Ethics Education in Public Health: Where Are We Now and Where Are We Going? – Summary

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This summary, produced in English and in French by the National Collaborating Centre for Healthy Public Policy (NCCHPP), was originally intended to provide francophone readers with easy access to the key information from the original published article, a literature review of the state of ethics education in schools of public health. We have also produced this English-language version for those who wish a short summary of the findings from the literature review. The authors of the review are part of a research team at the École de santé publique de l'Université de Montréal (the School of Public Health at the University of Montréal) with whom the NCCHPP has partnered on different aspects of a larger project of which this is a part.

Introduction

In their article, Doudenkova, Bélisle-Pipon, Ringuette, Ravitsky, & Williams-Jones (2107)[1] set out to review the international and Canadian public health and bioethics literatures in order to learn about public health ethics (PHE) education in public health programs and schools, specifically:

- To summarize what the studies said about PHE education in the United States, Europe, Canada and India (the only other country that was the subject of a study);

- To "explore current attitudes and educational approaches toward ethics curricula in public health" (p. 109); and

- To identify and discuss the barriers to PHE education.

The authors focused on scientific literature and referred to only a few sources from the grey literature to provide context for their work.

International experiences with public health ethics education

The literature shows that the United States (US) and Europe have taken the lead in terms of leadership and influence in PHE education, and particularly in the US where work in PHE started about ten years before it did in Europe.

UNITED STATES

Work that began in the 1970s culminated in the production in the 2000s of a model curriculum, a code of ethics, and a set of skills for ethical practice which informed a set of core competencies for graduate-level education in public health. In spite of these advances, there remains room for improvement, particularly in terms of the number of schools requiring ethics education for some or all graduates, as well as questions in general about how much ethics education graduates really receive.

EUROPE

The European experience in PHE is less well-documented than that of the US. What literature there is shows that while most schools highly value ethics and have some ethical component in their teaching, it is variable and often unsatisfactory in terms of how ethics training is integrated into curricula, how much there is, and how teachers are trained. However, Europe may be catching up to the US, as interest has been growing since the mid-1990s.

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[1]   We encourage readers to consult the original article, available here (open access): https://link.springer.com/article/10.1007/s40889-017-0038-y. Doudenkova, V., Bélisle-Pipon, J.-C., Ringuette, L., Ravitsky, V., & Williams-Jones, B. (2017). Ethics education in public health: where are we now and where are we going? *International Journal of Ethics Education*, 2017. DOI: 10.1007/s40889-017-0038-y.

Summary

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2

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CANADA

While interest in public health ethics has been growing in recent years and the context is favourable for developing ethics training in schools, "very little is known about the state of ethics education" in Canada's schools of public health (p. 114) and there have been no systematic studies to date to remedy this situation.[2]

INDIA

Outside of those from the US, Europe and Canada, there was only one other study found. This was about PHE education in India and reported little consensus about ethics education or standardization of curriculum for ethics teaching in schools of public health. In general, ethics is not yet sufficiently recognized.

SUMMARY

Overall, however, the place of ethics is coming to be recognized in public health schools, and while it is valued, its integration is less well established. Also, the education itself is highly variable. The development of public health ethics education seems to follow a pattern from "distrust and resistance, to acceptance and integration of PHE content in training programs" (pp. 115-116).

Exploring attitudes and educational approaches towards ethics curricula in public health

In general, little is known about what is taught, and how. With respect to the *how* of teaching, there are a number of approaches that can be employed and many ways of conceiving of PHE education. These include:

- Adopting various orientations along a continuum between theoretical and practice-based approaches;

- Learning about and then operating within the ethics structures and policies of the field of public health;

- Developing the ability to identify ethical issues and balance harms and benefits;

- Approaching ethics as a pragmatic means of problem solving, as a tool for dealing with dilemmas;

- Conceiving of ethics as a means of enhancing the moral character of students.

Amid this diversity of approaches, and in light of the range of roles and disciplines in public health, one could expect a corresponding diversity of goals in PHE education. This reveals a tension between the impulse to unify the field while respecting its diversity of methods and orientations. "It may not be possible or even appropriate to establish a unique vision with which to create, test or revise PHE curricula" (p. 117).

THE CONTENT AND EDUCATIONAL METHODS OF ETHICS EDUCATION

The article outlines a range of different ethical approaches in public health, from principle-based, theory-based, through the use of key themes, to problem-based using case studies, to top-down, bottom-up and various mixed approaches, etc. Similarly, there is a discussion of a range of methods of ethics instruction, with the observation that using a variety of methods and teaching approaches is beneficial. The authors draw out success factors as recommendations for PHE education, including:

- Adapt to national/local contexts, taking local needs and perceptions into account;

- Be flexible to meet the needs of different public health programs;

- Adapt the curriculum to make it relevant to students' needs and actively involve them;

- Make the course content accessible across disciplines (medicine, nursing, social work, economics, etc.) because public health is "intrinsically interdisciplinary" (p. 119).

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[2] This lack of knowledge is one reason that the research team, in partnership with the NCCHPP, conducted two surveys in 2017 to assess (i) the state of ethics education in Canadian university public health schools and programs, and (ii) to identify the needs of public health professionals in Canada

with regards to public health ethics. Information and preliminary analyses of the two surveys are available here: http://www.ncchpp.ca/126/News.ccnpps?id_article=1769.

Barriers to public health ethics education

The authors indicate that there are challenges in making the space for PHE education in schools of public health. This is not only because PHE is a fairly recent field of study. The literature identifies other barriers as well.

One such barrier is the ***absence of harmonization***: while it may be seen on the one hand as a virtue, the variety of approaches to PHE methods, course content and teaching can produce variability in standards of practice.

Another barrier is the ***disciplinary gap***: the prevalent approaches in public health (i.e., empiricist, precise, quantitative solutions to discrete problems) can be seen as being very different from those more associated with ethics (i.e., multifaceted, analogical, interpretative and qualitative). The suggestion is that this might be overcome by a flexible and progressive attitude, and by integrating ethics teaching early in students' programs in order to transcend the perception of ethics as restrictive and criticizing.

A third barrier relates to ***limited resources***: this includes a lack of teaching materials, a lack of financial and institutional support, a lack of adequately trained educators, as well as limited space for ethics curricula within programs.

Finally, another barrier is the ***strong relationship between public health and the political sphere***: ethical questioning by public health practitioners can be viewed as being critical of the structures within which they work; this may not be welcome. While this critical questioning can reveal tensions about the role of public health practitioners as advocates for public health, at the same time, there is a role for ethics training in order to promote the legitimacy of asking difficult questions.

Conclusion

Among the next steps that the authors identify based on this literature review, the lack of comprehensive knowledge about the state of PHE education calls for work to find out more. Specifically needed are:

- Quantitative studies (how much is being taught, where, and by whom?) in order to gauge the extent of PHE integration in schools;

- Qualitative studies (what is being taught, and how? as well as more about challenges to PHE implementation and issues concerning the variability of instruction);

- A "comprehensive analysis of the grey literature" (p. 121); and

- A "comparative analysis of educational methods in PHE instruction," (p. 122) as this can promote more effective methods and foster the implementation of PHE into schools.

Internationally, the state of ethics education in public health programs seems to be more the result of incidental developments rather than deliberate and coherent planning. "The only certainty in PHE education, and one that seems to be shared in the bioethics and public health literatures, is that it is important, highly variable in quantity and content, and that there is still significant room for improvement" (p. 122).

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