

# Ethics in health promotion – reflections in practice

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## Introduction

Health promotion by its nature raises ethical dilemmas<sup>1</sup> because of different positions as to the purpose of health promotion and the subsequent strategies to achieve its aims. For example, the purpose of health promotion can be seen as the prevention of mortality and morbidity in the population, or as an enabling strategy to help people take control over their health or the conditions that have an impact on their health.

The topic of ethical practice in health promotion demands a critical analysis that includes the historical, social and political perspectives that underpin ethics; and the often incompatible, imprecise and rarely debated ethical principles that underlie health promotion practice<sup>2,3</sup> and pose dilemmas in practice.<sup>4</sup> For example, there is tension between ecological approaches to health promotion and those that focus on an individual's lifestyle 'choices'. Furthermore, health promotion ends are largely sought after as if they are an unequivocal 'good'.<sup>1</sup> The need for such debates is growing<sup>1,2,5-7</sup> as the ethical foundation of public health has been assumed rather than clearly identified.<sup>8,9</sup>

This paper does not analyse the arguments regarding the desirability of health promotion per se; rather, we presuppose that it is beneficial and explore how health promotion professionals can practice ethically.

The values underlying health promotion practice need to be made explicit because of their effect on practice<sup>10</sup> and, therefore, people's lives. The ethics of health promotion entail the diligent analysis of the mandate of health promoters and the validation of any choices made.<sup>11</sup> If health promoters are cognisant of some of the key ethical positions, then they are in a better position to clarify and justify their own ethical perspectives and make informed and reflective decisions about complex issues.

To facilitate clarity, some of the concepts need to be defined. 'Ethics' is the study of what is right or good and incorporates a variety of concepts such as duty, virtue and liberty.<sup>11,12</sup> 'Values' are the acknowledged standards or principles of an individual or a community,<sup>13</sup> and 'morals' are standards of behaviour or principles of right and wrong.<sup>14</sup> For some, 'health' is "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity...".<sup>15</sup> For others it is "the social, emotional, and cultural well-being of the whole community..." (p. x).<sup>16</sup> In addition, lay definitions of health may differ substantially from professional definitions and this, in itself, might produce an ethical dilemma. Health promotion sometimes functions on the basis that health is an objective state that practitioners must produce in as much of the population as possible.<sup>17</sup> This is problematic, as judging from

## Abstract

Health promotion practitioners should be able to identify ethical dilemmas that are relevant to their practice and understand how to preclude and/or address such problems. This paper explores some of the broad ethical issues in health promotion practice; summarises some of the principles that require consideration; and outlines some of the recently developed ethical frameworks for public health and health promotion practice. Health promoters are encouraged to reflect not only on the consequences of their actions, but also their philosophical and ethical foundations.

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## So what?

It is crucial that health promotion practitioners scrutinise 'codes of ethics' with regard to their practice to guide their decision making and facilitate transparency. Clarity in the values underlying health promotion initiatives is essential to help in decisions about whether and how such initiatives should be undertaken. Ultimately, practitioners need to ensure that interventions achieve positive health outcomes while avoiding, as far as possible, damage to the other things people value, such as community networks and autonomy.

the range of definitions health is a subjective concept based on each individual's, or group's, idea of what is a good life. Additionally, 'health' is based on an individual's understanding and interpretation.<sup>18</sup>

Because there is little consensus on what constitutes the ethical foundations of health promotion, this paper describes some of the ethical issues to be considered when planning and undertaking health promotion programs. Notwithstanding the range of opinions regarding health promotion's relationship to public health, for the purposes of this discussion we take the position that health promotion comes within the purview of public health.

## Ethical perspectives

Ethical arguments may be classified into two main categories: rule-based or deontological, and consequence-based.<sup>19</sup> Deontology (associated with Kant) is a philosophy that regards duty to be the foundation of morality, that is, some actions are obligatory regardless of their consequences.<sup>19</sup> In deontology, people's intent takes priority over what is accomplished, and that intent is based on an intuitive sense of duty and universal justice.<sup>20</sup> For example, the National Health and Medical Research Council's *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* articulate the 'duties or obligations' of the researchers to respect communities' values and integrity when undertaking research.<sup>21</sup> That is, the process is as important as the outcome.

The other main paradigm in the ethical discourse is consequence-based ethics; that is, the consequences of an action determine whether it is desirable.<sup>19</sup> One form of consequentialist ethics is utilitarianism (J. Bentham and J. S. Mill), which emphasises 'the greatest good for the greatest number'. This framework proposes that all action should be directed towards achieving the greatest benefit for the greatest number of people. Such a philosophy guides much of public health practice; for example, the fluoridation of water supplies and tobacco legislation; in other words, that the means justify the public health ends (outcomes).

Beauchamp and Childress (1979) developed a useful framework for the analysis of the relationship between ethics and health care, predicated on the four principles of bioethics; these are justice, autonomy, beneficence and non-maleficence.<sup>22</sup> Autonomy is the respect for persons and individual rights, beneficence is doing good and optimising benefits over burdens, non-maleficence is refraining from doing harm, and justice is the requirement that benefits and burdens should be equally distributed.<sup>22</sup>

Such bioethical frameworks have contributed to the development of public health ethical guidelines; however, the ethics of public health are a discrete discipline, limiting the

application of bioethical frameworks to public health, and thus health promotion, practice.<sup>5,6,9,23</sup> There are important differences between medicine and health promotion; medicine generally focuses on individuals, while public health emphasises the prevention of ill-health in populations.<sup>6,9</sup> Public health also encompasses human rights, law and political philosophy.<sup>24</sup> The fundamental values of public health often necessitate giving priority to the needs of the population over those of the individual.<sup>25</sup> However, bioethical principles can still be useful for both illuminating ethical conflicts and providing a framework for their resolution.

Other ethical frameworks included in the public health discourse include liberalism and communitarianism.<sup>2</sup> Liberalism is a "philosophy emphasising the freedom of the individual, democratic government ... and the protection of civil liberties".<sup>26</sup> Liberalism has at its core the notion of 'rights'; and the 'right' to health underpins seminal public health and health promotion documents. One such publication is the Alma-Ata Declaration,<sup>27</sup> which declares that "health is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal ...".

Communitarianism is a moral and political philosophy based on the extension and preservation of community.<sup>2</sup> Communitarianism highlights social connectedness,<sup>7</sup> has a concern for the common 'good' in society and an implicit sharing of agreed-upon norms and values. Such a philosophy entails restricting the autonomy of the individual for the sake of the community.<sup>6</sup> For example, legislation on smoking in public places restricts an individual's 'right' to choose to smoke in order to protect the health of the group.

In recent years, there has emerged an increasing discourse on whether public health and health promotion need a formal code of ethics, and if so what should it comprise.<sup>23</sup> Many people from diverse fields, holding a multiplicity of views, are involved in health promotion and they need to find some common ground.<sup>9</sup> Several frameworks for developing codes of ethics have been advanced; the three examples highlighted here have been chosen because between them they cover a wide range of ethical precepts.

## Formal codes of ethics

In 2002, the American Public Health Association formally adopted a code of ethics for public health practice.<sup>9</sup> Twelve principles were outlined:

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.

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.
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.
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.<sup>8</sup>

This framework emphasises the significance of the complex connections between people. Such relationships are the core of community and underpin several ethical principles.<sup>8</sup>

Kass<sup>5</sup> proposed a six-part ethics framework:

- What are the public health goals of the proposed program, that is, framed in terms of the ultimate goals of reducing morbidity and mortality, rather than proximate goals of, for example, changing behaviour.
- How effective is the program in achieving its stated goals, that is, whether the program ultimately lowers morbidity and mortality.
- What are the known or potential burdens of the program; these include risks to privacy and confidentiality, risks to liberty and autonomy, and risks to justice.
- Can burdens be minimised? Are there alternate approaches?
- Is the program implemented fairly?

- How can the benefits and burdens of a program be fairly distributed?<sup>5</sup>

A third example of an ethical code is the *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research*.<sup>21</sup> This document underscores six central values:

- Reciprocity: there must be a benefit that is valued by the community, contributes to the community's unity and advances their interests.
- Respect: there must be respect for, and acceptance of, diverse values.
- Equality: all people must be treated as equals, and there must be an equitable distribution of benefit.
- Survival and protection: avoidance of harming Aboriginal and Torres Strait Islander (ATSI) cultural uniqueness and recognition of the history and experience of ATSI peoples.
- Responsibility: ensure that they do no damage to ATSI individuals or communities or to those things that they treasure, and be accountable to the people.
- Spirit and integrity: appreciate the depth and unity of the cultural heritage of past, contemporary and future generations, and demonstrate integrity in all their actions.<sup>21</sup>

Although written for researchers, these guidelines also provide valuable guidance to health promotion practitioners implementing programs within ATSI communities.

While the organisation and phrasing of these frameworks vary, they all underline the importance of autonomy and community and the need to produce a benefit and prevent harm. Furthermore, the codes highlight the principles of justice and equity in guiding our actions. However, even adhering to such frameworks can cause dilemmas, as sometimes the precepts may conflict.<sup>28</sup> For example, with regard to requirements to have children vaccinated before they can be enrolled in school, the principle of autonomy (the parents' right to choose) may be in conflict with the principle of producing a benefit (that is, protecting the child and the wider community from a communicable disease).

Several authors have presented tools for ethical public health practice. A simple model follows:

- Identify the ethical dilemma.
- Refer to your association/organisation/workplace code of ethics.
- If your organisation does not have such guidelines or they are not applicable, apply, for example, one of the principles of justice, autonomy, beneficence and non-maleficence. If more than one is relevant, decide which should take priority.
- Choose a possible course of action.
- Consider the possible consequences of the action and assess whether another ethical problem arises.

- Implement the preferred option (and re-evaluate) (adapted from Last<sup>29</sup>).

To illustrate, there is evidence that obesity is a public health issue. Many health promotion professionals and organisations undertake programs to improve the health of people by reducing obesity. In this case, there are several issues, including the 'autonomy' of individuals to live the lifestyle they choose without interference from a 'paternalistic' state, and the role of the state to reduce the potential health consequences of obesity and to improve the health of the population. The practitioner needs to assess the relevant principles and evaluate the possible outcomes of their preferred actions.

## Education and training

Public health and health promotion professionals have inadequate training in ethics.<sup>1,2</sup> Consequently, schools of public health need to explore ethical issues with their students, and there is a need for in-service training for these health professionals.<sup>6,7,9,23</sup> Health promotion practitioners need an appreciation of alternative ethical perspectives as much as they need to understand the pros and cons of varied epidemiological techniques.<sup>2</sup>

## Conclusion

There is a delicate balance to uphold in the ethics of public health and health promotion practice as there is often a need to use power to enhance the health of populations, together with the need to preclude the misuse of such power.<sup>9</sup> Although there are a variety of principles to consider, it appears that public health is substantively based on utilitarian ethics; that is, 'the greatest good for the greatest number'. Nevertheless, it is essential to consider other ethical tenets, such as autonomy and beneficence. Ultimately, practitioners need to be cognisant and reflective of their philosophical and moral foundations and how these relate to those of the communities with which they work.

## References

- Seedhouse D. Health Promotion's Ethical Challenge. *Health Promot J Aust.* 2001;1(2):135-8.
- Roberts MJ, Reich M. Ethical analysis in public health. *Lancet.* 2002;359:1055-59.
- Buchanan DR. *An Ethic for Health Promotion: Rethinking the Sources of Human Well-being.* New York (NY): Oxford University Press; 2000.
- Mauldon E. Making Ethics Work in Collaborative Projects. *Australian Journal of Primary Health.* 2005;11(3):101-7.
- Kass NE. An ethics framework for public health. *Am J Public Health.* 2001;91(11):1776-82.
- Callahan D, Jennings B. Ethics and Public Health: Forging a Strong Relationship. *Am J Public Health.* 2002;92:169-76.
- Sindall C. Does health promotion need a code of ethics? *Health Promot Int.* 2002;17(3):201-3.
- American Public Health Association [homepage on the Internet]. Washington (DC): APHA; 2006 [cited 2006 June 6]. *Public Health Code of Ethics.* Available from: <http://www.apha.org/codeofethics/ethics.htm>
- Thomas JC, Sage M, Dillenberg J, Guillory VI. A Code of Ethics for Public Health. *Am J Public Health.* 2002;92(7):1057-59.
- Ritchie J. Values in health promotion. Editorial. *Health Promot J Aust.* 2006;17(2):83.
- Cribb A, Duncan P. Introducing ethics to health promotion. In: Buntun R, Macdonald G, editors. *Health Promotion: Disciplines, Diversity, and Developments.* London (UK): Routledge; 2002. p. 271-83.
- Oxford Reference Online [homepage on the Internet]. New York (NY): Oxford University Press; 1996 [cited 2006 July 31]. *The Oxford Dictionary of Philosophy: Simon Blackburn.* Available from: [http://www.oxfordreference.com/views/BOOK\\_SEARCH.html?book=t98&subject=s22](http://www.oxfordreference.com/views/BOOK_SEARCH.html?book=t98&subject=s22)
- Oxford Reference Online [homepage on the Internet]. New York (NY): Oxford University Press; 1998 [cited 2006 July 31]. *The Oxford Dictionary of Sports Science and Medicine.* Available from: <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t161.e7240>
- Oxford Reference Online [homepage on the Internet]. New York (NY): Oxford University Press; 2005 [cited 2006 July 31]. *The Oxford Dictionary of English.* Revised ed. Available from: [http://www.oxfordreference.com/views/BOOK\\_SEARCH.html?book=t140&subject=s7](http://www.oxfordreference.com/views/BOOK_SEARCH.html?book=t140&subject=s7)
- World Health Organization. *Preamble to the Constitution of the WHO as adopted by the International Health Conference; 1946 June 19-22; New York; signed on 22 July, 1946 by the representatives of 61 States (Official Records of the WHO, no. 2, p. 100) and entered into force on 7 April, 1948.* Geneva (CHE): WHO; 1948.
- National Aboriginal Health Strategy Working Party 1989. *A National Aboriginal Health Strategy.* Canberra (AUST): Department of Aboriginal Affairs; 1989.
- Allmark P. Health, happiness and health promotion. *J Appl Philos.* 2005;22(1):1-15.
- Blaxter M. *Health and Lifestyles.* London (UK): Tavistock; 1990.
- Cribb A, Duncan P. *Health Promotion and Professional Ethics.* Oxford (UK): Blackwell Science; 2002.
- Hadjistavropoulos T, Malloy D. A philosophical value analysis of the Canadian Code of Ethics for Psychologists. *Canadian Psychology.* 1998;39(3):187-93.
- National Health and Medical Research Council. *Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research.* Canberra (AUST): NHMRC; 2003.
- Beauchamp TL, Childress JE. *Principles of Biomedical Ethics.* New York (NY): Oxford University Press; 1979.
- Thompson A, Robertson A, Upshur R. Public health ethics: Towards a research agenda. *Acta Bioethica.* 2003;IX(2):157-63.
- MacQueen K, Buehler J. Ethics, practice, and research in public health. *Am J Public Health.* 2004;94(6):928-31.
- Bayer R, Fairchild A. The genesis of public health ethics. *Bioethics.* 2004;18(6):473-92.
- Oxford Reference Online [homepage on the Internet]. New York (NY): Oxford University Press; 2004 [cited 2006 Aug 2]. *The Canadian Oxford Dictionary: Katherine Barber.* Available from: <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t150.e39613>
- World Health Organization Regional Office for Europe [about WHO page on the Internet]. Copenhagen (DNK): WHO/Europe; 1978 [cited 2006 June 7]. *Declaration of Alma-Ata. International Conference on Primary Health Care; 1978 September 6-12; Alma-Ata, USSR.* Available from [www.who.int/hpr/NPH/docs/declaration\\_almaata.pdf](http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf)
- Duncan P. Making sense of morality: a qualitative study of practitioners' writing about ethical problems of health promotion. *Health Education Journal.* 1999;58(3):249-58.
- Last JM. *Public Health and Human Ecology.* Stamford (CN): Appleton and Lange; 1997.

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