Ethics and Public Health

ETİK VE HALK SAĞLIĞI

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――――――――――**Summary**――――――――――

Public health is defined as the art and science of preventing disease, promoting health, and prolonging life through organized efforts of society. As a science, public health depends on epidemiology and, as a practice, is largely performed by governmental organizations and health departments. Ethics is the set of philosophical beliefs and practices concerned with distinctions between rights and wrongs, and human rights. Modern bioethics is founded on four principles: respect for autonomy, non-maleficence, beneficence, and justice. All these principles should be considered in public health perspectives. All four principles are important, but public health practice is fundamentally different from medical practice.

Key Words: Ethics, Public Health

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Halk sağlığı, toplumun organize çabaları sonucu hastalıklardan korunmanın, sağlığı yükseltmenin ve yaşamın uzatılmasının bilim ve sanatı olarak tanımlanmaktadır. Bilim olarak halk sağlığı epidemiyoloji temeline dayanır ve, pratik uygulama hükümetler ve diğer sağlıkla ilgili bölümler tarafından yapılır. Etik, doğru ile yanlış arasındaki ayırımın, insan hakları kavramlarının gözetildiği felsefik düşünceler ve uygulamaların oluşturduğu bir kavramdır. Modern bioetik dört temel prensip üzerine kurulmuştur: otonomiye saygılı olmak, zarar vermemek, iyilik ve adalet. Tüm bu prensipler halk sağlığı perspektifiyle değerlendirilmelidir. Dört prensip de önemlidir, ancak halk sağlığı temelde diğer tıbbi uygulamalardan farklıdır.

Anahtar Kelimeler: Etik, Halk Sağlığı

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Public health has been defined in many different ways. All definitions of public health have in common the idea that public health is defined in terms of its aims rather than by a theoretical frame work or a specific body of knowledge. In 1923, Winslow proposed a long definition for public health: 'the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health'. More recently, the US Institute of Medicine defined public health as 'what we, as a society, do collectively to assure the conditions in which people can be healthy'. The favoured definition in the United Kingdom, and in many other counties, was proposed by the Acheson Report in 1987 as: 'the art and science of preventing disease, promoting health, and prolonging life through organized efforts of society'. The essential elements of modern public health theory and practice are:

· its emphasis on collective responsibility for health and the prime role of the state in protecting and promoting the public's health;

· a focus on whole populations;

· an emphasis on prevention, especially the population strategy for primary prevention;

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· a concern for the underlying socioeconomic determinants of health and disease, as well as the more proximal risk factors;

· a multi-disciplinary basis which incorporates quantitative and qualitative methods as appropriate; and

· partnership with the populations served.

As a science, public health depends on epidemiology and, as a practice, is largely performed by governmental organizations and health departments. The traditional objectives were the control of the communicable disease, the safety of the water and food supply, and response to natural disasters. Recently, public health has turned to broad educational efforts to enhance the health of the public by warning of health risks, informing about healthy life-styles, and encouraging preventive care, such as prenatal care (1).

Ethics is the set of philosophical beliefs and practices concerned with distinctions between rights and wrongs; with values, human rights, dignity and freedom; with duties to others and to society. Although standards and criteria of right and wrong vary greatly, generally we call acceptable norms as "right" and unacceptable norms as "wrong". Values are the foundation of morality. The law, which is based on morality, tells us what we are allowed to do; ethics tells us what we should do. Laws usually approve the values of society, but some actions that are legal may be unethical. It is illegal in most jurisdictions for a physician to assist a suicidal act, but it is ethical for a physician to act in a way that avoids needlessly prolonging the distress sometimes associated with the process of dying (2).

Modern bioethics is founded on four principles: respect for autonomy, non-maleficence, beneficence, and justice. All these principles should be thought in public health perspectives. All four principles are important, but public health practice is fundamentally different from medical practice. In general, people seek advice and help from doctors and other health care professionals; few ask for public health advice. In the interest of beneficence, the principle of 'doing the best', public health practitioners make judgements about healthy life styles and thus run the risk of paternalism (3). The aim of the public health services should be to enlighten the

people about risks to health and to help people in gaining greater control over environmental, social, and other conditions that influence their own health. We have an ethical duty to work with people, empowering them to promote their health in a better way, not to direct them.

Issues of rights are involved in all aspects of public health programs from analysis to implementation and monitoring. Each stage can involve a conflict of rights, for example, rights to privacy versus access to data for epidemiological purposes. The moral basis for public health interventions is not always clear and ranges from a desire to inform people by health education, to the promotion of the 'common good' through policy advocacy (3).

There is always a tension in public health between autonomy of the individual and the desire to protect and promote the health of the whole population. All public health programs try to balance individual and collective rights.

Public health and human rights are linked in three general ways. Firstly, public health policies can have both a positive and negative impact on human rights, especially when state power is used to limit the 'rights of a few for the good of many', as is often the case in the control of communicable disease. On the other hand, there need not be a conflict between human rights and public health. For example, the control of the HIV/AIDS pandemic requires increased attention to the promotion of human rights of people most at risk of infection. Discrimination on the basis of sexual preference is legally prohibited and antidiscrimination measures and educational programs are widely promoted and enforced.

The second link is the health situations of violations of human rights. There is all too much evidence to support this linkage, ranging from medically sanctioned and culturally accepted torture, genital mutilation of girls, or the systematic rape and elimination of refugees or political opponents.

The third, and most fundamental consideration, is that health and human rights work together to advance human well-being. To die because of the lack of fundamentals of health, whether it is medical care or adequate nutrition, is a violation of human rights. The striking and enduring inequalities

in health within, and especially between countries is both a public health and a human rights issue. The reduction of inequalities represents a great opportunity for improving the health of all populations. Public health practitioners have a responsibility to draw attention to the importance of the linkage between human rights and public health and to develop methods of assessing the impact on human rights of health policies and programs and health reforms (3).

Public health is inherently concerned with social justice and with fair and equitable resource allocation. Public health workers tried to establish health care for all members of society regardless of income, with access based only on need. The allocation of health care budgets is often based on political or emotional grounds. They can be used for the high-technology diagnostic and therapeutic services, instead of much-needed public health services, such as immunization. It is an ethical duty for public health workers to be as aggressive as circumstances require in obtaining an equitable share of resources and funds for public health services.

In May 1998, the Member States of European Region of WHO have sent a declaration about 'Health-for-All Policy or the 21st Century' and mentioned three basic values from the ethical foundation of Health:

· health as a fundamental human right;

· equity in health and solidarity in action between and within all countries and their inhabitants;

· participation and accountability of individuals, groups, institutions and communities for continued health development (4).

Ethical dilemmas in public health are as difficult as clinical problems. In ethical principles, solutions are tried to find out by public health workers:

Communicable Diseases: The protection of the public from communicable diseases, conflicts with the medical duty of confidentiality. Laws have been enacted that require physicians to report cases of communicable disease to health authorities (5). Identifying persons with communicable diseases means that they are labeled, and this can stigmatized them. Isolation and quarantine restricted free-

dom. Individuals, families, even communities and states may be identified and stigmatized, isolated or quarantined. Identifying and isolating cases is an accepted feature of communicable disease control, held to be necessary to protect the population. The need to protect society has been recognized as a higher importance than the rights of an individual patient. In early 20th century, public health authorities used 'police power' and during both wars, prostitutes and 'loose' women suspected of transmitting venereal disease to servicemen were arrested and imprisoned. Some disease such as tuberculosis and scabies, have carried a social stigma because of a supposed connection between drunkenness, dirtiness, etc (2).

Immunization: Vaccination is a major public health measure and is important to the health of individual children. The long effort of pediatricians to institute mandatory or universal immunization is threatened by changes in public health law which permit persons whose religious beliefs oppose such procedures to refuse vaccination by the growing awareness of parents that vaccination has risks that could led to serious and possibly uncompensated harm for their children. In this situation, the basic principle must be recalled: vaccination does put a child at some small risk of major harm to avoid a slight threat to its own health in order to contribute to the general safety of other children (1).

Risk-benefit ratios must be calculated for all immunizing agents. In measles immunization, there may be a risk of subacute sclerosing panencephalitis as an adverse effect of immunization perhaps less than one in 1-5 million. If we stop vaccination against measles, measles may be epidemic and children may die of measles. The risks of adverse reactions to other immunizing agents are greater than the risks of measles vaccine, but the risks of not immunizing are almost always much greater (2).

HIV Infection: During the AIDS epidemic, some groups are stigmatized: Male homosexuals, IV drug users, hemophiliacs... People did not want to work and live with HIV positive individuals. Later, public opinion aroused in favor of compassionate and humane approaches. It is important to protect the privacy of HIV-positive persons and to safeguard the confidentiality of their medical records to minimize the risk of disclosing informa-

tion that could harm them and their families. Health workers have an ethical duty not to discriminate against persons infected with HIV. Health workers who argue for the right to know the HIV status of their patients so they can take precautions should be aware that the risk of occupationally acquired HIV infection is about 1000 times smaller than the risk of hepatitis B or C. Furthermore, applying the ethical principle of justice, if health workers have the right to know the HIV status of patients, then patients have the right to know the HIV status of health workers (2).

Environmental Health: Sometimes, health is adversely affected by environmental conditions, but correcting these conditions may have undesirable economic effects such as massive unemployment and may be opposed by the people whose health is threatened. Control of the health hazard should have highest priority and is clearly the best course of action in such situations, but if this leads to massive economic loss, the principles of beneficence, justice and nonmaleficence are helpful: who will be helped, which of the competing priorities will harm the fewest people?

Mass Medication: For all forms of mass medication, risk-benefit ratio should be calculated. The possibility of adverse effects always exists. There is an opposition to flouridation of drinking water. It is based on the fear that flouridation cause cancer or some other disease. Epidemiologic analysis shows no association between flouridation and cancer. Flouridation is a paternalistic measure, imposed on the population whether they like it or not. According to the ethical principle of respect of autonomy, individuals in a free society should have the right to choose for themselves whether they want to drink flouridated water. Responsible adults can choose, but for infants and children flouridated drinking water makes the difference between healthy and carious teeth. Applying the ethical principle of beneficence, public health officials argue that infants and children should receive fluoride to have a better teeth. Children should not be exposed to risks because of their parents' beliefs (2).

Epidemiology and Health Statistics: Recently, epidemiology reaches and maintains a high ethical standard. The Nuremberg Codes and The Helsinki Declaration requires that biomedical research with humans must conform to accepted scientific principles; it must be truthful, honest, impartial and objective (6). Epidemiologists come into conflict with the principles of autonomy and non-maleficence when dealing with the privacy of personal information stored in health records. There is a conflict between this right and the need for research which is in the interest of the 'public good' (7). When studying very large populations it is not feasible to obtain the informed consent of every individual whose records contribute to the statistical analysis. Sometimes the records are those of deceased persons. Acquired knowledge about many causal relationships, such as cigarette smoking and cancer, rubella and birth defects, adverse drug reactions such as thromboembolic effects of the oral contraceptives, has come from routine analyses of health statistics and epidemiologic studies. Applying the principle of beneficence, available information should be used for the common good (2).

Health workers have an ethical duty to protect the confidentiality of the records they use. Irresponsible disclosure of details can harm individuals, and this is unethical. Epidemiologists attempt to obtain informed consent from all people for the respect of privacy as much as they can do.

There is an increasing tendency for epidemiological studies to be sponsored by agencies with a direct interest in the association under study, for example tobacco industry. The pharmaceutical industry is now one of the major funders of drug evaluation trials. This type of funding poses enormous ethical problems for epidemiology. Researchers sponsored by industry should insist that they continue to have the right of publication.

Epidemiological studies in poor countries present particular ethical problems. Western models of science are not universally accepted and epidemiologists working in poor countries may be alienated from the populations studied. If communities do not perceive the benefits of epidemiological studies, participation will be low and the community may feel 'used' (7).

Health Education: Health education encourages all to take greater responsibility for their own health. It is a human right for a person, to have an education about healthy life styles and problems that he/she will cope with. Public health workers

should give health education in the principles of equity, beneficence and justice.

Family Planning and Reproductive Freedom: Population policies have changed from pro- to antinatalist according to the nations. These policies are sometimes clear but sometimes hidden. In a free society, public health workers have an ethical duty to consider each patient as an individual with her own unique life situation, problems, and requests - not as a 'case'. Staff members of family planning clinics have an ethical duty to offer advice and treatment, and an equally important duty not to enforce their own or official views on individuals.

Difficult questions arise when we have to balance mothers' and fetus rights. In many countries like Turkey, induced abortion up to 10 weeks is legal. Is it ethical by means of fetus rights ? Debates about maternal and fetal rights often reveal irreconcilable differences, and there is no consensus on the 'correct' ethical response.

So many philosophical and ethical questions raise about the aims of public health. The answers should be found from our hearts, beliefs and values.

The problems of public health should be solved in the principles of respect of autonomy, non-maleficence, beneficence and justice.

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