheumatic fever registers
- Immunisation and incentives
- Smokefree parks
- Child oral health
Immunisation

The Health Select Committee (2011) recommended stronger requirements on parents to present immunisation information on enrolment at early childhood centres or schools.

Eg, either a certificate to show that the child has received all the appropriate vaccinations, OR a written statement that the parents have declined to immunise their child.

In your group please assess this idea by going through the Framework, bearing in mind the view from ‘No Forced vaccines.org’ that

The report represents a significant attack on parents’ rights to make health care decisions for their children

http://www.noforcedvaccines.org/about/
Rheumatic fever

- Rheumatic fever has persisted in New Zealand over the past 30 years; related to deprivation and health inequalities

- What should be done to address issues related to rheumatic fever? Could include
  - Rigorous early identification
  - Registration and follow-up

- Should legislation require registration and follow-up of identified cases? (Hypothetical!)

- Assess this idea by going through framework
Child oral health and fluoridation

According to the 2009 NZ oral health survey, ‘dental decay remains a prevalent chronic, irreversible, largely preventable, disease’

Some ethnic groups more at risk

Less risk when water is fluoridated

But many communities vote against fluoridation

Imaginary proposal: Govt decides to require fluoridation in all local authorities with significant numbers of low socio-economic groups, unless two thirds of community vote against it

Discuss this proposal in the light of assumptions/values/analysis questions

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Smokefree parks

A local authority decides on a bylaw to require all outdoor areas under its administration - parks, sports grounds etc - as well as beaches - to be completely smokefree.

Assess this proposal in the light of the ethical framework.