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The Two Most Important Questions for Ethical Public Health

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The Two Most Important Questions for Ethical Public Health*

John Coggon† and Lawrence O. Gostin‡

Abstract

Public health ethics is a distinct and established field, and it is important that its approaches and rationales are understood widely in the public health community. Such understanding includes the capacity to identify and combine principled and practical concerns in public health. In this paper, we present a background to the ideas that motivate public health ethics as a field of research and practice, and rationalise these through a critical ethico-legal approach to analysis. Two essential points of inquiry are identified and formulated to allow philosophical and practical agendas regarding public health to be combined. These come through asking the theoretical question 'what makes health public?'; and the practical question 'how do we make health public?'. We argue that these two questions require to be addressed if we are to achieve a robust and rigorous, ethical public health.

Introduction

Public health rests on a moral mandate.[1] This mandate as most commonly articulated falls in two parts: first, it includes an imperative to improve population health (maximising or optimising health as a particular social value); second, it includes a duty to mitigate unfair health inequalities (a commitment to principles of social justice).[2] Given the inherence of ethics to public health, as a vocation and as a practice, it therefore can be said to reflect a social and political mission. As one of us has written elsewhere:

> The public health community takes it as an article of faith that health must be society's overarching value. Yet politicians do not always see it that way […]. What is needed is a clear vision of, and rationale for, healthy populations as a political priority.[3]

In accordance with the need presented in this quotation, the work of public health ethics, understood in its political context, is to explain and justify the moral mandate that drives public health policy, practice, research, and leadership. Equally, public health ethics must provide the means of reflection and communication that allow health to be promoted in public and political discourse. This is needed if we are to achieve a fairer society in which health needs are met, with particular attention to people who are most vulnerable or disadvantaged.

The discussion in this paper is accordingly built around two questions. The first represents an inquiry in political philosophy: *what makes health public?* The second represents an engagement in political science and social activism: *how do we make health public?* The framing of these questions is indicative of the perspectives that we have sharpened on our respective journeys into public health ethics and law: one of us entering the field through a route of more 'detached' academic study; the other coming originally from a background in social advocacy and political engagement.

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Our argument is that answering these two fundamental questions is essential if a rigorous, effective, ethical public health is to be developed. To explain our position, we first reflect on the relationships between ethics and public health. We then explore the theoretical work that is required if we are to sustain claims that the moral mandate of public health is a compelling one. This leads finally to a discussion of the sorts of understanding that are required to move from theory to practice: from theoretical to applied and engaged public health ethics. We aim to explain the salience of understanding both why and how health is public.

Ethics and Public Health

Nancy Kass shows how public health ethics developed as a field, first from a point of relative neglect within bioethics, to a second stage from the years 2000-2002 as an area that saw a surge of interest in the development of frameworks, to a third stage where there is a focus on questions of justice and populations' health.[4] As the importance of public health ethics as a distinct point of inquiry became apparent at the turn of the century, reflections moved to considerations of what distinguished public health as an area of activity. Concepts such as community, the public, society, and health risks did not prominently feature in the vocabulary of mainstream bioethics.[5] Scholars in ethics and law needed to examine the sources of the distinctive values relevant to understanding the health of the public, and to be able to address relevant institutional, social, political, and professional contexts.[6] Public health ethics was thus concertedly created as a fit-for-purpose area of study and practice, distinct from mainstream bioethics. In approaching its distinguishing features, Gostin argued that we could contrast three linkages between ethics and public health. The ethics *of* public health refers to professional ethics; the values that come from the practice and institution of public health itself. Ethics *in* public health relates to more critical or analytical understanding as applied to public health: the philosophical or bioethical critique of public health activities and agendas. Ethics *for* public health, by further contrast, denotes advocacy or activism directed to the promotion of the public's health.[7]

These distinct points of ethical departure and application underscore both the importance and the diversity of challenges for public health ethics. The dominance of norms and values in biomedical ethics are not apt for analysis of questions regarding population health, and create a skewed and impoverished analytical environment.[8] Furthermore, even within materials ostensibly reoriented for appraising and guiding public health ethics, the weighting of individual liberty (of course, a value of great importance) is loaded in such a way that other important social values are wrongfully discounted.[9] Public health ethics as a subject of research, education, and training may be seen, therefore, as having emerged with a consciously-embraced need to be able to account for and respond to the following tests:

- A need to be conceptually and structurally coherent, and formulated rigorously: guiding values could not just be 'inherited' or unreflectively drawn from (say) the principle of respect for individual autonomy or from professional codes;
- A requirement to operate in necessarily political, professional, and social contexts: public health ethics would not be relevant if it could not address institutions, communities, and the roles of public and private actors that impact the public's health;
- A necessary potential to have real-world applicability: although its philosophical rationales were essential, the lessons from public health ethics needed to have traction in order to support transformative agendas.

These requirements set public health ethics apart from mainstream bioethics and clarified the importance of its combining meaningful ethical justification with practical mandates concerning

public health activities and agendas. As a part of public health itself, public health ethics has to be a transdisciplinary field (so e.g. drawing from the expertise of law, which is the primary discipline of each of this paper's authors).[10] And it is for this reason that we identify respectively the philosopher's and the activist's questions as being the two most important questions for ethical public health: *what* makes health public; and *how* do we make health public? We will consider each in turn.

The Philosopher's Question: What Makes Health Public?

What we are labelling the philosopher's question allows us to examine the logically prior points that form the basis of public health: what does health mean, and what significance is there in saying that it is public?[11] In relation to the first part of this question, it is well known that health is subject to conflicting meanings, from narrow biomedical definitions based on the statistically normal functioning of the human organism,[12] through to very broad accounts of positive well-being and human flourishing, such as the World Health Organization's concept of "complete physical, mental and social well-being."[13] There is not a linear spectrum of concepts of health. Rather, there is a plurality of accounts, with a notable added dimension when we contrast individual and population-level understandings.[14] In the present paper, we do not aim to advocate for a particular definition, though would urge for the importance of a concept that accounts for positive states of well-being, and for the crucial role of population health to our understandings of social and political ethics: for example in explaining that and why systematic health inequalities are problematic.[15] Howsoever the question may be answered, public health advocacy and practice require an understanding of what health is, and how health stands in relation to other important values.

As well as needing to be clear on the meaning and scope of 'health', we need to understand what the term 'public' denotes. Marcel Verweij and Angus Dawson have produced important conceptual analysis exploring the meaning of 'public' in 'public health'. Their work brings both explanatory and evaluative understanding: it allows us to explain and critique, and thereby to direct, health policy and practice.[16] Drawing on dominant definitions of public health, Verweij and Dawson highlight two significant implications of 'public'. First, we have the idea of the public's health: the point raised above that we gain distinct understandings of health when studied at a population level. This can include understandings of risk as well as levels and incidence of disease. And it allows us to contrast populations within a public, gaining insight not just into aggregate levels of health, but also of the distribution of burdens of disease, and of the attitudes of different populations to the value of health.

Second, we have a focus on coordinated efforts of social organisation: the methods of effecting better health outcomes through institutional interventions. In this sense, health is public because it is addressed through collective and targeted social and political measures. No one can alone guarantee the health of individuals or populations, as each of us brings a range of capabilities. The US Institute of Medicine (now the National Academy of Medicine) famously defined public health as "what we as a society do collectively to assure the conditions for health."[17] That is, the job of public health is to improve underlying conditions of and for health. To do this ethically, we need to be able to establish the proper mandates and constraints under which government and lawmakers operate. A principled answer is required, in other words, to the question 'what makes health public?' This means undertaking a process of reasoning that explains why we should consider that a particular matter concerning health is a *shared* concern: a concern that we share with one another as members of a political community. It is by explaining what makes health public that we can argue, for example, that smoking tobacco is not just an individual's own business: that smoking is the concern of others, and of the state.

To exemplify this, consider the following claim, which members of the public health community might treat as self-evident, but which is not and has not historically been treated thus across all social, commercial, and political circles:[18] that we ought to regulate tobacco use to the point of trying to abolish smoking altogether. This is another way of saying that the production, sale, and consumption of tobacco products are *public* matters; matters that are a *political* concern. How do we arrive at this point?

Imagine that someone sits down next to you right now and goes to light a cigarette. The following, different lines of reasoning might be given to dissuade her from doing so:

- "Don't smoke; it's bad for your health." This may be characterised as *prudential* reasoning: the rationale for not smoking is presented as advice based on the person's own well-being; you are inviting the person to reconsider her decision for her own benefit.
- "Don't smoke; it's bad for the health of other people in the room." This may be characterised as *interpersonal* reasoning: the rationale for not smoking is presented as a moral one; protecting *others* from harm is presented as the reason for reconsidering her decision.
- "Don't smoke; it's prohibited." This may be characterised as *political* reasoning: we have moved to a rationale based on the exercise of the state's power; we are saying here that the person's smoking is the government's business, even if *she* is unconcerned by harms to her own health, or even the health of others. The decision is not hers alone to make because smoking is a public matter in this sense.

It is when we move from the personal and interpersonal to the political that we have arrived at a position that health has been made public (whether through coercive measures, as indicated in the above example, or through other methods of regulation). The *ethical* task at this political stage is to account for why government may be justified in regulating, and why the means chosen are legitimate.

The philosophical public health literature is rich with different arguments on the basis of ethical justification for making health public. These span radically sceptical positions such as Petr Skrabanek's, which hold essentially that public agencies have no authority to institute health improvement measures,[19] through to theories such as Jennifer Prah Ruger's, which hold that health is *the* foundational capability from which human flourishing emanates.[20] There is profound philosophical disagreement, so we must be able to explain and defend the position that we think justifies collective responsibilities for health. It is essential that arguments be clearly made not just about what health is, but also how it serves as an ethical—ultimately a political—value. To promote public health agendas we need to be able to explain what makes health, and health-affecting phenomena, a shared concern. We need to explain, for example, why one person's cigarette smoking is the business of other persons in her community, and of the institutions that govern that community.

Arguments about what makes health public combine philosophical and empirical analysis of the justification of government action across sectors. This is necessarily a political as well as a scientific debate. Some scholars, for example, deny the social determinants of health.[21] To respond to such positions and argue that health is and should be a shared value within a community requires both scientific and philosophical critique.[22] But so far, the debates simply as framed in this section mostly take place in the university seminar room. If health in reality is going to be made public, the question 'what makes health public?' has to be adapted to account for real-world complications concerning social, political, and legal bars that may inhibit perfectly

principled and evidence-based arguments that, for example, cigarette smoking is a public concern. And this leads to the question for ethical activism and advocacy: 'how do we make health public?'

The Activist's Question: How Do We Make Health Public?

Ethics, including public health ethics, can seem to be too abstract for, and detached from, practical application. A grounding in the real world is needed if we are to move from asking '*what* makes health public?' to addressing the question '*how* do we make health public?'. We have been clear that public health ethics operates within the political sphere, and it can be argued that understandings of politics—in how it works and how it might change—come primarily from social and political sciences rather than moral and political theory.[23] However, works in an area that is sometimes labelled 'public ethics'[24] explore the contributions of philosophy to practice and policy, taking the sorts of considerations found in the previous section and allowing them to inform political reality. In particular, we find that the philosopher's question provides answers that can explain the coherence (or otherwise) of the ideas that underpin practice (provide conceptual and analytical clarity) and can rationalise the ethical reasons that motivate our political goals and side constraints on policy measures (provide normative reasons).[25]

For ethical public health, the 'how' question links philosophical discussions with understandings from political and social sciences, and with real-world experience. Practitioners, leaders, advocates, and policy makers seek to understand how different 'levers' may be pulled in different settings in order to effect change.[26] This means recognising that different sorts of reasons and strategies are appropriate in different settings.[27] Legal, political, and social modes of advocacy will all be important, as will be understanding the strategies of actors whose interests are served by health-harming agendas (e.g. the tobacco industry).[28] The *Tobacco Atlas* is an excellent example of the range of methods of lobbying and advocacy that might be used in practical efforts to make health public.[29] This important tool for health activism has been developed to advance the 'endgame' on smoking. It rests on a philosophically robust agenda in the senses outlined above: our understanding of the harms of tobacco derive from population-level studies; and our principled arguments about why these harms are a shared concern relate to the importance of health as a value, general social concerns about safeguarding and promoting health, and specific arguments about the institutional power dynamics, brute economic clout, and systematic social inequalities that are compounded in the context of tobacco-related harm. We can argue *that* tobacco smoking should be a public matter. And to make it this, we have seen, and continue to see (e.g. given the Framework Convention on Tobacco Control) regulatory and other strategies explained in the *Tobacco Atlas* that are making smoking—once treated as an intrinsically private choice—an increasingly public matter.

In practically seeking to make health public, ethical practice requires three important considerations to remain in view. First, the particular public health *goal* requires a clear ethical mandate. Second, the *means* used to reach that goal needs to be justified; we cannot just defend a policy or intervention because its outcomes are well-intended. And finally, we must not lose sight of the fact that our public health ethics must ultimately sit within a wholesale public and social ethics. In the end, the most compelling arguments to improve health will not be true simply because they make sense from a 'public health perspective'; they will be compelling because they make sense from an overall social and political perspective, all things considered.

Conclusion: Combining the Academic and the Activist

In this paper, we have emphasised our shared perspectives on public health and ethics, while endeavouring to explain what we consider to be the two most fundamental points of inquiry for anyone interested in ethics and public health. Formally, the academic's and activist's respective questions can be separated. However, we hope it is clear how each also feeds into the other, and how both are needed. Public health ethics must speak to practitioners, researchers, policy makers, and leaders in public health. If we cannot articulate at the level of principle what makes health public, and in practice set strategies that will be effective in making health-related phenomena a shared concern, ethical agendas to protect and promote the public's health will not be achieved.

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