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Report of the ASPHER-EUPHA Working Group on Ethics and Values in Schools of Public Health, Public Health Policy and Practice in the European Region¹

Introduction & Background

Professional public health associations – such as ASPHER and EUPHA – have a continuing role in promoting new public health policies as dictated by changing population needs as determined by epidemiologic studies, scientific advances with new technologies to help address these problems and societal commitment to human rights and population health. Transnational organizations such as the European Union and the European Region of the World Health Organization need to incorporate and promote public health ethics and standards in its activities and financing mechanisms

An ASPHER Working paper on Public Health Values adopted in 2008 stated:

“Public health developed on the basis of, and continues to rely upon, a wide spectrum of available social, legislative as well as biomedical and environmental sciences and interventions. Health promotion is incorporated within this increasing scope of public health, and it addresses complex public health problems that are largely influenced by social conditions as well as by individual and group knowledge, attitudes, practices, and behaviours. This complex of causation and of intervention approaches applies in prevention and control of HIV, cardiovascular diseases, obesity, motor vehicle injury, mental health, threatened pandemics, and terrorism, as well as in communicable diseases and in many other health problems facing individuals, groups and communities.”.

“Public health practice and policy making must not forget ethical standards. The ethical base of public health in Europe developed especially in the context of the 19th and early 20th century successes, and was codified following lessons learned from the corruption by dark forces, using eugenics theories to justify the killing hundreds of thousands of helpless individuals, genocide and the Holocaust, with the killing of millions in efficient systems of mass murder. The threats of genocide, ethnic cleansing and terrorism have departed from neither the European nor the world stages, and the utmost degree of vigilance is required to prevent their recurrence. These constitute grave threats to public health and international human rights. The lessons learned from the 20th century tragedies help us today to address increasingly complex ethical issues in public

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health, by balancing the rights and goods of the individual with those of the community. New challenges are faced in maintaining integrity in light of increasing cooperation between public health organizations and industries. Here, respect for individual autonomy, fairness and justice are recognized side-constraints in the attempt to only maximize welfare. These are minimal ethical standards we have to consider.” (Tulchinsky et al, 2007)

The evolution of biomedical ethics derived from these 20th century tragedies led through the Nuremberg Code of 1947, the Universal Declaration of Human Rights, the Helsinki Declaration of 1964 for ethical standards in medical research requiring scientific value and protection of human rights (United Nations 1948, Schuster 1997, Williams 2008).

The subject of biomedical ethics and the ethics of public health have faced many challenges: new science and technology, new and emerging diseases, economic forces, the idea of social solidarity in access to health and preventive care, addressing high risk groups, and social inequalities. All of these challenges and experiences help us today to address increasingly complex ethical issues in public health, by balancing the rights and goods of the individual with those of the community.

Public health practice and policy making often encounter moral challenges in doing or omitting actions to improve population health. Thus, from within the European Public Health Association (EUPHA) it was argued five years ago to include trained ethicists – who have an expertise in consulting on moral criteria – to work hand in hand with practitioners and scientists in identifying moral problems and finding solutions for them. (Maeckelberghe, Schröder-Bäck 2007).

In the meantime, EUPHA and the Association of Schools of Public Health in the European Region (ASPHER) have established steady working groups dealing with moral issues and promoting ethical discourses and ethical education in public health. The working groups collaborate to bring both professional associations together and combine efforts on the topics. Both groups in their common discussions and common work came to identify and establish common grounds for the recognition, discussion and implementation of ethical standards within public health practice and education. Forces are joined towards making ethical standards in the profession explicit and stimulating discourses on them. Here, conceptual work stemming of ASPHER was seminal (Tulchinsky et al. 2007).

Professional Standards

The representatives of the two working groups of ASPHER and EUPHA recognize that the peoples of Europe have benefited greatly from the startling successes of modern public health of the 19th and 20th centuries, which has brought sanitation, environmental and occupational health, vaccination, control of infectious diseases, safer and healthier foods, healthier mothers and babies, family planning, declining mortality from coronary heart disease and stroke, as well as from motor-vehicle crashes, and recognition of

tobacco use as a major health hazard. The result is increased longevity, with improved health standards and quality of life for the peoples of the industrialized countries. But this improvement is far from uniform for all population groups and countries across Europe, with many countries in post-Soviet transition and other poor and developing countries that fall under the ASPHER and EUPHA region still suffering from low health standards.

Public health developed on the basis of, and continues to rely upon, a wide spectrum of available social, legislative as well as biomedical and environmental sciences and interventions. Health promotion is incorporated within this increasing scope of public health, and it addresses complex public health problems that are largely influenced by social conditions as well as by individual and group knowledge, attitudes, practices, and behaviours. This complex of causation and of intervention approaches applies in prevention and control of HIV, cardiovascular diseases, obesity, motor vehicle injury, mental health, threatened pandemics, and terrorism, as well as in communicable diseases and in many other health problems facing individuals, groups and communities. Professional public health associations – such as ASPHER and EUPHA – have a continuing role in promoting new public health policies as dictated by changing epidemiology and as enabled by new technologies.

New challenges are faced in maintaining integrity in light of increasing cooperation and interdependence of public health organizations and industries. Here, respect for individual autonomy, fairness and justice are recognized side-constraints in the attempt to only maximize welfare. At the same time, the rights of the community and protection of health require interventions that prevent harmful behavior such as in psychosocial inequalities, regulation of driving and road safety, in tobacco control in fortification of foods with essential micronutrients such as iodine in salt and others. We also face ethical issues in failure to provide up to date standards in basic public health issues ranging from food safety to immunization practices, in screening program and prevention of birth defects. These are minimal ethical and empirical standards we have to consider.

The call for studies and promotion of ethical review of Public health ethics are not only concerns in Europe. An editorial in the Bulletin of the World Health Organization in 2008 stated:

“Since it was founded 60 years ago, ethics has been at the heart of WHO’s mission to protect and promote the global community’s health. Activities in ethics have been undertaken by many programmes and departments, as well as WHO’s regional offices. For example, in 1994, the Regional Office for the Americas (AMRO/PAHO) created a regional programme on bioethics in 2002, WHO’s Director-General Dr Gro Harlem Brundtland created an Ethics and Health Initiative, which has since served as a focal point for the ethics activities throughout the organization. Examples include the publication of *Guidance on ethics and equitable access to HIV treatment and care* (jointly with UNAIDS) and of *Ethical considerations in developing a public health response to pandemic influenza*. WHO also contributes to regional capacity-strengthening efforts in ethics, in close collaboration with Member States. For example, the project *Networking for Ethics on Biomedical Research in Africa* (NEBRA) sought to strengthen African countries’ capacity to engage in effective ethical review processes.

Articulating ethical and evidence-based policy options is one of WHO's six core functions. WHO's 60th anniversary and the 30th anniversary of Alma-Ata provide a particular opportunity to reflect on ethical values and dilemmas arising in the field of public health." (Coleman, Bouësseau and Reis, 2008)

In early 2012, an editorial by the President of the American Public Health Association put the issues this way:

"Public health policy requires a delicate weighing of scientific, legal, and political considerations—all influenced by public health ethics. To make matters even more challenging, the societal values affecting public health ethics are dynamic. The balance point between utilitarian and libertarian visions of a well-ordered society shift over time and vary among communities and societies."

"In the developed world, the bounties of prosperity are contributing to obesity, diabetes, hypertension, hypercholesterolemia, and other disorders. The abuse of alcohol, tobacco, and illicit substances also contributes significantly to excess morbidity and mortality. Beyond public education and health promotion, is it ethically and legally acceptable to adopt more coercive measures such as banning certain products or ingredients? Is the public benefit rationale that justifies coercive measures in the face of infectious disease applicable when the direct health consequences of lifestyle risks affect only the individual?"

As long as society needs public health, it will also need public health ethics to identify the interests at stake, weigh alternatives, consider consequences, and help ensure that the benefits and burdens of public health interventions are distributed equitably across society." (Rothstein, 2012)

The European Region is widely diverse in many characteristics, including those relating to socio-economic and health status. The inequities between and within countries are challenges to the basic European consensus of social solidarity – and are a key concern from an ethically informed public health point of view. Public health associations have a key role to play in promoting high quality professional education for public health, including ethical aspects of public health practice and policy making, in order to achieve morally desired goals of high levels of health for all in a new Europe.

Output of the Working Group (2010-2011)

1. The Working group has based its work on the Mission and Values Working paper adopted by ASPHER in 2007 and the work of the EUPHA Section on Public Health ethics since 2008 (copy appended);
2. This report deflects progress made in the ongoing activities of the Joint ASPHER-EUPHA Working Group on public Health ethics;
3. The Working group has made presentations at the ASPHER annual Deans and Director's meeting in Rennes in 2011 and at the joint EUPHA- ASPHER annual conferences in Amsterdam 2010 and in Copenhagen in 2011;
4. A survey of teaching of public health in SPHs is being prepared for publication;
5. Development of a Model Curriculum on PH Ethics for bachelors and masters programs in public health; we attach a draft of the curriculum outline for promotion among members of ASPHER representing over 80 Master of Public

- Health programs in European Region; this is a work in progress and we anticipate its completion during 2012;
6. We attach a draft bibliography under preparation by a member of the Working group (Dr Jutta Lindert) during her sabbatical at Harvard University School of Public Health during 2011-2012 in part on behalf of the Ethics Working Group; this is a work in process;
 7. The Editorial Board of *Public Health Reviews* has approved two issues on Public Health Ethics to be published on line during 2012-2013; the first issue will address the history and scope of public health ethics, and the second issue will provide case studies, which will be available to anyone free on line;
 8. The Working Group is promoting the development of competencies in public health ethics training and practice in the two key associations of public health in the European region;
 9. Future program of the WG includes:
 - i. Preparation of Case Studies in PH Ethics for teaching material;
 - ii. Development of continuing education for public health practitioners, policy makers in PH Ethics issues

Conclusion and Outlook

Acknowledging this, the ASPHER and EUPHA groups working on moral values and ethics successfully join forces in reflecting on, developing and ultimately promoting the reflection on and implementation of ethical standards in public health practice, policy making and education in the European region. We have worked to prepare a recommended curriculum for bachelors and master programs in public health, a bibliography of relevant literature on these topics and promotion of awareness of public health ethics and values in the ongoing activities of our parent organizations. We have worked with *Public Health reviews*, a European based on line journal available free of charge at www.publichealthreviews.eu in their development of two issues on public health issues and cases studies, to be released during 2012 and early 2013.

The next steps from these working groups will be to further facilitate the discussions within their organizations while cross-fertilizing the work of ASPHER and EUPHA and looking for synergies. Concrete next steps – after a work on ethical standards of researchers’ integrity and a first screening assessment of how ethics is taught in schools of public health in the European region – are to further develop curriculum development and discussing further issues in public health in the professional organizations from within the respective organizations. This work will help to promote explicit ethical standards and informed reflection of moral values in teaching and in everyday public health practice in the European Region.

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Work in Progress