

*International Conference*  
**Ethical, legal and social implications of first  
medical response in disasters**  
*NMFRDisaster Project*  
Rome, 11-12 December 2008

**ETHICAL IMPLICATIONS OF  
DISASTER PREPAREDNESS AND  
FIRST RESPONSE:  
A PUBLIC HEALTH PERSPECTIVE**



*Carlo Petrini*  
*Bioethics Unit – Office of the President*  
*Istituto Superiore di Sanità*

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- **1. Public health and triage**
  - **2. Values**
  - **3. Synthesis: a try**



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- **1. Public health and triage**
  - **2. Values**
  - **3. Synthesis: a try**



# Public health and triage

## *Public health*

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Public health ethics is slow in respect of traditional bioethics

Reasons:

- Public health deals with populations, whereas bioethics deals with individuals
- Public health deals with prevention rather than treatment
- Public health objectives are long-term goals
- Decisions in public health involve institutions as opposed to individual doctors
- .....



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# Public health and triage

## *Public health*

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Public health ethics is different from traditional bioethics

“There is, I suggest, a sharp difference between the ethics which govern public health compared with those appropriate for clinical specialities”

Charlton B. G. (1993).

Public health medicine – a different kind of ethics?

*Journal of the Royal Society of Medicine*, 86 (4): 194-195



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# Public health and triage

## *Public health*

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Public health ethics is different from traditional bioethics

“The ethos of public health and that of civil liberties are radically distinct”

**Bayer R. (1991).**

**AIDS, public health and civil liberties: consensus and conflict in policy.**

**In: Reamer F. G. (ed.) *AIDS and public health*.**

**Columbia University Press, New York**



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# Public health and triage

## *Public health*

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Public health ethics is in conflict with traditional bioethics

“Those involved in the practice of public health embrace a set of values that are often, if not always, in conflict with the autonomy-centred values of those who take an individualistic (...) stance”

Bayer R, Fairchild A. L. R. (2004).  
The genesis of public health ethics.  
*Bioethics*, 18 (6): 473-492



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# Bioethics and public health ethics

## *Public health*

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Public health ethics is in conflict with traditional bioethics

“In public health the personal choices and preferences of some will be overridden by a greater concern for the well being of a whole population”

Thomas J. C. (2003).

Teaching ethics in schools of public health.

*Public Health Reports*, 118: 279-286.



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# Public health and triage

## *Public health*

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“According to the oversimplified view public health ethics is based entirely on a particular type of consequentialism; let’s call it, "health utilitarianism" ...

%

Wynia M. K. (2005).

**Oversimplifications II: public health ignores individual rights.**

*The American Journal of Bioethics*, 5 (5): 6-8



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# Public health and triage

## *Public health*

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... That is, the proper goal of public-health efforts is to advance the health of as many people as much possible.

Correct actions in public health can be determined by calculating the net health benefits to be gained by an action. If true, this would imply that individual rights can matter to public-health ethics only insofar as they affect health outcomes...”

Wynia M. K. (2005).

**Oversimplifications II: public health ignores individual rights.**

*The American Journal of Bioethics*, 5 (5): 6-8



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# Public health and triage

## *Triage*

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1918 influenza pandemic

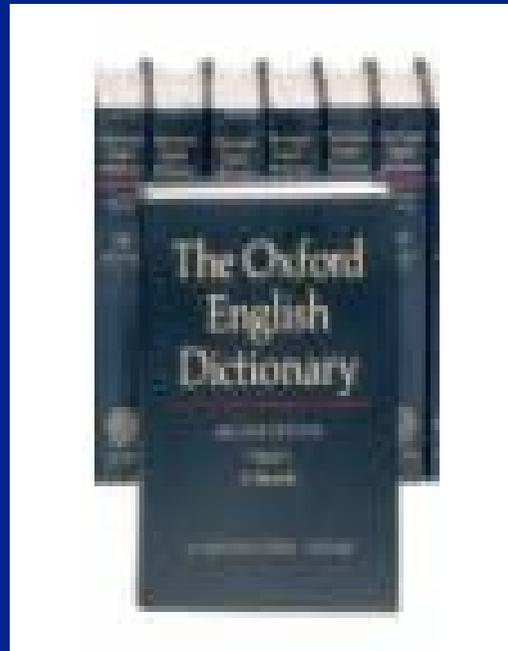


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# Public health and triage

## *Triage*

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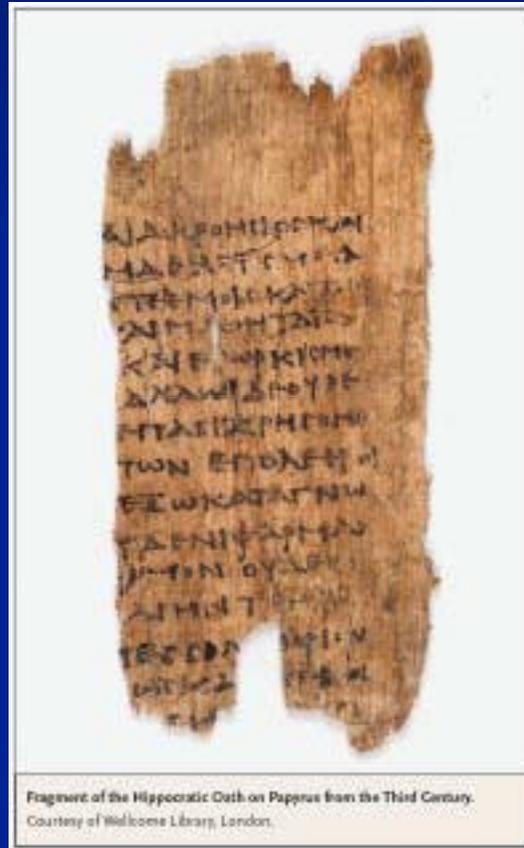
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- 1. Public health and triage
  - 2. Values
  - 3. Synthesis: a try



# Values

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Hippocratic Oath. Wellcome Library, London



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# Values

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- In public health a strictly Hippocratic ethics is not possible
- Modern ethics recognizes that a physician can take some limited risks with his or her patients for the good of others in society
- Priorities have to be chosen
- Resources are scarce and have to be allocated



# Values

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- Those victims for whom we can do the most good could be the top priority (utilitarian principle)
- Those with the greatest need could be given top priority (principle of justice)



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- 1. Public health and triage
  - 2. Values
  - 3. Synthesis: a try



# Synthesis

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- European bioethics
- Solidarity
- A broad perspective



# Synthesis

## *European bioethics*

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- **Dignity**
- **Precaution**
- **Solidarity**



# Synthesis

## *European bioethics*

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- Dignity:

“The aim of the Convention is to guarantee everyone's rights and fundamental freedoms and, in particular, their integrity and to secure the *dignity* and identity of human beings in this sphere”

European Council. Convention for the Protection of Human Rights and Dignity of the Human Being with Regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine. 1997. Explanatory Report



# Synthesis

## *European bioethics*

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- Precaution:

The precautionary principle is an action principle whereby public authorities are committed, without waiting for the progress of knowledge, to taking temporary and flexible measures to face potential health or environmental risks, in respect of which the scientific data available are insufficient, uncertain or contradictory



# Synthesis

## *Solidarity*

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- Solidarity:
  - ✓ Communal solidarity: People “have a common interest”:
    - Group solidarity
    - Moral solidarity
  - ✓ Constitutive solidarity: People “have an interest in common

Husted J. Insurance, genetics and solidarity.

In: McGleenan T, Wiesing U, Ewald F (Eds.). Genetics and Insurance.

Oxford, UK: BIOS Scientific Publishers Limited, 1999



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# Synthesis

## *Solidarity*

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- Various ways of expressing solidarity: being altruistic, sympathetic, universally benevolent, just

Häyry M. Precaution and solidarity.

*Cambridge Quarterly Healthcare Ethics* 2005;14(3):199-206.



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# Synthesis

## *European bioethics*

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- Solidarity:
  - ✓ Publius Terentius Afer (195/185–159 BC): Humanitas
  - ✓ Publius Virgilius Maro (70 – 19 BC): Pietas
  - ✓ Lucius Annaeus Seneca (c. 4 BC – 65): Simpatia
  
  - ✓ Christianity: Caritas



# Synthesis

## *Solidarity*

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- Personalism:
  - ✓ Respect for life or principle of inviolability
  - ✓ Subsidiarity and the “*minimum*” mandatory principle
  - ✓ Justice and non discrimination
  - ✓ Responsibility
  - ✓ Solidarity



# Synthesis

## *Solidarity*

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- Intervention must be necessary and effective
- Intervention should be the least restrictive alternative
- There should be procedural due process that offers persons deprived of their freedom the right to appeal
- Benefits and burdens of intervention should be fairly distributed in society
- Public health officials should make decision in an open and accountable manner (transparency)



# Synthesis Solidarity

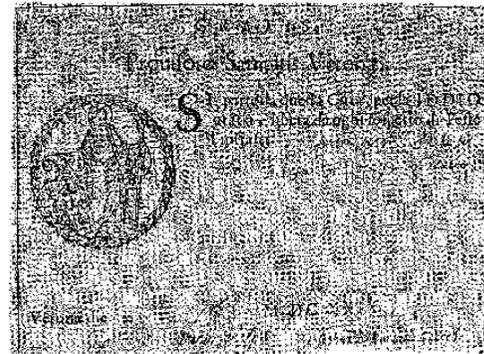


Foto di Paolo Di Faenza - L'Espresso, 1985

## la medicina dei disastri: passato, presente e futuro

### Introduzione

L'esercizio di catastrofe o "simulazione" è principalmente socio-scientifico e antropocentrico, perché un disastro naturale che non colpisce l'uomo, è sociale e frivolo, e rappresenta un semplice evento geologico o meteorologico. Piuttosto gli effetti sulla specie umana e sul suo benessere rappresentano il punto fermo e questa sembra la azione da disastri, quindi è il conflitto di un corso della civiltà e non delle civiltà che altri tra "human" e "non-human" e il cambiamento di genere è inevitabile, esso è (o) è stato, può essere, e sarà, un corso di sviluppo di tale civiltà che la civiltà è colpita. In seguito di disastri e nuove straordinarie per sopravvivere.

Nella storia per la presente sono un fenomeno recente il disastro e il disastro, che hanno maggiore impatto ed è meglio se il disastro è un disastro, e che, nella

locazione, il disastro è indifferenziato per gli anni 1980-1990.

Nella storia per la presente sono un fenomeno recente il disastro e il disastro, che hanno maggiore impatto ed è meglio se il disastro è un disastro, e che, nella

### PARTE

#### Storia della medicina dei disastri

##### 1. Disastri naturali

Nel mondo che noi viviamo, un disastro è un disastro, che ha un impatto maggiore ed è meglio se il disastro è un disastro, e che, nella

### 2. Il Volcano

Storicamente l'attività di vulcani è stata documentata in tutti i continenti, la maggior parte, infatti, è a sud (62%), negli continenti del mondo. Inoltre, l'attività è il prodotto delle eruzioni vulcaniche, causate da un magma di circa 1000°C, che si muove dall'area di 10-4, e l'attività di vulcani prima di questo periodo sono sconosciute. Si suppone, infatti, che le eruzioni vulcaniche siano distribuite in quasi 3000 anni all'anno. La prima eruzione di vulcano, quella di cui si ha notizia, quella di Piton de Necker, risale a circa 10.000 anni fa, e si suppone che sia stata la più grande eruzione vulcanica del mondo, con il suo impatto ed il suo impatto, che ha causato la morte di circa 100.000 persone.

Dopo il disastro di Piton de Necker, si suppone che siano state le più grandi eruzioni vulcaniche del mondo, con il suo impatto ed il suo impatto, che ha causato la morte di circa 100.000 persone.



Manni C, Magalini SI, Fahey M, Gunn SWA, Safar P.  
La medicina dei disastri: passato, presente e futuro.  
Dolentium Hominum, 1986;1(3):33-46

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# Synthesis

## *A broad perspective*

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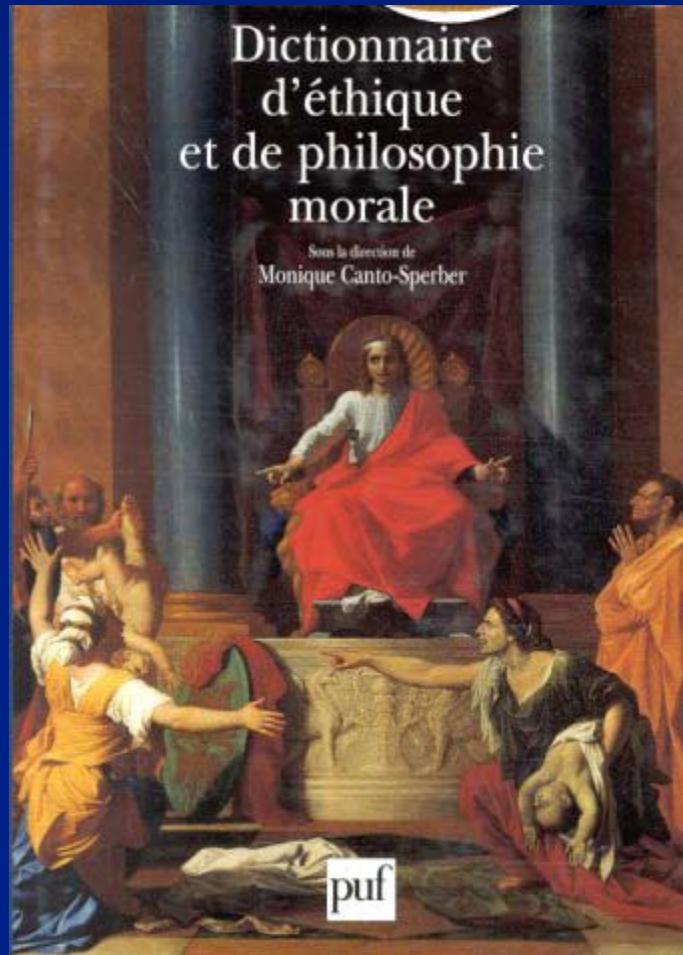
- Substantive content
- Deliberative process



# Synthesis

## *A broad perspective*

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# Synthesis

## *A broad perspective*

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# ETHICS AND PUBLIC HEALTH

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# Synthesis

## *a try*

---

- Intervention must be necessary and effective
- Intervention should be the least restrictive alternative
- There should be procedural due process that offers persons deprived of their freedom the right to appeal
- Benefits and burdens of intervention should be fairly distributed in society
- Public health officials should make decision in an open and accountable manner (transparency)

Lo B, Katz MH.

Clinical Decision Making during Public Health Emergencies: Ethical Considerations

*Ann Intern Med* 2005;143(7):493-98



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# ETHICS AND PUBLIC HEALTH

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# ETHICS AND PUBLIC HEALTH

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- **Bioethics and public health ethics**
- **Methods in public health: hints**
- **Main principles in public health ethics**
- **Operational criteria**



# ETHICS AND PUBLIC HEALTH

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- **Bioethics and public health ethics**
- **Main principles in public health ethics**
- **Operational criteria**



# ETHICS AND PUBLIC HEALTH

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“Where’s the public in the public health ethics?”

**Horner J. S. (1992). Medical ethics and public health.  
*Public Health*, 106 (3): 185-192**



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# ETHICS AND PUBLIC HEALTH

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- “Why is preventive medicine exempted from ethical constraints?”<sup>1</sup>
- “One of the best-kept secrets on the (...) intellectual scene has been public health ethics”<sup>2</sup>

1. Skrabanek P. (1990). Why is preventive medicine exempted from ethical constraints?  
*Journal of Medical Ethics*, 16 (4): 187-190

2. Weed D. L. (2004). Precaution, prevention, and public health ethics.  
*Journal of Medicine and Philosophy*, 29 (3): 313-332



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# ETHICS AND PUBLIC HEALTH

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Society is now demanding explicit attention to public health ethics. This demand arises from:

- Technological advances
- New challenges to health
- Abuses of power
- Increasingly pluralistic society



# Bioethics and public health ethics

## 4. *Oversimplifications*

---

... I will not address here all the merits or problems of such moral theory for public health, but will note that is commonly evoked”

%

Wynia M. K. (2005).

**Oversimplifications II: public health ignores individual rights.**

*The American Journal of Bioethics*, 5 (5): 6-8



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# Bioethics and public health ethics

## 4. *Oversimplifications*

---

... But the conflicts that arise when attempting to actually implement this oversimplified version of public health ethics are stark reminders of its inadequacy for practice...

%

Wynia M. K. (2005).

**Oversimplifications II: public health ignores individual rights.**

*The American Journal of Bioethics*, 5 (5): 6-8



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# Bioethics and public health ethics

## 5. Meeting

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... There is strong evidence that attention to human rights is critical to good community health, as well as individual health”

Wynia M. K. (2005).

**Oversimplifications II: public health ignores individual rights.**

*The American Journal of Bioethics*, 5 (5): 6-8



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# Bioethics and public health ethics

## 5. Meeting

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“Dual obligations of public health professionals to acquire and apply scientific knowledge aimed at restoring and protecting the public’s health while respecting individual rights”

Coughlin S. S. (1996).

Model curricula in public health ethics.

*American Journal of Preventive Medicine*, 12 (4): 247-251



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# Bioethics and public health ethics

## 5. Meeting

“Our view of the ethical basis for public health stems from knowledge of the pervasive effect of the environmental and socioeconomic circumstances that constrain the decisions individuals make about health. This position affirms the positive obligations by governments and communities to protect and improve the health of all their citizens and is based on the assumption that all lives are of equal worth”

**Beagelhole R. (2004).**

**Public health in the new era: improving health through collective action.**

***Lancet*, 328 (7454): 2084-2086**



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# Bioethics and public health ethics

## 5. Meeting

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“Bioethicists are pretty good at comparing, contrasting, and mediating between competing deontological and consequentialist moral theories, which is exactly the tension physicians and public-health practitioners are called upon to mediate in their social roles”

Wynia M. K. (2005).

**Oversimplifications II: public health ignores individual rights.**

*The American Journal of Bioethics*, 5 (5): 6-8



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# ETHICS AND PUBLIC HEALTH

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- **Bioethics and public health ethics**
- **Methods in public health: hints**
- **Main principles in public health ethics**
- **Operational criteria**



# PUBLIC HEALTH: Methods

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## “Evidence-base policy making”

“Rigorous approach that gathers, critically appraises and uses high quality research evidence to inform policy making and profession practice”

Davies P. (2004). Is evidence-based government possible? Jerry Lee Lecture. 4th Annual Campbell Collaboration Colloquium. Washington, DC, 19 feb. 2004



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# PUBLIC HEALTH: Methods

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## “Evidence-base policy making”

Underlying assumption:

Good data



Better decisions



Enhanced population health

*The assumption has been justifiably questioned: no necessary linear sequence exists*



AbouZahr C., Adjei S. (2004).  
From data to policy: good practices and cautionary tales.  
*The Lancet*, 369 (9566): 1039-1046.

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# PUBLIC HEALTH: Methods

## “Evidence-base policy making”



AbouZahr C., Adjei S. (2004).

From data to policy: good practices and cautionary tales.

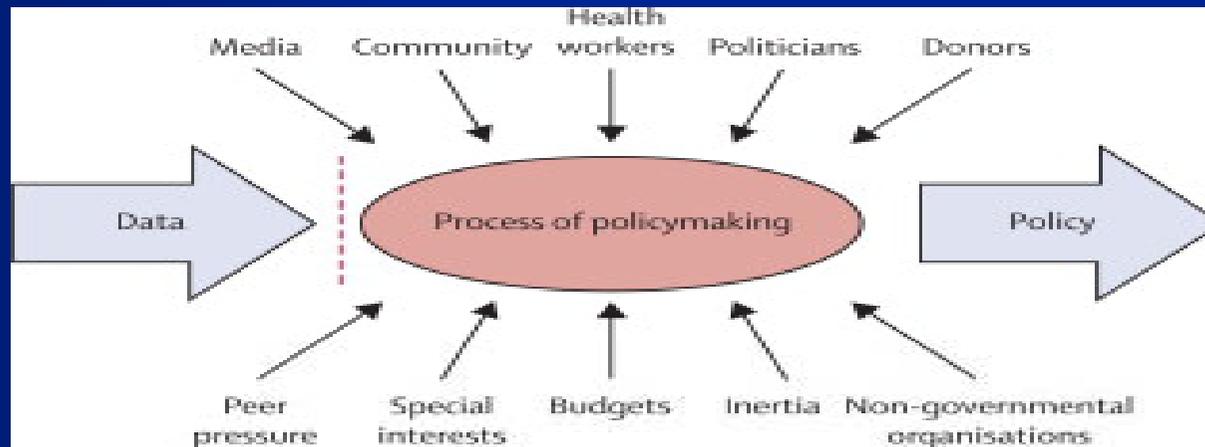
*The Lancet*, 369 (9566): 1039-1046.



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# PUBLIC HEALTH: Methods

## “Evidence-base policy making”



AbouZahr C., Adjei S. (2004).

From data to policy: good practices and cautionary tales.

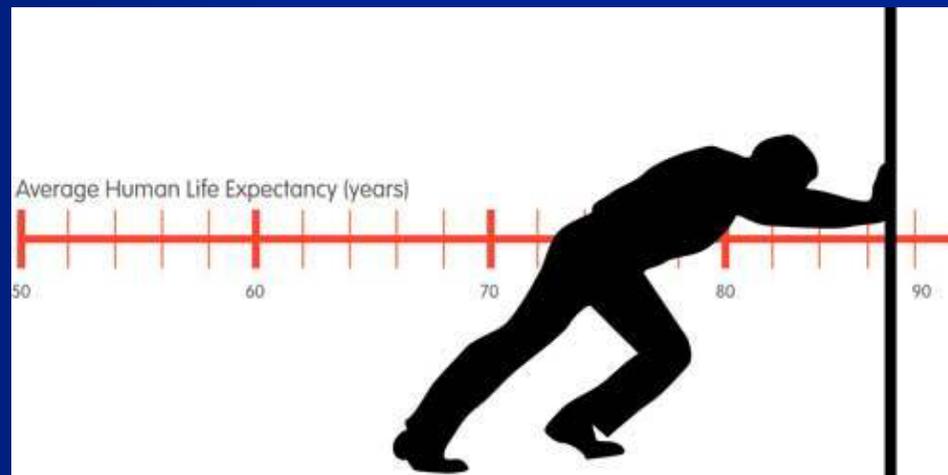
*The Lancet*, 369 (9566): 1039-1046.



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# PUBLIC HEALTH: Methods

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# ETHICS AND PUBLIC HEALTH

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# Bioethics and public health ethics

## *Bad science, bad ethics*



# Principles

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- **Autonomy**
- **Beneficence/  
nonmaleficence**
- **Justice**



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# Principles

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- **Dignity**
- **Precaution**
- **Solidarity**



# Principles *Precaution*

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The precautionary principle “coincides with bioethics”, being the first pillar of “collective ethics”

Comitato Nazionale per la Bioetica  
(2004)

Il principio di precauzione: profili bioetici, filosofici, giuridici  
p. 17



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# Principles *Precaution*

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“We take as a starting point the centrality of the precautionary principle for the ethics of public health”

Gostin L. O., Bayer R., Fairchild A. L. (2003).

Ethical and legal challenges posed by Severe Acute Respiratory Syndrome.

*JAMA*, 290 (24): 3229-3237



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# Principles

## *Precaution... and other principles*

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Ethical values:

- Precaution
- Least intrusive/restrictive alternative
- Justice
- Transparency

Gostin L. O., Bayer R., Fairchild Amy L. (2003)

Ethical and legal challenges posed by Severe Acute Respiratory Syndrome.

*JAMA*, 290 (24): 3229-3237



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# Public health is *morally* right because it aspires to...

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- Promote human well-being by scientifically calculated interventions (Bentham)
- Promote people's sense of rational duty towards themselves and others (Kant)
- Promote good and virtuous lives in a just society (Aristotle)
- Promote human freedom from disease and premature death (Liberalism)
- Promote collective good by promoting and enhancing the individual good (Personalism)
- ...



# Public health is *politically* right because it aspires to...

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- Promote equality and equity among people from diverse backgrounds (Egalitarianism)
- Promote solidarity between individuals and nations (Socialism)
- Promote fellow feeling between members of “natural” associations (Communitarianism)
- ....

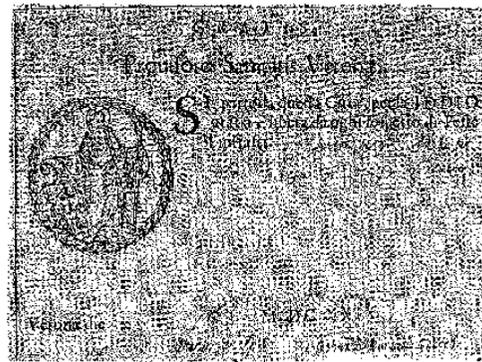


# Words that define three major ethicopolitical approaches to all public activities

Welfare Liberalism	Traditional communitarianism	Radical libertarianism
autonomy	integrity	liberty
non-maleficence	vulnerability	harm avoidance
beneficence	welfare	general happiness
justice	solidarity	non-violation of rights
efficiency	subsidiarity	non-intervention
privacy	modesty	individual sphere
consent	legitimacy	voluntariness
confidentiality	data sharing	control over self
safety	precaution	harm prevention or risk control
public interest	social democracy	control
transparency	administrative	other people's interests
trust	competence	non-interference
ownership	confidence	scepticism
openness	citizenship	contract and
equality	honesty	compensation
	Respect	right to ignorance
		earned entitlement



# Pontifical Council for Health Pastoral Care



## la medicina dei disastri: passato, presente e futuro

Introduzione  
L'evento di catastrofe o «catastrofe» è principalmente socio-sentico e antropocentrico, perché un disastro naturale che non colpisce l'uomo, è innocuo e frivolo, sopravvive solo perché è sottoposto a un'indagine. Prima di gli effetti e alla spinta umana e nel suo benessere «rappresentano il punto frenante e questa nostra reazione. Un disastro, quindi, è il risultato di un evento nella tecnologia delle relazioni tra l'uomo e il suo ambiente, in genere a imprevisto evento tecnologico, può essere causato, oca nel caso della società, di tale modo, che la comunità colpita, ha bisogno di sforzi e risorse straordinarie per combatterlo.

«Una guerra parte presente verso un futuro» (Giovanni di S. Agostino) è il modo di dire che, in passato, con accenti di alta retorica, che abbiamo maggiore importanza e il sviluppo del Piano mondiale della «vitalità», e che, nella

loro sviluppo, fino a l'attuazione della legge del 1988 (1988).

Nella sua storia, la medicina ha risposto alle esigenze della società moderna e indifferente i primi più orientamenti nello sviluppo di medicina. Il primo campo specialistico sanitario è stato la Medicina dei Disastri.

### I FATTI

Storia della medicina dei disastri

#### 1. Disastri naturali

«Nel momento che noi e noi, in un dato spazio, gli aspetti al cambio del 1989, politica, non orientano allo sviluppo tecnologico, specialmente nel campo del disastri, «molti disastri sono già ai confini» (1) con molti altri, «volumi di disastri naturali». In questi 20 anni, disastri e, soprattutto, in modo tempestivo è l'azione vulcanica.

Studi di sanità di Ferrara 1  
Autunno 1978

#### 1.1. Il Vesuvio

Storicamente l'attività vulcanica è durata circa 10.000 anni, con ben 10.000 vulcani, la maggior parte, infatti, è in attività (62%). In ogni continente del nostro mondo, l'attività è in corso, con le eruzioni vulcaniche. La storia di un'eruzione vulcanica dura da 100.000 persone dall'anno 2000 a 16 d. e l'attività di mortalità prima di questo periodo «non numerabile». Supponiamo, quindi, che le eruzioni vulcaniche siano determinate da quasi 1000 anni di attività. La prima eruzione da vulcano della quale si ha notizia, quella di Piton il 26 d. c., è stata durante l'evento del Vesuvio del 79 d. c. Secondo i più forti, lo storico con il Pausanias ed Erodoto, siamo a sud di Napoli, furono distrutte da una cascata di eruzione.

«Più è il numero di disastri, più è l'importanza di disastri naturali e, come, da un'altro lato, sono stati altri volte «molti». Mentre



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# ETHICS AND PUBLIC HEALTH

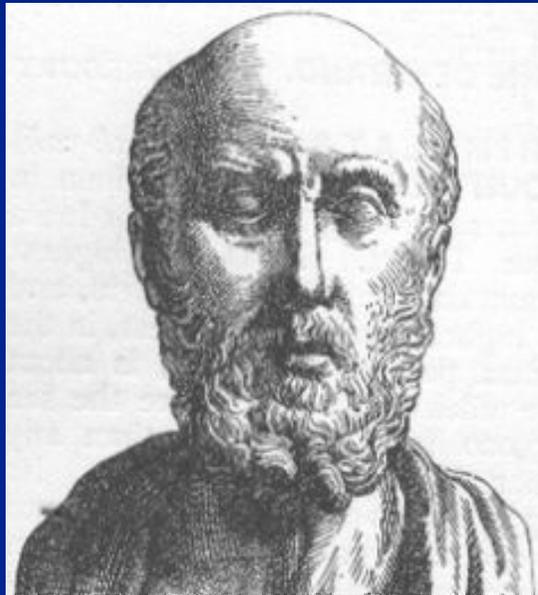
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- **Bioethics and public health ethics**
- **Methods in public health: hints**
- **Main principles in public health ethics**
- **Operational criteria**



# Code of ethics

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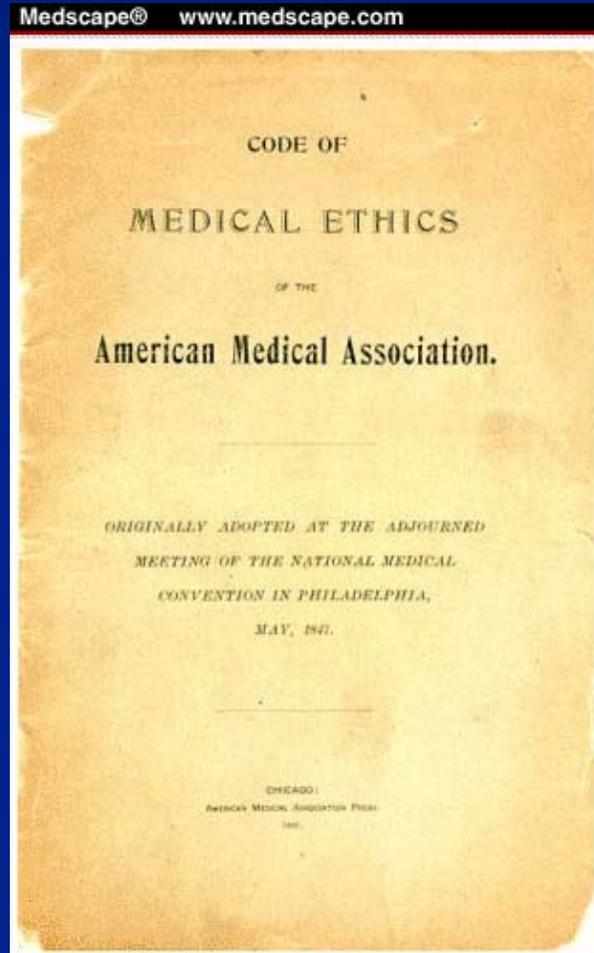


*Hippocrates*



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# Code of ethics



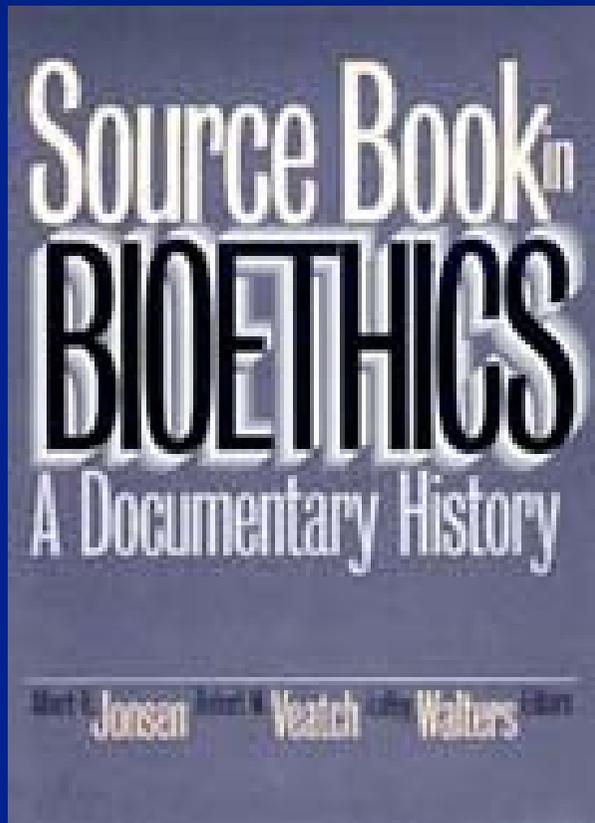
*American Medical Association, 1847*

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# Code of ethics

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# Code of ethics

## *APHA (2004). Public Health Code of Ethics*

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- 1) Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes
- 2) Public health should achieve community health in a way that respects the rights of individuals in the community
- 3) Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members



# Code of ethics

## *APHA (2004). Public Health Code of Ethics*

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- 4) Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all
- 5) Public health should seek the information needed to implement effective policies and programs that protect and promote health
- 6) Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation



# Code of ethics

## *APHA (2004). Public Health Code of Ethics*

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- 7) Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public
- 8) Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community
- 9) Public health programs and policies should be implemented in a manner that most enhances the physical and social environment



# Code of ethics

## *APHA (2004). Public Health Code of Ethics*

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- 10) Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others
- 11) Public health institutions should ensure the professional competence of their employees
- 12) Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness



# Criteria

## *Checklist, 1*

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Regardless of the ethical theories taken as reference, the relevant moral considerations include:

1. Producing benefits
2. Avoiding, preventing, and removing harms
3. Producing the maximal balance of benefits over harms and other costs (often called utility)

Childress J. F., Faden R. R., Gaare R. D., Gostin L. O., Kahn J., Bonnie R. J., Kass N. E., Mastroianni A. C., Moreno J. D., Nieburg P. (2002).

Public health ethics: mapping the terrain.

*The Journal of Law, Medicine & Ethics*, 30 (2): 170-178.



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# Criteria

## *Checklist, 1*

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... the relevant moral considerations include:

4. Distributing benefits and burdens fairly (distributive justice) and ensuring public participation including the participation of affected parties (procedural justice)
5. Respecting autonomous choices and actions, including liberty of action

Childress J. F., Faden R. R., Gaare R. D., Gostin L. O., Kahn J., Bonnie R. J., Kass N. E., Mastroianni A. C., Moreno J. D., Nieburg P. (2002).

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*The Journal of Law, Medicine & Ethics*, 30 (2): 170-178.



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# Criteria

## *Checklist, 1*

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...the relevant moral considerations include:

6. Protecting privacy and confidentiality
7. Keeping promises and commitments

Childress J. F., Faden R. R., Gaare R. D., Gostin L. O., Kahn J., Bonnie R. J., Kass N. E., Mastroianni A. C., Moreno J. D., Nieburg P. (2002).

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# Criteria

## *Checklist, 1*

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... the relevant moral considerations include:

8. Disclosing information well as speaking honestly and truthfully (often grouped under transparency)
9. Building and maintaining trust

Childress J. F., Faden R. R., Gaare R. D., Gostin L. O., Kahn J., Bonnie R. J., Kass N. E., Mastroianni A. C., Moreno J. D., Nieburg P. (2002).

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# Criteria

## *Violation of individual rights: acceptable?*

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Conditions intended to help **determine whether promoting public health warrants overriding such values** as individual liberty or justice in particular cases:

1. Effectiveness
2. Proportionality
3. Necessity
4. Least infringement
5. Public justification

Childress J. F., Faden R. R., Gaare R. D., Gostin L. O., Kahn J., Bonnie R. J., Kass N. E., Mastroianni A. C., Moreno J. D., Nieburg P. (2002). Public health ethics: mapping the terrain. *The Journal of Law, Medicine & Ethics*, 30 (2): 170-178



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# Criteria

## *Violation of individual rights: acceptable?*

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Coercive measures, which violate individual rights, are acceptable when:

- The risk to public health is demonstrable
- The intervention is likely to be effective, cost-effective, not overly invasive, fairly distributed
- The process for pursuing intervention is just and publicly transparent

Gostin L. O., Bayer R., Fairchild Amy L. (2003)  
Ethical and legal challenges posed by Severe Acute Respiratory Syndrome.  
*JAMA*, 290 (24): 3229-3237



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# Criteria

## *Checklist, 2*

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1. What are the public health goals of the proposed program?
2. How effective is the program in achieving its stated goals?

Kass N. E. (2001). An ethics framework for public health.  
*American Journal of Public Health*, 91 (11): 1776-1782



# Criteria

## *Checklist, 2*

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3. What are the known or potential burdens of the program?
4. Can burdens be minimized? Are there alternative approaches?

Kass N. E. (2001). An ethics framework for public health.  
*American Journal of Public Health*, 91 (11): 1776-1782



# Criteria

## *Checklist, 2*

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5. Is the program implemented fairly?
6. How can the benefits and burdens of a program be fairly balanced?

Kass N. E. (2001). An ethics framework for public health.  
*American Journal of Public Health*, 91 (11): 1776-1782



# Criteria

## *Research and routine practice*

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- Ethics committee / institutional review board
- Informed consent



# Criteria

## *Research and routine practice*

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“Surveillance is not research. Public health surveillance is essentially descriptive in nature. It describes the occurrence of injury or disease and its determinants in the population. It also leads to public health action. Research, in the contrast, is experimental in design, aimed at testing a hypothesis by comparing and contrasting groups”

World Bank (2002)

Public health surveillance toolkit



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# Criteria

## *Research and routine practice*

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Coughlin S. S. (2006)

Ethical issues in epidemiologic research and public health practice

*Emerging Themes in Epidemiology*, 3 (16)

doi:10.1186/1742-7622-3-16



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# Criteria

## *Research and routine practice*

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**Centers for Disease Control and Prevention (1999)**

**Guidelines for defining public health research and public health non-research**

**[www.cdc.gov/od/ads/opspoll1.htm](http://www.cdc.gov/od/ads/opspoll1.htm)**



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# Research in public health

## Operational research

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Operational (or operations) research has its own societies, journals, conferences, terminology and conventions



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# Research in public health

## Operational research

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“Operational research (O.R.) is the discipline of applying advanced analytical methods to help make better decisions.

By using techniques such as mathematical modelling to analyse complex situations, operational research gives executives the power to make more effective decisions and build more productive systems based on:

- More complete data
- Consideration of all available options
- Careful predictions of outcomes and estimates of risk
- The latest decision tools and techniques”

The Operational Research Society

What operational research is

[www.orsoc.org.uk](http://www.orsoc.org.uk)



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# Research in public health

## Operational research

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Balasegaram M., Harris S., Checchi F., Hamel C., Karunakara U. (2006). Treatment outcomes and risk factors for relapse in patients with early-stage human African trypanosomiasis (HAT) in the Republic of Congo. *Bulletin of the World Health Organization*, 84 (10): 777-782.

Balasegaram M., Harris S., Checchi F., Ghorshian S., Hamel C., Karunakara U. (2006). Melasoprol versus eflornithine for treating long-stage Gambian trypanosomiasis in the Republic of the Congo. *Bulletin of the World Health Organization*, 84 (10): 783-791.



# Research in public health

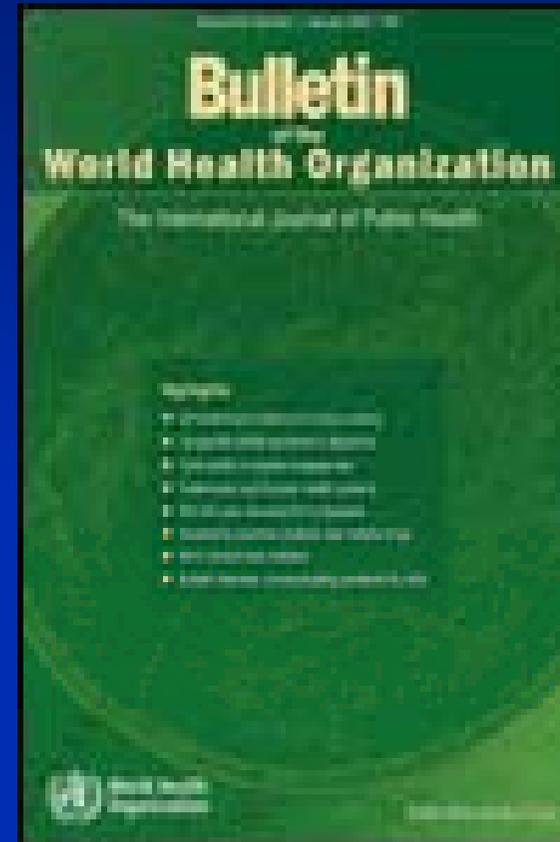
## Operational research

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Gollogly L. (2006).

Ethical approval for operational  
research.

*Bulletin of the World Health  
Organization, 84 (10): 766*



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# Some words that make a difference

autonomy - non-maleficence – beneficence – justice – efficiency – privacy – consent – confidentiality – safety – public interest – transparency – trust – ownership – openness – equality

worth – vulnerability – welfare – solidarity – subsidiarity – modesty – legitimacy – data sharing – precaution – social democracy – admin efficiency – confidence – citizenship – honesty – respect

liberty – harm avoidance – general happiness – non-violation of rights – non-intervention – individual sphere – voluntariness – control over self – harm prevention and risk control – other people's interests – non-interference – scepticism – contract and compensation – right to ignorance – earned entitlement



*(M. Häyry)*

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# Bioethics and public health ethics

## *Shared values*

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- Preventing damage and promoting benefits with a view to the individual in context
- Justice in distribution and exchange activities, in particular as regards the equal distribution of risks and benefits
- Involving the general public in decision-making



# Bioethics and public health ethics

## *Shared values*

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- Promoting relationships based on trust, encouraging transparent procedures as well as consistency between commitments made and actions carried out
- Common recognition of human rights
- Promoting the good of each individual in order to achieve the common good



# Bioethics and public health ethics

*Public health is an art, but it should also be a science*

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“Learn to separate assumptions from hypotheses. Subjective beliefs dressed up as facts are as likely to be found among those who think of themselves as scientists as among the laity. Transparency, openness, and a willingness to listen to other views of the world go both ways”

Lewin L. (2007). Public health is an art, but it should also be a science.  
*Journal of Epidemiology and Community Health*, 61 (5): 373



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# Ten statements

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1. Future public health can only be achieved if the whole society invests in it: building partnership is essential here

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461



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# Ten statements

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2. The long term benefits of public health should be taken seriously by policymakers

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461



# Ten statements

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## 3. Public health should form an integral part of the political agenda in all fields

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461



# Ten statements

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## 4. Public health policy should be based on assets rather than disease

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461



# Ten statements

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## 5. Research remains a solid basis for the development of public health practice and policy

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461



# Ten statements

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## 6. Research should focus on the needs of policy and practice

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461



# Ten statements

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## 7. Research should learn how to interact with politicians and practitioners

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461



# Ten statements

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## 8. Innovative ways to promote health should be encouraged

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461



# Ten statements

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## 9. The future public health practice: think globally, act locally

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461



# Ten statements

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## 10. [Scientific associations] can do a lot

Ricciardi W. (2006). Ten statements on the future of public health in Europe.

*European Journal of Public Health*, 16 (5): 458-459

Donaldson L. (2006). The future of public health in Europe.

*European Journal of Public Health*, 16 (5): 459-461





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