Introduction to Public Health Ethics 2: Philosophical and Theoretical Foundations

March 2015

Briefing Note

For up-to-date knowledge relating to healthy public policy

In this second[1] of three briefing notes[2] on public health ethics, we provide an overview of various philosophical and theoretical perspectives that have informed the development, evolution, and application of public health ethics throughout its short history. We believe it is important for public health practitioners to understand these ideas because they inform, either explicitly or implicitly, ethical decision making in public health practice. They also provide a foundation for the public health ethics frameworks that are presented and discussed in our third briefing note.[3]

We know that public health has long been tied to utilitarianism harkening back to Edwin Chadwick, the founder of the early movement in Britain, who was influenced by Bentham's utilitarianism (Nixon et al., 2005). From a utilitarian perspective, public health activities are generally teleological or end-oriented and consequentialist (Childress et al., 2002) with health outcomes the consequence of greatest concern. Quantitative models for priority setting that include measures of health status like quality-adjusted life years (QALYs) and disability-adjusted life years (DALYs), and methods such as cost-effectiveness analysis and cost-benefit analysis, are grounded firmly in utilitarianism. Although the ethical issues associated with these have been widely debated[4] (e.g., Anand & Hanson, 2004; Brock, 2004, 2007; Kamm, 2004) these quantitative approaches have had a lot of appeal in the epidemiologically-oriented fields of public health and policy analysis. Work in the ethics of communicable disease control and pandemic planning has been reflective of utilitarian concerns, at least in Canada (Baylis, Kenny, & Sherwin, 2008; Upshur et al., 2005).

Contractarianism and rights-based theories have also provided philosophical justification for public health actions, drawing on the work of John Rawls, grounded in the notions of freedom and equal moral worth of individuals and concerned about fundamental human, social, and political rights (Jennings, 2003). Rawls' *Theory of Justice* (1971) is concerned with the rights of the least well off, and thus is congruent with public health considerations for the most disadvantaged in society. This perspective, however, has been criticized for the individualism inherent in its distributive justice focus, which is not adequately reflective of population health. It focuses on the distribution of material goods and does not account for non-material concerns such as access to decision making and power (Pauly, 2008; Powers & Faden, 2006; Rogers, 2006; Young, 1990).

Concerns with liberal individualism in contractarian ethics and a belief in the limited conception of both human relationships and justice in utilitarianism, have led to communitarian formulations of the philosophical foundations for public health ethics (Jennings, 2003). Communitarianism is a more recent philosophical perspective put forward as a foundation for public health ethics but is perhaps less well known and understood given the greater emphasis on utilitarian and contractarian perspectives in health care ethics more broadly. Thus, we provide a more extensive discussion of communitarian perspectives and the rationale for the more recent trend to invoking communitarian concepts as guidance in public health decision making. Communitarians and some prominent public health ethicists argue that these concepts are more congruent with the values base of public health. In fact, Bayer, Gostin, Jennings and Steinbock (2007) argue that public health is "a species of communitarianism" (p. 20).

---

[1] This paper is based upon a section from a previously published book chapter. The author and the National Collaborating Centre for Healthy Public Policy wish to thank Pearson Canada for allowing us to republish this copyrighted material in order to make it available here. The original text is: MacDonald, M. (2013). Ethics of public health. In J.L. Storch, P. Rodney, & R. Starzomski (Eds.), *Toward a moral horizon: Nursing ethics for leadership and practice*. Pearson Education Canada.

[2] To read the first document of the series, see MacDonald (2014).

[3] See MacDonald (2015).

[4] For more information on this subject, see Rozworski & Bellefleur (2013) and Rozworski (2014).

Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

Institut national
de santé publique
Québec

Communitarianism represents the views of disparate groups that share some common concepts and values. Such groups include the Green Parties of Europe (Roberts & Reich, 2002), feminists (Baylis et al., 2008; Friedman, 1992; Sherwin, 2004), neo-Confucians (Zhang, 2010), indigenous communities (e.g., Henry, Houston, & Mooney, 2004; Russell, 2000), African communitarians (e.g., Wiredu, 2008; Eze, 2008) with their concept of Ubuntu (Swanson, 2007; Sindima, 1990; Praeg, 2008); and the responsive communitarian movement in the US (Etzioni, 1998, 2003).

Communitarian perspectives provide a sustained critique of utilitarian and contractarian ethical theories as applied to public health (Beauchamp, 1985; Bellah, 1998; Callahan, 2003; Etzioni, 2003; Jennings, 2003, 2007; Selznick, 1998). Jennings (2003) points out that social change has been a steady hallmark of public health. For this reason, he argued that liberalism, despite providing "a serious agenda for issues of public health ethics" (Jennings, 2007, p. 31) is too narrow to provide either adequate normative justification or the kind of insights necessary to support the social change that public health aims to accomplish. He claims that a framework that goes beyond liberalism is necessary and proposes civic republicanism as a theory able to provide an adequate moral foundation for public health. Liberal theorists, however, have countered Jennings' argument that liberalism does not provide an adequate foundation for public health ethics. For example, Nielsen (2011) argues that liberalism, properly construed, is not in opposition to at least some of civic republicanism's goals and that, in several respects, there may be converging analyses.

Even if there are some overlaps between liberalism and civic republican goals and principles, there remain important differences that are discussed later in relation to public health frameworks, particularly with respect to a focus in public health on health inequities caused by unjust structural conditions. Nevertheless, the fact that such arguments are taking place in the field of public health ethics supports Jennings' proposition that we need to understand the broader theoretical and ideological context within which public health controversies and conflicts occur to be able to engage in such dialogue (Jennings, 2003).

Jennings (2003) provides a useful framework for tying together the various, and often competing

strands of ethical and political theory, to help us sort through how seemingly disparate views may be congruent in some respects (see Figure 1). He categorizes two broad types of theory, ethical and political, and describes the interrelationships and connections among these. For example, he sees the political theories of liberal welfarism and democratic socialism as tied to utilitarianism; libertarian and egalitarian liberalism as tied to both utilitarianism and contractarianism; civic republicanism as tied to democratic communitarianism and deliberative democracy as tied to both democratic communitarianism and contractarianism. Finally, elements of civic republicanism and cultural conservatism are tied to authoritarian communitarianism. Note that neither democratic communitarianism nor civic republicanism bears any direct relationship to the philosophy and politics of the two major US political parties.
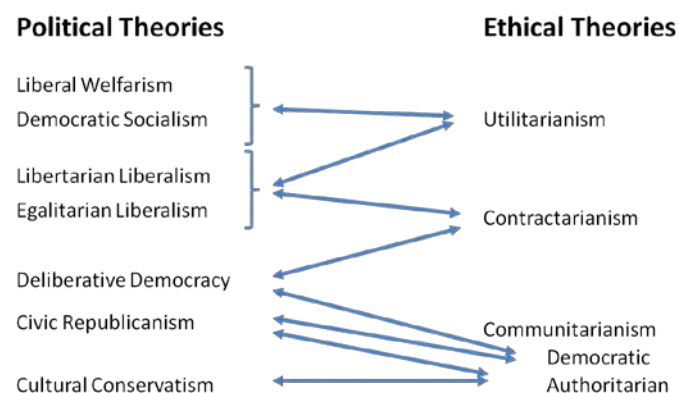

Figure 1. A framework tying together the various strands of ethical and political theories. Adapted from Jennings (2003).

Jennings (2003) distinguishes two types of communitarianism: democratic and authoritarian, classified by others as relativist and universalist (Roberts & Reich, 2002). Democratic communitarianism is the more left-leaning orientation with connections to Habermas' communicative ethics (Habermas, 1990), strongly committed to social change, feminist theory and philosophy, and has affinities with political theories of deliberative democracy (Fung, 2005; Gutman & Thompson, 2004) and civic republicanism (Beauchamp, 1985; Jennings, 2007; Nielsen, 2011). It sees morality as contextual and defined by the community (Roberts & Reich, 2002) but at the same time as needing to stand up to outside scrutiny. Authoritarian communitarianism has a greater affinity to a right-leaning political theory of cultural conservatism, religious traditions and

fundamentalism; it tends to put forward a single view of the "good society" and the appropriate virtues of its citizens.

It is this cross-pollination of theoretical ideas between both liberal and conservative political theories and forms of communitarianism that have created some confusion among critics of communitarianism. Most criticisms of communitarianism tend to be about authoritarian communitarianism without distinguishing it from democratic communitarianism. Some feminist critiques of communitarianism (Friedman, 1992; Stacey, 1994) primarily take aim at the authoritarian version with its emphasis on family values, and its sexual and cultural conservatism (Hauerwas, 1977; Oakeshott, 1991). Friedman's critique of communitarianism is based on the views of community put forward by Sandel (1982) and MacIntyre (1981) who present an idealized notion of community not well aligned with a feminist critique of the institutionalized oppression of women within families and communities. Etzioni (2003) responds to such critiques by arguing that communitarians clearly recognize that there are exploitive communities, just as there are exploitive individuals. He further argues that critics of communitarianism are making reference to an older, outdated understanding of community that is not compatible with current communitarianism. Moreover, Friedman's proposals for reorienting communitarianism to be more feminist in direction have also been proposed by communitarian theorists (e.g., Etzioni, 2003; Selznick, 1998) so there are converging analyses. Nonetheless, feminism brings a useful critical perspective to communitarian thought (Rogers, 2006).

Feminism, democratic communitarianism, communicative ethics (Habermas, 1998) and civic republicanism share many of the same important concepts. Democratic communitarianism has benefited from an infusion of critical and feminist theory as well as theories and critiques of deliberative democracy. Key concepts in democratic communitarianism that are shared with civic republicanism, deliberative democracy, critical public health ethics, feminist ethics and relational ethics include: the common good, relational autonomy, reciprocity, mutuality, (relational) solidarity, social justice, equity, participation and inclusion (Jennings, 2003; Selznick, 1998; Callahan, 2003; Baylis et al., 2008).

In the civic republican tradition, the common good refers to the welfare of the people taken together, the commonwealth (Beauchamp, 1985). That is, the public holds interests in common often related to health, safety, security and self-preservation from threats. This is congruent with the notion of the common good put forward by Baylis et al. (2008) in their feminist relational framework for public health ethics. The common good is not an end in itself, but rather is created through the practices of citizenship (Jennings, 2007); thus it consists in having the social systems, institutions, and environments on which everyone depends, available in a way that benefits all people (Velasquez, Andre, Shanks, & Meyer, 1992) and allows for civic engagement. This understanding fits with the public health concern for the social and economic determinants of health and the need to address structural inequalities through healthy public policy and the role of the public health system in supporting and maintaining the common good through collective action and cooperative efforts of the community.

Different writers emphasize different concepts within the cluster of communitarian perspectives. Callahan's (2003) understanding of communitarianism is organized around four key categories:

1) *Human nature* – human beings are social animals that exist within a network of other people and within social institutions and the culture of their society. This is consistent with the feminist notions of relational personhood and relational autonomy (Appleby & Kenny, 2010; Baylis et al., 2008).
2) *The public and the private* – there can be no sharp distinction between the public and the private spheres of life and what counts as private is a societal decision. The feminist principle that "the personal is political" (Hanisch, 1969) reflects a very similar notion.
3) *The welfare of the whole* – the welfare of society as a whole is the starting place for the communitarian, where welfare is understood in its broadest sense to encompass political institutions, traditions, practices and values, and cultural commitments of a society. This is consistent with feminist ethicists' concept of relational solidarity (Baylis et al., 2008; Kenny, Melnychuk, & Asada, 2006). Promoting human well-being and social justice then, requires attention to the ways in which these institutions and traditions may structure inequalities.

4) *Human rights* – positive and negative rights are essential, both as a source of resistance to the power of governments and the community, but also to establish the moral standing of individuals. At the same time, these rights are not unlimited and carry with them a balancing against responsibilities.

When intervening for public health, the first question will be about what the intervention means for all of us together but there will also be a balancing with what it means for individuals. The two are interdependent. Democratic participation and inclusion is central to establish an understanding of the common good; deliberative democracy is the mechanism by which this can occur.

In the liberal tradition, liberty is understood primarily as freedom from interference (i.e., government intervention) whereas communitarians understand liberty as freedom from domination and oppression. This idea is central to civic republicanism in which the harmful effects of domination and arbitrary power are the primary evil. This notion of freedom from arbitrary power and domination is also reflected in the work of feminist philosopher Iris Marion Young (2000, 2007) and her concern that liberal justice (i.e., distributive justice) often ignores the claims of oppressed groups. The foregoing ideas bring together feminist, critical and civic republican ideals into a communitarian vision of freedom as living life in the absence of oppression and domination. Although Young expresses caution

about the pursuit of a common good because it can privilege those with the most power (Young, 2000), when this notion of liberty is coupled with other communitarian concepts of mutuality, reciprocity, and solidarity, a framework of public health ethics can be created that both acknowledges and accounts for the challenges raised by liberalism about communitarian ideals.

Conclusion

A broad range of ethical and political philosophies and theories have been used to provide justification for public health ethical decision making, particularly in situations in which competing values are at stake. The more traditional ethical theories and principles related to utilitarianism and contractarianism are commonly used in ethical frameworks for decision making in health care more broadly, but have also been applied in public health. A critique of these frameworks for application to public health is emerging. Recently, developments in feminist, relational, and public health ethics have drawn on a grouping of concepts and philosophical perspectives that are either integral to or congruent with a democratic communitarian philosophy. These newer developments have, to date, had limited translation into practical public health ethics frameworks, with a few exceptions. In the next briefing note, we discuss and critique a variety of public health ethics frameworks, drawing on the philosophical and theoretical foundations discussed in this paper.

References

Anand, S. & Hanson, K. (2004). Disability-adjusted life years: A critical review. In S. Anand, F. Peter, & A. Sen (Eds.), *Public health, ethics, and equity* (pp. 183–200). New York: Oxford University Press.

Appleby, B. & Kenny, N. P. (2010). Relational personhood, social justice and the common good: Catholic contributions toward a public health ethics. *Christian Bioethics, 16* (3), 296–313.

Bayer, R., Gostin, L. O., Jennings, B., & Steinbock, B. (2007). *Public health ethics: Theory, policy and practice*. New York: Oxford University Press.

Baylis, F., Kenny, N. P., & Sherwin, S. (2008). A relational account of public health ethics. *Public Health Ethics, 1* (3), 196–209.

Beauchamp, D. E. (1985). Community—The neglected tradition of public health. *Hastings Center Report, 15*, 28–36.

Bellah, R. N. (1998). Community properly understood: A defense of "democratic communitarianism." In A. Etzioni (Ed.), *The essential communitarian reader* (pp. 15–20). Lanham: Rowman & Littlefield Publishers Inc.

Brock, D. W. (2004). Ethical issues in the use of cost-effectiveness analysis for the prioritization of health care resources. In S. Anand, F. Peter, & A. Sen (Eds.), *Public health, ethics, and equity* (pp. 201–224). Oxford University Press.

Brock, D. W. (2007). Ethical issues in applying quantitative models for setting priorities in prevention. In A. Dawson & M. Verweij (Eds.), *Ethics, prevention and public health* (pp. 111-128). New York: Oxford University Press.

Callahan, D. (2003). Individual good and common good: A communitarian approach to bioethics. *Perspectives in Biology and Medicine, 46* (4), 496–507.

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

Etzioni, A. (Ed.). (1998). *The essential communitarian reader*. Lanham, MD: Rowman & Littlefield Publishers Inc.

Etzioni, A. (2003). Communitarianism. In K. Christensen & D. Levinson (Eds.), *Encyclopedia of community: From the village to the virtual world,* Volume 1, A–D, (pp. 224–228). Thousand Oaks: Sage Publications.

Eze, M. O. (2008). What is African Comunitarianism? Against consensus as a regulative Ideal. *South African Journal of Philosophy, 27* (4), 386–399.

Friedman, M. (1992). Feminism and modern friendship: Dislocating the community. In E. Browning Cole & S. M. Coultrap-McQuin (Eds.), *Explorations in feminist ethics: Theory and practice* (pp. 89–98). Indiana: Indiana University Press.

Fung, A. (2005). Deliberation before the revolution: Toward an ethics of deliberative democracy in an unjust world. *Political Theory, 33* (2), 397–419.

Gutman, A. & Thompson, D. (2004). *Why deliberative democracy?* Princeton, NJ: Princeton University Press.

Habermas, J. (1990). *Moral consciousness and communicative action.* Cambridge: MIT Press.

Habermas, J. (1998). *The inclusion of the Other: Studies in political theory.* Cambridge: MIT Press.

Hanisch, C. (1969). *The personal is political.* Retrieved from: http://www.carolhanisch.org/CHwritings/PersonalisPol.pdf

Hauerwas, S. (1977). *Truthfulness and tragedy.* South Bend: University of Notre Dame Press.

Henry, B. R., Houston, S., & Mooney, G. (2004). Institutional racism in Australia. *Medical Journal of Australia, 180* (10), 517–520.

Jennings, B. (2003). Frameworks for ethics in public health. *Acta Bioethica, 9* (2), 165–176.

Jennings, B. (2007). Public health and civic republicanism: Toward an alternative framework for public health ethics. In A. Dawson & M. Verweij (Eds.), *Ethics, prevention and public health* (pp. 30–58). New York: Oxford University Press.

Kamm, F. M. (2004). Deciding whom to help, health adjusted life years and disabilities. In S. Anand, F. Peter, & A. Sen (Eds.), *Public health, ethics, and equity* (pp. 225–242). New York: Oxford University Press.

Kenny, N. P., Melnychuk, R. M., & Asada, Y. (2006). The promise of public health: Ethical reflections. *Canadian Journal of Public Health, 97* (2), 402-404.

MacDonald, M. (2013). Ethics of public health. In J.L. Storch, P. Rodney, & R. Starzomski (Eds.), *Toward a moral horizon: Nursing ethics for leadership and practice.* Pearson Education Canada.

MacDonald, M. (2014). *Introduction to public health ethics 1: Background.* Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: http://www.ncchpp.ca/docs/2014_Ethics_Intro1_En.pdf

MacDonald, M. (2015). *Introduction to public health ethics 3: Frameworks for public health ethics.* Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: http://www.ncchpp.ca/docs/2015_Ethics_Intro2_En.pdf

MacIntyre, A. (1981). *After virtue.* Notre Dame: University of Notre Dame Press.

Nielsen, M. (2011). Republicanism as a paradigm for public health – some comments. *Public Health Ethics, 4* (1), 40-52.

Nixon, S., Upshur, R., Robertson, A., Benatar, S. R., Thompon, A. K., & Daar, A. S. (2005). Public health ethics. In T. M. Bailey, T. Caulfield, & N. M. Ries (Eds.), *Public health law & policy in Canada* (pp. 39–58). Markham, ON: LexisNexis Butterworths.

Oakeshott, M. (1991). *Rationalism in politics and other essays.* Indianapolis: Liberty Press.

Pauly, B. (2008). Harm reduction through a social justice lens. *International Journal of Drug Policy, 19*, 4–10.

Powers, M. & Faden, R. (2006). *Social justice: The moral foundations of public health and health policy.* New York: Oxford University Press.

Praeg, L. (2008). An answer to the question: What is Ubuntu? *South African Journal of Philosophy, 27* (4), 367-385.

Rawls, J. (1971). *A theory of justice.* Cambridge: Harvard University Press.

Roberts, M. J. & Reich, M. R. (2002). Ethical analysis in public health. *Lancet, 259*, 1055–1059.

Rogers, W. (2006). Feminism and public health ethics. *Journal of Medical Ethics, 32*, 351-354.

Rozworski, M. & Bellefleur, O. (2013). *An introduction to the ethical implications of economic evaluations for healthy public policy.* Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: http://www.ncchpp.ca/docs/EthiqueEvalEcon_EN.pdf

Rozworski, M. (2014). *Methods of economic evaluation: What are the ethical implications for healthy public policy.* Montréal, Québec: National Collaborating Centre for Healthy Public Policy. Retrieved from: http://www.ncchpp.ca/docs/2014_EvalEcon_Methodes_En.pdf

Russell, D. (2000). *A people's dream: Aboriginal self-government in Canada.* Vancouver: UBC Press.

Sandel, M. (1982). *Liberalism and the limits of justice.* Cambridge: Cambridge University Press.

Selznick, P. (1998). Social justice: A communitarian perspective. In A. Etzioni (Ed.), *The essential communitarian reader* (pp. 61–72). Lanham: Rowman and Littlefield Publishers Inc.

Sherwin, S. (2004). A relational approach to autonomy in health care. In F. Baylis, J. Downie, B. Hoffmaster, & S. Sherwin (Eds.), *Health care ethics in Canada* (pp. 192–208). Toronto: Thompson Canada.

Sindima, H. (1990). Community of life: Ecological theology in African perspective. Available online at: http://www.religion-online.org/showarticle.asp?title=2327. This essay originally appeared as chapter 10, pp. 137-147 in C. Birch, W. Eaken, & J. B. McDaniel (Eds.). (1990). *Liberating Life: Contemporary Approaches in Ecological Theology.* Maryknoll: Orbis Books.

Stacey, J. (1994). The new family values crusaders. *Nation, 259* (4), 119–22.

Swanson, D. (2007). Ubuntu: An African contribution to (re)search for/with a 'humble togetherness'. *Journal of Contemporary Issues in Education, 2* (2), 53-67.

Upshur, R., Faith, K., Gibson, J. L., Thompson, A. K., Tracy, S., Wilson, K., & Singer, P. A. (2005). *Stand on guard for thee: ethical considerations in preparedness planning for pandemic influenza.* A report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group. University of Toronto Joint Centre for Bioethics. Retrieved from: http://www.jcb.utoronto.ca/people/documents/upshur_stand_guard.pdf.

Velasquez, M., Andre, C., Shanks, T., & Meyer, M. J. (1992). *The common good.* Santa Clara: Markkula Centre for Applied Ethics, Santa Clara University. Retrieved from: http://www.scu.edu/ethics/practicing/decision/commongood.html.

Wiredu, K. (2008). Social philosophy in post-colonial Africa: Some preliminaries concerning communalism and communitarianism. *South African Journal of Philosophy, 27* (4), 332-339.

Young, I. M. (1990). *Justice and the politics of difference.* Princeton: Princeton University Press.

Young, I. M. (2000). *Inclusion and democracy.* Oxford: Oxford University Press.

Young, I. M. (2007). *Global challenges: War, self-determination, and responsibility for justice*. Malden, MA: Polity Press.

Zhang, E. (2010). Community, the common good, and public health care—Confucianism and its relevance to contemporary China. *Public Health Ethics, 3* (3), 259–266.

Centre de collaboration nationale
sur les politiques publiques et la santé

National Collaborating Centre
for Healthy Public Policy

*Institut national
de santé publique*
Québec