What is ‘Public Health Ethics’?

Angus Dawson

University of Birmingham, UK

a.j.dawson@bham.ac.uk
Aim

• Much of the literature on PHE assumes what I will call a ‘minimal’ approach – looks to a narrow idea of bioethics – really medical ethics
Structure

1. Minimal PHE
   a) Medical Ethics
   b) Law
   c) Liberty and Public Health

2. Substantive PHE
   a) Concept of Public Health and PHE
   b) Aims of PHE
   c) Complexity
   d) Values
1.a. History of Medical Ethics

– Professional-Patient Relationship (and related ethical issues – e.g. Informed consent and confidentiality)

– Core issues: abortion and euthanasia etc

– High technology (e.g. reproduction etc)
1.b. Law

• Law has tended to focus on the individual:
  • Protect property
  • Protect body from interference
  • Focus on contract, tort, crime
  • Appeal to rights
1.c. Liberty and Public Health

• Limited range of values on display in discussion
• Focus on state as paternalistic
• Idea of liberty as non-interference
• This provides a model where there is a presumption in favour of liberty unless there is ‘good reason’ not to follow
“Millian” Tradition

• John Stuart Mill’s ‘On Liberty’ (1859)

• Respect individual autonomy
• Our preferences are our own business.
• Health promoters may have an obligation to provide information – but anything further may be unethical
So – is that our Conclusion?

• PHE is a set of issues to join the list of topics in medical ethics?

• We can just use traditional medical ethics to address these issues?

• No need for any theoretical innovation?
CDC Slides

• I want to argue that things are more complex than this suggests
Obesity Trends* Among U.S. Adults
BRFSS, 1985

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1986
(*BMI ≥30, or ~30 lbs. overweight for 5’4” person)

<table>
<thead>
<tr>
<th>State</th>
<th>No Data</th>
<th>&lt;10%</th>
<th>10%–14%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorado</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connecticut</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Florida</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaii</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idaho</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iowa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kentucky</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Louisiana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maryland</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Massachusetts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michigan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nebraska</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nevada</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Hampshire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Jersey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Dakota</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ohio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pennsylvania</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhode Island</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Carolina</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Dakota</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennessee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utah</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wisconsin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- No Data
- <10%
- 10%–14%
Obesity Trends* Among U.S. Adults
BRFSS, 1987

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1988
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1989
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1990

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1991
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends\* Among U.S. Adults

BRFSS, 1992

\(*\text{BMI} \geq 30, \text{ or } \sim 30 \text{ lbs. overweight for 5’ 4” person}\)
Obesity Trends* Among U.S. Adults
BRFSS, 1993
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1994
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1995

(*BMI ≥30, or ~30 lbs. overweight for 5’4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1996
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1997

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 1998
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

No Data          <10%           10% – 14%        ≥20%
Obesity Trends* Among U.S. Adults
BRFSS, 1999
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2000

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2001
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2002

(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2003
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2004
(*BMI ≥30, or ~30 lbs. overweight for 5’4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2005
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2006
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)

<table>
<thead>
<tr>
<th>BMI Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Data</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>10%–14%</td>
<td></td>
</tr>
<tr>
<td>15%–19%</td>
<td></td>
</tr>
<tr>
<td>20%–24%</td>
<td></td>
</tr>
<tr>
<td>25%–29%</td>
<td></td>
</tr>
<tr>
<td>≥30%</td>
<td></td>
</tr>
</tbody>
</table>

Map showing obesity trends by state, with varying color intensity indicating the percentage of adults with a BMI ≥30.
Obesity Trends* Among U.S. Adults
BRFSS, 2007
(*BMI ≥30, or ~ 30 lbs. overweight for 5’ 4” person)
Obesity Trends* Among U.S. Adults
BRFSS, 2008
(*BMI ≥30, or ~ 30 lbs. overweight for 5' 4" person)
Let’s assume for now that:

- BMI is satisfactory as a tool
- Obesity is correlated with a range of poorer health outcomes
- We are talking about a democratic society with accountable PH structures
Minimal PHE and Obesity

• What causal or explanatory story can ‘minimal’ PHE provide?
• What are the options for intervention?

• Individual choice and responsibility
2.a. Substantive PHE

• An alternative is to use the idea of public health as the foundation for public health ethics

• Begin with concept of ‘public health’
  – Health of a population or group
  – Attaining such ends often requires collective activities
2.b. Aims of PH

- Prevent or reduce harm
- Promote health
- Reduce inequities
2.c. Complexity

Figure 8.4: The full obesity system map, which highlights how agents outside conventional mechanisms are key enablers of and barriers to change. Variables outside of coloured areas relate to social trends and interaction of human biology. Variables are represented in boxes, with the arrow representing the system aspect.
Complexity

• One response is to despair and choose to do nothing
Link to Ecological PH

• Focus on choices/actions of individual clearly looks problematic
• If we want to do anything, will need wide range of policy actions

• Look at humans as biological, social, economic and political beings
• Need to focus on context
2.d. Values

• Liberty is an important value – but can be weighed against others

• No presumption in its favour

• Substantive PHE tries to capture other values of importance to work in PH
Values

• Are we free to choose in the relevant sense? (Social network theory)

• Are collective responses irrelevant - unless (all?) consent?

• How important is prevention?
Values

• Focus on the conditions for human flourishing
• Values such as solidarity, social justice, common goods etc

• PH is vital for healthy society (not just in sense of population health - but also a society where we would want to live)
Possible Objections

• Paternalism
  – Danger this is just question begging

• Internal practice
  – Doesn’t mean cannot be critical, revisionary
  – Democratic, public accountability
Conclusions

• Minimal PHE provides answers but they seem problematic

• Substantive PHE:
  – arises from and is sympathetic to the aims of PH
  – and seeks to capture the relevant complexity and relevant values
  – Links to ecological and systems approaches