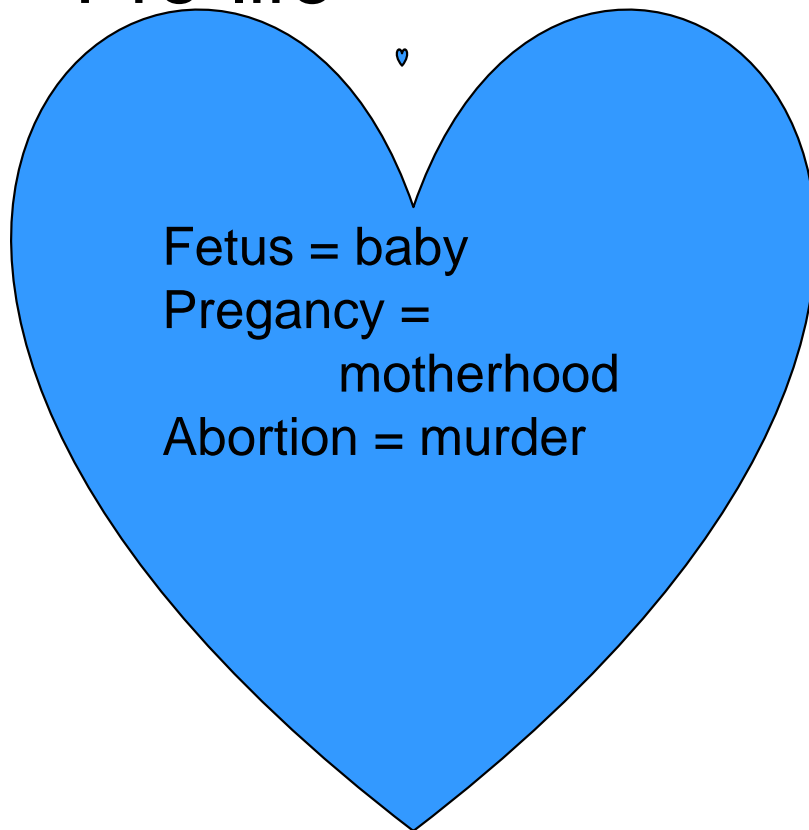# Public Health Ethics: Choosing Frames Wisely
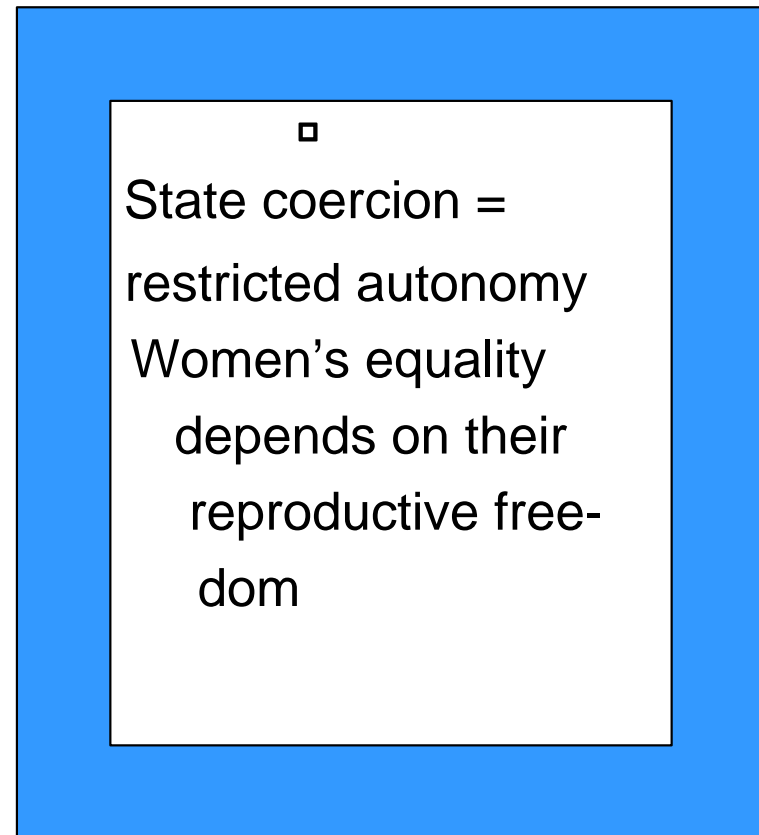
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Frames shape perceptions and responses: Abortion

■ "Pro-life"

Fetus = baby
Pregancy =
        motherhood
Abortion = murder

■ "Pro-choice"

□

State coercion =

restricted autonomy

Women's equality

depends on their

reproductive free-

dom

Health and illness

- **Dominance of biomedical model:**
  - Focus on individual bodies (minds)
  - Concerned with crisis care
  - Struggling to deal with chronic conditions
  - Most research aimed at expensive (profitable) solutions: high tech, new drugs, medical management

Prominent metaphor

- War against various diseases (especially cancer)
  - Justifies expensive, high-tech solutions
  - Hierarchically organized care, dependent on experts
  - Alienation of person from disease ("the enemy")
  - Ideal is heroic intervention
  - Limits our ability to imagine alternative strategies
  - "Military-medical" complex (shared vision; shared technologies)

Public health

- Requires a very different frame

- Focus is not primarily on specific individuals, but on populations and communities

- Primarily concerned with averting ill health, disabilities, and premature death

- Requires cooperative, community action

- Mostly low-tech, non-profit, mundane activities
  (Exception: pandemics, public emergencies)

Ottawa Charter 1986

- Identified the fundamental conditions and resources for "Health for All by 2000":
    - peace, shelter, education, food, income,
    - a stable eco-system, sustainable resources,
    - social justice and equity
- These conditions require social and political change, not medical interventions

Challenge: change the frame for public understanding of health support

Narrow (individual)

Treating illness

Biological tools

Wide (community)

Promoting health

Social tools

Change the frame for ethics from individual to a social approach

- Account for ways in which individuals are embedded within communities

- Recognize that interests of individuals and communities are interconnected

- Address health inequalities

- Promote positive (relational) account to address these realities

Traditional conception of the individual

- Ideally independent, rational
- Self-interested, self-determining
- Pre-social (the fundamental unit)

Relational persons

- Thoroughly social
- Historically situated
- Embodied
- Interdependent
- Social group memberships affect status and opportunities (oppression matters!)

Autonomy

TRADITIONAL

- Promotes personal values (self-interest)
- Free of "outside influences"
- Individual judgment of benefit/risk/harm

RELATIONAL

- Values and decisions reflect relational position
- Social group membership affects range of options, structure of rewards/ penalties
- Sometimes autonomy is best promoted through social change

Justice

- **Traditional: Focus on distributive justice**
  - Concern is with fair distribution of quantifiable benefits and burdens among individuals

- **Relational: Focus on social justice**
  - Concerns is with fair access to social goods such as rights, opportunities, power, and self respect; focus is on groups as well as individuals (Young)

Powers and Faden: *Social Justice: the moral foundations of public health and health policy*
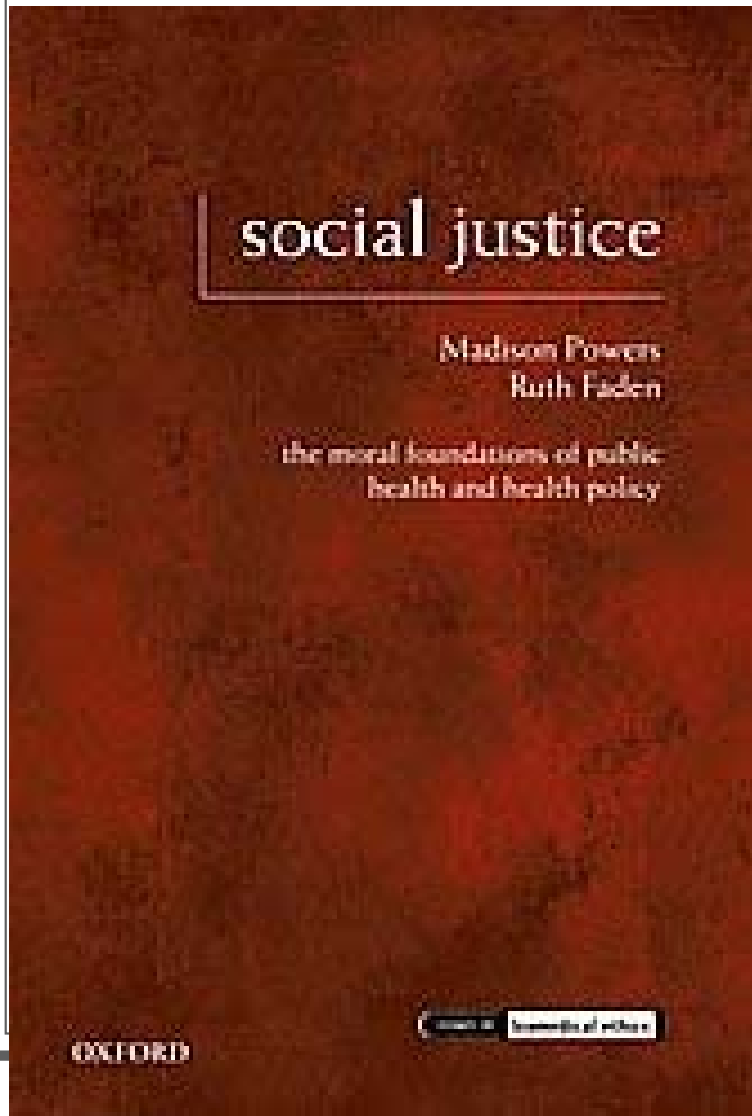
- "Social justice is the foundational value of public health"

Two dimensions to addressing public health problems

1. Substantive: determine moral framework and constraints it generates on acceptable outcomes

2. Procedural: determine fair procedure(s) for resolving problems

1. Substantive: A Relational Ethic for Public Health

- Attend to demands of relational autonomy and social justice
- Address needs of vulnerable groups

2. Procedural: inclusive and fair

- Develop and adapt procedures to be fully inclusive and avoid dominance by powerful groups
- Actively engage members of groups at risk

Relational solidarity

- The meaning of solidarity is found *within* public health

- We are not all equally situated or affected by public health policies

- Mutual (not equal) vulnerability

  (N Kenny, F Baylis, S Sherwin. "Re-visioning Public Health Ethics: A Relational Approach." *Can J Public Health* 101(1): 9-11)

Challenges

- Shift the political agenda to attend to public health priorities (beyond pandemics)

- Shift the ethics framework from attention to duties of autonomous individuals to a relational framework of inter-connected responsibilities