

How Can We Nuance Our Thinking About Paternalism in Public Health?


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for Healthy Public Policy



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Declaration of real or potential conflicts of interest

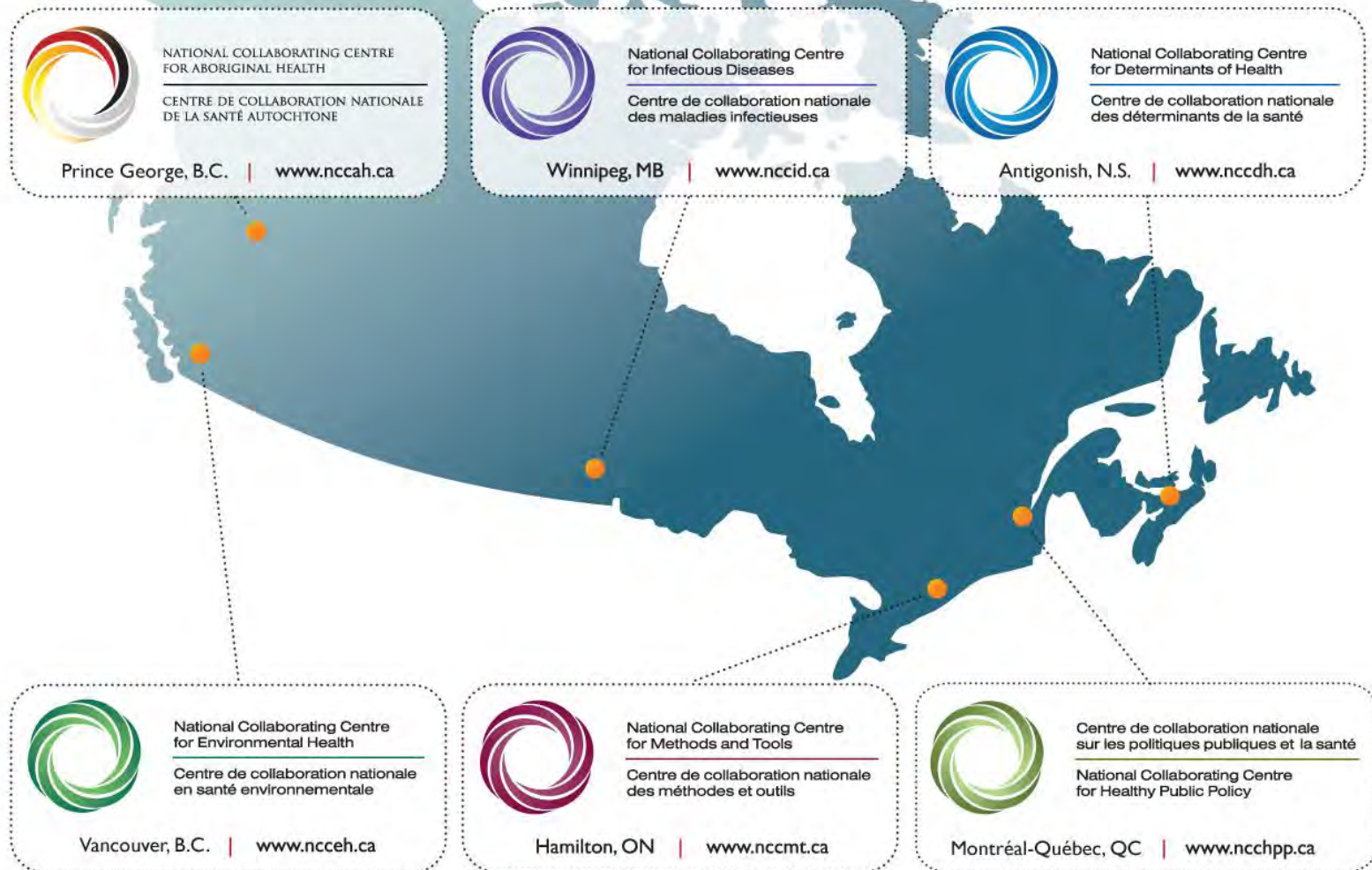
Presenters:

Olivier Bellefleur and Michael Keeling



I have no real or potential conflict of interest related to the material that is being presented today.

The National Collaborating Centres for Public Health



National Collaborating Centre for Healthy Public Policy (NCCHPP)

Our mandate

- Support public health actors in their efforts to promote healthy public policies

Our areas of expertise

- The effects of public policies on health
- Generating and using knowledge about policies
- Intersectoral actors and mechanisms
- Strategies to influence policy making



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National Collaborating Centre for Healthy Public Policy 

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Our projects



Analyzing Public Policies Knowledge Sharing Population Mental Health

Not-for-profit Organizations Advocacy

Deliberative Processes Built Environment

Health Impact Assessment Ethics

Integrated Governance Economic Evaluation Policy Processes

Health Inequalities

What's New

[NCCHPP Webinar - Policy Approaches to Reducing Health Inequalities](#)
Click to learn more and to register!

[NCCHPP & NCCMT Webinar - Priority-setting in Public Health: Evidence and Ethics in Decision-making](#)
Click to learn more and to register!

[NCCHPP & NCCID Webinar - Public Health Ethics: A Case in Infectious Disease Prevention and Control](#)
Click to watch and listen to the recording of the webinar.

[NCCHPP Webinar - Sharing Knowledge with the Advisors of Policy Makers - A Couple of Myths, a Couple of Tips](#)
Click to watch and listen to the recording of the webinar.

[NCCHPP & NCCIH Webinar - Public Health Ethics: A Case in Environmental Health](#)
Click to watch and listen to the recording of the webinar.

Needs Assessment Survey in Built Environment: please help us plan our work in the coming years.

How can we make healthy public policies?

<http://www.ncchpp.ca/en/>

And you...



...who are
you?

Plan

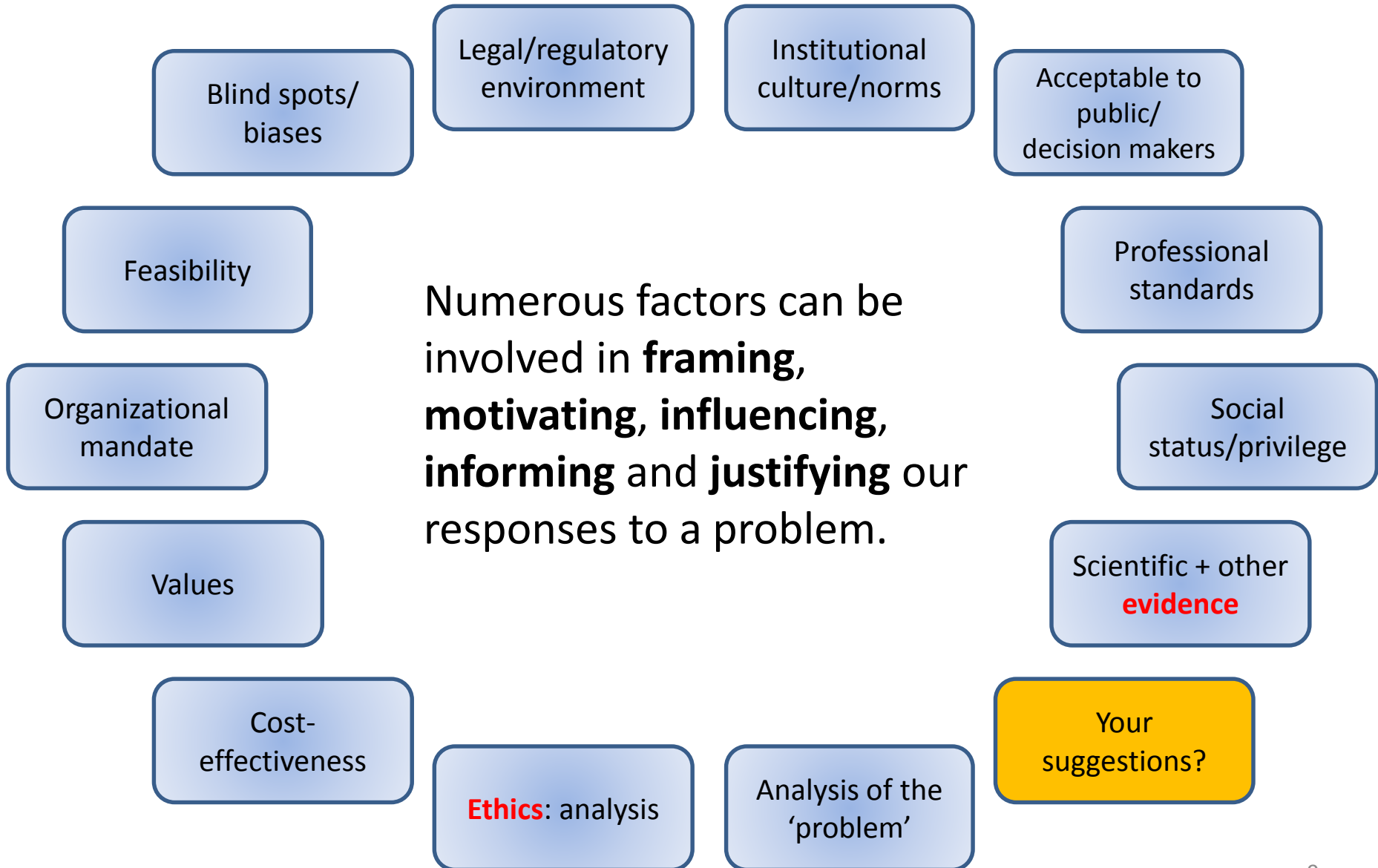
1. Our **approach** and our **work**
2. **Ethics frameworks** for public health, a brief reminder
3. **Paternalism** in public health

15-minute break (+/- 5:30-5:45)
4. **Discussion** about paternalism and a tool... maybe with the help of a framework and a case

Our approach

- Ethics is one important dimension of informed decision-making;

What to *do*? How to *decide*?



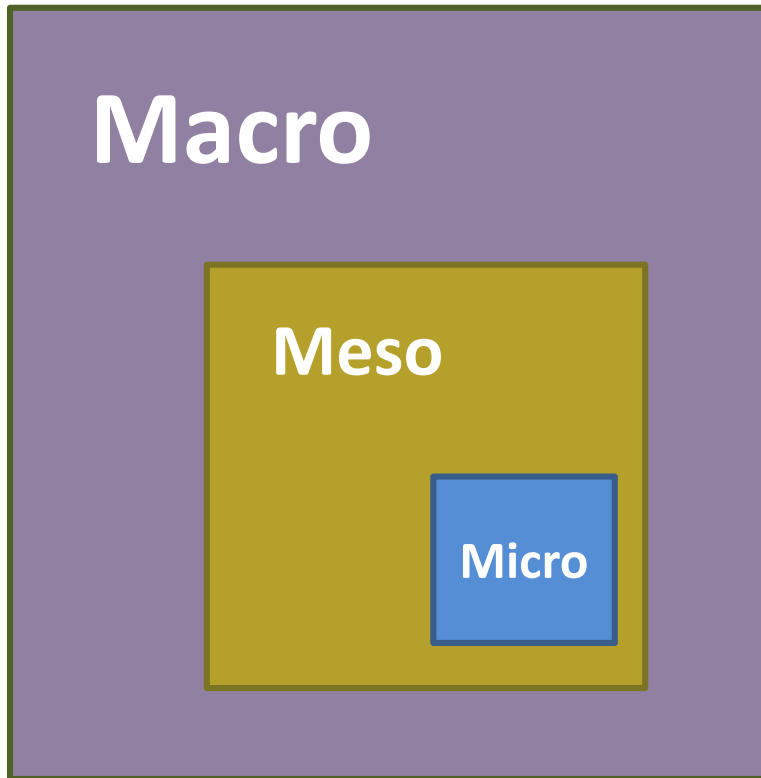
These are just a few among many. All of these are important and call for critical attention.

Our approach

- Ethics is one important dimension of informed decision-making;
- Ethical issues raised by a policy or a population-wide intervention are different from interpersonal/clinical issues;

Different perspectives

At what level should we look?



This political economy?

This policy?

This community?

This institution?

This family or group?

This person or patient?

**Where they
tend to focus:**

Public Health
Ethics?

Clinical
Ethics?

Our approach

- Ethics is one important dimension of informed decision-making;
- Ethical issues raised by a policy or a population-wide intervention are different from interpersonal/clinical issues;
- Public health actors are the experts in their areas of specialization and their decision-making contexts;

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- Ethics is one important dimension of informed decision-making;
- Ethical issues raised by a policy or a population-wide intervention are different from interpersonal/clinical issues;
- Public health actors are the experts in their areas of specialization and their decision-making contexts;
- They are not all specialists in public health ethics, but they do have a practical knowledge of it;

Our approach

- Ethics is one important dimension of informed decision-making;
- Ethical issues raised by a policy or a population-wide intervention are different from interpersonal/clinical issues;
- Public health actors are the experts in their areas of specialization and their decision-making contexts;
- They are not all specialists in public health ethics, but they do have a practical knowledge of it;
- We can equip them, inform them about key concepts or theories... but we don't have the pretension nor the legitimacy to tell them what they *should* do.

Our work: publications

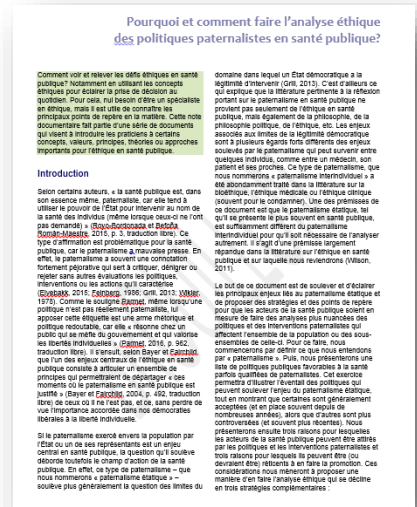
'Principlism' and Frameworks in Public Health Ethics

http://www.ncchpp.ca/docs/2016_Ethics Principlism En.pdf



How to (and Why) Analyze the Ethics of Paternalistic Policies in Public Health?

(in press)



Our work: collected and adapted resources

Repertoire – Ethics Frameworks for Public Health

http://www.ncchpp.ca/708/Repertoire_of_Frameworks.ccnpps



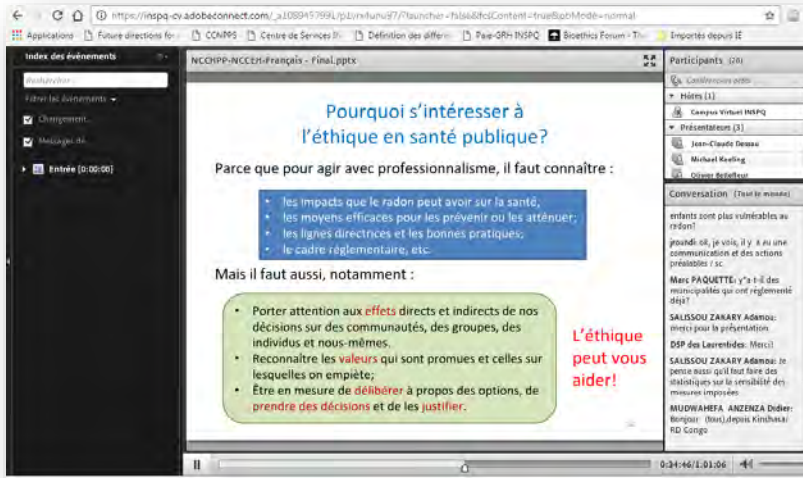
Adapted Summaries of Public Health Ethics Frameworks and Very Short Case Studies

http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1525



Our work: webinars

Priority-setting in Public Health: Evidence and Ethics in Decision-making



With Dr. Megan Ward, Associate Medical Officer of Health, Region of Peel – Public Health
February 21, 2017, 14h00-15h30

In partnership with the NCCMT

The PowerPoint and recording are available here:

http://www.ncchpp.ca/128/Presentations.ccnpps?id_article=1625

Our work: workshops



Analyzing the Ethics of Paternalism in Public Health: Applying and Testing a New Framework

http://www.ncchpp.ca/128/Presentations.ccnpps?id_article=1631

We need your help!

When? March 31, 2017

Where? Toronto

Conference? The Ontario Public Health Convention (TOPHC)

Convention's website: <http://www.tophc.ca/>

Questions? Comments?



'Questions' Photo credit: Derek Bridges.
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Next:

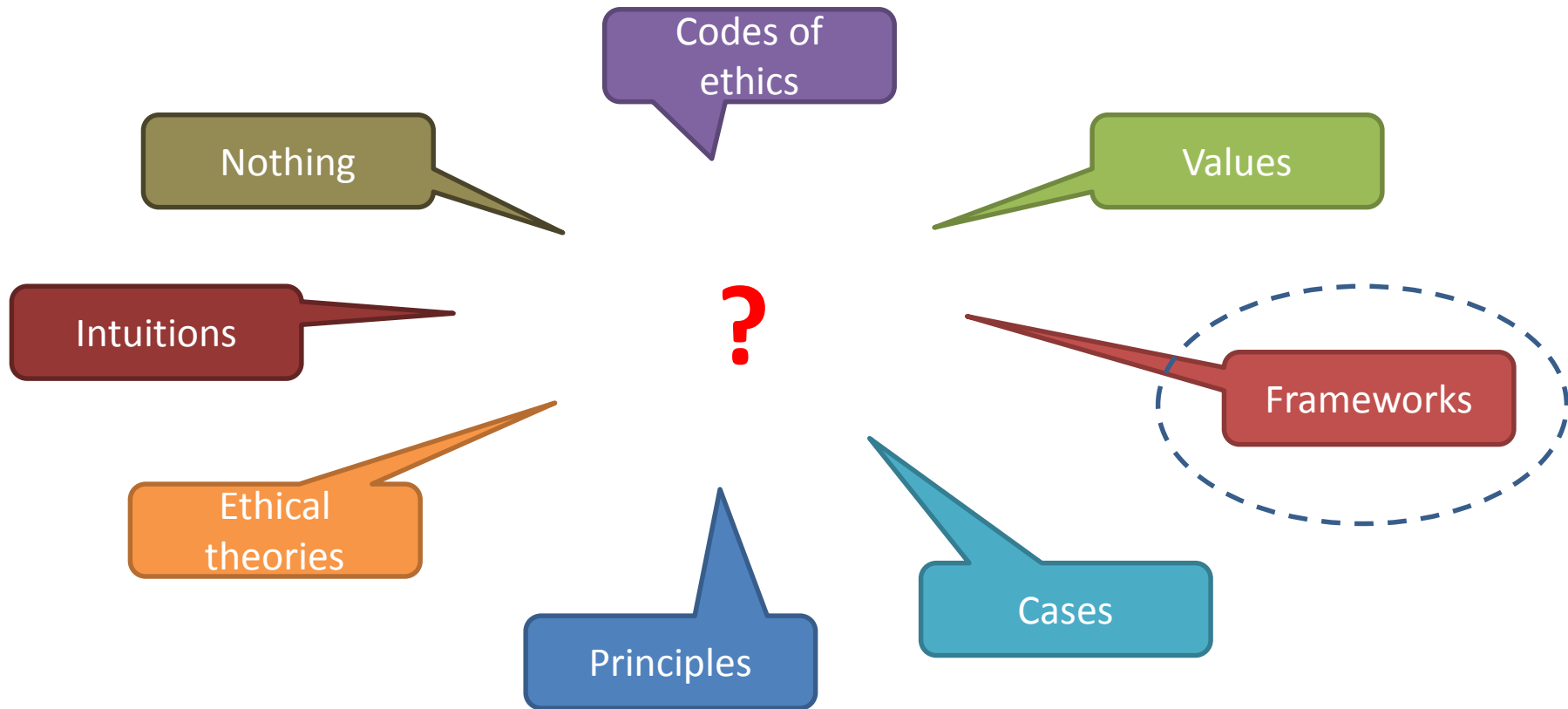
Ethics frameworks for
public health, a brief
reminder



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What can we use to help us think about ethical issues in public health?



What is an ethics framework?

A framework is a guide that can help to highlight ethical values and issues, and serve as an aid to deliberation and decision making.

What can it offer?

It provides an entry point and a structure for deliberation.

It can guide specialists in ethics as well as novices.

It provides a common language for addressing issues and values.

It provides a lens for looking at, and thereby seeing, ethical issues.

It helps to 'frame' issues.

What can it *not* offer?

It won't do the work or the thinking for you.

It won't replace your own critical perspective (and a note of caution ... a framework can produce complacency).

It won't eliminate your cognitive and other biases, though if you deliberate in more diverse groups and use a framework, this might help to reduce their effects.

How to choose a framework?

- Many are available in both the scientific and grey literatures
- Also, there are probably many more out there that have been developed or adapted for use but that are not publicly available
- There are significant differences among them
- Some will be better adapted for your context / organization / community / issue / policy / etc.



<http://www.ncchpp.ca/708/repertoire-of-frameworks.ccnpps>

Do we want a general framework or one designed for a specific purpose?

Scope:

For public health interventions that infringe upon individual autonomy:

Upshur, 2002

For any situation:

Kass, 2001

Marckmann et al., 2015

Filiatrault *et al.*, 2015

For pandemic preparedness:

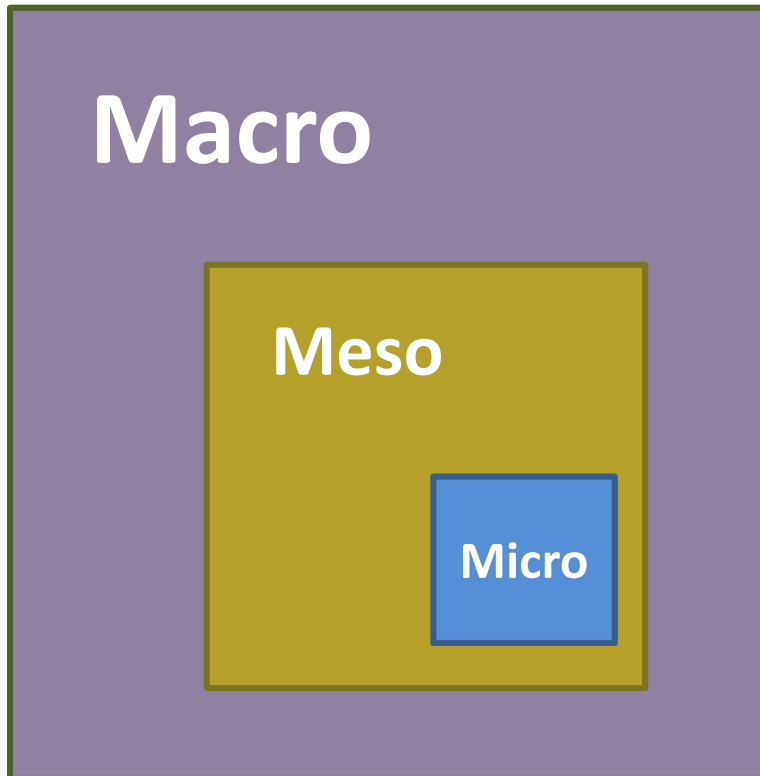
Thompson et al., 2006

For obesity or overweight prevention:

ten Have et al., 2012

Will we be evaluating at the level of programs/policies or situations involving just a few people?

Scale/perspective:



More meso-macro:

Focus more at
policy/program/structural/
population/macro levels ...

E.g., *Filiatrault et al., 2015*, *ten Have et al., 2012*; *Upshur, 2002*

More micro:

Focus more on what to do at an
individual/interpersonal/situation
level ...

E.g., *WRHA, 2015*

Are my values, those of my organization and those of the community more liberal or communitarian?

“Framing” the issues:

More liberal
(emphasis on individual autonomy)

More communitarian
(emphasis on common goods)



Childress et al., 2002

Upshur, 2002

WRHA, 2015

Kass, 2001

Thompson et al., 2006

Public Health Leadership
Society, 2002

Baylis et al., 2008

Tannahill, 2008

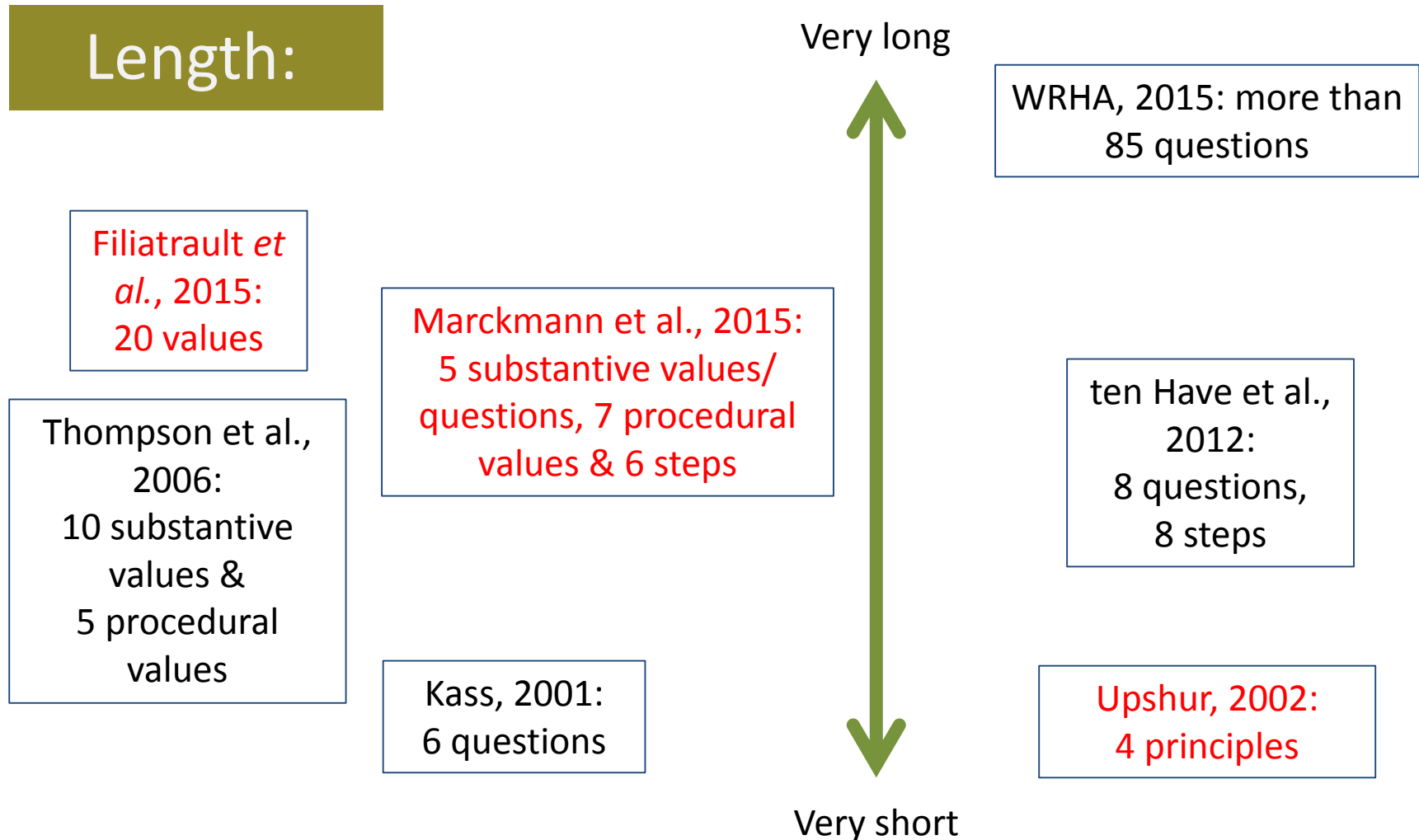
ten Have et al., 2012

Do we prefer using principles or questions to raise ethical issues?

Form:

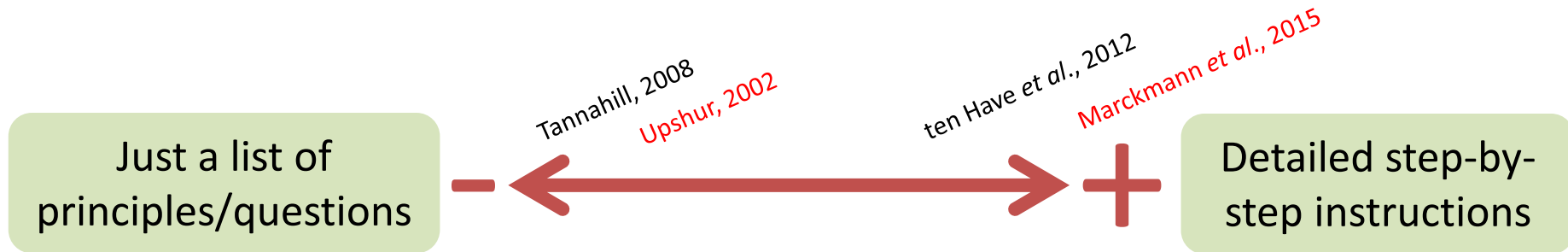
- **Principle-based frameworks:**
 - Propose a series of principles to consider
 - Childress et al., 2002
 - Upshur, 2002
 - Filiastrault *et al.*, 2015
- **Question-based frameworks:**
 - Pose a series of questions that evoke principles or values
 - ten Have et al., 2012
 - Marckmann *et al.*, 2015
 - Public Health Ontario, 2012

How much time do we have for the ethical analysis?

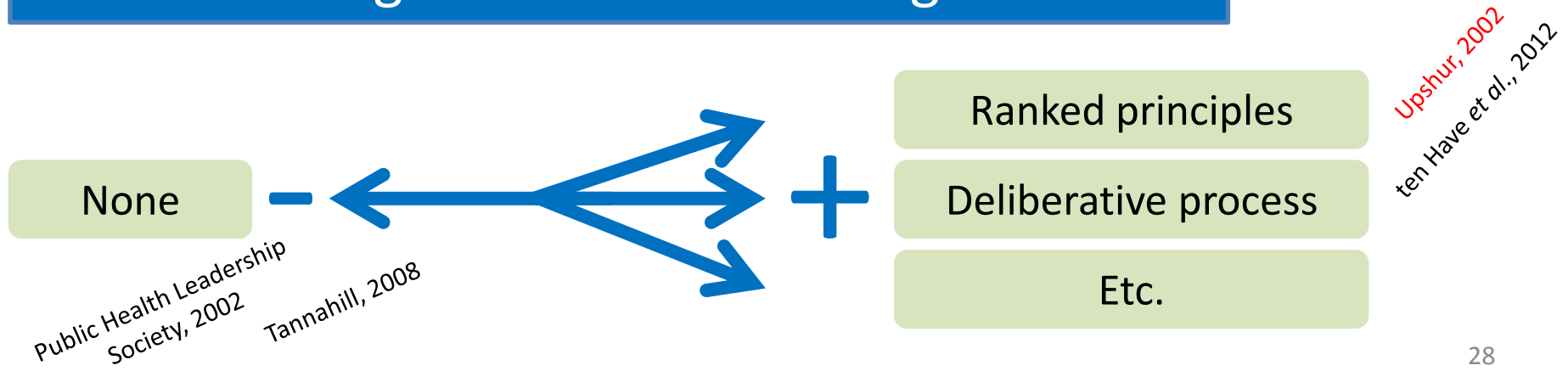


What sort of guidance do we want?

Practical guidance for how to proceed:



Normative guidance for resolving conflicts:



Our approach...

“ How can we perceive and address ethical challenges in public health practice and policy? One way is by using ethical concepts to shed light on everyday practice. One does not have to be a specialist in ethics to do so. This document is part of a series of papers intended to introduce practitioners to some concepts, values, principles, theories and approaches that are important to public health ethics.”

Questions? Comments?

What do you think:

Do frameworks represent a good approach for public health?



Next:

Paternalism in public health

Paternalism in public health

What do you think? Is it legitimate for the state to:

A. Forbid people from smoking in cars while children are present?

Should we protect people against others?

Harm principle

B. Forbid people from smoking in cars, even when they are alone?

Should we protect people against themselves?

Paternalism

Political liberalism



Objectives of this section

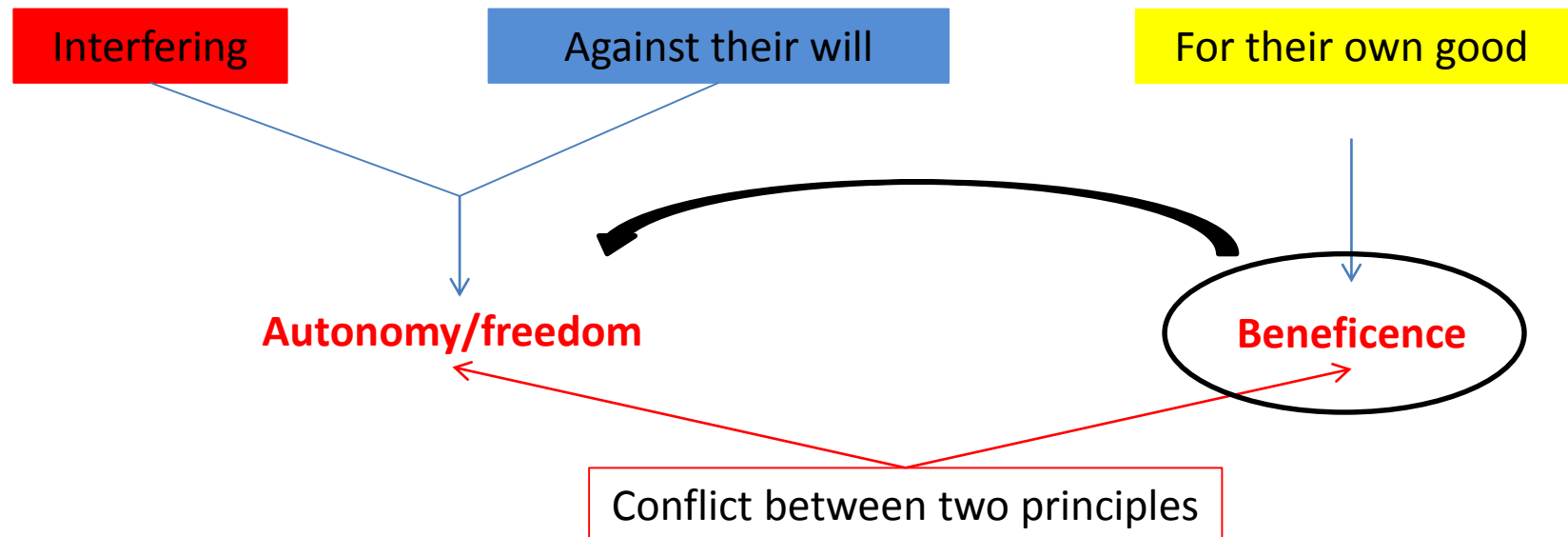
To briefly answer the following questions:

- What is **paternalism**?
- Why talk about paternalism **in public health**?
- Why are we **uneasy** (or why should we be uneasy) about promoting paternalistic policies?
- How to do an **ethical analysis** of policies that are said to be paternalistic in public health?

What is paternalism?

“Paternalism is the **interference** of a state or an individual with another person, **against their will**, and defended or motivated by a claim that the person interfered with **will be better off** or **protected from harm**.”

(Dworkin, 2002)



Why talk about paternalism in public health? (1)

- A formidable rhetorical weapon



“Paternalism is something we often accuse people of.”

- Feinberg (1986), p. 4.

It's the paternalistic government that forces us to...
It's the *nanny state* telling us to...

... it is therefore to be rejected without further consideration.

Why talk about paternalism in public health? (2)

- A formidable rhetorical weapon
- Policy-level contexts (not clinical-level)

State paternalism:

public policies/
population-level interventions

State → Population(s)

Tax sugary beverages

Public health ethics

Inter-individual paternalism:

individual actions

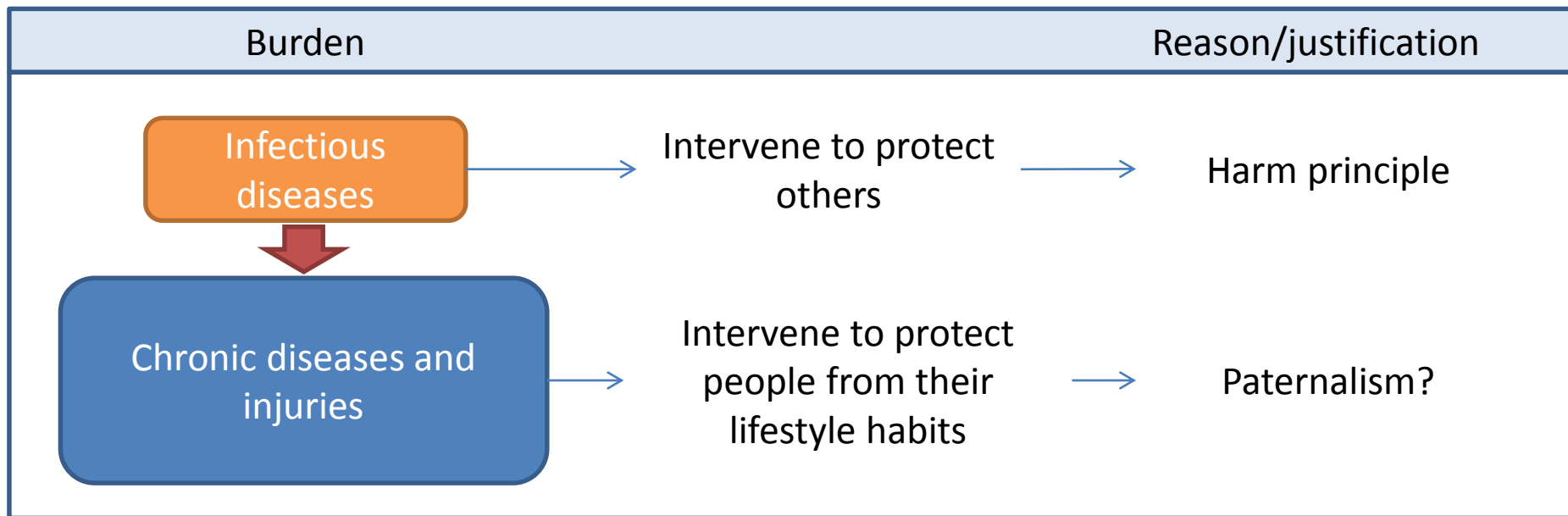
Individual(s) → Individual(s)

Medical act done
without/against patient
consent (Malette vs Shulman)

Medical ethics/bioethics

Why talk about paternalism in public health? (3)

- A formidable rhetorical weapon
- Policy-level contexts (not clinical-level)
- Epidemiological shift (wealthy countries)



In Canada: 1974, *A new perspective on the health of Canadians* (the Lalonde Report).

Why talk about paternalism in public health? (4)

- A formidable rhetorical weapon
- Policy-level contexts (not clinical-level)
- Epidemiological shift (wealthy countries)
- Certain paternalistic policies would be:

More effective?

- There are limits to what information campaigns can achieve

More efficient?

- Limiting options can be less costly

More equitable?

- Freedom of choice in the free market creates, in an unequal world, health inequalities

Examples of public policies in public health that have been called paternalistic

- Prohibition of the sale of cigarettes, alcohol, cannabis, tanning salon sessions to minors
- Mandatory seat belt use in cars
- Mandatory use of helmets for motorcycling, bicycling or playing some professional sports
- Prohibition of swimming at public beaches in the absence of a lifeguard
- Limits on fast food restaurants around schools
- Limits on the serving sizes of sugary drinks
- Taxes on sugary drinks, alcohol, cigarettes, etc.
- Fluoridation of drinking water
- ...

Why are we uneasy (or why should we be uneasy) about promoting paternalistic policies? (1)

- "Competent adults shouldn't be treated like children"

The metaphor: the state would be acting like a good father (or a good parent) acts toward his children, limiting their freedom for their own good

- Implicit: people are treated like children, unable to decide for themselves what's best for them

Lack of respect!

Why are we uneasy (or why should we be uneasy) about promoting paternalistic policies? (2)

- "Competent adults shouldn't be treated like children"
- "One should be free to do as one wishes as long as it doesn't hurt anyone else"

Harm principle

The state should protect people from one another:

- Second-hand smoke
- Quarantines
- Speed limits
- ...

But it must not otherwise interfere with citizens' freedom

Impinging on freedom!

Why are we uneasy (or why should we be uneasy) about promoting paternalistic policies? (3)

- "Competent adults shouldn't be treated like children"
- "One should be free to do as one wishes as long as it doesn't hurt anyone else"
- "No one is in a better position than me to know what is good for me"

The state could be wrong

The state imposes the value of health as the ultimate value

The state imposes its conception of the good life

Does more harm than good!

Healthism!

Perfectionism!
Tyranny of the majority!

Perfectionism?

Tyranny of the majority? (1)

Wanting to
limit the
serving size...

...of this
one

...but not
that one



'The Big Gulp at Jalapeños' Photo credit: Bill Barnett.
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'Wine' Photo credit: Oliver Wagner.
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Perfectionism?

Tyranny of the majority? (2)

One wants to
require ...



...this



...but not
that



'Cyclist without helmet' Photo credit: Stephen Rees.
Flickr.com. Licence: Creative Commons

'Motoring helmet' Photo credit: Carlton Reid.
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Summary: the story so far...

- **There are good reasons to talk about state paternalism in public health:**
 - A formidable rhetorical weapon
 - Policy contexts
 - Epidemiological shift
 - More effective, efficient or equitable?
- **There are good reasons to be reticent about promoting paternalistic policies:**
 - Lack of respect
 - Impinges on freedom
 - Causes more harm than good, healthism, perfectionism, tyranny of the majority

Questions/comments?



'Interdit, Saintes-Maries-de-la-Mer 13 Bouches-du-Rhône France' Photo credit: Jacques Caffin.
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Next:

How to analyze
policies that are
called paternalistic?



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How to do an ethical analysis of policies in public health that are called paternalistic?

An approach that combines three strategies:

1. Identifying non-paternalistic reasons for the policy option
2. Differentiating between types of paternalism
3. Using an ethics framework to help to navigate conflicts between values

1st strategy: paying attention to non-paternalistic reasons

There is rarely just one unique reason for intervening (or not).



'Flu Shot' Photo credit: WFIU Public Radio.
Flickr.com. Licence: Creative Commons

Example: Mandatory flu vaccination for health workers

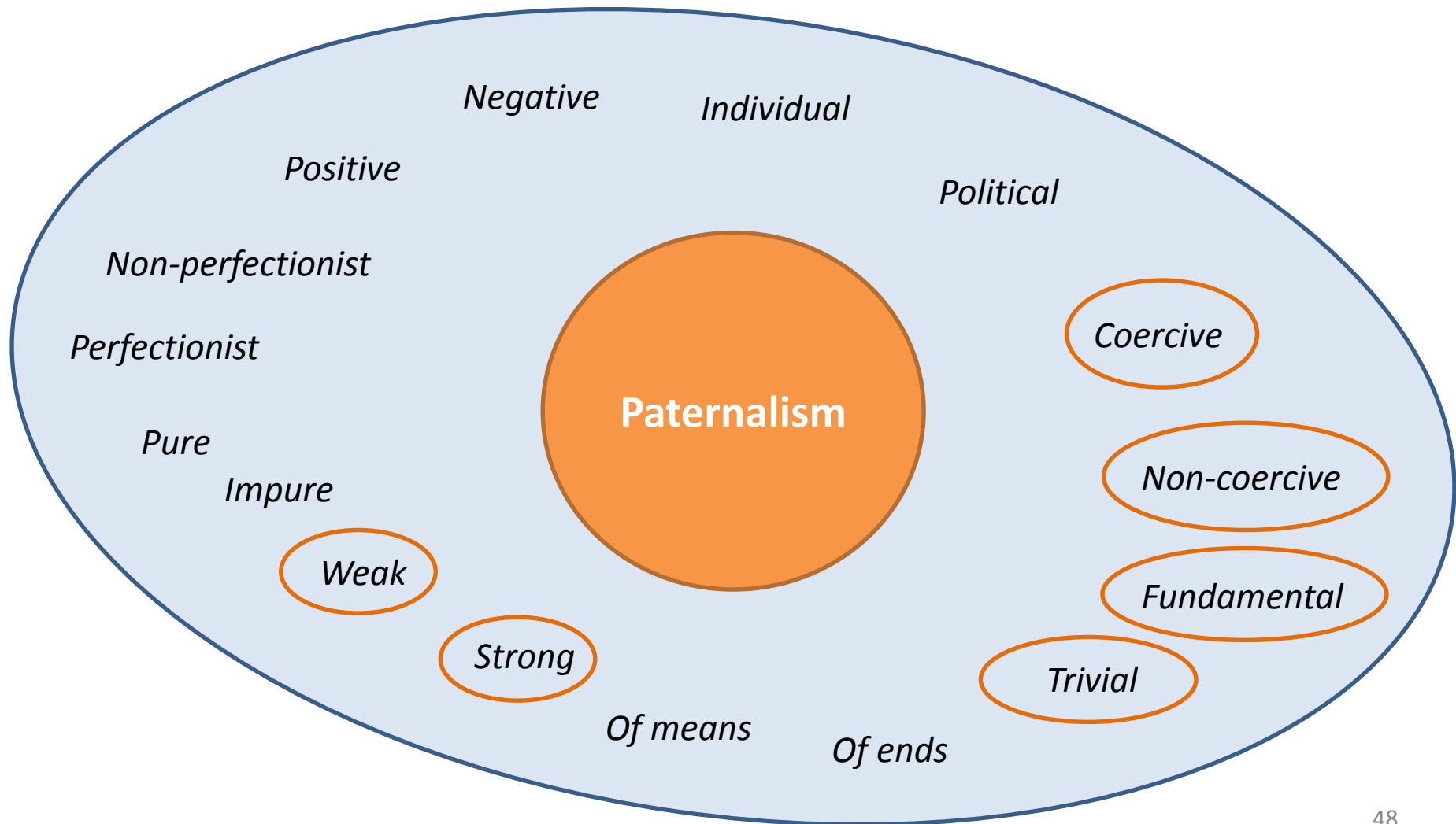
- For their own good, but against their will (**paternalism**)
- For their own good, but with their consent (**beneficence**)
- To establish herd immunity (**common good**)
- To avoid harming others (**harm principle**)
- To protect the most vulnerable (**justice, equity, etc.**)
- To avoid imposing a burden on the community (**justice, efficiency**)
- Etc.

- Does a paternalistic reason figure among those reasons behind the policy that is "called" paternalistic?
- If yes, should we automatically reject the policy?

Suggested response: no.

A good ethical analysis will consider all of the reasons and the values in play.

2nd strategy: differentiating between types of paternalism



Survey (2)

What do you think? Is it legitimate for the state to forbid:

A. Access to tanning salons by minors?

B. Tanning salons?

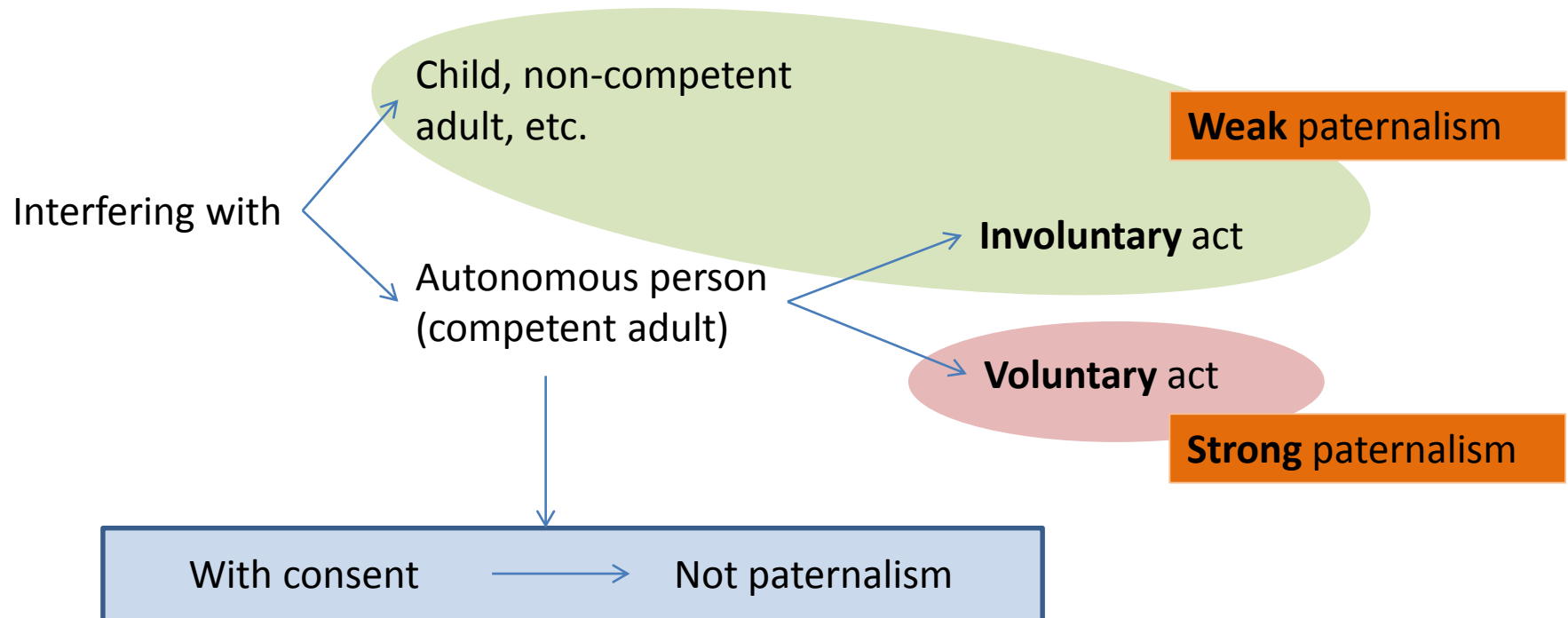


'Vitamin D Fix' Photo credit: Evil Erin.
Flickr.com. Licence: Creative Commons

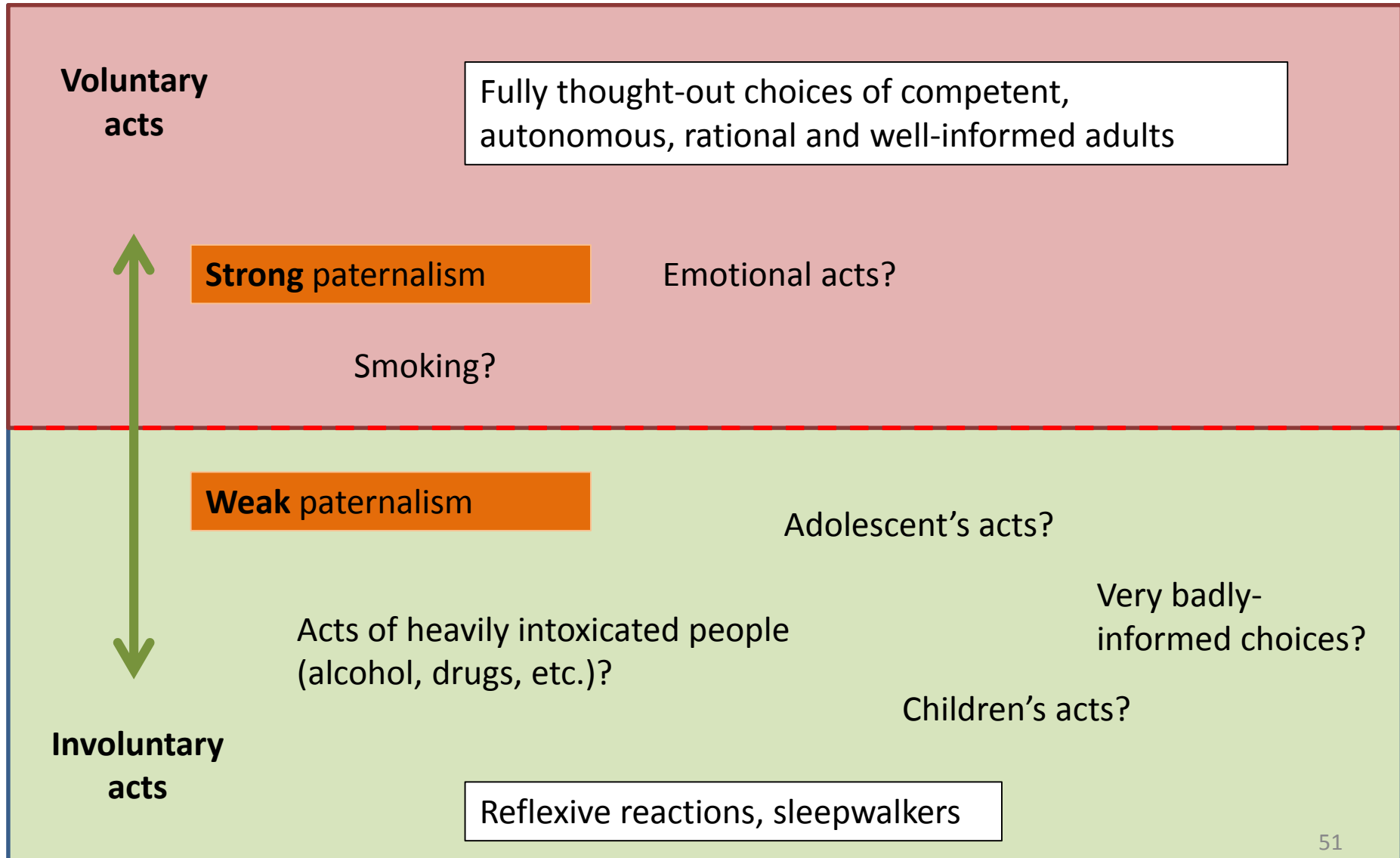
Distinction 1: **strong** or **weak** paternalism?

“Paternalism is the interference of a state or an individual with another person, **against their will**, and defended or motivated by a claim that the person interfered with will be better off or protected from harm.”

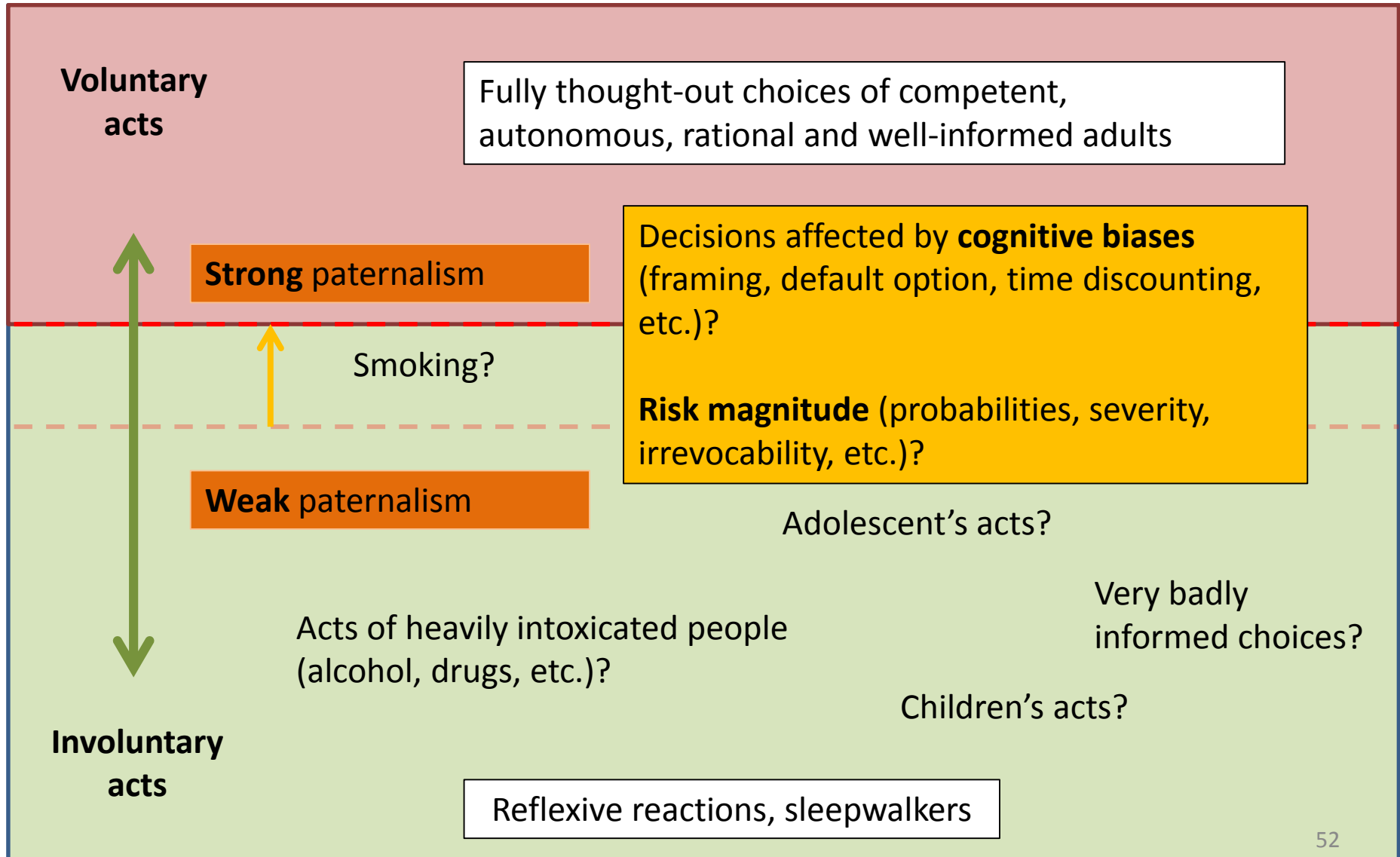
(Dworkin, 2002)



Voluntary/involuntary acts (1)



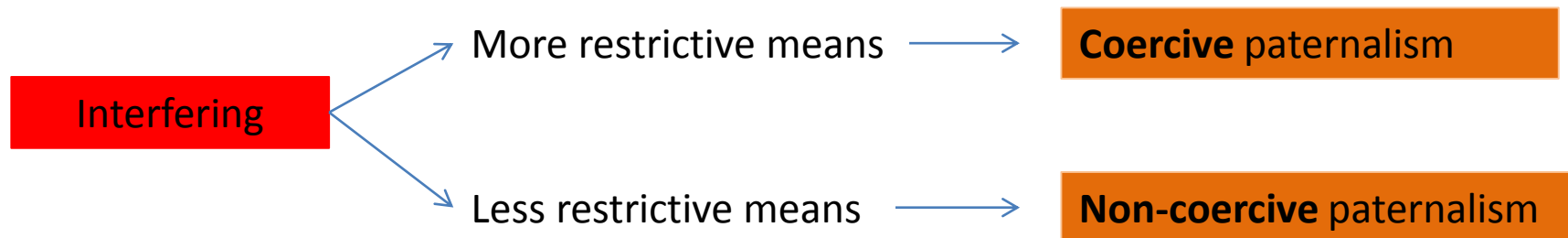
Voluntary/involuntary acts (2)



Distinction 2: **coercive** or **non-coercive** paternalism?


“Paternalism is the **interference** of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm.”

(Dworkin, 2002)



Assessing the degree of interference upon (negative) freedom

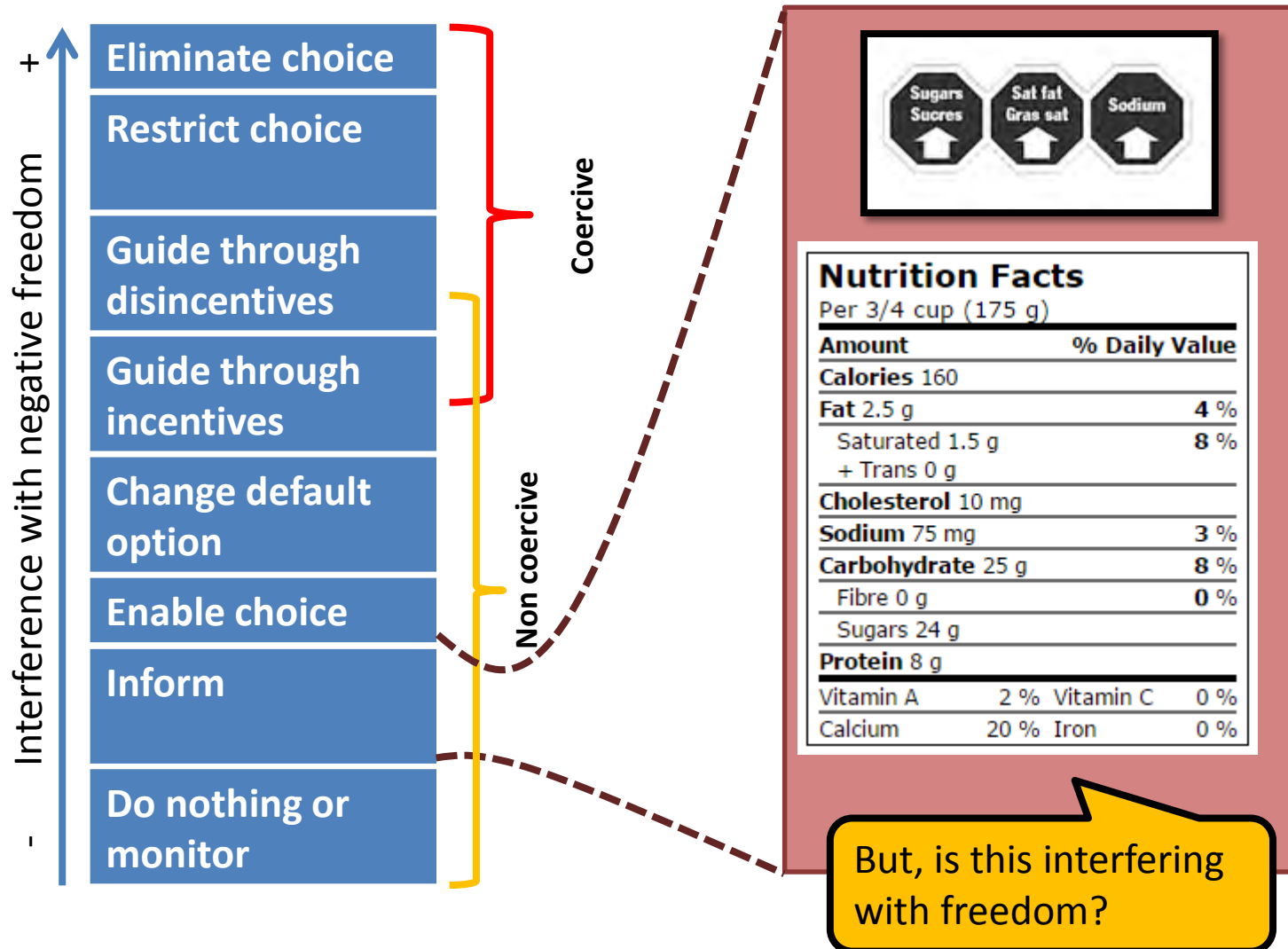
The Nuffield Council on Bioethics' (2007) intervention ladder



Eliminate choice	Ban cigarettes and trans fats
Restrict choice	Limit fast-food restaurants around schools; limit the size of sugary drinks
Guide through disincentives	Tax sugary drinks; limit the supply of parking spaces
Guide through incentives	Subsidize public transit
Change default option	Change the default option from French fries to salad
Enable choice	Build cycle paths; offer healthy food choices in public arenas
Inform	Mandatory nutrition labelling
Do nothing or monitor	Monitor trends in overweight and obesity

Assessing the degree of interference upon (negative) freedom

The Nuffield Council on Bioethics' (2007) intervention ladder

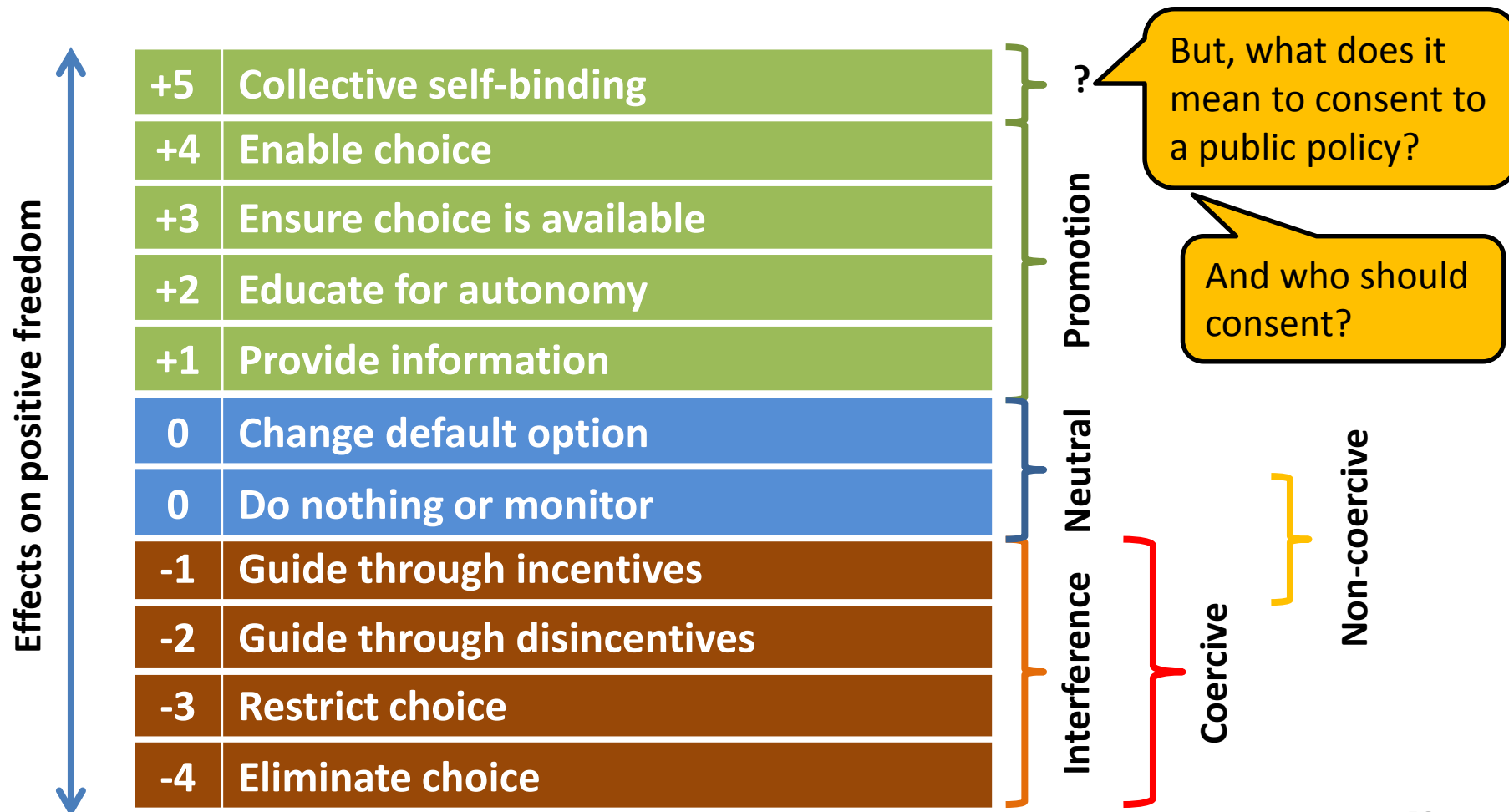


Source: Gouvernement of Canada.
<http://canadiensante.gc.ca/health-system-systeme-sante/consultations/labels-nutrition-etiquetage/document-fra.php>

Source: Health Canada. <http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/cons/index-eng.php>

Assessing the degree of interference upon (positive) freedom

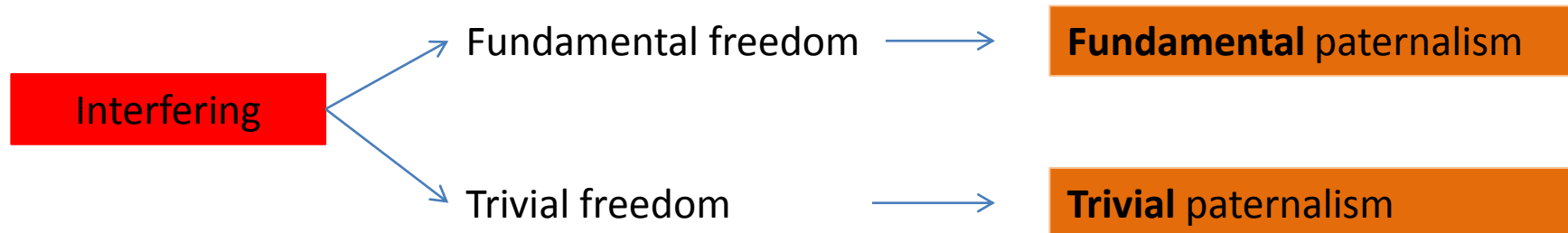
Griffiths & West's (2015) intervention ladder



Distinction 3: **fundamental** or **trivial** paternalism?

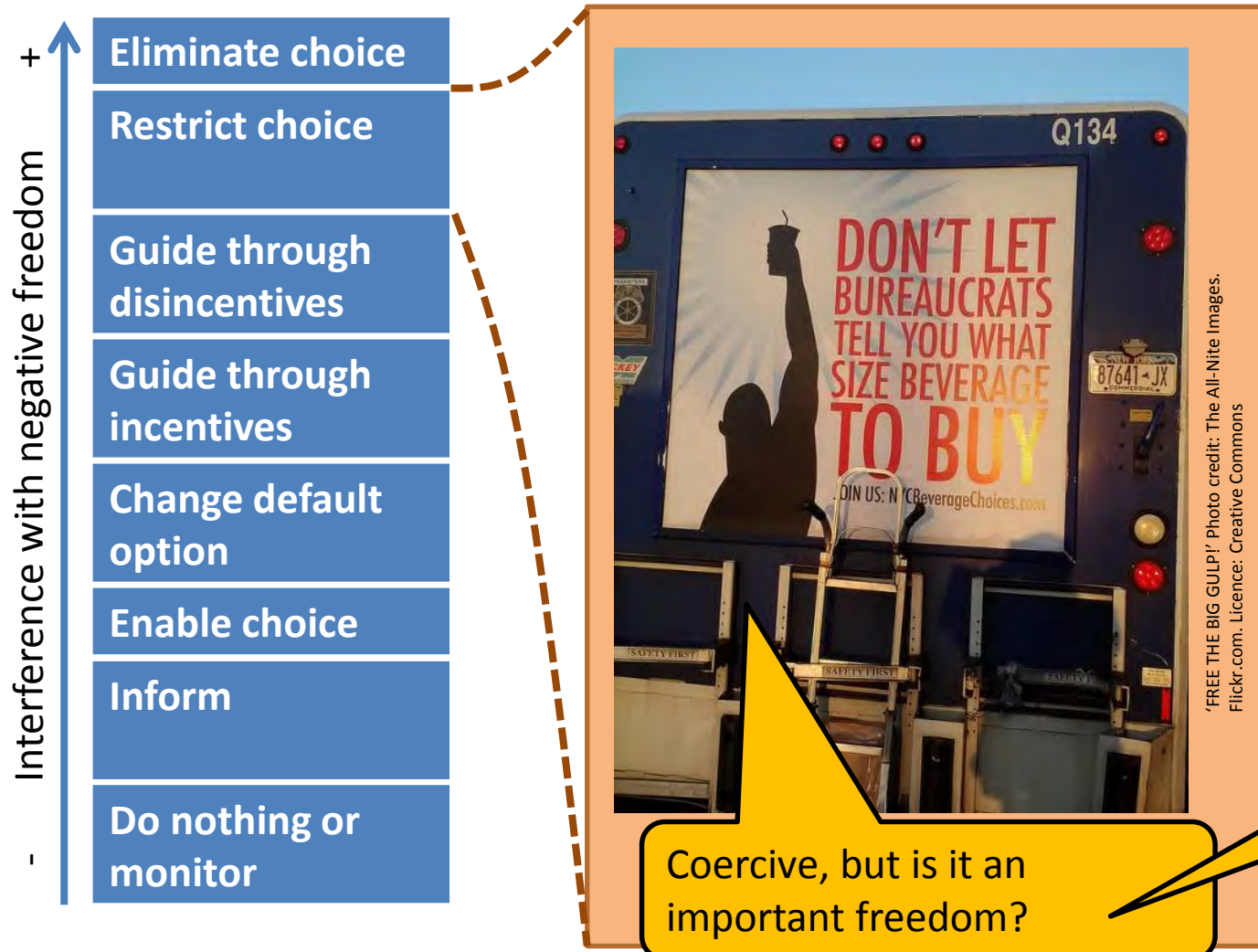
“Paternalism is the **interference** of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm.”

(Dworkin, 2002)

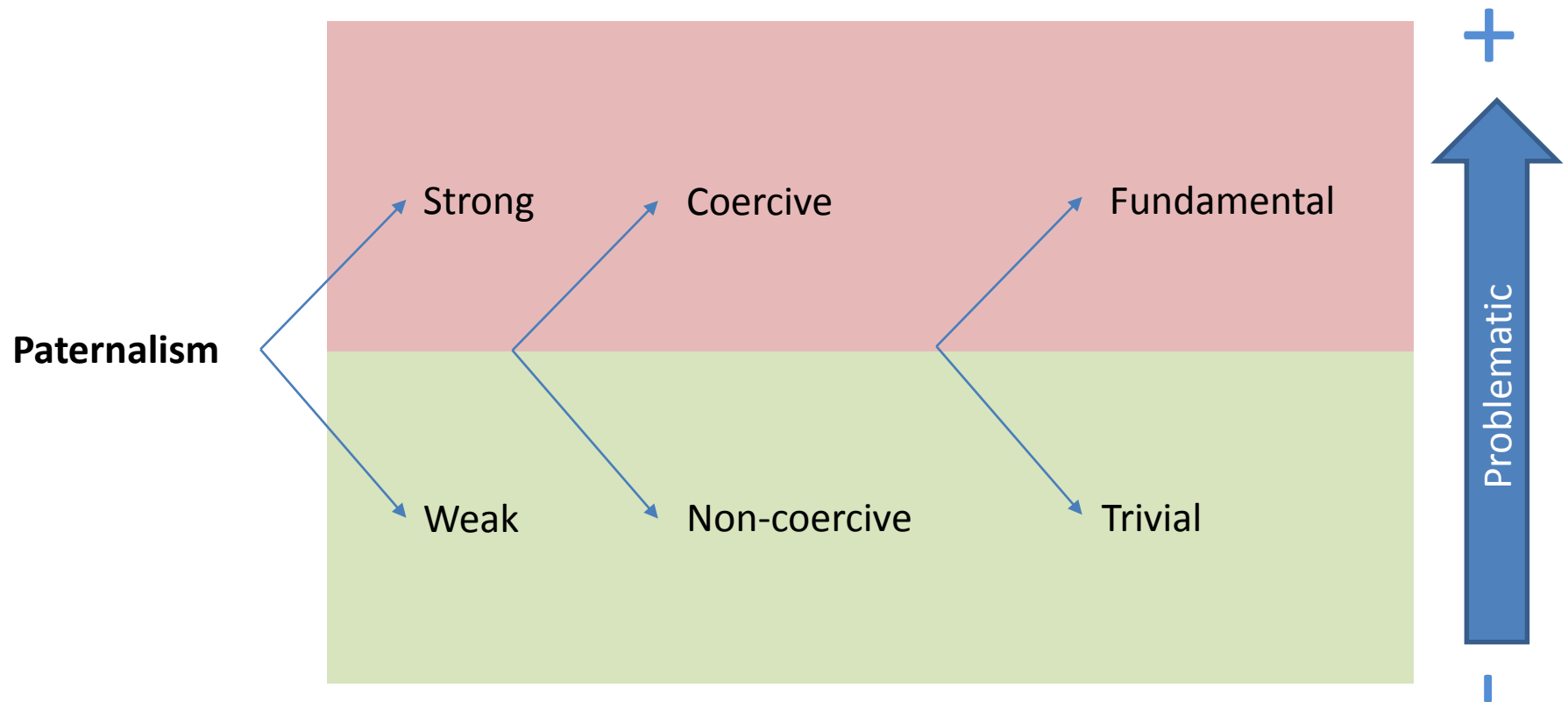


Fundamental or trivial freedom?

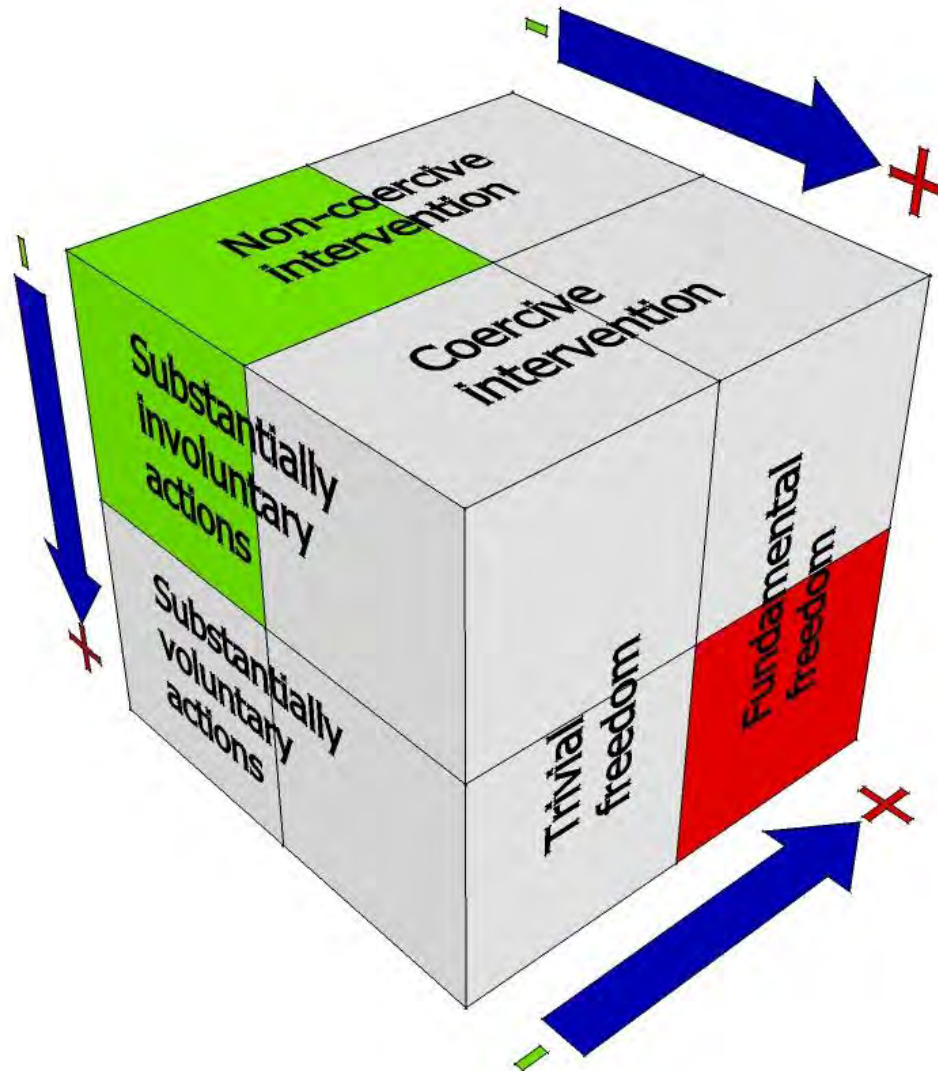
The Nuffield Council on Bioethics' (2007) intervention ladder



Some types of paternalism are more problematic than others (1)

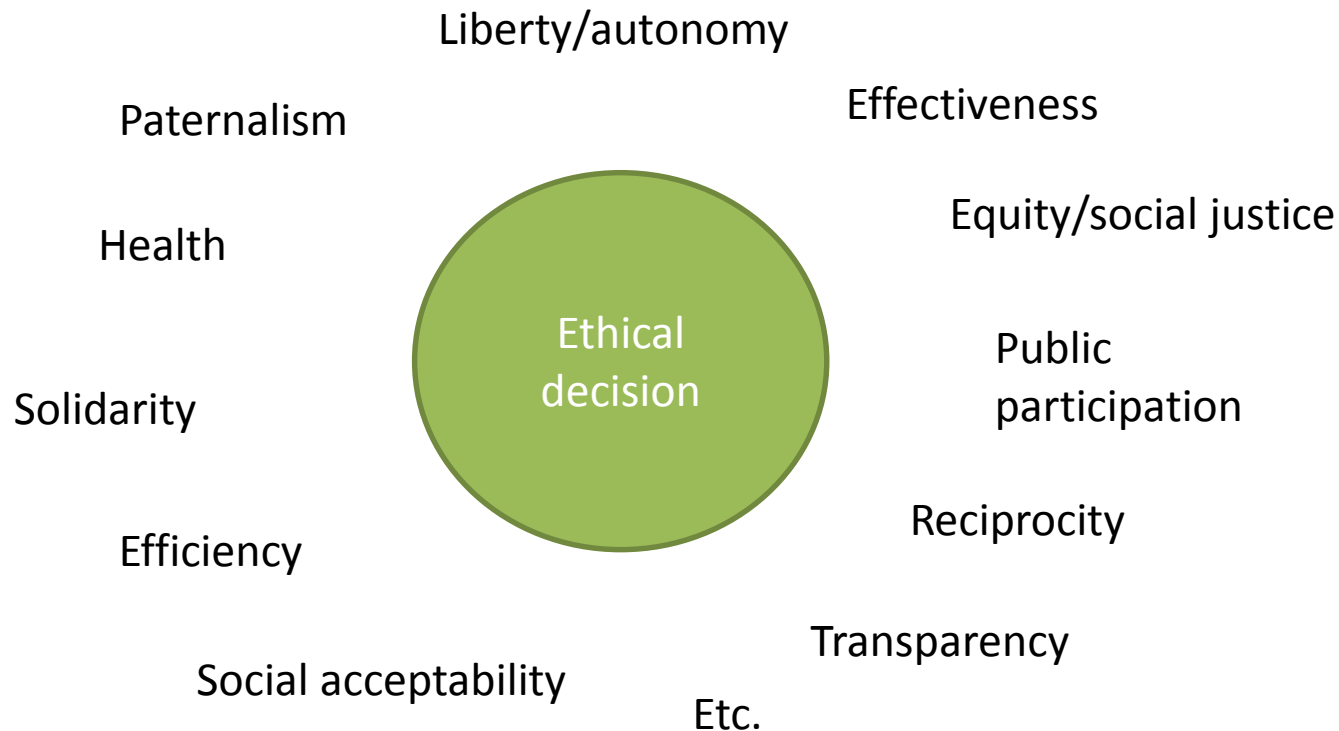


Some types of paternalism are more problematic than others (2)



3rd strategy: using an ethics framework to help to navigate conflicts between values

Many frameworks are available in public health to *help* identify issues, deliberate, and weigh between conflicting values



Take home messages

- **A paternalistic policy is** a policy justified by the protection or promotion of the well being of the persons affected that comes at a cost to their autonomy/freedom.
- There are good reasons to take an interest in policies that are "called" paternalistic in public health.
- There are good reasons to be reticent about promoting such policies without carrying out a more thorough ethical analysis.
- **3 strategies for an ethical analysis:**
 - Paying attention to non-paternalistic reasons
 - Differentiating types of paternalism (some are more problematic than others)
 - Using an ethics framework to help to navigate conflicts between values.

Questions? Comments?



'Fancy a chip?' Photo credit: Stuart Mudie.
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After the break:

How to produce a tool that is simple to use and that captures what is essential?



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How to produce a tool is simple to use
and that captures what is essential ?

A first draft for discussion...

...and perhaps to test with the help of a case and
a public health ethics framework.

A case

Soda Tax



You are representing your health authority on a Food Policy Council. A member from a not-for-profit organization wants the Council, along with City Hall, to recommend that the provincial government implement a soda tax.

Part of the tax revenue would be used to fund the *Healthy Corner Store initiative*. The rest would help to balance provincial and municipal budgets.

'lid'

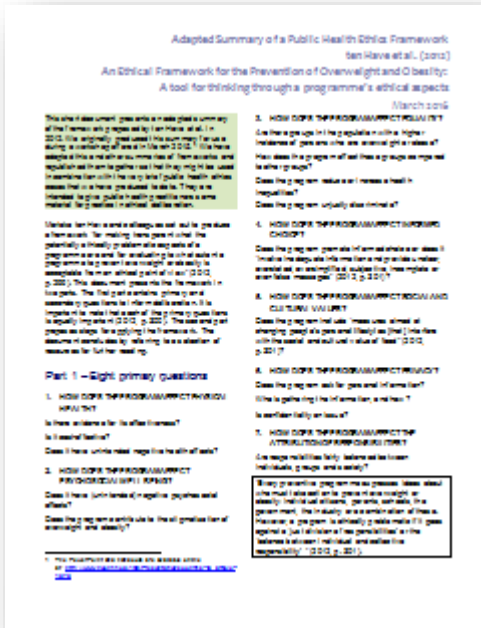
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A public health ethics framework



Its goal:

“for making transparent what the potentially ethically problematic aspects of a programme are and for evaluating to what extent a programme to prevent overweight or obesity is acceptable from an ethical point of view” (2012, p. 299).

Its structure:

- 1st part: 8 questions to inform the deliberation.
- 2nd part: 8 steps for doing the deliberation.

ten Have et al. (2012). An ethical framework for the prevention of overweight and obesity: a tool for thinking through a programme's ethical aspects.

European Journal of Public Health, 23(2), 299-305.

Available at:

<http://eurpub.oxfordjournals.org/content/23/2/299.long>

Our adapted summary is available at:

http://www.ncchpp.ca/docs/2016_eth_frame_tenHave_En.pdf

A framework: ten Have et al., 2012

1st part

How does the program affect:

1. Physical health?
2. Psychosocial well-being?
3. Equality?
4. Informed choice?
5. Social and cultural values?
6. Privacy?
7. Attribution of responsibilities?
8. Liberty?

2nd part

1. Describe the program's main ethical weaknesses.
2. Describe its main ethical strengths.
3. Discuss whether it is possible to adjust the program in order to maximize its strengths and minimize its weaknesses.
4. Discuss whether the program is likely to be effective in preventing overweight and obesity.
5. Discuss whether the program's strengths outweigh its weaknesses.
6. Discuss whether there is an alternative program with fewer ethical weaknesses.
7. Discuss whether sound justification can be provided for the remaining weaknesses.
8. Define whether and under what conditions the program is acceptable from an ethical point of view.

References (1)

- Baylis, F., Kenny, N. P., & Sherwin, S. (2008). A relational account of public health ethics. *Public Health Ethics*, 2008, 1-14. Available at: <http://noveltechethics.ca/files/pdf/259.pdf>
- 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. *Journal of Law, Medicine & Ethics*, 30(2), 169–177. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-720X.2002.tb00384.x/epdf>
- Dawson, A. (2010). Theory and practice in public health ethics: A complex relationship. In S. Peckham & A. Hann (Eds.), *Public Health Ethics and Practice*. Bristol: The Policy Press.
- Dworkin, G. (2002). Paternalism. *Stanford Encyclopedia of Philosophy*.
- Feinberg, J. (1986). *Harm to self. The Moral Limits of the Criminal Law, volume 3*. New York and Oxford: Oxford University Press.
- Filiatrault, F., Désy, M., & Leclerc, B. (2015). *Référentiel de valeurs pour soutenir l'analyse éthique des actions en santé publique*. Montréal, Québec: Institut national de santé publique du Québec. Available at: https://www.inspq.qc.ca/sites/default/files/publications/2010_referentiel_valeurs_analyse_ethique.pdf
- Griffiths, P. E. & West, C. (2015). A balanced intervention ladder: promoting autonomy through public health action. *Public Health*, 129(8), 1092-1098. Available at: <http://www.sciencedirect.com/science/article/pii/S0033350615003261>
- ten Have, M., van der Heide, A., Mackenbach, J. P., & Beaufort, I. D. (2012). An ethical framework for the prevention of overweight and obesity: a tool for thinking through a programme's ethical aspects. *European Journal of Public Health*, 23(2), 299-305. Available at: <http://eurpub.oxfordjournals.org/content/23/2/299.long>
Our adapted summary is available at: http://www.ncchpp.ca/docs/2016_eth_frame_tenHave_En.pdf

References (2)

- Kass, N. E. (2001). An ethics framework for public health. *American Journal of Public Health*, 91(11), 1776–1782. Available at: <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.91.11.1776>
Our adapted summary is available at: http://www.ncchpp.ca/docs/2016_eth_frame_kass_En.pdf
- Lalonde, M. (1974). *A new perspective on the health of Canadians*. Ottawa, Ontario: Minister of Supply and Services Canada. Available at: <http://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf>
- MacDonald, M. (2015). *Introduction to Public Health Ethics 3: Frameworks for Public Health Ethics*. Montréal: National Collaborating Centre for Healthy Public Policy. Available at: http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1426
- Marckmann, G., Schmidt, H., Sofaer, N., & Strech, D. (2015). Putting public health ethics into practice: A systematic framework. *Frontiers in Public Health*, February 2015, 3(23), 8 pp. Available at: <http://journal.frontiersin.org/article/10.3389/fpubh.2015.00023/full>
Our adapted summary is available at: http://www.ncchpp.ca/docs/2015_TOPHC_Ethique_HandoutB_EN_Final.pdf
- Nuffield Council on Bioethics. (2007). *Public health: Ethical issues*. Available at: <http://nuffieldbioethics.org/wp-content/uploads/2014/07/Public-health-ethical-issues.pdf> (report - 225 pp.)
<http://nuffieldbioethics.org/wp-content/uploads/2014/07/Public-Health-short-guide.pdf> (guide - 9pp.).
- Public Health Leadership Society. (2002). *Principles of the ethical practice of public health*. Available at: https://www.apha.org/~media/files/pdf/about/ethics_brochure.ashx

References (3)

- Tannahill, A. (2008). Beyond evidence—to ethics: a decision-making framework for health promotion, public health and health improvement. *Health Promotion International*, 23(4), 380-390. Available at: <http://heapro.oxfordjournals.org/content/23/4/380.full.pdf+html>
- Thompson, A. K., Faith, K., Gibson, J. L., & Upshur, R. E. G. (2006). Pandemic influenza preparedness: An ethical framework to guide decision-making. *BMC Medical Ethics*, 7(12). Available at: <http://www.biomedcentral.com/1472-6939/7/12>
- Upshur, R. E. G. (2002). Principles for the justification of public health intervention. *Canadian Journal of Public Health*, 93(2), 101-103. Available at: <http://journal.cpha.ca/index.php/cjph/article/view/217>
Our adapted summary is available at: http://www.ncchpp.ca/docs/2016_eth_frame_upshur_En.pdf
- Willison, D., Ondrusek, N., Dawson, A., Emerson, C., Ferris, L., Saginur, R., Sampson, H., & Upshur, R. E. G. (2012). A framework for the ethical conduct of public health initiatives. Public Health Ontario. Available at: <http://www.publichealthontario.ca/en/eRepository/PHO%20%20Framework%20for%20Ethical%20Conduct%20of%20Public%20Health%20Initiatives%20April%202012.pdf> Also, this shorter document discusses the framework and provides a table of its Ten guiding questions: Willison, D. J., Ondrusek, N., Dawson, A., Emerson, C., Ferris, L. E., Saginur, R., Sampson, H., & Upshur, R. (2014). What makes public health studies ethical? Dissolving the boundary between research and practice. *BMC Medical Ethics*, 15(61), 1-6. Available at: <http://bmcmethics.biomedcentral.com/articles/10.1186/1472-6939-15-61>
- Winnipeg Regional Health Authority, Ethics Services (WRHA). (2015a). *Ethical decision-making framework: Evidence informed practice tool*. Available at: <http://www.wrha.mb.ca/extranet/eipt/EIPT-037.php>

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