

## What is health promotion ethics?

Stacy M. Carter

What does it mean to think about the ethics of health promotion? When most of us think 'ethics' we think of the Human Research Ethics Committee applications required for research projects. But I'm thinking of something quite different here: the ethics of health promotion practice. Health promotion ethics is an attempt to answer questions such as: *Can we provide a moral justification for what we are doing in health promotion? or What is the right thing to do in health promotion, and how can we tell?* As other authors have argued, sometimes these questions are ignored in health promotion in favour of scientific and technical questions about effectiveness. But there is increasing recognition that health promotion is a moral project, that health promotion can be practised in ways that are more or less ethical, and thus that considering ethics in health promotion is just as important as – and related to – considering the evidence about whether or not health promotion works.<sup>1-5</sup>

The number of publications about health promotion ethics has been slowly increasing since the 1980s, including in this journal, where authors have particularly argued the importance of being explicit about values in health promotion. If something has value, it has worth or importance.<sup>6</sup> Authors in the HPJA have suggested that health promotion practitioners value: health and wellbeing as opposed to the mere absence of disease, justice, environmental sustainability, empowerment, respect for culture, and truth telling.<sup>3, 7, 8</sup> But concern has been expressed that although these things are valued in health promotion, this may not always influence the way that health promotion is implemented and evaluated.<sup>8, 9</sup>

This concern points to the potential usefulness of thinking formally not just about values, but also about ethics. Judging one course of action to be more morally justifiable than another does require an understanding of what is good or worthwhile: what should be valued. It also requires a system of ethical reasoning, one that moves back and forth between the details of health promotion practices and ethical theory to produce reasons for acting.

There have so far been surprisingly few comprehensive accounts of health promotion ethics. One example was published in this journal: Jane Gregg and Lily O'Hara systematically analysed documents from a range of authors and organisations to produce a list of holistic, ecological and salutogenic values and principles to guide all stages of health promotion action, contrasting these with 'conventional' health promotion values and principles.<sup>9, 10</sup>

The most comprehensive contribution so far has been David Buchanan's provocative and detailed book *An Ethic for Health Promotion*, in which he describes a total approach to ethical reasoning in health promotion.<sup>2</sup> Health promotion, Buchanan argues, should be based not on scientific, instrumental reason but on practical reason or wisdom. Practical reason allows us to reflect on what is good, what the purposes of health promotion should be. Buchanan contends that the purpose of health promotion is not to reduce the prevalence of health risk factors in populations, but to cultivate wellbeing and solidarity in citizens, engaging citizens to reason together about what they value and how they can live consistent with these values.<sup>2</sup> It requires particular responses to local situations rather than treating all communities in the same way. This approach is desirable for many reasons, including: that it respects people for who they are rather than

using them as mere means to achieve better population-level health statistics, that it seeks to improve wellbeing, and that it recognises the moral significance of community trust and social solidarity. Buchanan's work is demanding and few people will agree with all of it. But it does demonstrate the benefits of not just articulating a list of values, but of trying to think through an entire, internally consistent system for ethical reasoning and its implications for action.

For two years, a team of researchers from the University of Sydney has been working with three health promotion services in NSW on an NHMRC-funded project about the ethics of health promotion. Through an empirical study of everyday practices – with a particular focus on overweight and obesity programs – we set out to understand the values and ethical commitments that drive health promotion practitioners and their work. The project will produce work on a variety of topics, including: ethical reasons for disquiet with a policy focus on overweight and obesity, practitioners' shared values about what is good in health promotion, the relationship between 'top down' and 'bottom up' program development and priority setting, the ways that evidence is being used in health promotion, and the ethical significance of both research and relationships in health promotion.

Finally, I am honoured to have been invited to take up associate editorship of the HPJA from this year, a wonderful opportunity to give something back to the community that has so generously contributed to our research. It's my hope that in the years to come a vigorous, inclusive conversation about the ethics of health promotion will make a real contribution to health promotion practice in Australia and internationally. I'm sure some of that conversation will take place right here in this journal, and I look forward to being a part of it.

### Acknowledgements

Stacy Carter is supported by a NHMRC Career Development Fellowship in the ethics of prevention and health promotion (1032963). The project grant described is also funded by the NHMRC (632679).

### References

1. Seedhouse D. Health promotion's ethical challenge. *Health Promot J Austr.* 2001;11(2):135-8.
2. Buchanan DR. *An Ethic for Health Promotion: Rethinking the Sources of Human Well-Being.* New York: Oxford University Press; 2000.
3. Smith BJ, Keleher H, Fry C. Developing values, evidence and advocacy to address the social determinants of health. *Health Promot J Austr.* 2008;19(3).
4. Fleming M, Parker E, Gould T. Ethics in health promotion - reflections in practice. *Health Promot J Austr.* 2007;18(1):69-72.
5. Carter SM, Rychetnik L, Lloyd B, Kerridge IH, Baur L, Bauman A, et al. Evidence, ethics, and values: A framework for health promotion. *Am J Public Health.* 2011;101(3):465-72.
6. Value, Value theory. In: Audi R, editor. *Cambridge dictionary of philosophy.* 2nd ed. Cambridge: Cambridge University Press; 1999. p. 948-50.
7. Ritchie J. Values in health promotion. *Health Promot J Austr.* 2006;17(2):83.
8. Signal L, Ritchie J, Rissel C, Bauman A, Parker E, O'Hara L, et al. A perspective on changes in values in the profession of health promotion. *Health Promot J Austr.* 2007;18(1):3-6.
9. Gregg J, O'Hara L. Values and principles evident in current health promotion practice. *Health Promot J Austr.* 2007;18(1):7-11.
10. O'Hara L, Gregg J. The Red Lotus Health Promotion Model: a new model for holistic, ecological, salutogenic health promotion practice. *Health Promot J Austr.* 2007;18(1):12-9.

### Author

Stacy M. Carter, Centre for Values, Ethics and the Law in Medicine and Sydney School of Public Health; The University of Sydney

### Correspondence

Stacy Carter, Centre for Values, Ethics and the Law in Medicine, Medical Foundation Building K25, The University of Sydney, NSW 2006; e-mail: stacy.carter@sydney.edu.au