PUBLIC HEALTH ETHICS

Public Health Ethics are the principles and values that guide professionals in what they do to promote health and prevent injury and disease in the population. The general medical ethical principles of beneficence, non-maleficence, justice and respect for autonomy are well known and they assist clinicians in decisions for individual patients. These same principles are applicable also for the Public Health practitioners, but their application becomes more complex because they have to consider not just the individual patient's interests, but also those of the general public.

On one hand, individuals have certain rights to make their own decisions and to privacy and confidentiality; but on the other hand, the community demands their partnership and citizenship in achieving communal health, safety and security. The individual may not be just patients but also the apparently well persons utilising healthcare services, healthcare professionals and other stakeholders. This balancing act must be guided by society's ethical values and legal procedures and norms.

PUBLIC HEALTH LAWS

Public Health laws support the deliberate and measured societal implementation of this balance, in the control of infectious diseases like sexually transmitted infections, HIV and tuberculosis; environmental and occupational health issues like workplace safety and health; health and healthcare systems including the ensuring of access to resources and services; and the role and ethical bounds of research in Public Health.

Legal prescriptions in the form of statutes, regulations and case laws guide the public health authorities (eg, the Ministry of Health and the Health Sciences Authority) in how they may protect, preserve and promote the health, safety, morals and general welfare of the population. These efforts may at times restrict the interests of individuals, albeit within limits, to achieve these communal benefits.

These restrictions on personal and organisational behaviour and the informational, physical and business environment may at times be controversial as people disagree on the extent to which coercive interventions empowered by law may restrict individual choice and liberty.

PUBLIC HEALTH LAWS IN ACTION

The plainest example of such laws for clinicians would be the Infectious Diseases Act, which requires that they notify the health authorities of cases of specific infectious diseases. The consent of the patient is neither required nor sought. While the patient's confidentiality is technically breached, the breach is limited in that firstly, the recipients are bound by the same Act to keep the information confidential and secondly, the data is used only for contact tracing and surveillance – both of which benefit the society at large.

People in some occupations or with specific exposure to such diseases may receive special attention. For example, surveillance (eg, health checks) and responsive action are required for food handlers in order to prevent outbreaks of food-borne diseases.

During the SARS crisis, people who might have been exposed to the disease were issued quarantine orders that confined them to their own homes, as they could potentially spread the infection to others in the community. This was obviously an infringement on their personal freedom to move about. Some protested that they would be risking transmission to their own family members, which is undeniably true even if one could argue that their family members might have already been exposed.

Such restrictions may be imposed even on the community at large. While we respect each person's right to choose or refuse treatment under the principle of respect for autonomy, the state may nonetheless impose a penalty if beneficial treatments like vaccinations are refused because their refusal has an impact on the health of the community.

Even when the consequence of harm is greatest for themselves, the right to choose is not unlimited. Under the Mental Health Act, for example, the state has the right to detail and treat mentally unwell persons who could harm themselves. There are limits to

the duration of such detention and independent reviews are required, in order to keep the balance between the rights of the individual and those of the community.

PUBLIC HEALTH PROGRAMMES

To what extent then can the authorities implement Public Health programmes intended for the good of the many at the cost of the few? In a seminal article[1] in the *American Journal of Public Health*, Nancy Kass proposed a six-step framework for the evaluation of such programmes. She asks for such programmes to answer the following questions:

1. What are the public health goals of the proposed programme?
2. How effective is the programme in achieving its stated goals?
3. What are the known or potential burdens of the programme?
4. Can burdens be minimised? Are there alternative approaches?
5. Is the programme implemented fairly?
6. How can the benefits and burdens of a programme be fairly balanced?

The questions above, while relevant and vital for every programme, are made within an ideological and paradigmatic milieu that is much influenced by politics and policies, the healthcare ecology and economy, and personal and social biases and convictions. Not everyone would have the same answers, but better that these questions are asked than not considered at all.

GUIDING PRINCIPLES OF PUBLIC HEALTH LAWS

Laws guide many but not all situations and each physician must be able to weigh multiple factors to choose sound and balanced actions. Often, the difference is not in the courses of action but in how the actions are executed. As such, some guiding principles are useful.

Effectiveness

The measure taken should be, and be known to be, effective. To impose a restriction on an individual for the sake of the community requires that there is credible evidence that the restriction actually has such a beneficial effect. Conjecture and speculation should play little part.

Necessity

The intervention should be clearly necessary and alternatives with possibly lesser infringements must be considered. The choice should not only simply be based on the efficacies of the possible approaches; their differential infringements on the individual's rights are necessary factors in the decision.

Proportionality

The infringement must be proportional to the benefits of such interventions. An overly draconian execution of an appropriate intervention could be unfair to the individual while the opposite extreme of an overly lax implementation is ineffective. A respiratory infection like SARS may necessitate a home quarantine but patients with HIV do not need to be so confined as the mode of transmission is wholly different.

Minimal infringement

Wherever possible, one would choose the least amount of restrictions. If information must be shared, then it should be the minimum set for the action to be taken. If identifiers are not needed (eg, if the purpose is only for surveillance), they should not be collected, even as a just-in-case.

Reciprocity

The burden imposed on individuals for the sake of the community should be mitigated by the community. Persons who are detained for treatment under the Infectious Diseases Act are given free treatment, which compensates somewhat. Subsidies for childhood immunisations should be given not only to incentivise their uptake but also because society shares, and therefore should also invest, in the benefits.

Public justifications

Lastly, and sometimes most importantly because of the inequality of parties, decisions that consider the balance between community and individual rights and benefits should be transparently discussed both in general society (including social media) and in the legislature. There must be the openness of decisions and outcomes, responsibilities and accountabilities, for good Public Health decisions that can bear the scrutiny of society and history.

PROFILE

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CONCLUSION

Doctors make clinical judgements each time they approach a patient. In our increasingly complex healthcare delivery system, it is no longer sufficient for the doctor to just be good clinicians for each individual patient. They must now also have a sense of, and the common sense to deal wisely with, aspects of Public Health Ethics that will invariably intersect with their clinical practice. ◆

Reference

1. Kass NE. An ethics framework for public health. Am J Public Health 2001; 91(11):1776-82.