Hauora - Everyone's Right

Keeping up to date

JULY 2007 NO 25

Keeping up to date - the 25th edition

"About Keeping Up to Date

Each issue of *Keeping Up to Date* tells you about current research, evidence and thought on an important issue for your work in health promotion.

Keeping Up to Date reviews academic literature. It references some key articles, especially those that you can get download from the world wide web. If you have difficulty accessing any of the references, please contact us and we can point you in the right direction.

Each issue is peer reviewed. The Health Promotion Forum's Academic Reference Group is the editorial advisory committee for *Keeping Up to Date*."

From the *Hauora* Editor

You have two editions, 25th and 26th, of ***Keeping Up To Date*** for this quarter as we did not publish the April edition. We are thankful to Kate Morgaine and Andrew Moore for writing for both editions.

We always welcome your feedback. We need to know how we can continue to improve our service.

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Ethics: What matters in health promotion

Ethics involves thinking through and acting on what matters. Ethical analysis, sometimes called 'normative analysis', aims to work these things out systematically, by identifying values, principles, and good reasons for thinking and acting in one way rather than another. This sort of analysis is often best done with others, through discussion, debate and joint planning. We hope our article will help health promoters with their own ethical analysis, planning, and action.

This *Keeping Up to Date* focuses on 'internal ethics' in health promotion – on the ethical thinking that is already present in the leading statements of health promotion itself, or in models for public health in general that can also be put to work for health promotion. The next *Keeping Up to Date* will focus on the 'external ethics' of health promotion – on linkages to others who can help health promoters to achieve things that matter, and on some ways to respond to the external critics who say that health promotion gets it wrong about what matters or about how best to act on it or about both these things.

When working out what matters and how best to act on this, it is often best to start by thinking through our own individual or shared values or ideals or principles. This internal ethics approach has been advocated in some other settings, including for medical professional ethics[1], and for policy on health research ethics[2]. The internal aspects of ethics can equip us then to engage well with more external sources of ethical ideas and challenges. If we take a good look at our internal ethics, we know where we stand. We can enter into partnerships more fully and better defend our position from criticism. This can also highlight gaps and tensions, or at least things that we still need to work through further. Some things of this sort are explored below.

Many people in health promotion struggle to spell out the shared basic values or principles of health promotion. Two key documents that can help with this are te Tiriti o

Table 1: Kass's Ethics Framework adapted for Health Promotion

Health Promotion Programme Planning	**Ethical Questions to ask during planning and implementation**	**Some considerations**
Establish a clear goal.	Who will benefit and who will carry the risk of achieving this goal? Is it fair (equitable)?	Be clear about who benefits and who carries the risk matters. Core health promotion values, including **social justice** and **equity,** help to determine the *fairness* of the goal. Other core values, including **participation** and **partnership**, are crucial to the fairness of the processes, from establishing the goal in the first place right through to evaluating the programme and sharing benefits with other communities.
Developing programme strategies and implementation	Does the programme work? What are the benefits? What are our assumptions about how it will work? What evidence do we have?	Before acting we should examine our assumptions about what will work and why we think it will work. Many health promotion programmes operate with an unspoken assumption that if people just know about something they will change their behaviour. **Knowing whether a programme will produce a benefit, how it will do so**, and what kind and level of evidence is needed to justify these ideas, is ethically important. Health promotion should do innovative things, but the **community has to be fully involved** in developing, implementing and *evaluating* the innovation. In general, innovation should also be small-scale until there is some evidence, however that is judged, of benefit that outweighs the harm. Then innovation can be shared, with justified confidence, for the benefit of other communities.
	What are the known or potential harms of the programme? How can the harms be minimised? Is it reducing inequalities?	This can be a difficult question to think through, especially if we are convinced, by feelings or evidence, that our goal is worthy and the benefits are great. An example might be childhood obesity. One risk from many programmes being developed is that we stigmatise children who are overweight. Those children could become ostracised and bullied at school, with further implications for poor self-esteem, depression, or suicide. Some programmes risk excluding sections of the population, either intentionally or unintentionally. A programme built on the value of equity is likely to focus on a particular section of the population. Ethically, it is important to think through and justify any programme focus, even if such focus is unintentional and emerges only at the stage of programme implementation or community engagement. The health promotion values of **participation** and **partnership** imply practice that works alongside communities to assess the potential benefits and risks. These values also imply a community share of the decision making in programme development and implementation. Another ethical consideration is whether the programme is being implemented **fairly**. Assuming the programme works, there is an argument that any demonstrated benefits should be shared with the entire community or population. The values of **social justice** and **equity** also imply that **inequalities should be addressed.**
	Do the expected benefits justify the identified harms or risks?	This requires us to consider the values of health promotion and the consequences of particular actions or programmes before coming to a decision. **Are we reducing inequalities? Is there health improvement?** If the answer to the question is 'no', then we should step back from the programme. Alternatively, a 'yes' answer indicates that we should instead proceed.

note that Maori have had this status since before te Tiriti, and have this standing independently of te Tiriti. Also relevant to health promotion is the fact that, for some Maori, tangata whenua status is itself partly a matter of ethics - an ongoing process of working out what is involved in 'living by Maori values'[5].

This *Keeping Up to Date* has so far been at the 'big picture' level. Yet the point of ethics is to inform practice. So how to make ethical values integral to health promotion planning and thereby practice? Nancy Kass has proposed an ethical analysis framework for public health programmes that may help with this. In Table 1, below, we aim to translate Kass's model into the setting of health promotion programmes and projects. Table 1 states the ethical questions that Kass asks, and puts some commentary about health promotion practice alongside these questions. How we judge the answers to those questions depends on our core values.

Kass comments: "Engaging in the steps of an ethics analysis makes us meticulous in our reasoning, requiring us to advocate interventions on the basis of facts and not merely beliefs. Further, an ethics analysis holds us to high standards, not only for scientific method, but also for how respectfully we communicate with and involve constituent communities. The involvement of communities will help identify the public health threats divergent groups face and will create, if not partnerships, at least – one can hope – a reasonable amount of trust."[6]

Good health promoters work with communities in their environments to enable them to increase control over and improve their own health. Each of us has to work out what values we, individually and as a workforce, hold to be critical to both the process and outcome of our practice. We then have a process for undertaking an ethical analysis of each programme we are involved in, thus strengthening our work, and a clear place to stand to address the challenges to our practice.

This *Keeping Up To Date* has aimed to offer a resource for health promotion's already healthy ethical thought and practice.

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Keeping up to date

JULY 2007 NO 26

Keeping up to date - the 26th edition

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"As part of aligning our website with our vision statement,

"***Hauora –Everyone's Right, Our Commitment,"***

we wish to announce that our new website is up and running.

www.hauora.co.nz

Our current website, www.hpforum.org.nz, is still in operation. This is to ease your transfer to our new website. We will let you know when this website will no longer be in operation.

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What Matters: External Challenges to Ethical Practice in Health Promotion

The previous *Keeping Up to Date* ('Ethics: what matters in health promotion) focussed on our own 'internal' ethical values and thinking. This *Keeping Up to Date* considers more 'external' ethical considerations, especially linkages that are needed to others if the ambitious goals of health promotion are to be met, and some ways for health promoters to respond to other external challenges and critiques of their work.

External challenges can be made to health promotion's understanding of what matters, to the values or strategies through which it acts on this understanding, or to both these things. The paragraphs that follow work one-by-one through challenges that health promotion:

1. is incapable of achieving in practice what it says matters in principle
2. has no evidence that its activities actually do contribute to the things that it says matter
3. imposes its values on others
4. fails to recognise or pursue values that it should (e.g. freedom or autonomy)
5. recognises and pursues values that it should not (e.g. its own understanding of social justice)
6. is incapable of resolving tensions amongst its values

1. Health promotion has a demanding understanding of what matters – enabling whole populations to increase control over and to improve their own health. Yet the health promotion work force is small, even if all health promoters who work outside the health sector (eg., in local government and non-government organisations) are included, and even if community workers who might not even count themselves as health promoters are included too. The structure of professional qualifications and

professional development for health promotion is also modest. Where health promotion posts are established in larger organisations, they are often not the positions of authority. Given these things, critics might say that health promotion is simply incapable of delivering in practice on its ambitious account of what matters in principle.

There are some points worth accepting in the above critique. For example, it is a general principle of ethics that we *ought* to do a certain thing only if we *can* do that thing. In a slogan: 'ought' implies 'can'. This makes it important for health promoters to understand and work creatively in and on the legal, organisational, and contractual context of their activities; the state of their key relationships; the availability of resources, including evidence, budget, and workforce; and the realistic limits of their direct influence on the social and other factors that determine communities' health.

But even granted the above, health promoters should insist that populations *can* be enabled to increase control over and to improve their own health. It is also a general principle in both ethics [1, 2] and common sense that setting high standards can actually enable greater achievement than would be inspired by more pessimistic or 'realistic' expectations. The role that health promotion sets itself is an enabling one, and both actually and potentially, it has many powerful collaborators and partners in its strategies of creating supporting environments and building healthy public policy. Here are some examples [3]:

(a) District Health Boards are now well established in the health landscape, and there is still a lot of potential to foster health gain through them, and perhaps especially through their planning and funding activities;

(b) local government is still developing the potential for collaborative links with health that is implicit in its statutory powers to pursue the 'well-being' of its communities; and

(c) Primary Health Organisations are still developing, and there remains substantial potential for this process to involve better take-up of health promotion goals and strategies.

Health promotion, especially in partnership with other public health activities, can link further with other powerful movements of ideas and practices, including the international human rights movement [4, 5, 6], and the business sector [7].

2. Turn now to the claim that there is no evidence that health promotion activities actually contribute to health gain or to increase in communities' control over their own health. Recent *Keeping Up to Date* articles have examined issues of evidence for health promotion practice [8, 9], so only brief comment will be added here. It is always possible that a health promotion initiative has no benefit and does not reduce inequalities; or even causes harm and/or increases inequalities. Even initiatives that seem obviously beneficial can turn out, on careful research, to be unhelpful or even harmful. Good intentions, positive feelings, and high hopes are consequently not enough. It is an ethical requirement for health promotion practice to draw on all available evidence as to benefit, risk, and who bears each of these. Where evidence is not available or is weak, it is also clearly preferable to implement health promotion initiatives cautiously: with smaller communities first, and with full community involvement in evaluating the initiative, as well as in the more obvious development and implementation stages. This cautious approach also adds to the evidence base of health promotion, and thereby potentially also to health improvement and inequality reduction across much larger communities. Health promoters who do not themselves have the skills or other resources to do high quality evaluation may need to collaborate with others who do have these things.

3. Consider the accusation that health promotion imposes its values on communities. Well, health promotion does claim to have some insight into health and into what promotes it. Otherwise, why should communities work with health promoters at all? But the key response is that health promotion is a fundamentally *enabling* activity, and consequently values participation and communities' control over their own health. One leading contributor to health promotion ethics goes further still, arguing that the goal of health promotion is be "a stimulus for dialogue about the role of good health habits in living the kind of life that community members find most valuable" [10]. These accounts of good health promotion practice are deeply at odds with any imposition of values on communities.

4. Perhaps the most commonly stated challenge to health promotion is that it neglects values it should honour – especially the individual freedom or autonomy that some believe is a core bioethical principle alongside beneficence (actively do good), non-maleficence (do no harm) and justice [11]. Many advocates of public health respond by simply agreeing that population health gain does fundamentally conflict with individual freedom, but then argue that the public health is more important and individual freedom is over-emphasised [12, 13]. The second part of this strategy (that individual freedom is over-emphasised) has some important points to make,

but the first part far too quickly gives up the high ethical ground of freedom and autonomy. Very often, it is not a case of public health *versus* individual freedom, but instead a matter of conflict amongst different freedoms.

If we share a common breathing space, the individual freedom to smoke conflicts with the individual freedom to breathe fresh air.

If we share a water supply, the individual freedom to drink unfluoridated tap water conflicts with the individual freedom to drink fluoridated tap water.

In each such case, there are freedoms on *both* sides of the issue. The point is that health promoters often can and should make part of their own case in terms of freedom, *as well as* making the case in terms of public good. Their critics might reply that – for example – the freedom to drink fluoridated water can be replaced at little cost by fluoride tablets, but the freedom to drink unfluoridated water can be replaced only at much higher cost by special tap filters or bottles of unfluoridated water. But notice that this reply actually abandons the high ground of 'freedom to choose', in favour of the social justice issue of 'who bears the burdens and benefits'. Social justice is another core value of health promotion, so it can certainly hold its own in that conversation. For example, it can point out that Canterbury with its unfluoridated water has some of the poorest teeth in the country, and that those who are already least advantaged carry the greatest burden of this. Many who trumpet for individual freedom also tend to reject social justice considerations, yet fall back on who is bearing the burden to win the argument; an awkward business if that is where their own arguments take them.

5. Whatever the tangles that some critics of health promotion get themselves into, however, might there be values that health promotion does act on but should not? This challenge is most commonly made about social justice and equity. These values are widely shared, but there are also many different ideas about what they involve, and it is not obvious that all these ideas can be put together in a coherent practical package. No wonder Callahan and Jennings press the question: "What is the appropriate role for the public health community seeking greater justice in health… ?"[13]. Most will respond by acting on understandings of social justice and equity that have broad support from national and international policy, and from the particular communities involved. This includes appeal to international human rights agreements; and to statutory requirements from NZ Public Health and Disability Act 2000, Part 1 Section 4, and Part 3 that the health sector reduce health disparities, and foster the participation and capacity development of Maori communities.

6. Finally, what of the challenge that health promotion cannot resolve the tensions amongst its values? Whatever activity we might pursue, most of us believe there is more than one thing that matters. In every case of that sort, we all must face and deal with tensions amongst our values. Are there special difficulties for health promotion? Granted, tensions can arise between ideals of social justice and other values. Consider, for example, the conflict between social justice, and community participation and partnership, that would arise if a community majority favours a programme that would actually increase health inequalities or to leave a segment of the community to carry nearly all the risks [14]. This could happen if the community favoured an anti-smoking programme shown by the evidence to improve health but also to do so least in the groups that have the highest rates of smoking and the poorest health – thereby increasing health inequalities.

The above discussion demonstrates potential for conflict of values within health promotion. Health promoters need ethical thought and judgment to work through such conflicts. But this is also a familiar practical fact of life for us all. Good health promotion, like good practice in general, identifies such tensions as clearly as it can, and works things out through a due process of those involved. In especially challenging cases, where this still does not open any path that sufficiently respects the various core values involved, perhaps no practical initiative can ethically proceed at that time. But health promotion is actually better placed than many to handle this sort of thing, because alongside outcome-oriented values such as health improvement and inequality reduction, it also recognises at ground-floor level such process-oriented values as participation and partnership. This gives health promotion good internal process to work through, even when a shared understanding of good outcomes is sometimes elusive.

Knowing our own 'internal' ethical position places us in a better position to face the challenges that are sometimes mistakenly thought to stop us in our tracks, and make the case for social justice, equity, partnership and participation.

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