

# What is 'Public Health Ethics'?

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# 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?



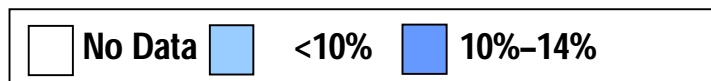
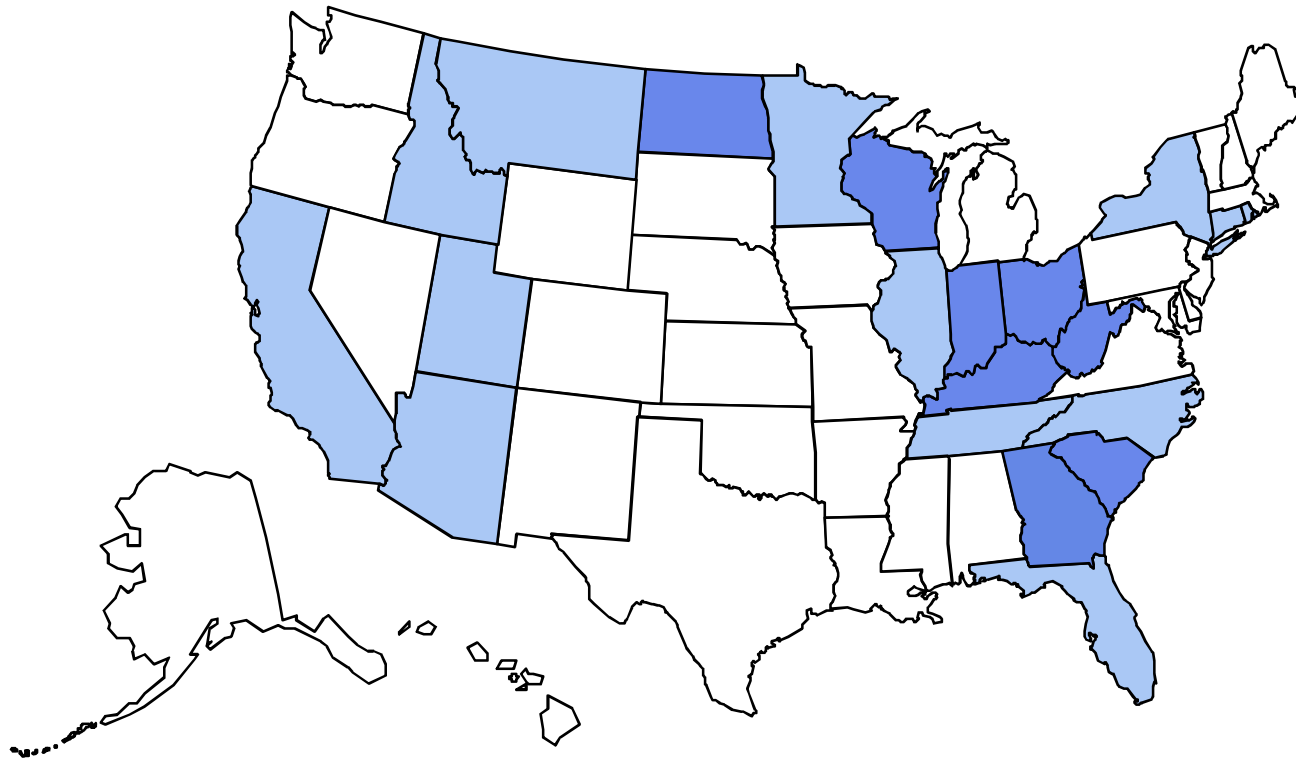
# CDC Slides

- I want to argue that things are more complex than this suggests

# Obesity Trends\* Among U.S. Adults

## BRFSS, 1985

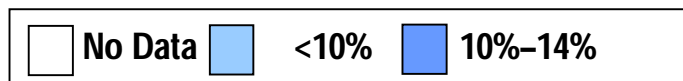
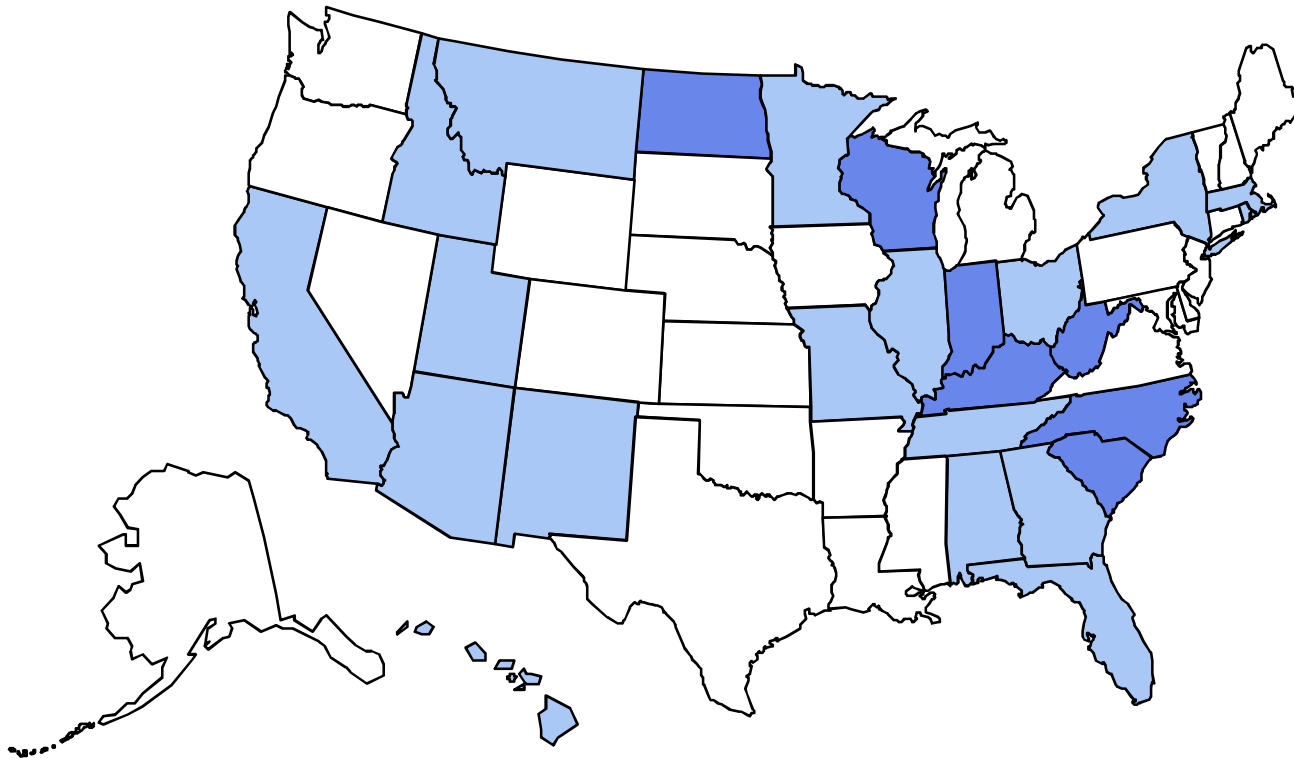
(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



# Obesity Trends\* Among U.S. Adults

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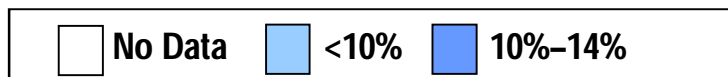
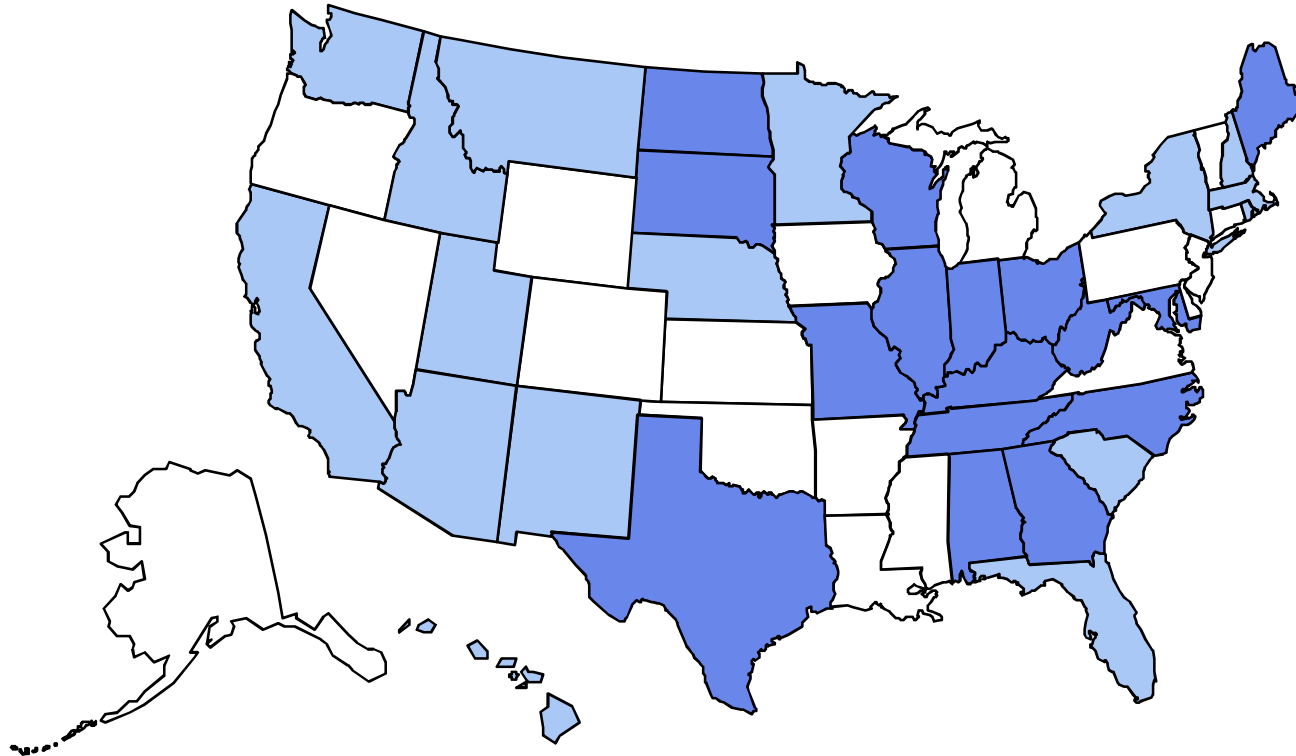
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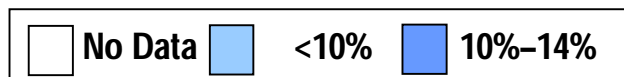
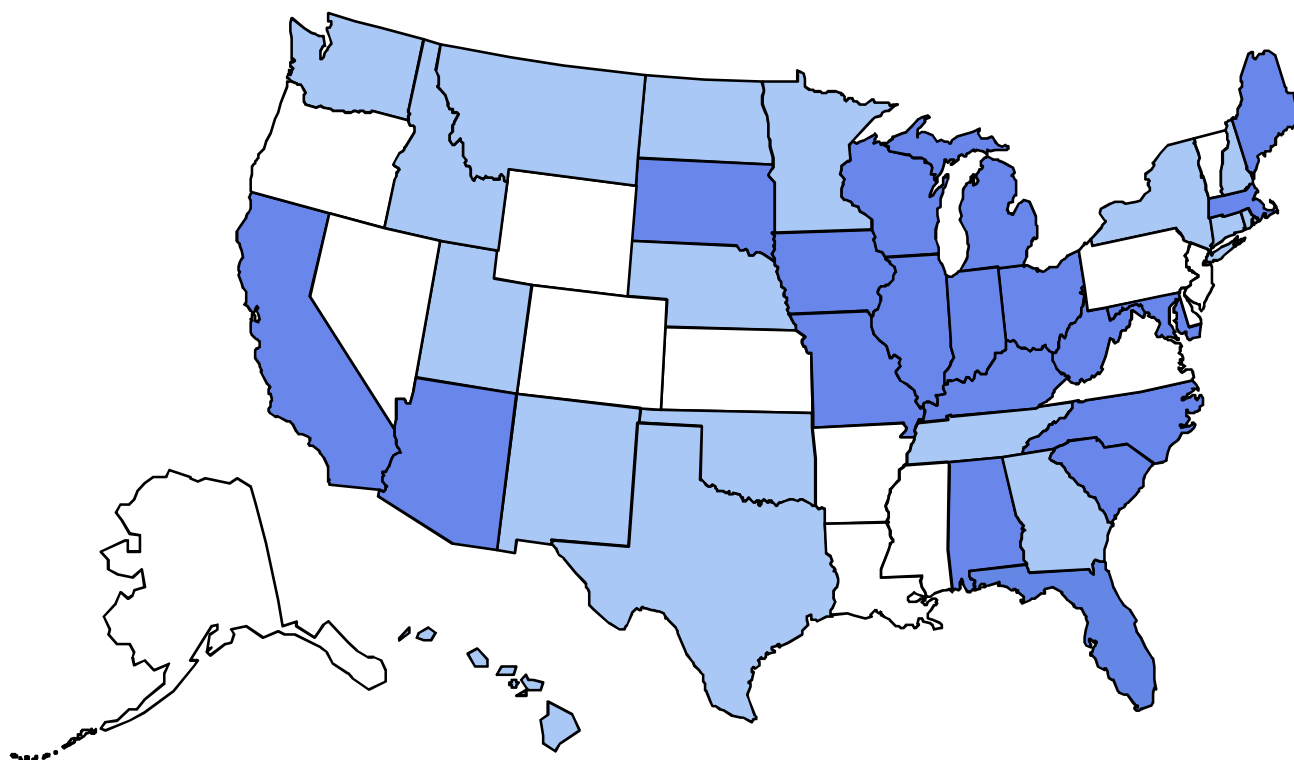
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# Obesity Trends\* Among U.S. Adults

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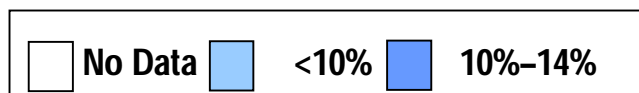
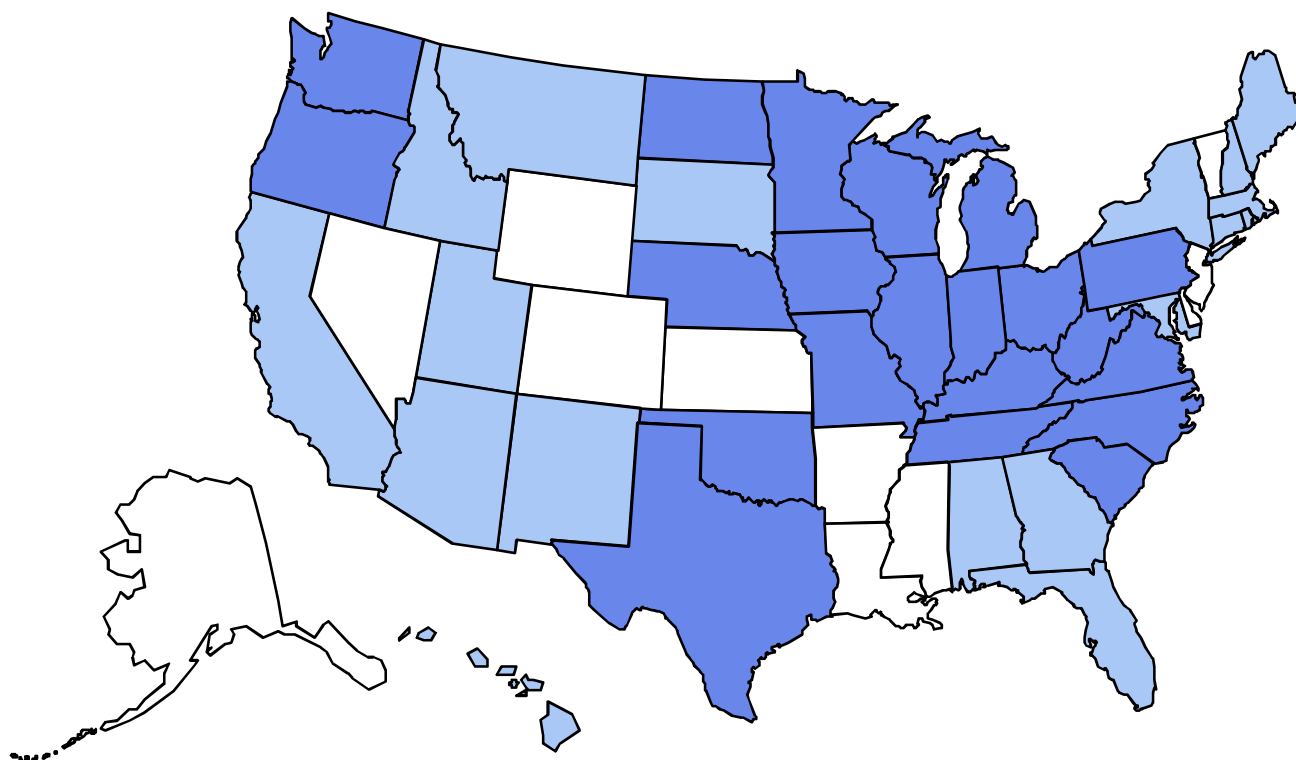
(\*BMI  $\geq 30$ , or ~ 30 lbs. overweight for 5' 4" person)



# Obesity Trends\* Among U.S. Adults

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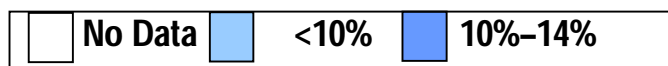
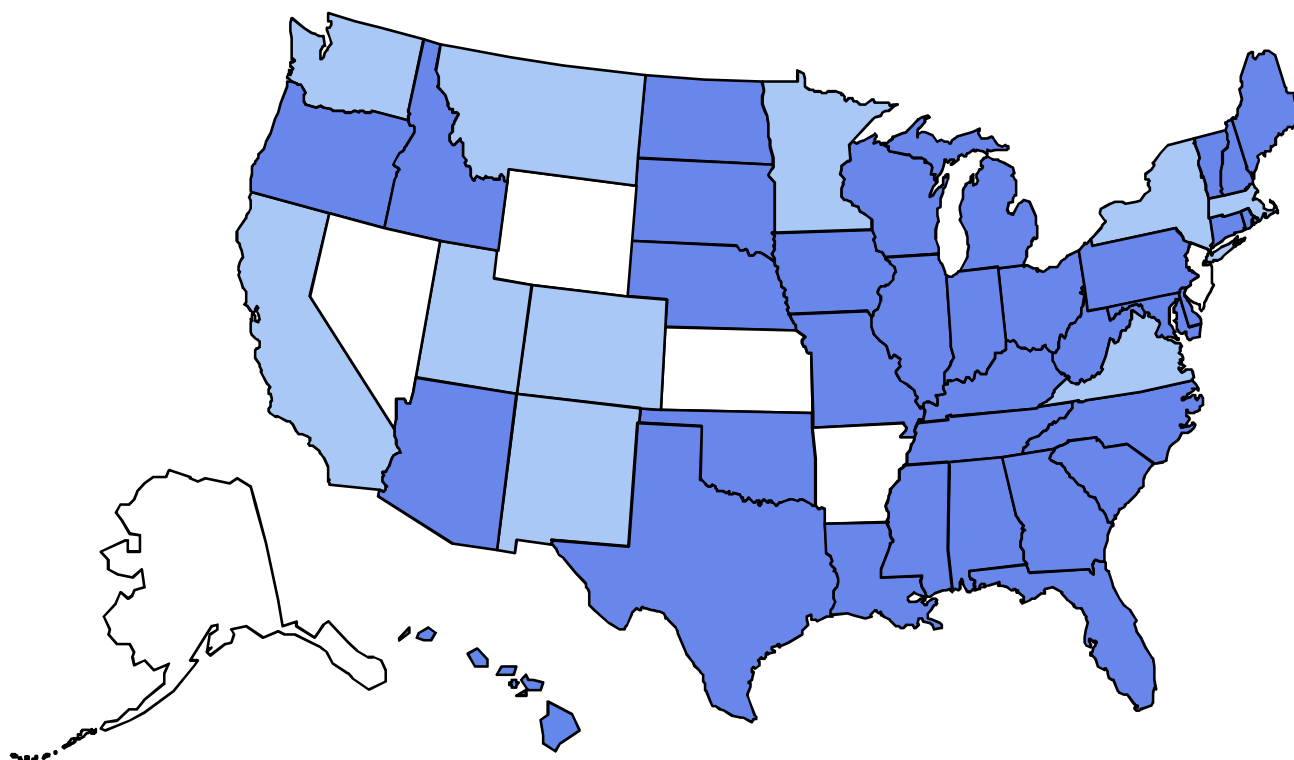
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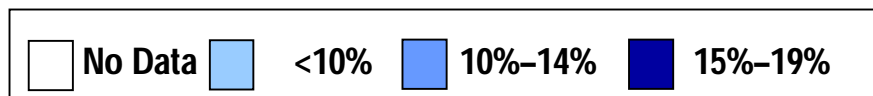
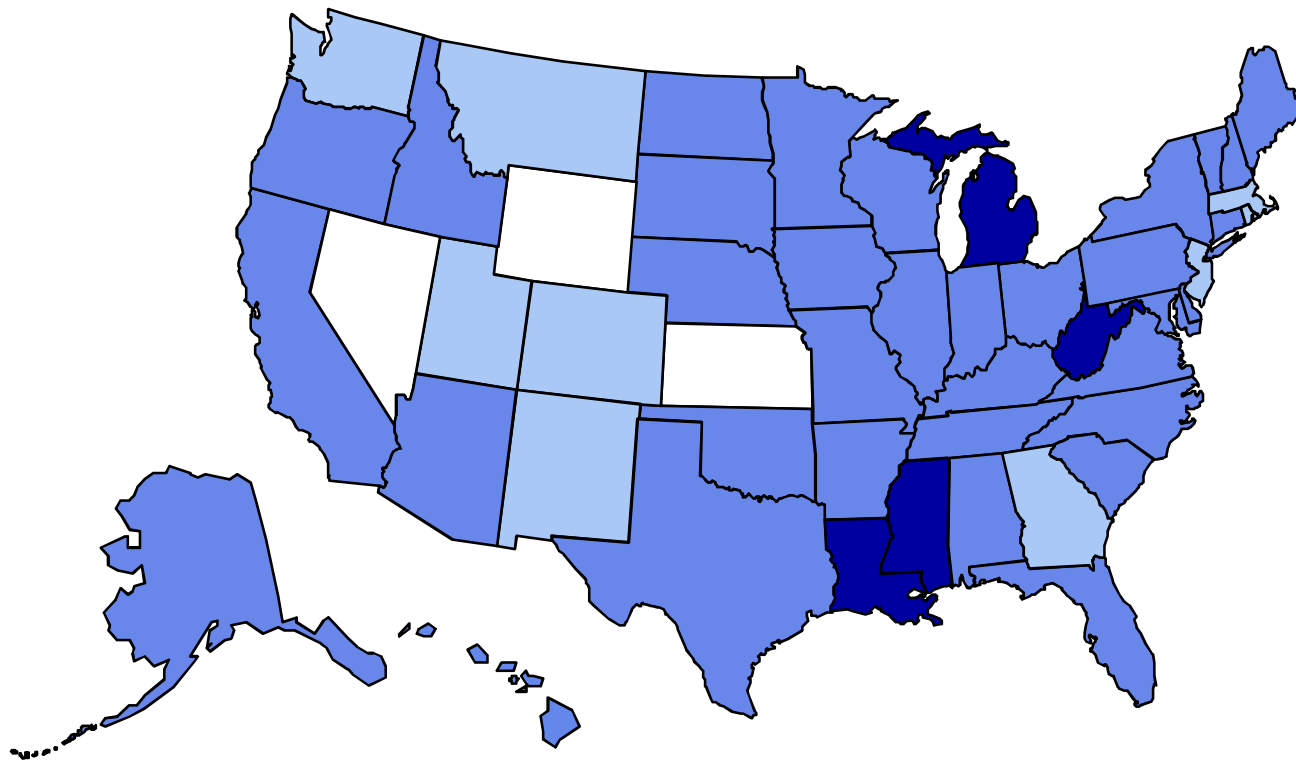
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# Obesity Trends\* Among U.S. Adults

## BRFSS, 1991

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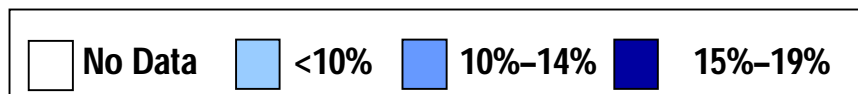
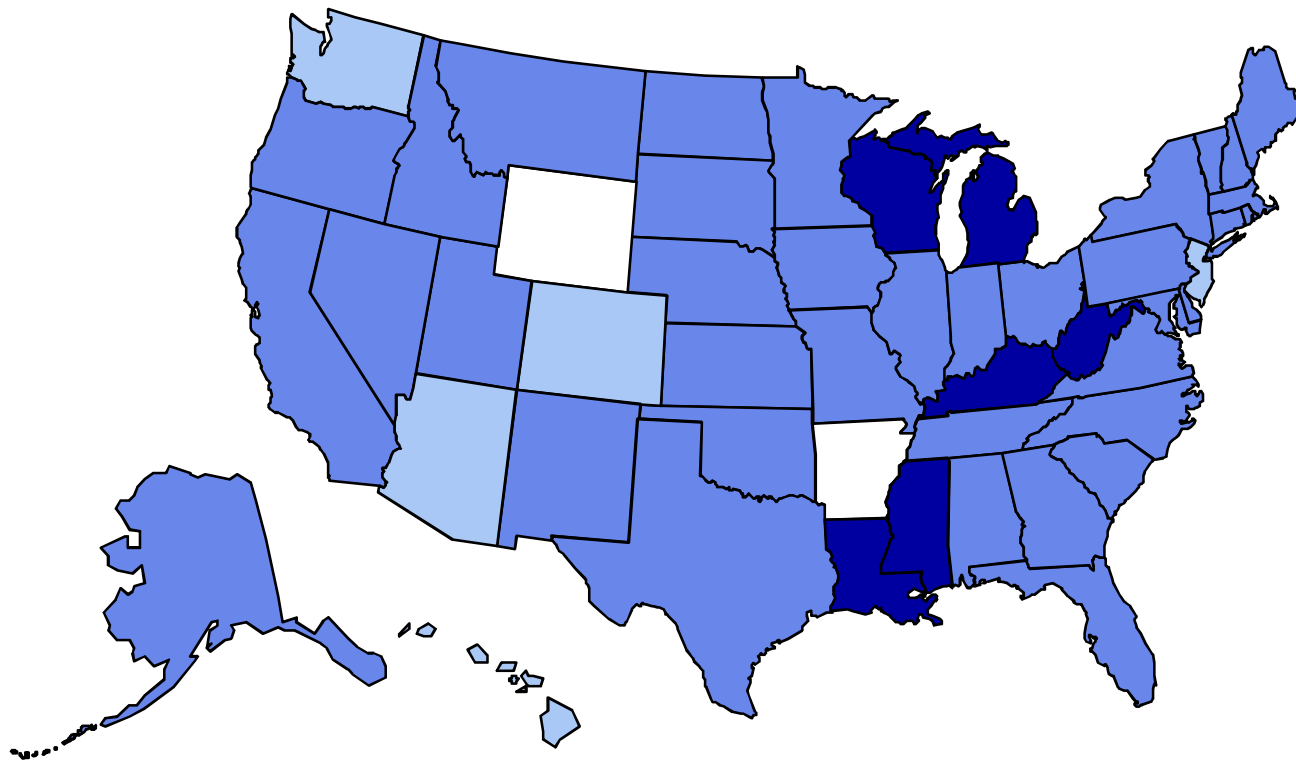




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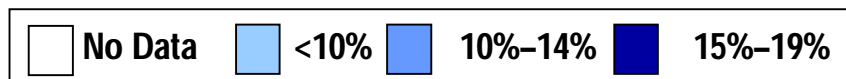
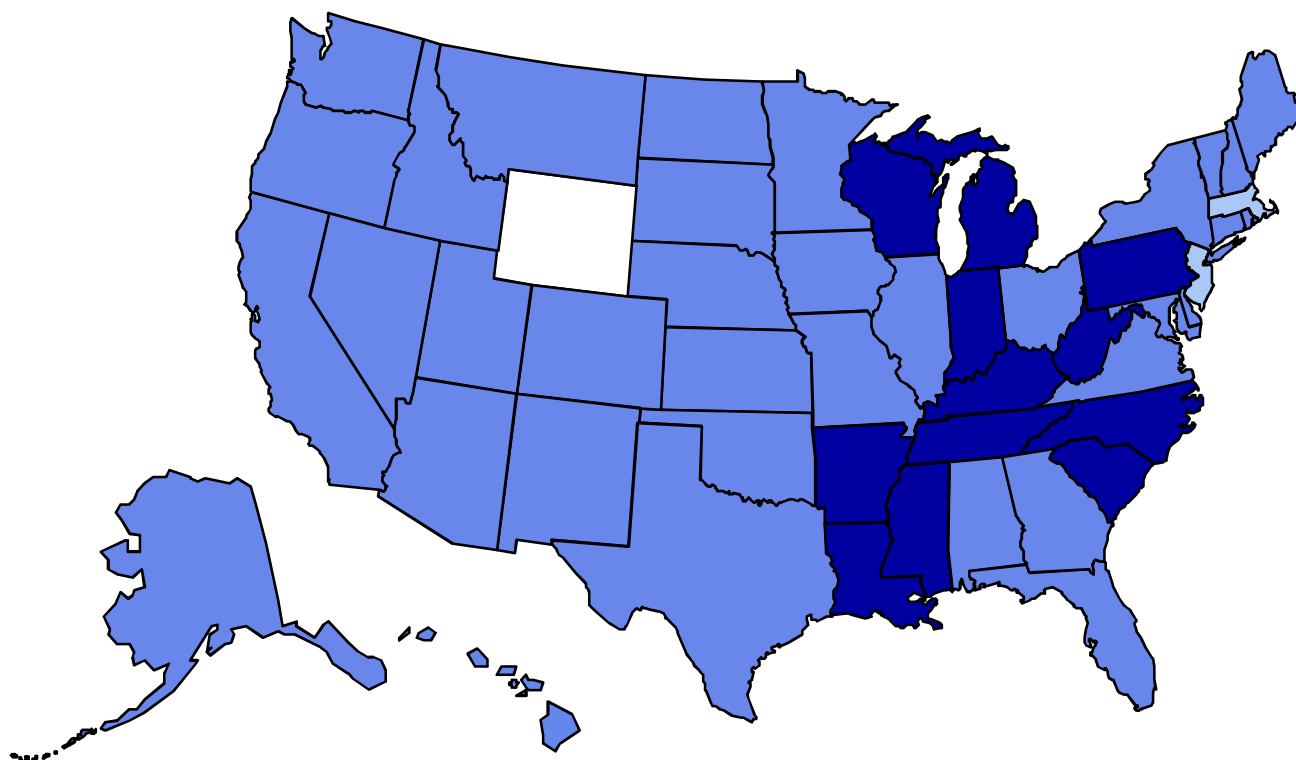
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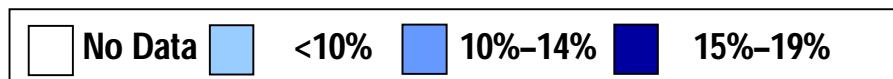
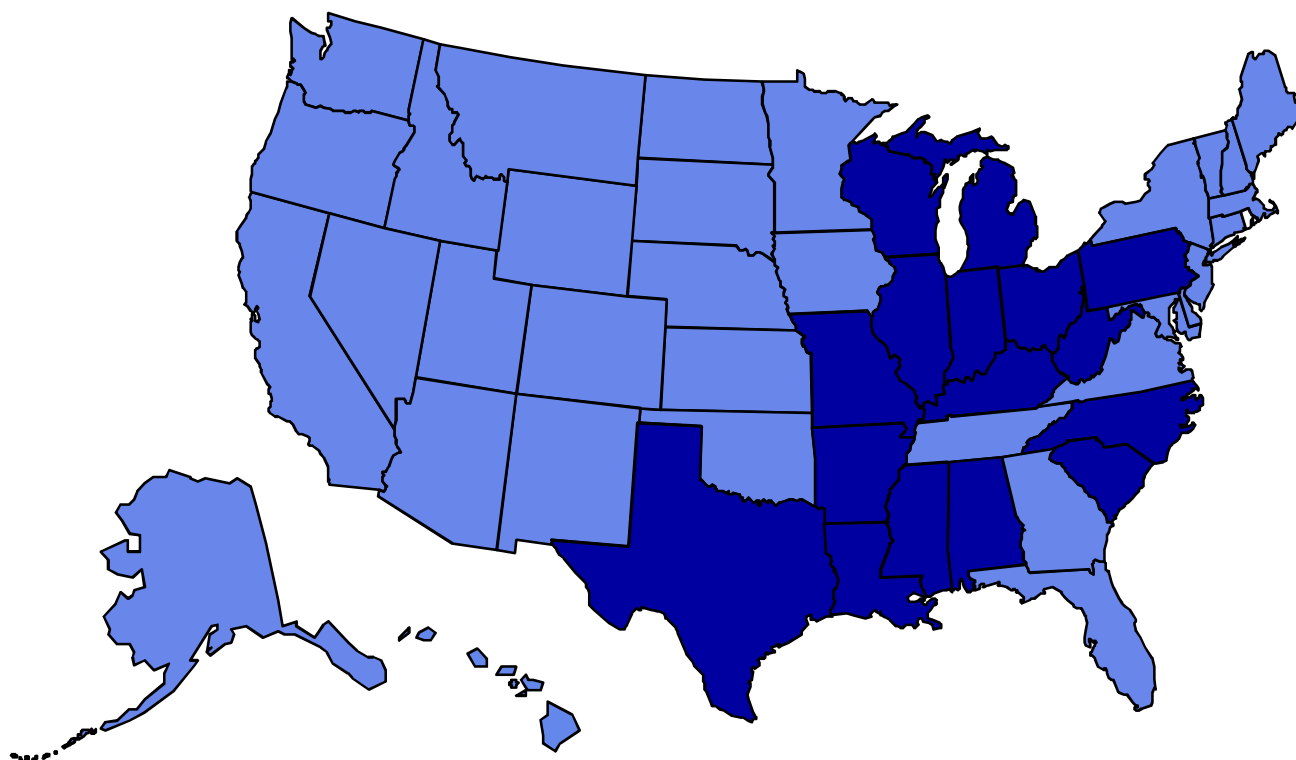
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# Obesity Trends\* Among U.S. Adults

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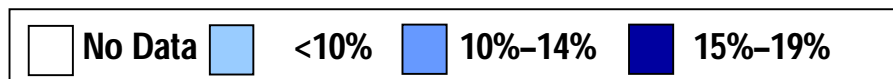
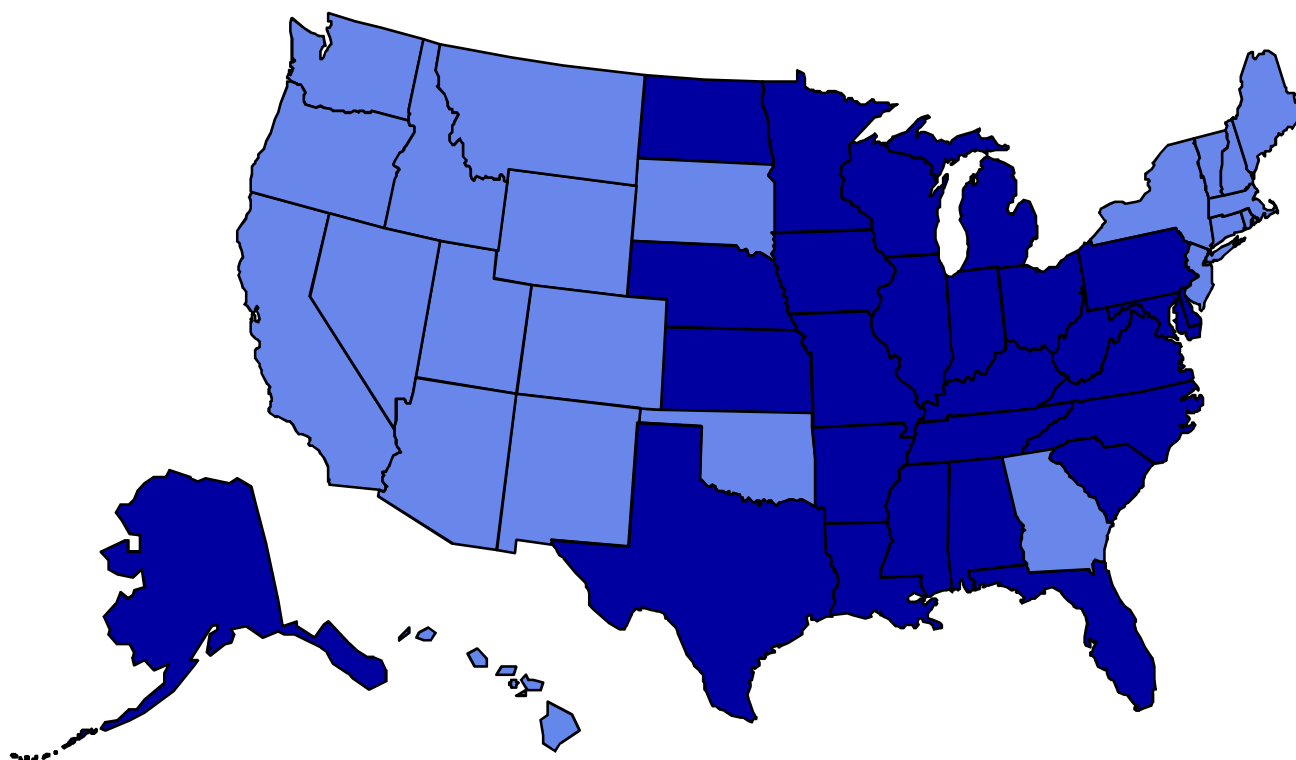
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# Obesity Trends\* Among U.S. Adults

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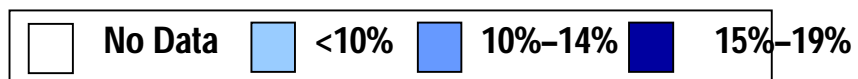
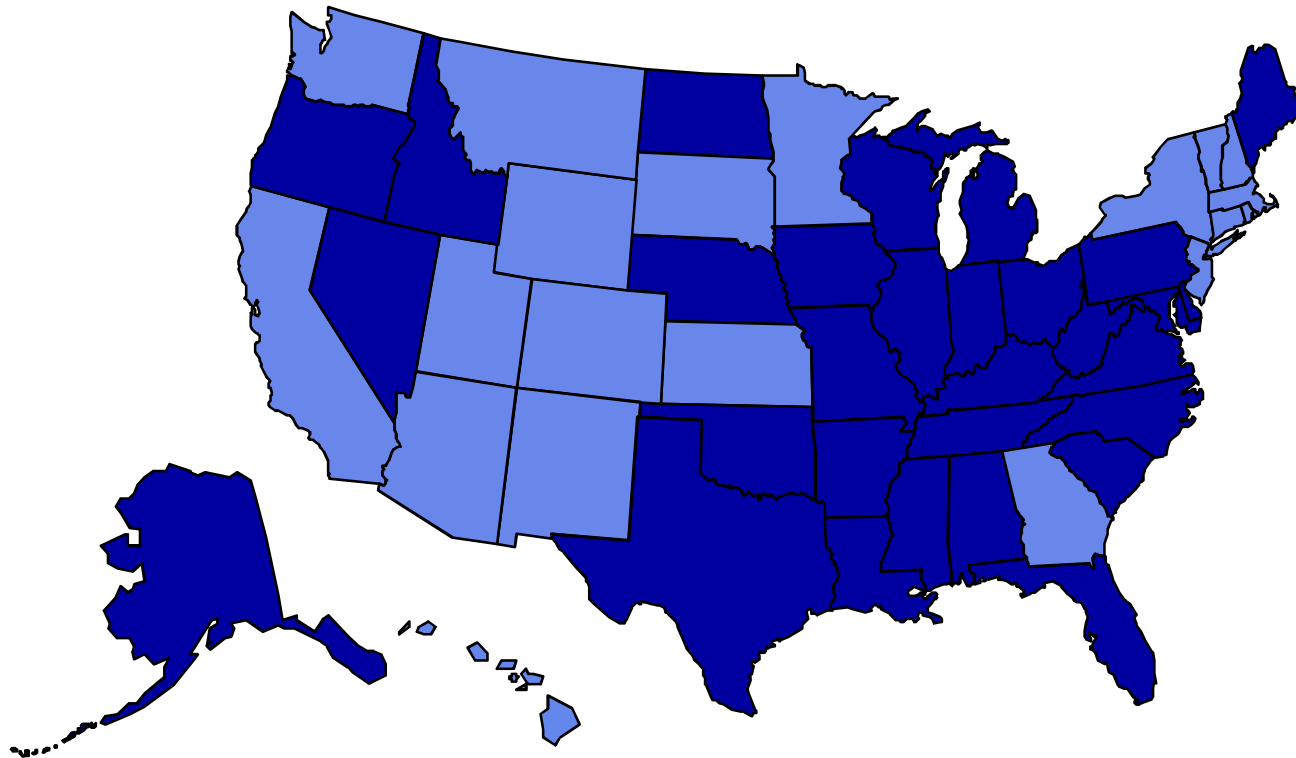
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## BRFSS, 1996

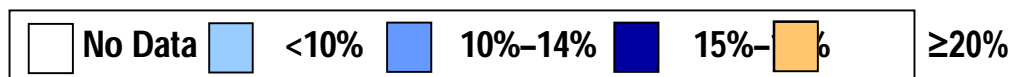
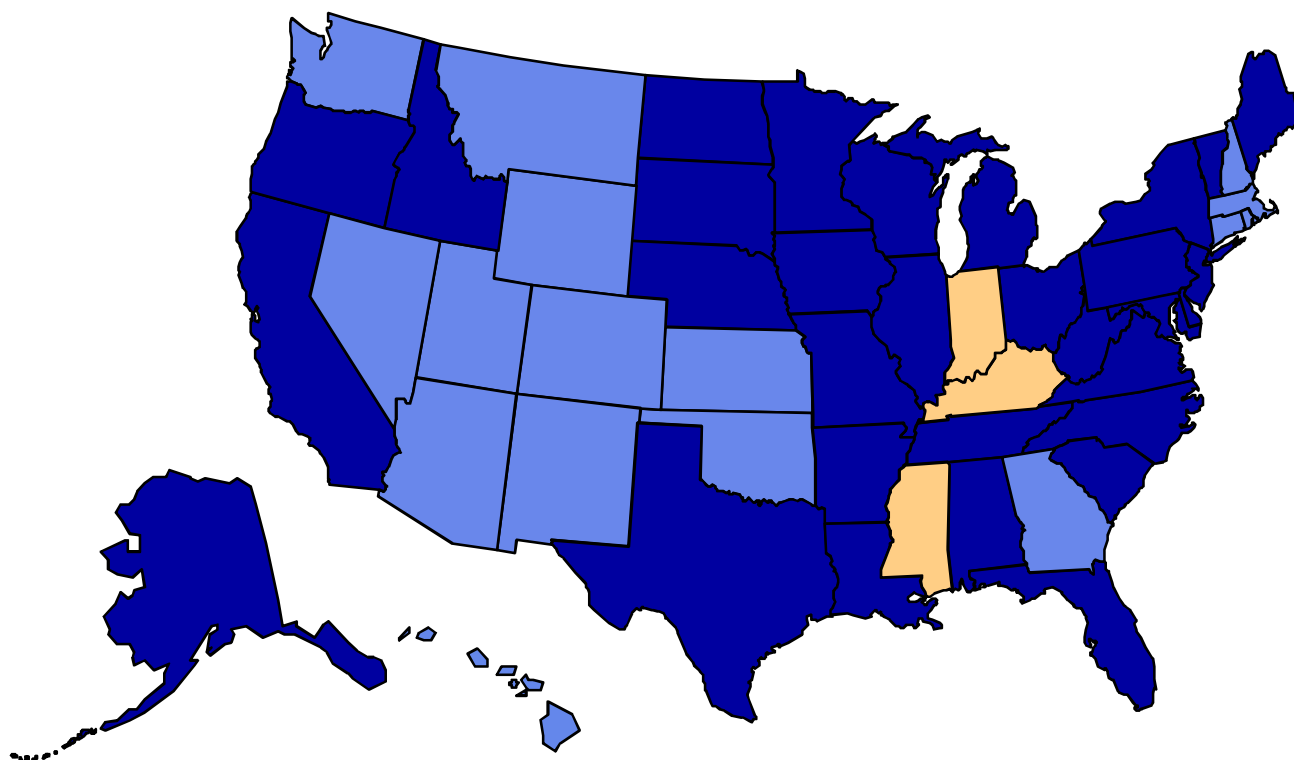
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# Obesity Trends\* Among U.S. Adults

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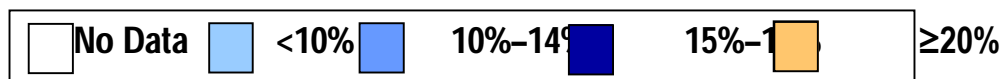
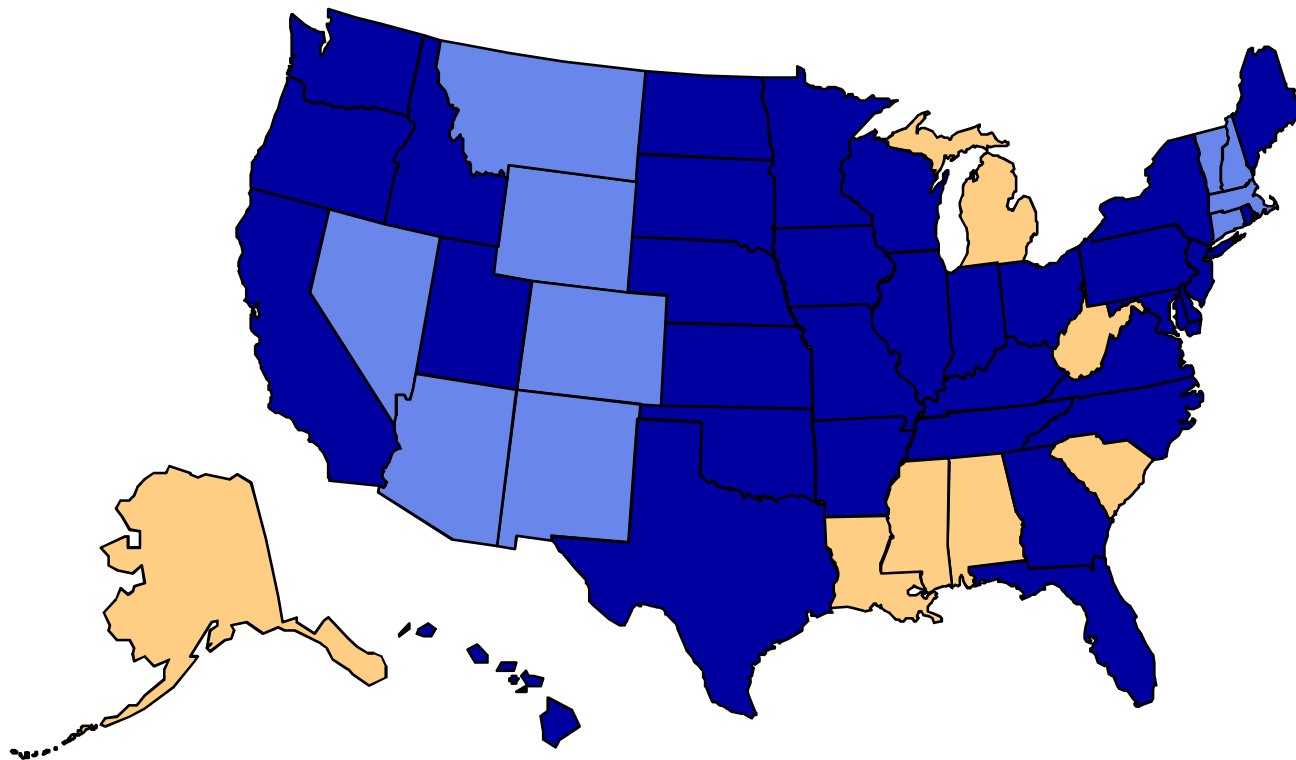
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## BRFSS, 1998

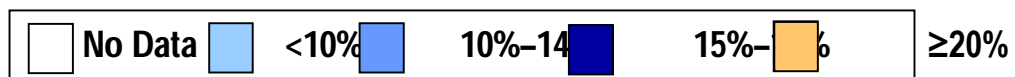
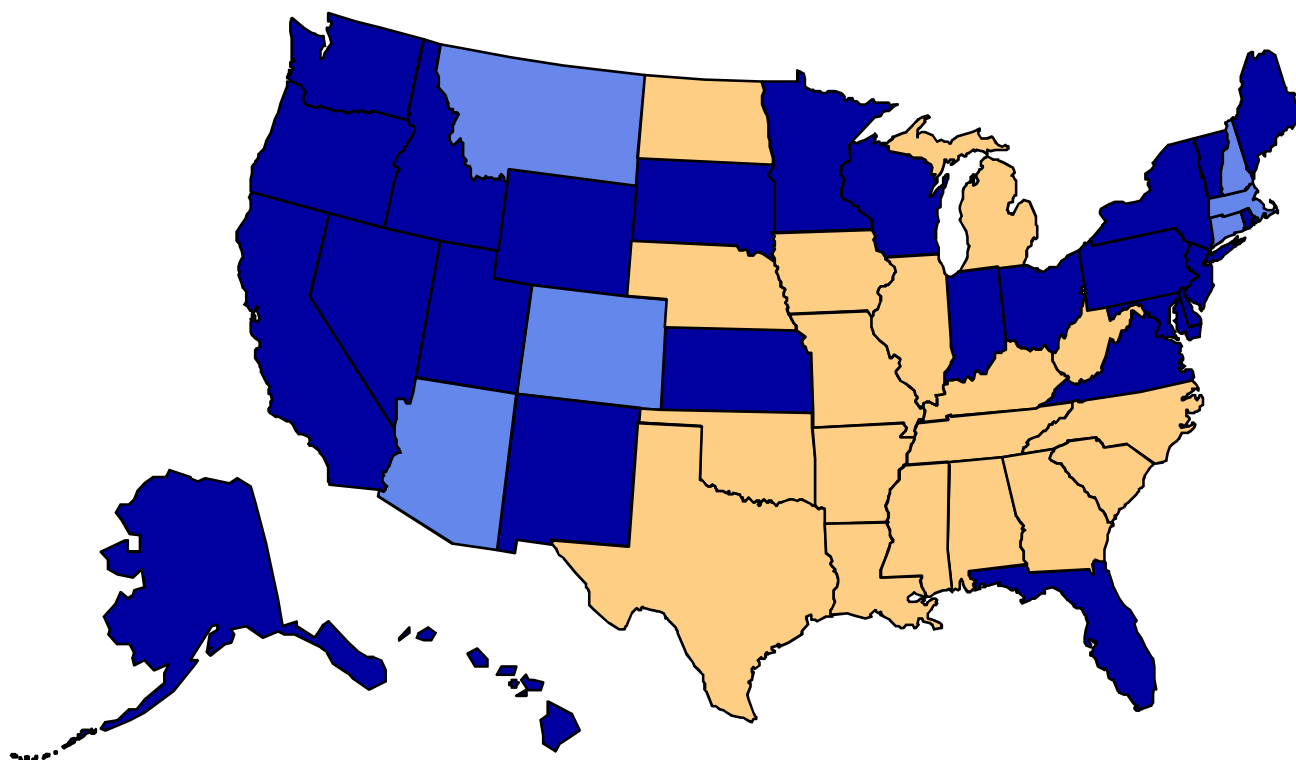
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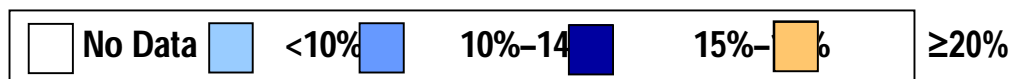
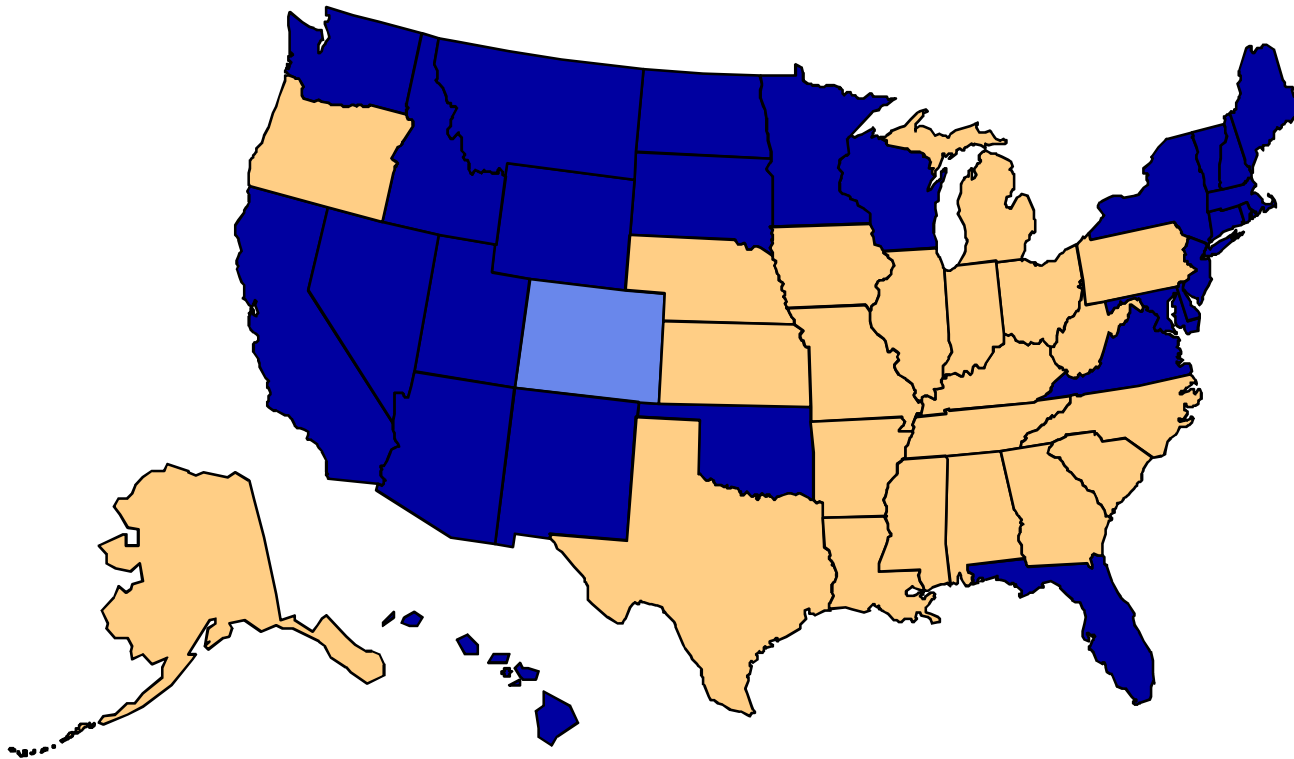
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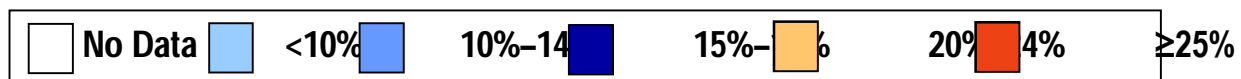
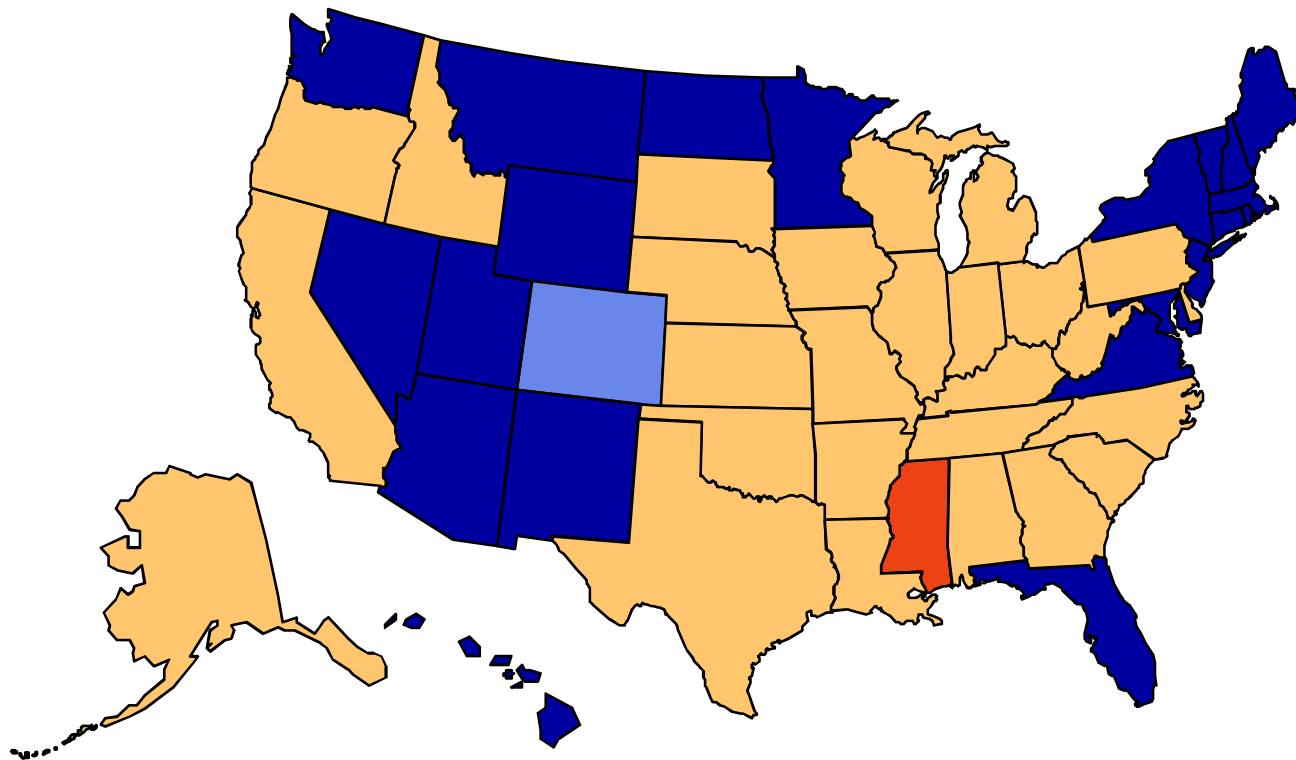
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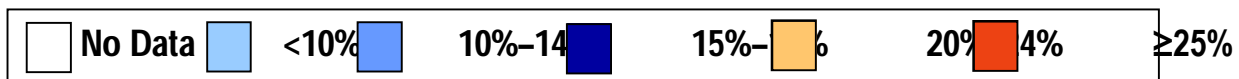
## BRFSS, 2001

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



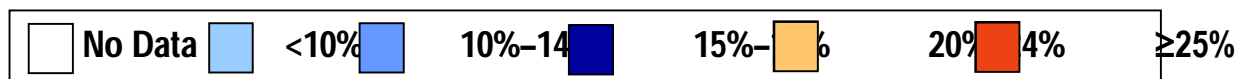
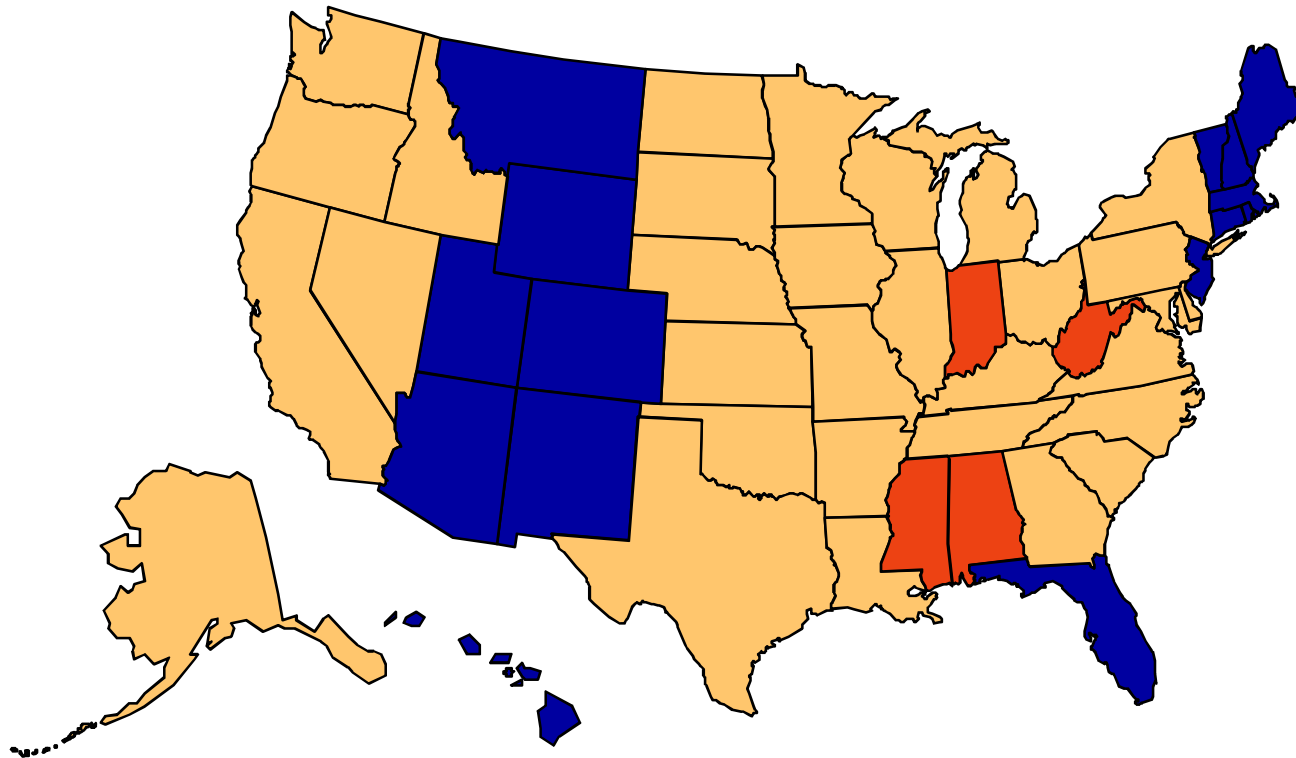
## BRFSS, 2002

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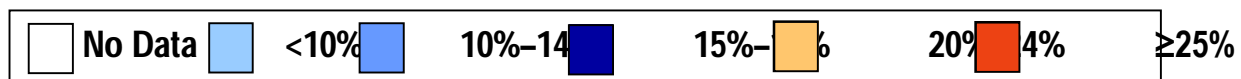
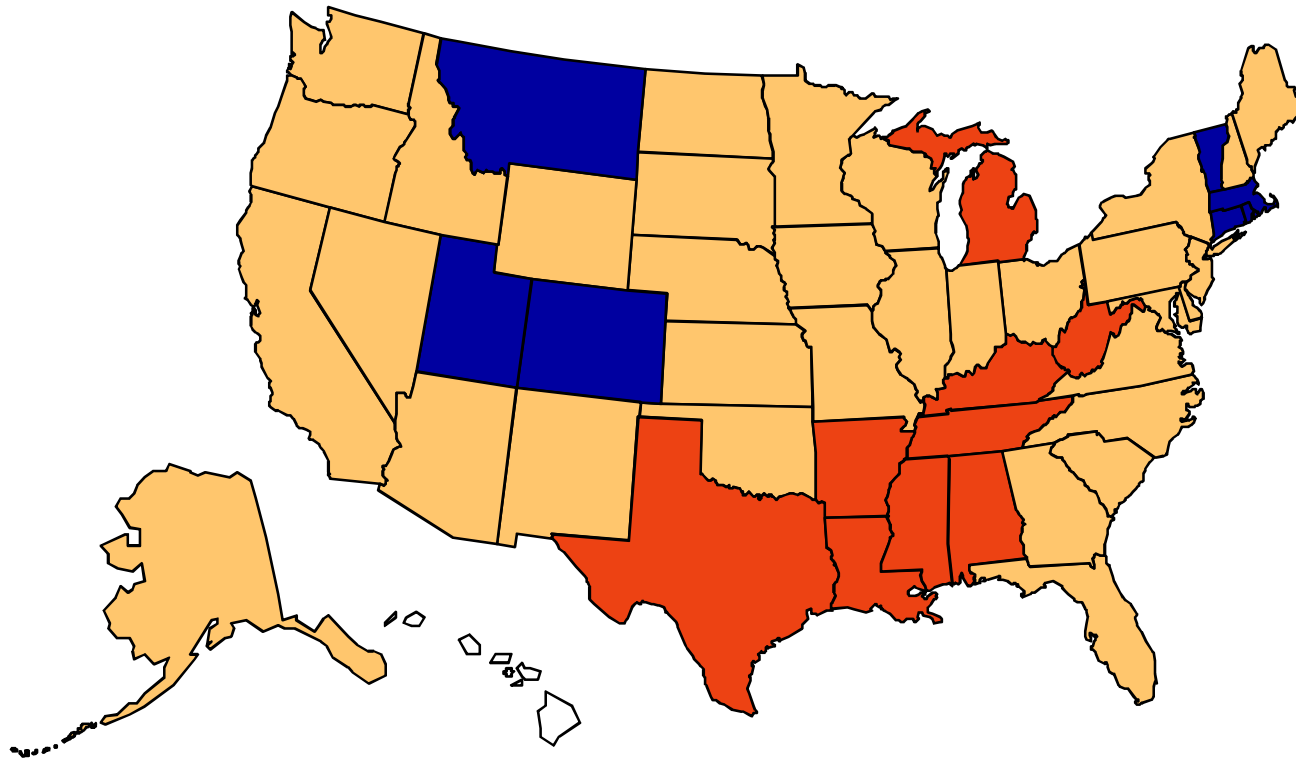
## BRFSS, 2003

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



## BRFSS, 2004

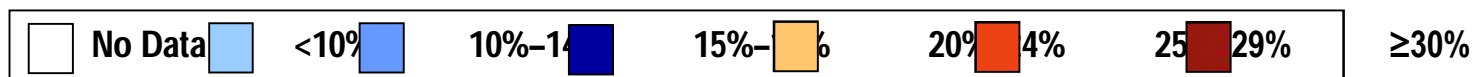
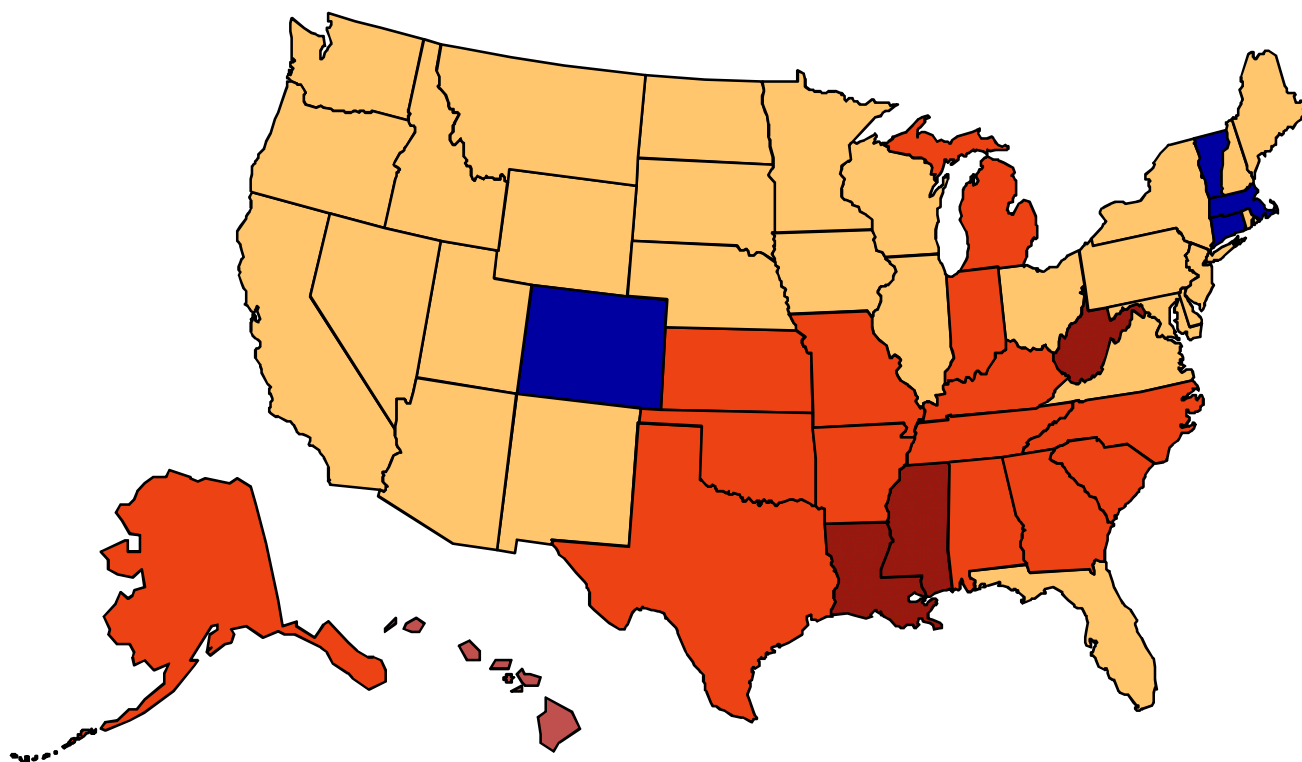
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# Obesity Trends\* Among U.S. Adults

## BRFSS, 2005

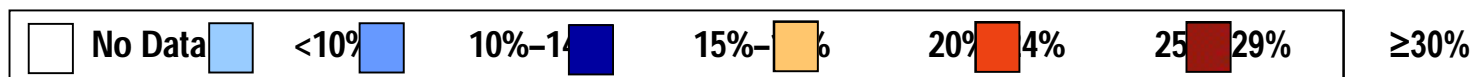
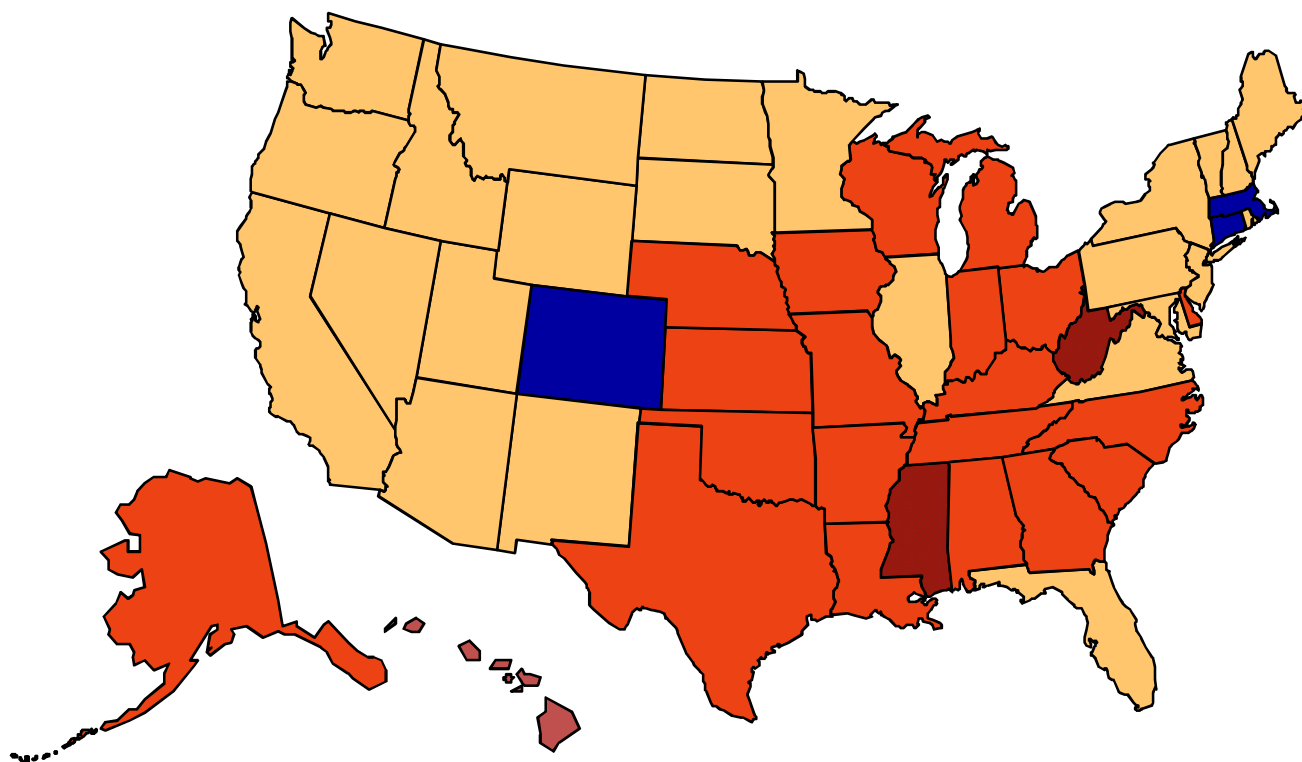
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# Obesity Trends\* Among U.S. Adults

BRFSS, 2006

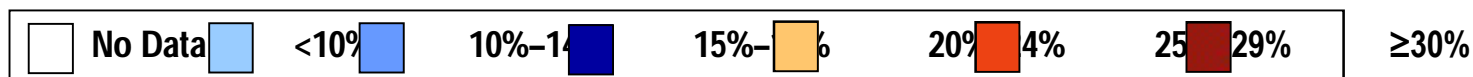
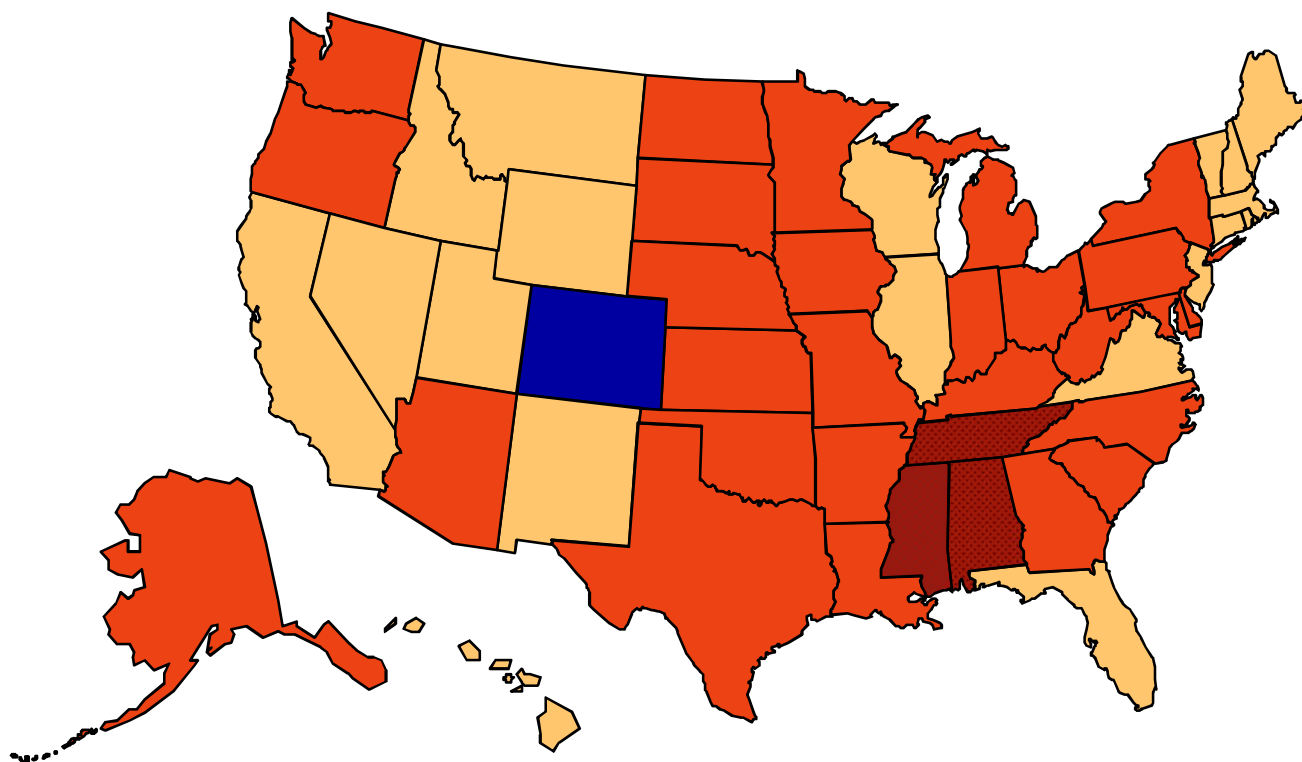
(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)



# Obesity Trends\* Among U.S. Adults

BRFSS, 2007

(\*BMI  $\geq 30$ , or  $\sim 30$  lbs. overweight for 5' 4" person)

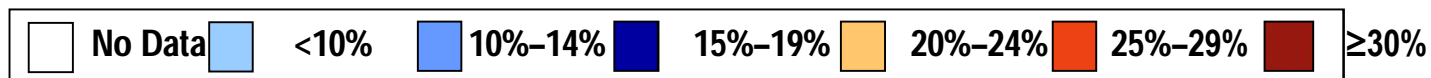
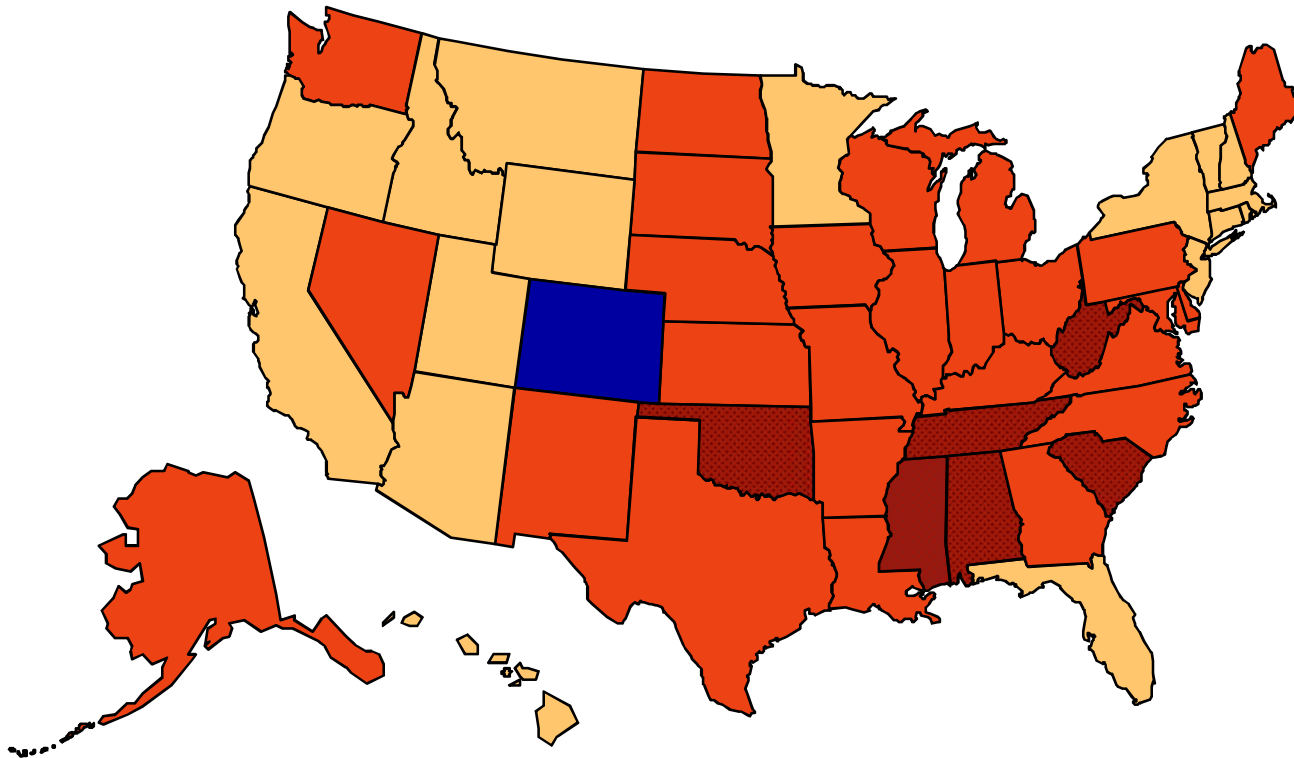




# Obesity Trends\* Among U.S. Adults

## BRFSS, 2008

(\*BMI  $\geq 30$ , or  $\sim 30$  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

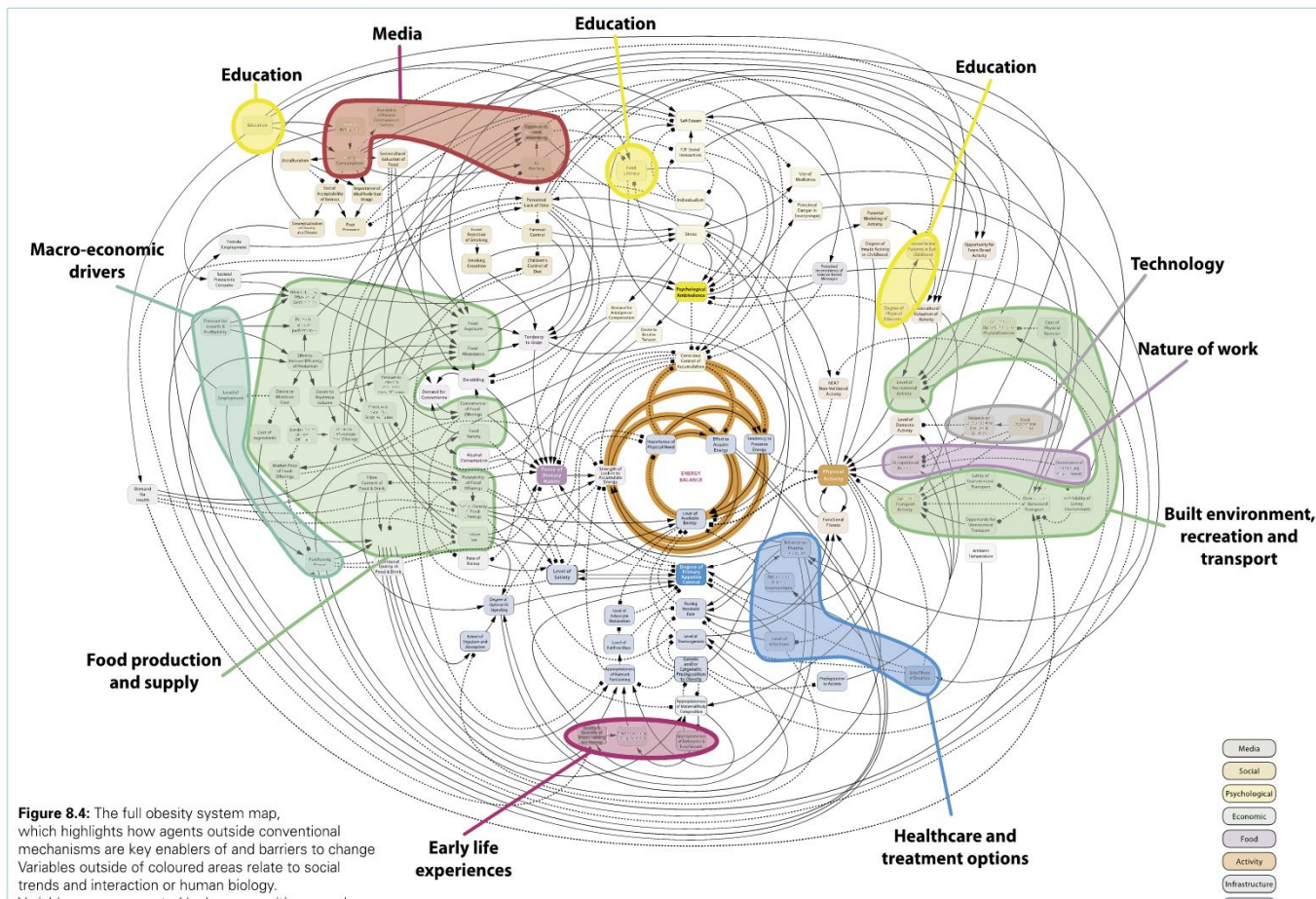
- An alternative is to use the idea of public health as the foundation for public health ethics
- Begin with concept of 'public health'
  - Health of a population or group
  - Attaining such ends often requires collective activities

## 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



# 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 seems 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