Ethics into Practice Workshop:

Drinking Water Safety in First Nations communities

Part 1: An Introduction to Public Health Ethics

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NCCPH Summer Institute 2012, Kelowna BC.

Timing

10-10:45	**An Introduction to Public Health Ethics**
10:45-11:15	*Break-out group discussions*: **Applying a framework to the Water Quality in FN Communities case**
11:15-11:30	*Group Discussion*: **Practical Public Health Ethics**

Poll: professional discretion

Scenario: You are dispatched to conduct surveillance in a disaster affected area. Several mitigation strategies are being deployed, so there is an opportunity to collect comparative effectiveness data.

Do you undertake the data collection?

Poll: research funding sources

Scenario: A food additive is found to have previously unreported or insufficiently established adverse effects. You design a study, and a manufacturer of the additive offers to provide additional funds to conduct a larger and more definitive study.

Accept or Refuse?

Poll: intervention prioritization

Scenario: Two projects vie for much of your limited budget. One promises minor health improvement for a large population. The other promises major reductions to a health disparity in a minority population.

Which project do you fund?

Public health

… frequently involves ethical dilemmas for which practitioners may **not feel well trained, skilled or prepared** to confront, and **on which they may profoundly, but reasonably, disagree**…

Public health ethics

… provides a common language (and thus perhaps more clarity) about the **goals, means, and limits of public health**, which may reduce conflicts arising from **the heterogeneous (and often conflicting) values** on which health protection, promotion and prevention rest

Today's Overarching Goal

Explore **the why and the how** of utilizing public health ethics (as a language, a tool for reflection, and a method for deliberation) to explicitly inform your research, practice and policy advocacy

Agenda

- What makes decisions “good”?
  - Insights from moral philosophy
  - Insights from political philosophy
  - Public health ethics vs clinical ethics
- A PHE framework & reflection tool
- Small group work/case discussion: a proposed study of water management in all FN communities

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What Makes a Public Health Decision "Good"? Insights from Moral Theory

- **Agents** - Virtue ethics (Aristotle)
  - Goal: Strive to flourish
  - Source: Character
- **Actions** – Deontological (Kant)
  - Goal: Fulfill duties, do no wrong
  - Source: codes of conduct & moral reasoning
- **Consequences** – Teleological (Bentham)
  - Goal: Achieve the optimal outcome
  - Source: valued outcome measures

1. The Saintly Model

- Individuals should be constantly striving to be 'virtuous' – to have a good character
- 'Virtuous' individuals make 'good' (even if imperfect) decisions and then learn from them, thus acting increasingly 'good' over time as their character evolves

The Saintly Model (Virtue Ethics)

- Individuals should be 'virtuous'
- 'Virtuous' individuals will make increasingly 'good' decisions

- Problems
  - Who defines 'virtuous' attributes? (ex. women vs. men)
  - How do we ensure that individuals are 'virtuous'?
  - "Good" people can make bad decisions

2. The Moses Model

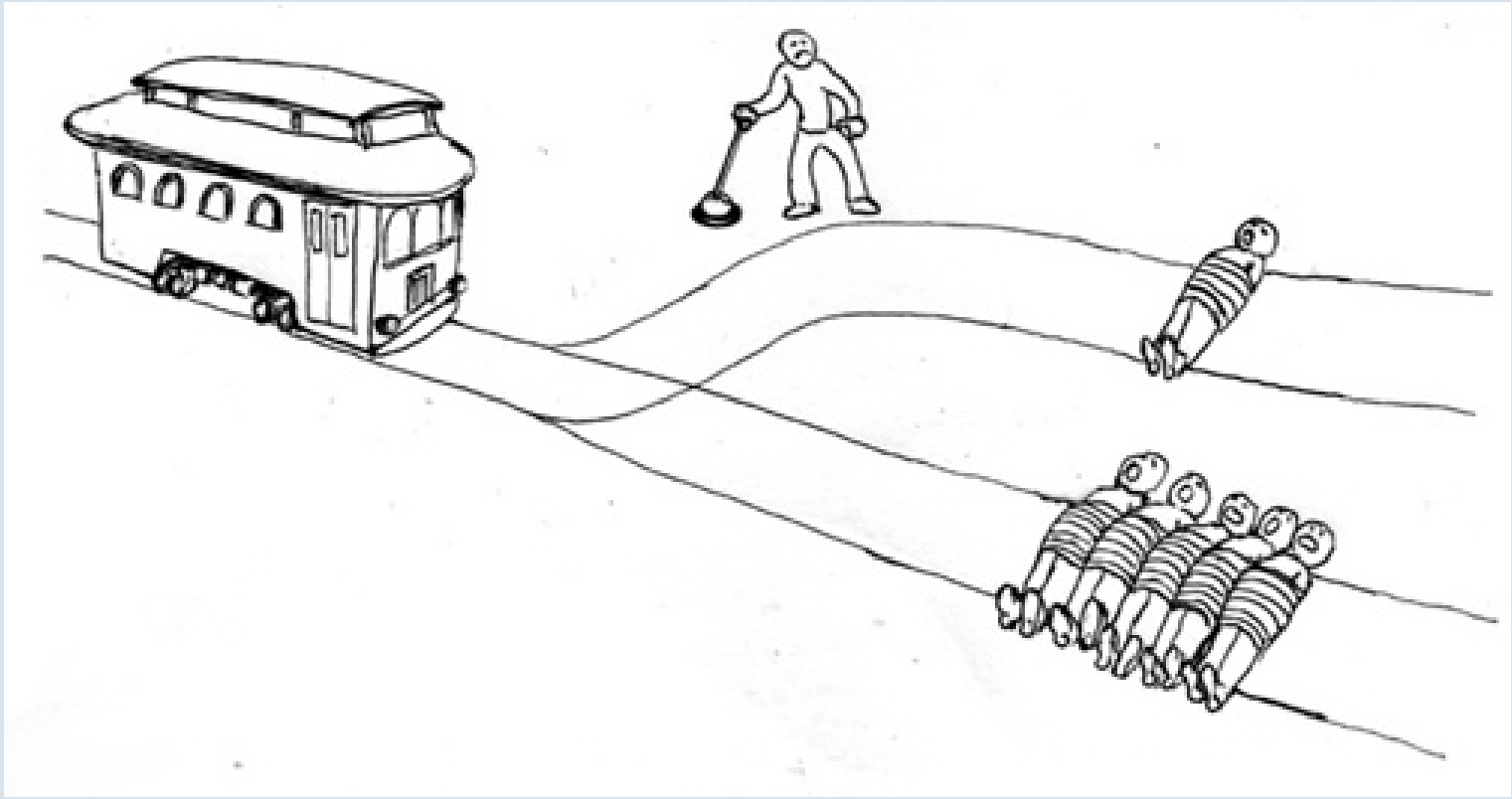
- Individuals should follow rules, which embody moral absolutes
- Decisions that follow the rules are 'good,' regardless of the outcome, circumstances, or character of the actor

The Moses Model (Deontology)

- Individuals should follow rules, which embody moral absolutes
- Decisions that follow the rules are 'good,' regardless of the outcome, circumstances, or character of the actor

- Problems
  - Who makes the rules, to whom they apply, and what to do when multiple rules/duties conflict?
  - Circumstances matter
  - Outcomes matter

3. Outcomes



The Trolley Model

- Actions should be evaluated according to their outcomes ("the ends justify the means")
- People should strive to maximize good outcomes and minimize bad ones (maximize good)

The Trolley Model (Consequentialism)

- Actions should be evaluated according to their outcomes ("the ends justify the means")
- People should strive to maximize good outcomes and minimize bad ones (maximize good)

- Problems
  - Who decides what counts as a 'good' (or 'good enough') outcome?
  - Some actions are categorically wrong
  - Outcomes (proximate & esp. distal) cannot always be predicted

Familiar?

Unfamiliar?

Questions?

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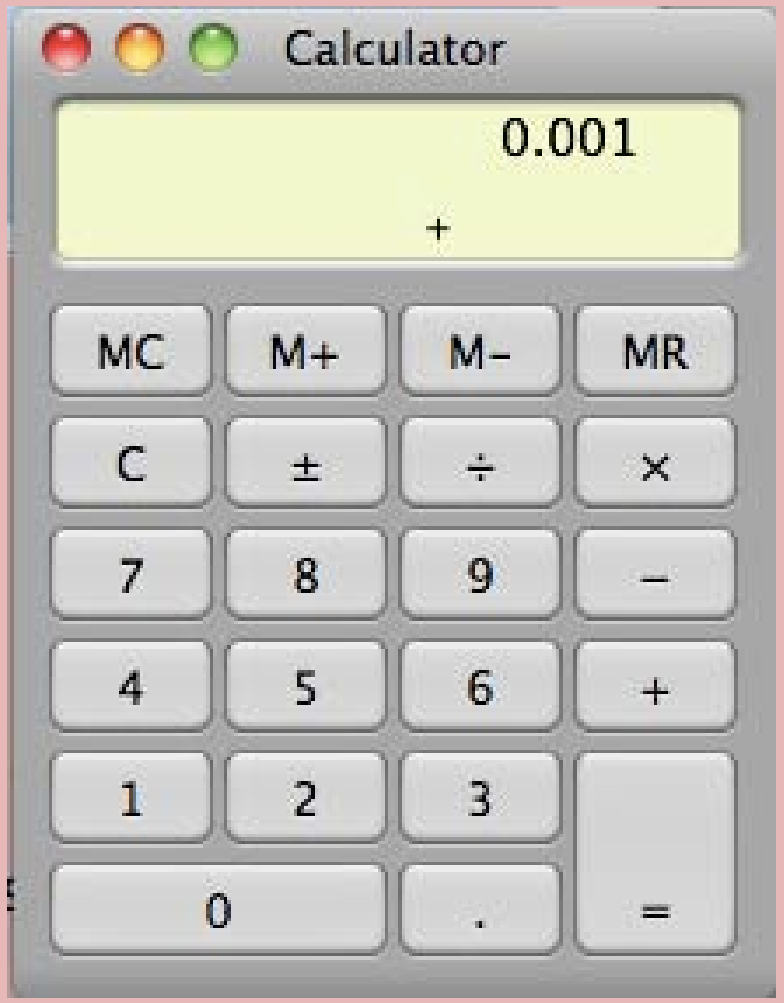
What Makes a Public Health Decision "Good"? Insights from Political Theory

- **Consequences**
  - Goal: maximize the good, minimize the bad
  - Measure: overall happiness/well-being/health
- **Fair Treatment**
  - Goal: fulfill as many state obligations to citizens as possible
  - Measure: respect for rights
- **Communities**
  - Goal: protect/promote shared values & the common good
  - Measure: enduring social cohesion/traditions/institutions

1. Consequences



1. The Calculator Model

"the greatest good for the greatest number"

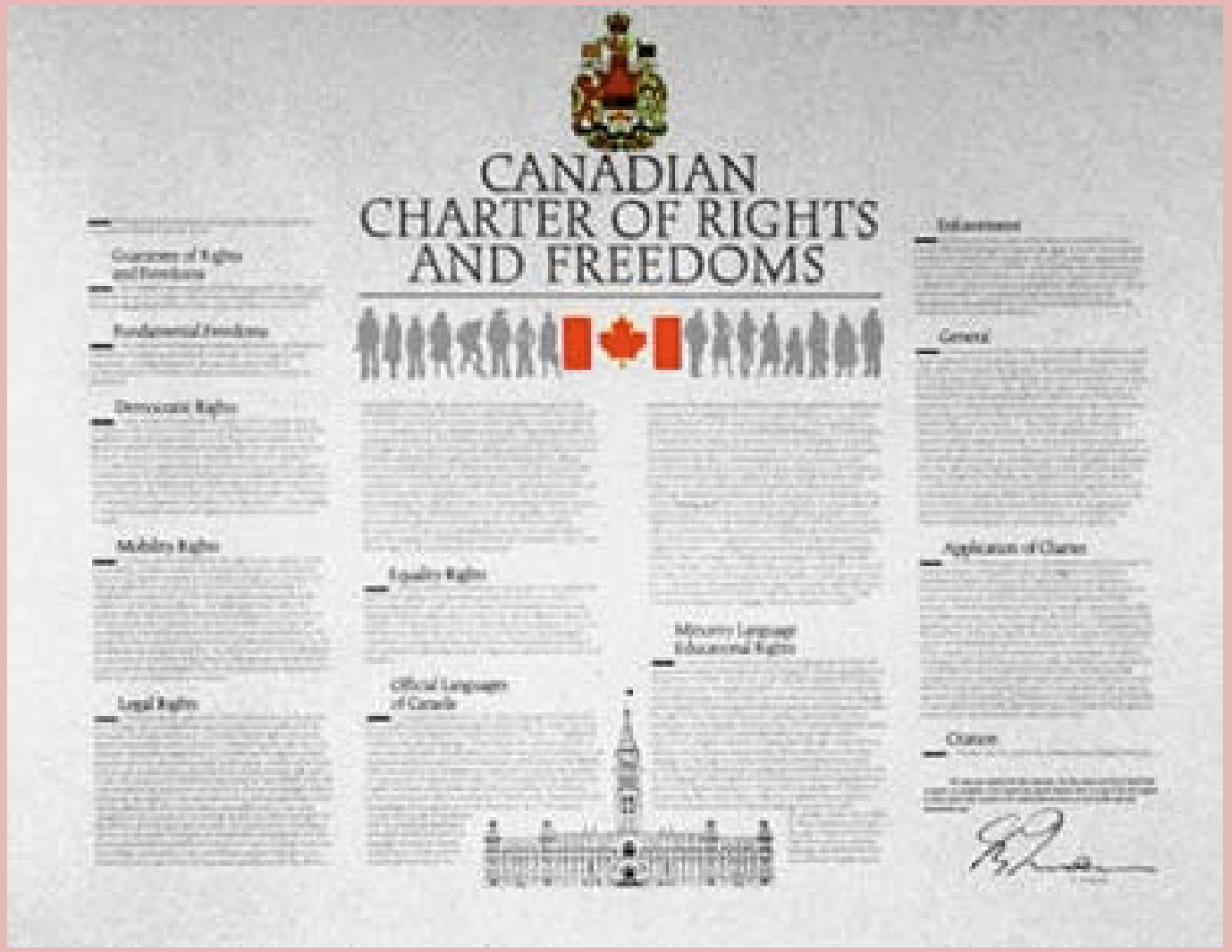
—Bentham , *The Principles of Morals and Legislation* (1789) Ch I, p 1

The Calculator Model (Utilitarianism)

- "greatest good for greatest number"

- Problems
  - Knowledge constraints: too little and too much
  - Objective or subjective well-being?
  - What about distribution? (tyranny of the majority)

2. Fair Treatment



2. The Rights Model

- The moral equality of all citizens means they have equal and inalienable rights
- Rights must be equally respected by recognition of freedoms and limitations on power

The Rights Model (Liberalism)

- Equality, The Rule of Law, Prevents ToM

- Problems
  - Rights to what? (libertarian vs egalitarian)
  - Equal opportunities or equal outcomes?
  - Assumes antagonism?
  - How meaningful if cannot exercise them?

3. Communities

3. The Communal Model

- Values/Good of community trump values/welfare of individuals
- Concepts of solidarity, ‘social networks’ , ‘social capital’, ‘citizens as experts’

The Communal Model (Communitarianism)

- Social order comes first

- Problems
  - Strong inclusion seems to require strong exclusion
  - Conservative and authoritarian bias?
  - How to prioritize when dealing with multiple overlapping communities?

Poll: who should get it when not all can?

Scenario: 25 children and 25 adults present to your remote clinic, all exposed to a lethal toxin; you have 50 antitoxin doses; children need 1 dose, adults 2.

Poll: who gets it when not all can?

1. 1 dose to all children, 2 to 12 adults?
2. 1 dose to everyone?
3. Pull names from a hat?
4. Your patients/family first?
5. Most educated?
6. Most disadvantaged?

Poll: who gets it when not all can?

1. 1 dose to all children, 2 to 12 adults? Utilitarianism
2. 1 dose to everyone? Egalitarianism
3. Pull names from a hat? Libertarian (equal opportunity)
4. Your patients/family first? Communitarian
5. Most educated?

   Social Utility
6. Most disadvantaged?

   Social Justice

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Historical Roots of Public Health

- State intervention and health paternalism
  - Authoritarian, even coercive, enforcement
  - Goals: protect common good, promote utility
- Progressive Social Reform Movements
  - Mitigate worst consequences of industrial revolution
  - Goals: protect inherent value/dignity of all, promote equity

Historical Roots of Clinical Ethics

- Post-WW2 then 1950/60's
  - concern for ethics of health research
  - critiques of medicalization
  - attention to power relations between researcher/subject, doctor/patient

- 1970/80's
  - drama of high technology medicine, beginning and end of life decisions

How is PH ethics distinct from clinical ethics?

Clinical ethics

- **Context:** fiduciary responsibility of clinician in therapeutic contract with patient, legitimized by informed consent of patient
- **Pattern of practice:** patient seeks out clinician, may accept or reject advice

Public Health ethics

- **Context:** contract is with society as a whole, legitimized by policies and law of government
- **Pattern of practice:** patient sought by PH practitioner, may not be able to refuse advice

CURE & CARE

PREVENT

Clinical Ethics vs. Public Health Ethics

Individual emphasis:

Autonomy
- right to decline care

Nonmaleficence
- do no harm

Beneficence
- seek benefit of patients

Justice
- providing equal care to all

Population emphasis:

Interdependence
- individual actions effect others

Participation/Trust
- public health decisions should include input from the public

Scientific Evidence
- reasoned interventions based on facts, not beliefs or conjecture

Recap: Multiple ethical theories & values relevant to PH

Consequentialism

- focus on the outcomes of actions

Utilitarianism

- do the greatest good for the greatest number of people

Deontology

- focus on rules, duties, or other intrinsic moral features of actions

Liberalism

- focus on rights, obligations, entitlements

Communitarianism

- focus on common values, interests and institutions

Egalitarianism

- focus on fair procedures & distribution of benefits & burdens

The core challenge from public health ethics

Recognize and make relevant the interdependence and inseparability of health, equity, autonomy and community

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WORK SHEET FOR DISCUSSION ON ETHICAL ISSUES

Adapted from ADCA, Making Values and Ethics Explicit (2007)

ETHICAL ISSUE/DILEMMA/CASE:

1(a) Whose interests are involved and who can be harmed?

1(b) Which interests, if any, are in conflict in this situation?

Interests & Vulnerabilities	*Significant*	*Moderate*	*Minimal/None*
Client/Patient/Family			
Staff member			
Agency			
Professional field			
Community/public safety			

WORK SHEET FOR DISCUSSION ON ETHICAL ISSUES

Adapted from ADCA, Making Values and Ethics Explicit (2007)

Access – ready access to services needed

Autonomy – enhance freedom of personal destiny (individual and relational)

Beneficence – help others

Compassion – embracing the common humanity

Competence – be knowledgeable and skilled

Community – encompassing collaboration, democratic participation, equity of access, diversity

Conscientious refusal – disobey illegal or unethical directive

Diligence – work hard

Discretion – respect confidentiality and privacy

Equity – equal treatment for equal needs

Fidelity – don't break promises

Gratitude – pass good along to others

Health – all people have a right to resources necessary for health

Honesty – tell the truth

Loyalty – don't abandon

Justice – be fair, distribute by merit

Non-maleficence – actively avoid harm to others (individual and social)

Obedience – obey legal and ethically permissible directives

Reciprocity – in-kind positive response towards the actions of others

Respect – prejudice free consideration of the rights, values and beliefs of all people

Restitution – make amends to persons injured

Self-improvement – be the best you can be

Self-interest – protect yourself

Stewardship – use resources judiciously

Transparency – openness in relation to the decisions affecting others and any limitations on such decisions.

Case: FN Drinking Water Study

Group discussion ≈20 mins

Plenary discussion ≈15 mins

Case: FN Drinking Water Study

- Long-standing major health issue
- Advisories for 162/600 reserve communities, 25% of which are long term (>1yr) boil orders (‘07)
- 65% have water and wastewater systems that are at high or medium overall risk
- No significant improvements since 2005 (AGC, 2011)
- GoC proposes a $30 million 2-year national survey of the drinking water quality of all FN communities

Adapted from: Shum, Atkinson & Kaposy, 2012

Case: FN Drinking Water Study

1. Complete parts 1, 2 & 3 of worksheet as if you are an advisory committee for a provincial water quality regulator.

2. Identify what goals and values are in tension by the decision to conduct an expensive survey rather than improve systems known to be of poor quality?

3. What should be told to FN communities about the survey, about how the results will be used, and about the response to a finding of particularly high risk?

Plenary Discussion

Your deliberations

1. Was the Work Sheet helpful?
2. What impact did the group discussion have on your gut or initial views/conclusions?
3. Did anything at all from the keynote make any difference at all to your analysis?

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