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## Bioethics

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### Introduction

Public health has made enormous contributions to global health through policies and interventions. However, public health measures have also increased human suffering through policies of forced sterilization, mandatory screening of vulnerable populations, detention of people with infectious diseases, and the quarantine and social isolation of “sick” people or communities. Until recently, the values and ethics that public health is based on have been assumed to be “good” and have not been subject to critical analysis. In the last decade, however, bioethics has shifted its attention from the clinic to the public sphere, and many of the ethical issues raised by public health have become the focus of both philosophical and empirical study. Bioethics in public health addresses the tension between local and global health needs; the role of the community in decision making; the duties, obligations, and limitations of the state in relation to the provision of health care; the targeting of vulnerable populations by interventions aimed at preventing disease; and the nature and importance of ethical principles and rights in health care. This bibliography provides a collection of resources that address the ethical theories, theoretical frameworks, key concepts, and practices of public health.

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### General Overviews

Over the last fifteen years, a number of insightful and influential texts have been produced that critically review the relationship between bioethics and public health and the development of public health ethics. The recent history of public health ethics is critically explored in Bayer and Fairchild 2004, particularly the influence of Mill's “harm principle” (see Ethical Theory). Beauchamp and Steinbock 1999 provides early instigation for the importance of reflecting on the ethics of public health. Childress, et al. 2002 and Buchanan 2008 address traditional bioethical principles of autonomy and justice in the context of public health practice and policy. Gostin 2002 serves as an important collection of articles on the legal and ethical aspects of public health. Holland 2007 delivers an excellent overview addressing both ethical theory and ethical issues in public health practice. Similarly, O'Neill 2002 delivers a theoretically rigorous analysis of ethical theory in public health policy. Finally, Nuffield Council on Bioethics 2007 develops an ethical framework for public health ethics and applies it to a range of contemporary public health issues.

**Bayer, Ronald, and Amy L. Fairchild. 2004. The genesis of public health ethics. *Bioethics* 18.6: 473–492.**

Examines the influence of Mill's “harm principle” (see Ethical Theory) on public health ethics and the problems of individual versus population concerns relating to privacy, liberty, and paternalism. Bayer and Fairchild argue against the idea that bioethics provides public health with a satisfactory ethical framework. Overall, this is a critical survey of the tension between bioethics and public health.

**Beauchamp, Dan E., and Bonnie Steinbock, eds. 1999. *New ethics for the public's health*. New York: Oxford Univ. Press.**

This collection examines the concepts of community and prevention in public health practice. It does not provide an ethical framework for public health, instead focusing on ethical implications of public health policies and practice. A collection of articles addressing key health challenges faced by communities, relevant for public health and health policy students.

**Buchanan, David R. 2008. Autonomy, paternalism, and justice: Ethical priorities in public health. *American Journal of Public Health* 98.1: 15–21.**

Buchanan argues that by expanding notions of autonomy, population health is improved; however, in order to promote autonomy, notions of justice need clarification. Public health is in a unique position to promote social justice, thereby securing autonomy and population health. This paper provides a useful survey of notions of justice among key contemporary theorists.

**Childress, James F., Ruth R. Faden, Ruth D. Gaare, et al. 2002. Public health ethics: Mapping the terrain. *Journal of Law, Medicine & Ethics* 30.2: 170–178.**

Using the example of screening Childress, this article examines the role of ethics in public health, particularly in negotiating tensions between individuals or communities and the wider public. Discusses key concepts of autonomy, privacy, trust, human rights, and justice and serves as a good introduction to the relationship between ethics and public health.

**Gostin, Lawrence, ed. 2002. *Public health law and ethics: A reader*. Berkeley: Univ. of California Press.**

A selection of government reports, articles, and court cases examining the ethical, legal, and political issues in public health theory and practice. Draws together the relationships among public health law, ethics, and human rights in a thorough and insightful way. Comprehensive companion for graduate students.

**Holland, Stephen. 2007. *Public health ethics*. Cambridge, UK: Polity.**

Comprising two parts, the first offers an accessible introduction to the philosophical underpinnings of the ethical theories relevant to public health. The second part examines key public health activities: epidemiology, health concepts, health promotion, immunization, and screening. A clear introduction to ethical issues and theories for the public, relevant for students or those new to the area.

**Nuffield Council on Bioethics. 2007. *Public health: Ethical issues*. Cambridge, UK: Cambridge Univ. Press.**

Addresses the ethical issues arising from public health strategies aiming at the improvement of population health, particularly the roles of governments, industry, and individuals. An ethical framework—the stewardship model—is developed as a guide for acceptable intervention into the lives of individuals. Suitable for health policy and public health students.

**O'Neill, Onora. 2002. Public health or clinical ethics: Thinking beyond borders. *Ethics & International Affairs* 16.2: 35–45.**

O'Neill argues for public health ethics that moves beyond the emphasis on individual autonomy in the clinic and justice confined to state borders. A rigorous engagement between political philosophy and ethics in the pursuit of norms for public health policy. A text suitable for undergraduate and graduate students, particularly those interested in the negotiation between clinical ethics and public health ethics.

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## Reference Works

The most important and relevant reference works for public health ethics are the legal and policy documents that extend beyond their context of origin to influence international debate, scholarship, and policy. Jonsen, et al. 1998 draws together the legal documents that have motivated and shaped bioethical debate over the past fifty years. In addition to source documents, Anand, et al. 2004 provides an important reference work comprising central articles addressing ethics and equity in public health. Finally, Post 2004 is a five-volume encyclopedia of vast breadth addressing bioethics and related fields, including public health.

**Anand, Sudhir, Fabienne Peter, and Amartya Sen, eds. 2004. *Public health, ethics and equality*. Oxford: Oxford Univ. Press.**

An exemplary collection of key papers by authorities in the area of health equity. This collection examines the complexities and tensions surrounding health inequalities despite global increases in life expectancy. Significant articles on health equity, justice, responsibility, and

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**Jonsen, Albert R., Robert M. Veatch, and LeRoy Walters, eds. 1998. *Sourcebook in bioethics*. Washington, DC: Georgetown Univ. Press.**

A valuable collection that brings together historically significant legal and policy documents that have influenced ethical reflection on research with human subjects, definitions of death, human genetics, reproductive technologies, and the health-care system. Although many of the documents are focused on the United States, they have motivated ethical reflection and debate globally. Useful for graduates and teachers, edited by leading scholars.

**Post, Stephen G., ed. 2004. *Encyclopedia of bioethics*. 3d ed. New York: Macmillan Reference.**

A five-volume alphabetized collection of 448 articles written by more than five hundred contributors from eighteen different disciplines. Although addressing issues beyond the context of public health, this is a valuable reference tool that should be acquired by libraries for students and teachers engaged in ethical reflection on any aspect of health.

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## Textbooks

These texts not only provide an overview of bioethics and public health but also include discussion questions, group activities, and case materials suitable for class or seminar contexts. Mann 2010 and Pierce and Randels 2010 both deliver texts covering essential topics with helpful teaching and learning resources. Coughlin, et al. 1997 presents a collection of case studies in public health ethics, while Kerridge, et al. 2009 provides a multidisciplinary analysis of legal and ethical issues confronting health professionals. Holland 2007 covers both ethical theory and public health issues in a systematic manner making it ideal as course reader or supplementary text.

**Coughlin, Steven S., Colin L. Soskolne, and Kenneth W. Goodman. 1997. *Case studies in public health ethics*. Washington, DC: American Public Health Association.**

Providing case studies from practice and research in epidemiology, this collection is an excellent resource for classroom and workshop situations to guide and promote discussion. These case studies address key ethical and policy issues relevant in AIDS/HIV prevention, cross-cultural research, and health provision.

**Holland, Stephen. 2007. *Public health ethics*. Cambridge, UK: Polity.**

A focused text discussing the central ethical theories and topics of public health ethics. Written in an engaging and accessible style, Holland provides a strong foundation and overview of the topic. A suitable text as a course reader or to supplement a course reader in public health ethics.

**Kerridge, Ian, Michael Lowe, and Cameron Stewart. 2009. *Ethics and law for the health professions*. 3d ed. Sydney, Australia: Federation.**

A multidisciplinary work that provides the theoretical frameworks for health professionals to navigate ethical and legal problems arising in a variety of situations. In addition to theoretical rigor, the authors examine a wide range of topics from the clinic to public health. A valuable resource on health policy for health professionals and health law students.

**Mann, Scott. 2010. *Bioethics in perspective: Corporate power, public health and political economy*. Cambridge, UK: Cambridge Univ. Press.**



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corporate, political, and environmental influences on health. Each chapter finishes with insightful discussion topics appropriate for undergraduate and graduate students of public health, political science, or bioethics.

**Pierce, Jessica, and George Randels, eds. 2010. *Contemporary bioethics: A reader with cases*. New York: Oxford Univ. Press.**

Covers the breadth of topics in contemporary bioethics, including recent developments such as bioterrorism, cosmetic surgery, genetics, and global health. This text provides clear and concise introductions to topics and theoretical frameworks. Importantly it offers probing discussion questions and ideas for group activities. An excellent teaching resource.

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## Anthologies

Given the scope of public health ethics, anthologies provide a useful entry into the field and a useful resource for those wishing to appreciate both traditional and “cutting-edge” work. Chadwick, et al. 2007; Jecker, et al. 2007; and Kuhse and Singer 2006 provide a brief but helpful overview of bioethics and help place the concern of public health within a broader disciplinary context. Bayer, et al. 2006; Dawson and Verweij 2007; Mann, et al. 1999; and Peckham and Alison 2010 provide a more focused collection of work addressing the moral, legal, and human rights concerns of public health. Jennings, et al. 2003 provides the first “model curriculum” in public health ethics.

**Bayer, Ronald, Lawrence O. Gostin, Bruce Jennings, and Bonnie Steinbock, eds. 2006. *Public health ethics: Theory, policy and practice*. New York: Oxford Univ. Press.**

This collection, edited by scholars of international repute, includes an overview of the field of public health ethics and of key concepts and ethical theories. The collection is ordered into six parts: the public health perspective, autonomy and paternalism, justice and health, infectious diseases, regulation and environmental and occupational health, and genetics and public health.

**Chadwick, Ruth, Helga Kuhse, Willem A. Landman, Udo Schüklenk, and Peter Singer, eds. 2007. *The bioethics reader editors' choice*. Oxford: Blackwell.**

A collection of influential articles from the Blackwell journals *Bioethics* and *Developing World Bioethics*. This collection draws together articles of conceptual, methodological, and historical importance by leading scholars in the field of bioethics over the past three decades. A significant resource for teachers and students in bioethics.

**Dawson, Angus, and Marcel Verweij, eds. 2007. *Ethics, prevention, and public health*. New York: Oxford Univ. Press.**

A series of articles outlining the ethical issues and concepts particular to public health. Specifically tensions surrounding notions of the individual, autonomy, and consent in public health practices such as prevention or screening that target populations. A thorough and focused anthology on public health ethics with an emphasis on preventive practice.

**Jecker, Nancy S., Albert R. Jonsen, and Robert A. Pearlman, eds. 2007. *Bioethics: An introduction to the history, methods, and practice*. Sudbury, UK: Jones and Bartlett.**

The editors have compiled key articles from major scholars to produce a comprehensive collection, overviewing the history, methods, and practice of bioethics. Although focused on bioethics, this collection has relevance for graduates and professionals engaged in law, health policy, and health-related fields.



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**Washington, DC: Association of Schools of Public Health and Hastings Center.**

The collection was developed as a model curriculum for public health ethics. Intended for both public health professionals and for tertiary students, this provides a sound approach to the ethical, legal, and epistemic issues surrounding public health. The cases, exercises, self-assessment task, links, and referenced works remain valuable despite being published in 2003.

**Kuhse, Helga, and Peter Singer, eds. 2006. *Bioethics: An anthology*. 2d ed. Oxford: Blackwell.**

A valuable collection of landmark papers covering reproduction, genetics, life and death, research, biotechnology, organ donation and transplantation, and resource allocation. Although many of the sections are not primarily concerned with public health, the collection provides a comprehensive overview of the work of many of the leading thinkers in applied bioethics.

**Mann, Jonathan M., Michael A. Grodin, Sofia Gruskin, and George J. Annas, eds. 1999. *Health and human rights*. New York: Routledge.**

A collection of essays exploring the influential relationship between human rights and health. Tracing the historical and political development of human rights from the UN declaration this collection addresses contemporary health issues surrounding ethnic cleansing, HIV/AIDS policies, and global public health. An important introduction to the interconnection of health and human rights.

**Peckham, Stephen, and Hann Alison. 2010. *Public health ethics and practice*. Bristol, UK: Policy Press.**

Examines the tension between rights and responsibilities, individuals, and populations, and the underlying ethical concepts. A diverse and rich collection of articles addressing controversial topics such as the construction of the obesity epidemic and the critical evaluation of health education initiatives targeting smokers. A relevant collection for public health practitioners and students.

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## Journals

Few journals devote themselves entirely to scholarship in public health ethics. Public Health Ethics is the only journal dedicated to this field of inquiry. Developing World Bioethics publishes work attentive to the moral, sociopolitical, and cultural particularities of global health. Bioethics, the American Journal of Bioethics, the Hastings Center Report, and the Journal of Bioethical Inquiry provide excellent sources of scholarship in the broad sweep of bioethics—from moral philosophy to applied ethics and from clinical ethics to public health ethics. Medicine, Health Care and Philosophy provides a theoretically diverse forum for analysis and debate with a European perspective.

**American Journal of Bioethics.**

A high-impact journal that informs clinical, legal, scientific, religious, and community debate of contemporary bioethical issues. Through target articles, peer commentary, book reviews, and original research, the *American Journal of Bioethics* extends and inspires research in related disciplines. Seeks to serve as a focal point for the latest development in bioethics, from recent publications to job opportunities.

**Bioethics.**

Provides a forum for rigorous examination of ethical questions surrounding a range of issues, such as biotechnology, research in developing countries, infectious disease, and public health. Articles address legal and health policy, conceptual issues, and ethical theory. A relevant journal for teachers and students interested in current bioethical debate.



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Dedicated exclusively to bioethical issues in the context of the developing world. The focus is in many ways more closely related to public health ethics: as it is concerned with social, political, and economic influences on health at the global level rather than the individual or clinical context. A unique and important journal.

#### **The Hastings Center Report.**

Focused on bioethical issues in the public interest, *The Hastings Center Report* provides a valuable source for ethical, legal, and social analysis of contemporary issues in medicine and health care. The journal contains review essays, original research, case discussions, book reviews, and updates on policy developments.

#### **Journal of Bioethical Inquiry.**

A multidisciplinary journal addressing conventional bioethical issues such as research and clinical ethics, as well as issues of population health, critical analysis of systems of power in health policy, and environmental ethics. Includes sections on original research, reader responses, new developments in the field, and case scenarios with commentaries.

#### **Medicine, Health Care and Philosophy.**

Providing a European perspective to international issues in bioethics, medicine, and health care, this journal serves as a counterbalance to the Anglo-American perspective. Covers history, philosophy of culture and religion, sociology, and politics and delivers a rich analysis of developments in health care and key concepts such as disease, illness, health, and well-being.

#### **Public Health Ethics.**

The only peer-reviewed international journal entirely devoted to the moral issues that emerge in public health and preventative medicine. Written for practitioners and scholars in both public health and bioethics, the journal combines accessible theoretical and practical papers from many fields relevant to public health including philosophy, law, politics, health policy, and epidemiology.

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## **Theory**

The theoretical underpinnings of public health ethics are important to understand in order to analyze and critically examine policy, practice, and intervention decision in public health. We have isolated public health ethics into three theoretical components: Ethical Theory, Frameworks, and Key Concepts. The resources in the Ethical Theory section are drawn from the Western tradition of philosophy. Although many of these texts do not directly address public health, they form the theoretical tools repeatedly employed in the ethical analysis of public health. In the Frameworks section we highlight significant frameworks used in the analysis of public health. Drawing on the ethical theories previously addressed, these frameworks attempt to construct a comprehensive scaffold for ethical analysis in public health. In the final part, Key Concepts, we emphasize texts that have influenced the development of central concepts to public health ethics. The concepts outlined in these texts have proved influential and sources of continual debate and reexamination in public health ethics.

### **ETHICAL THEORY**

Two ethical theories critical to public health ethics are deontology (Kant 2002) and utilitarianism (Mill 1996). Although not necessarily referred to by name, these theories provide the conceptual tools for inquiry and analysis in public health. Differing in outlook and influence, Rawls 1999, Sen 2009, and Ruge 2010 provide detailed and extensive theories of justice employed in public health negotiations of individual freedoms and societal goods. The principles approach of Beauchamp and Childress 2009 has proved



and Bunton 1997 is a volume drawing on the work of Michel Foucault, while Scrambler 2001 highlights the critical importance of Jürgen Habermas.

**Beauchamp, Tom, and James Childress. 2009. *Principles of biomedical ethics*. 6th ed. New York: Oxford Univ. Press.**

Beauchamp and Childress argue that four principles lie at the center of moral reasoning in health care: respect for autonomy, nonmaleficence, beneficence, and justice. The sixth edition includes a chapter on moral status, revised surveys of major ethical theories, and methods in bioethics. Important for all students engaged in ethical inquiry relating to health and biomedicine, particularly in debating the relationship between clinical and public health ethics.

**Kant, Immanuel. 2002. *Groundwork for the metaphysics of morals*. Translated by Arnulf Zweig. Edited by Thomas E. Hill Jr. and Arnulf Zweig. Oxford: Oxford Univ. Press.**

Initially written in 1785, Kant seeks to analyze the ultimate principle of morality and aims to uncover the universal laws that govern human experience. Examining duty, the “good will,” and moral law, Kant develops his categorical imperative: “Act only on that maxim through which you can at the same time will that it should become a universal law.” A key text for graduate students.

**Mill, John Stuart. 1996. *Utilitarianism, On liberty, considerations on representative government*. Edited by Geraint Williams. London: Everyman.**

Brings together two key texts from Mill: *Utilitarianism* (1863) and *On Liberty* (1859). The “harm principle” and the “greatest-happiness principle” influence much of the debate in public health ethics, particularly in conflicts between individual and societal concerns. Essential for understanding philosophical foundation of ethical debate since the end of the 19th century.

**Petersen, Alan, and Robin Bunton, eds. 1997. *Foucault, health and medicine*. New York: Routledge.**

An important collection of articles examining the influence of Michel Foucault’s work in analyzing the health sciences. Although Foucault does not provide an ethical theory, his work on power relations, the body, subjectivity, and governmentality has been fruitful in the critical analysis of health policy and public health practice. An accessible yet rigorous introduction to his work.

**Rawls, John. 1999. *A theory of justice*. 2d ed. New York: Oxford Univ. Press.**

Seminal work of contemporary political philosophy in which Rawls outlines his theory of “justice as fairness,” and attempts to address problems of distributive justice through social contract theory. Influenced by Kant, Rawls seeks to balance liberty and equality, providing an alternative theory of justice to utilitarianism. Required reading for students interested in distributive justice and its extension to local and global health.

**Ruger, Jennifer P. 2010. *Health and social justice*. Oxford: Oxford Univ. Press.**

The development of the “capability approach” by Amartya Sen and Martha Nussbaum significantly advanced thinking around health inequalities and social justice. Ruger uses this work to weave together a consequentialist focus on health outcomes with foundational moral principles: including responsibility, agency, autonomy, and human flourishing to create a new theory—the health capability paradigm.

of health and illness. Important for students and practitioners interested in medical sociology and critiques of Foucault.

**Sen, Amartya. 2009. *The idea of justice*. Cambridge, MA: Belknap.**

Sen argues that theories of justice (particularly Rawls 1999) abstract from the realities of political and social contexts. Sen produces a theory that enables comparative judgments between what is more or less just. A significant work on what a just society is. Important for undergraduate and graduate students.

**Wolf, Susan M., ed. 1996. *Feminism and bioethics: Beyond reproduction*. New York: Oxford Univ. Press.**

Draws attention to the need for bioethical and public health reflection to address gender. A collection of twelve articles by leading scholars in bioethics and feminist theory. Articles address the theoretical relationship between feminism and bioethics, as well as topics such as the HIV epidemic, genetics, women in biomedical research, and just provision of health care.

## FRAMEWORKS

Drawing on a variety of theories and methods, a number of scholars have attempted to construct comprehensive scaffolds for ethical analysis in public health. These frameworks provide a consistent structure to the critique and inquire into disparate concerns. An important response to overemphasis on the individual is communitarianism. Bell 2009 provides an overview useful for public health practitioners. Defending the four principles (Beauchamp and Childress 2009, cited under Ethical Theory), Dawson and Garrard 2006 argues for their universal applicability. Hedgcock 2004 puts forward an account of critical bioethics that calls for the use of empirical research methods in ethical analysis. Pogge 2008 argues that global health inequalities place a moral obligation on the developed world to redress disparities. Rogers 2006 uses a feminist framework to argue that health inequalities disproportionately affect women, therefore making women's health an issue of social justice. Finally, Upshur 2002 and Kass 2001 argue that public health requires its own ethical framework specific to its activities; Kass puts forward a six-step framework of public health practitioners.

**Bell, Daniel A. 2009. Communitarianism. In *The Stanford encyclopedia of philosophy*. Edited by Edward N. Zalta.**

A thorough encyclopedia article outlining the history, identities, and theoretical variants of communitarianism. Communitarianism, in its recent form, is a reaction to Rawls 1999 (cited under Ethical Theory) and the emphasis of liberal theory on the individual. A helpful article for students interested in criticisms of Rawls 1999 and the influence of social context on justice.

**Dawson, Angus, and Eve Garrard. 2006. In defence of moral imperialism: Four equal and universal prima facie principles. *Journal of Medical Ethics* 32.4: 200–204.**

A discussion of the universal and prima facie nature for the Beauchamp and Childress 2009 (cited under Ethical Theory) four principles approach. A useful paper in demonstrating the operation of the four principles approach as a framework for ethical decision making. Suitable for students of ethical theory in health care.

**Hedgcock, Adam M. 2004. Critical bioethics: Beyond the social science critique of applied ethics. *Bioethics* 18.2: 120–143.**

Drawing on the social science critique that bioethics prioritizes an idealized notion of rational thought to the exclusion of social and cultural influences, Hedgcock argues for a critical bioethics that incorporates the empirical methods of the social sciences. An important article addressing the recent empirical turn in bioethical theory.



She argues that public health ethics must provide a framework that promotes ethical action (social justice). Kass outlines a six-step framework as an analytic tool designed to help public health practitioners consider ethical implications of proposed interventions.

**Pogge, Thomas. 2008. *World poverty and human rights: Cosmopolitan responsibilities and reforms*. 2d ed. Cambridge, UK: Polity.**

Pogge catalogues the economic, nutritional, and health resource inequalities in the world. He argues that the developed world has a moral responsibility to redress such inequalities, yet such a responsibility is denied or reframed as voluntary generosity. Pogge argues for a realistic and morally responsible approach to global economic justice.

**Rogers, W. A. 2006. *Feminism and public health ethics*. *Journal of Medical Ethics* 32.6: 351–354.**

Arguing that equity is central for public health ethics, Rogers contends that health inequalities suffered by women demand attention, particularly as women are often the focus of interventions (screening and vaccination) and positioned as key mediators (domestic hygiene and nutrition). Rogers argues that feminist ethics (and politics) provide an important analytic framework to address health inequality and social justice.

**Upshur, Ross. 2002. *Principles for the justification of public health intervention*. *Canadian Journal of Public Health* 93.2: 101–103.**

Upshur seeks to construct a framework for ethical decision making in a public health context. Upshur argues that the theories and methods of clinical ethics cannot appropriately be applied in a public health context and it is therefore necessary to develop an independent framework for ethical deliberation in a public health context.

#### KEY CONCEPTS

Public health and public health interventions rest on a series of key assumptions about health, disease, illness, community, social order, and medical care. Each of these key concepts and assumptions requires critical analysis if one is to understand the principles and practices of public health. Allmark 2005, Marmot and Wilkinson 2006, Wilkinson 2006, Rose 1985, and Singer 1972 examine some of the key ideas that determine the goals of public health, including health, happiness, public good, liberty, obligation, inequality, and the “tension” between population health and individual health. Bayer 2008; Dobrow, et al. 2004; and Weed 2004 address some of the more important ideas that drive contemporary interventions in public health, including evidence, stigma, and the precautionary principle. Hellman 1995 provides a provocative analysis of the physician’s ethical relationship to the individual patient and public good.

**Allmark, Peter. 2005. *Health, happiness and health promotion*. *Journal of Applied Philosophy* 22.1: 1–15.**

Allmark contends that health promotion is often critiqued for infringing on individual liberty and promoting an ascetic life. Allmark argues that the Aristotelian conception of the good life avoids these criticisms and provides the best guide for health-promoting activities. A critical evaluation of health promotion using Aristotelian virtue ethics.

**Bayer, Ronald. 2008. *Stigma and the ethics of public health: Not can we but should we*. *Social Science and Medicine* 67.3: 35–45.**

Examines the relationship between stigma and public health. Stigma is a significant concept in public health theory and social effect that public health practices seek to counteract. Bayer explores whether there are circumstances in which stigma could be used by public health to modify disease-causing behaviors.



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**Dobrow, Mark J., Vivek Goel, and Ross Upshur. 2004. Evidence-based health policy: Context and utilisation. *Social Science & Medicine* 58.1: 207–217.**

Demonstrating that a shift in decision making occurs from the individual-clinic to the population-policy context, the authors argue that a conceptual framework to account for the influence of context on evidence-based decision making is necessary. An attempt to produce evidence-based health policy, relevant to graduate students interested in health policy.

**Hellman, Samuel. 1995. The patient and the public good. *Nature Medicine* 1.5: 400–402.**

An examination of the ethical tension between physicians' care of individual patients and the physician-investigator use of patients in randomized clinical trials directed toward the public good. Hellman argues for the priority of patient-centered care in clinical care, requiring a separation between the two roles of the physician as an agent for society and an agent for the individual patient.

**Marmot, Michael, and Richard G. Wilkinson, eds. 2006. *Social determinants of health*. 2d ed. New York: Oxford Univ. Press.**

An analysis of the social, economic, and political factors affecting population health by leading experts in the field. The second edition includes chapters on the elderly, ethnicity, sexual behaviors, housing, and neighborhoods. An important collection for students and teachers engaged in public health, policy, and social justice.

**Rose, Geoffrey. 1985. Sick individuals and sick populations. *International Journal of Epidemiology* 14.1: 32–38.**

A highly cited analysis of the tension between the individual and population in epidemiology and the corresponding preventive measures. Rose examines the benefits, gains, and risks faced by the individual in preventive strategies focused on the population. An influential paper, important for ethical analysis in public health and epidemiology.

**Singer, Peter. 1972. Famine, affluence, and morality. *Philosophy and Public Affairs* 1.3: 229–243.**

Singer argues that there is a moral obligation to prevent suffering if we have the means to do it and are not required to sacrifice anything morally significant. Singer concludes that individuals and governments in affluent countries have a moral obligation to assist the suffering of others. An influential paper in discussing the ethics of global inequality and poverty.

**Weed, Douglas L. 2004. Precaution, prevention and public health ethics. *Journal of Medicine and Philosophy* 29.3: 313–332.**

An examination of the challenges posed by the precautionary principle to the development and practice of evidence-based public health policy. Weed provides an analysis of the role of evidence, causation, and ethics in preventive strategies developed by public health professionals. Weed makes important suggestions and recommendations to improve public health research.

**Wilkinson, Richard. 2006. *The impact of inequality: How to make sick societies healthier*. London: Routledge.**

Examining the discrepancy between the ranking of the United States as the richest nation, yet twenty-fifth in life expectancy, Wilkinson argues that the quality of social relations impacts well-being. Inequalities within and between nations impact health and well-being across society. A significant text for students interested in the relationship between public health, health policy, and political economy.

standards. Until recently it was assumed that the ethics behind public health practice are good. However, policies of forced sterilization, mandatory screening of vulnerable populations, detention of people with infectious diseases, and the quarantine and social isolation of “sick” people or communities have forced considerable critical analysis. This section comprises resources addressing Human Rights and Social Justice, Global Health, Resource Allocation, Infectious Diseases, Vaccination, Health Promotion, Research Ethics, Biosecurity and Bioterrorism, Biotechnology, and Screening.

#### HUMAN RIGHTS AND SOCIAL JUSTICE

Given public health's preoccupation with the health of populations, human rights and justice are central to the determination of what governments should provide to their citizenry. United Nations General Assembly 1948 provides the most important statement of human rights. Gruskin, et al. 2005; Mann 1997; and Sen 2004 further develop the place of human rights in health care and the (apparent) distinction between human rights and ethics in health. Farmer 2003, Pogge 2005a, Pogge 2005b, Powers and Faden 2006, and Ruger 2004 use a human rights and social justice approach to examine obligations owed to the global poor and to vulnerable populations, and to examine the development of just health and drug policy.

**Farmer, Paul. 2003. *Pathologies of power: Health, human rights and the new war on the poor*. Berkeley: Univ. of California Press.**

Farmer argues that human rights require the developed world to promote and respect social and economic rights of the developing world. Farmer demonstrates through eyewitness accounts, personal experience, and rigorous analysis the injustice of structural violence inflicted on the world's poor. A clear argument for deeper reflection of the connection between human rights, economics, and global public health.

**Gruskin, Sofia, Michael A. Grodin, Stephen P. Marks, and George J. Annas. 2005. *Perspectives on health and human rights: A reader*. 2d ed. New York: Taylor and Francis.**

A significant collection of articles by leading scholars examining the important links between public health and human rights. The second edition includes sections on the impact of new technologies, the family and health, responding to violence, and methods for health and human rights. A valuable collection for graduate students and teachers.

**Mann, Jonathan M. 1997. *Medicine and public health, ethics and human rights*. *The Hastings Center Report* 27.3: 6–13.**

Mann contends that public health lacks the conceptual framework to analyze the societal determinants of health. Mann suggests a human rights framework is more appropriate than a general ethics, arguing that public health and human rights relate on three levels: public health policies infringe on human rights, human rights abuses have health impacts, and promoting human rights promotes health.

**Pogge, Thomas. 2005a. *World poverty and human rights*. *Ethics & International Affairs* 19.1: 1–7.**

Pogge argues that severe poverty in the developing world is not the result of local corruption or inefficiency: rather the global institutional order constructed by developed countries results in, and is responsible for, the persistence of severe poverty. Pogge contends that the global poor have a moral claim on the affluence of the developed world.

**Pogge, Thomas W. 2005b. *Human rights and global health: A research program*. *Metaphilosophy* 36.1–2: 182–209.**

Extending the arguments made in Pogge 2005a, this paper demonstrates that global institutional and health-system reforms would eradicate extreme poverty and make medical knowledge freely available as a global public good. Pogge focuses on injustices resulting from intellectual property rights in pharmaceutical research, arguing that governments and citizens in high-income countries have a

**Powers, Madison, and Ruth Faden. 2006. *Social justice: The moral foundations of public health and health policy*. New York: Oxford Univ. Press.**

Moving beyond the notion of justice as fair and equal access to health, Powers and Faden argue that access to health care is only one of several factors influencing population health. Surveying the conditions determining just health policy, this is an important work for students and teachers in political philosophy, public health, and health policy.

**Ruger, Jennifer P. 2004. Ethics of the social determinants of health. *The Lancet* 364.9439: 1092–1097.**

Ruger argues that a Rawlsian approach to just health policy provides a limited account of human diversity and intrinsic value of health. Ruger argues that Sen's capabilities approach more appropriately addresses the social determinants of health, as it includes public policy beyond the health sector, which suggests a multifaceted approach to health improvement. A helpful discussion of health equity that is appropriate for undergraduates.

**Sen, Amartya. 2004. Elements of a theory of human rights. *Philosophy & Public Affairs* 32: 315–356.**

Sen argues for a theory of human rights sustained by public reasoning and not dependent on legislation. The recognition and understanding of human rights is closely linked with open public discussion. Sen provides a clear conceptualization of human rights and their use in political practice and agitation. An important article for students interested in the intersection between political science, human rights, and public health.

**United Nations General Assembly. 1948. Universal declaration of human rights. G.A. res. 217A (III), UN Doc. A/810 at 71. New York: United Nations.**

A foundational document for political theory and discourse in the second half of the 20th century. Although Article 25 contains the only direct reference to health, the document provides many of the principles for public health theory and rights addressing health inequalities and injustice in the developing world.

## GLOBAL HEALTH

In recent years, global health has been recognized not only as a health problem but also as a moral and legal one: What do we owe to people we do not know and cannot "see"? Why should we be concerned with inequality? Whose voices matter in debates about policy and ethics? Carrese and Rhodes 1995, Chattopandhyay and De Vries 2008, Farmer and Campos 2004, Takala 2001, and Tan-Alora and Lumaitao 2001 contend that a cultural and epistemic imperialism is at work in bioethics, creating a need to (re)develop a bioethics cognizant of the needs of the global world, inclusive of the plurality of voices, and willing to move beyond analytic philosophy and "principlism." Kass 2004; Pogge 2007; Daniels 2006; and Benatar, et al. 2003 take up this challenge—arguing that global justice, equity, human rights, and mutual care require that the world takes steps to relieve poverty and inequity.

**Benatar, Solomon R., Abdallah S. Daar, and Peter A. Singer. 2003. Global health ethics: The rationale for mutual caring. *International Affairs* 79.1: 107–138.**

Outlining contemporary global instability and inequality, the authors argue for greater public debate and promotion of human rights toward the end of a more just global politics and law. A sophisticated analysis of global health and the multiplicity of influencing factors and a good overview article for graduate students.



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Carrese and Rhodes demonstrate that biomedical principles conflict with Navajo ways of thinking, particularly taboos against the discussion of “negative information.” Thus the disclosure of risk in practices of informed consent or advanced-care planning are ethically problematic.

**Chattopadhyay, Subrata, and Raymond De Vries. 2008. Bioethical concerns are global, bioethics is Western. *Eubios Journal of Asian International Bioethics* 18.4: 106–109.**

A critical account of bioethics as aligned to the Western health industry and part of the injustices in the developing world. The authors argue that an attempt to expand bioethics to include concerns confronting the developing world requires a reciprocal expansion of the philosophical framework of bioethics to include the diverse ethical and moral traditions of specific countries and cultures.

**Daniels, Norman. 2006. Equity and population health: Toward a broader bioethics agenda. *The Hastings Center Report* 36.4: 22–35.**

Arguing for the expansion of bioethics to include social justice and health inequality, Daniels defines the role of bioethics not as the mechanism for bringing about justice and equality but in providing the analytic tools to negotiate the complexity of differing demands between equity and justice. A good overview of the debates surrounding the role of bioethics.

**Farmer, Paul, and Nicole Gastineau Campos. 2004. Rethinking medical ethics: A view from below. *Developing World Bioethics* 4.1: 17–41.**

Farmer and Campos argue for the “resocialisation of ethics” to contextualize ethical dilemmas and debate within the settings of poverty and global health inequalities. Discussing AIDS research in the developing world and tuberculosis in Siberian prisons, this article argues that ethical reflection on such issues requires expansion to include anthropology, history, and political economy.

**Kass, Nancy E. 2004. Public health ethics from foundations and frameworks to justice and global public health. *Journal of Law, Medicine and Ethics* 32.2: 232–242.**

A thorough overview of the development of public health ethics as a discipline. Kass notes three formative periods: first came the 1970s and the entanglement of bioethical concerns with resource allocation and civil liberties; second was 2001 and the turn from issues to theory in the advancement of public health ethics as a subfield of bioethics; and finally, there was the shift toward global justice and equity.

**Pogge, Thomas, ed. 2007. *Freedom from poverty as a human right: Who owes what to the very poor?* New York: Oxford Univ. Press.**

A collection of fifteen articles by renowned scholars addressing the thesis that freedom from poverty is a human right. From this premise it is argued that affluent nations have an obligation to redress imbalances impacting on global poverty and inequalities. A theoretically rigorous analysis of human rights and the social, economic, and cultural factors of poverty.

**Takala, Tuija. 2001. What is wrong with global bioethics? On the limitations of the four principles approach. *Cambridge Quarterly of Healthcare Ethics* 10.01: 72–77.**

The shift in bioethics toward global health concerns forces a corresponding shift toward the theoretical underpinnings of global bioethics. Takala argues that the employment of the “four principles” as the basis of a global bioethics is ill conceived as they are too vague and tied to a Western worldview. A useful critique of the limitations of the four principles.

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**Tan-Alora, Angeles, and Josephine M. Lumaitao, eds. 2001. *Beyond a Western bioethics: Voices from the developing world*. Washington, DC: Georgetown Univ. Press.**

A collection of articles exploring bioethics—theories and issues—beyond the American and European academic and geographical boundaries. Examines the influence of economics, religion, and culture in ethical reflection on doctors, patients, and population health. A significant contribution to understanding global health beyond Western conceptions of autonomy, justice, and morality.

## RESOURCE ALLOCATION

The ethics of resource allocation was an initial concern of bioethics. Through the development of expensive and exotic lifesaving technologies such as dialysis, questions arose regarding the ethical allocation of limited resources in the clinical context (Rescher 1969). Although the allocation of organs (Menzel 1994) and technological resources remains an area of ethical deliberation, the ethics of resource allocation have extended to health budget decisions, quality of life measurements (Lipscomb, et al. 2009; Lockwood 1988), and issues of justice between developing countries and Western nations. Nord 2005 offers a rigorous analysis of ethical and policy implications of allocating medical resources. Callahan 1995 and Daniels 2008 orient the reader to the key theorists on resource allocation and represent the breadth of issues, with an emphasis on the growing concerns surrounding aging populations (Kappel and Sandoe 1992).

**Callahan, Daniel. 1995. *Setting limits: Medical goals in an aging society*. Washington, DC: Georgetown Univ. Press.**

A good introduction to the issues faced in medical resource allocation in an aging society. Callahan raises important questions regarding the end of medical care, the reshaping of aging through medicine, and intergenerational obligations. An accessible text suitable for undergraduate students.

**Daniels, Norman. 2008. *Just health: Meeting health needs fairly*. New York: Cambridge Univ. Press.**

A sophisticated and theoretically rigorous development of a theory of justice pertaining to health, its importance for addressing inequalities in resource allocation. A comprehensive text that addresses domestic and global health policy, aging society issues, and occupational health and safety. Suitable for scholars, graduates, and undergraduates interested in health policy, community development, and public health.

**Kappel, Klemens, and Peter Sandoe. 1992. QALYs, age and fairness. *Bioethics* 6.4: 297–316.**

Focusing resource allocation between young and old people, Kappel and Sandoe examine the usefulness of Quality Adjusted Life Years (QALYs), arguing against the claim that QALYs discriminate against older people. The authors argue that QALYs should, in fact, favor the young. A good introduction to debate surrounding QALYs and influence of utilitarianism on health policy.

**Lipscomb, Joseph, Michael Drummond, Dennis Fryback, Marthe Gold, and Dennis Revicki. 2009. Retaining, and enhancing, the QALY. *Value in Health* 12: S18–S26.**

A careful analysis of the QALY and alternative methods to valuing health outcomes. Argues that despite weaknesses the QALY should be retained and enhanced in order to improve the scientific soundness and usefulness of preference-based approaches in measuring health.

**Lockwood, Michael. 1988. Quality of life and resource allocation. *Royal Institute of Philosophy Supplements* 23: 33–55.**

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particularly justice and autonomy. A significant paper for undergraduate and graduate students.

**Menzel, Paul T. 1994. Rescuing lives can't we count? *The Hastings Center Report* 24.1: 22–23.**

Examining the practice of multiple-organ transplants, Menzel discusses the ethics of resource allocation. This paper does not provide an ethical framework but raises questions for consideration regarding the value of life, obligations to save, and ethical distribution. A provocative paper for undergraduate and graduate students.

**Nord, Erik. 2005. Concerns for the worse off: Fair innings versus severity. *Social Science & Medicine* 60.2: 257–263.**

A detailed analysis of the “fair innings” argument and its relationship to quality of life arguments. Examining ethical discussions on equity and official government guidelines in Norway and Sweden, Nord delivers a rigorous paper relevant to graduate students and scholars researching the ethics of resource allocation.

**Rescher, Nicholas. 1969. The allocation of exotic medical lifesaving therapy. *Ethics* 79.3: 173–186.**

With the development of dialysis technology and techniques of organ transplantation, medical professionals face the question of “whose life to save?” In this historically important paper, Rescher develops an algorithm for the allocation of “exotic lifesaving therapy.” Relevant for undergraduate students and the history of bioethics and ethics of resource allocation.

#### INFECTIOUS DISEASES

Concerns about contagion have been a major influence on the development of public health. Sanitation, vaccination, drug policy, water resource management, isolation, and quarantine are all manifestations of attempts to control or treat infection. Yet, as Francis, et al. 2005 and Selgelid, et al. 2006 point out, infectious disease has been largely ignored by bioethics. In recent years, however, the emergence of HIV/AIDS (Bayer 1991, Benatar 2002, Warren 2006) and the reemergence of tuberculosis (Bayer and Dupuis 1995) have required serious consideration of the ethical, legal, and regulatory issues surrounding infectious disease. Although much attention has been on the risks of pandemic infection (McDougall, et al. 2008), increasingly researchers are turning to the ethical issues raised by infection control and the risks of medical care (Gilbert, et al. 2009).

**Bayer, Ronald. 1991. Public health policy and the AIDS epidemic. *New England Journal of Medicine* 324.21: 1500–1504.**

A historically significant paper in which Bayer argues that the impact on, and response to, HIV in public health policy and practice should motivate a reassessment and revitalization of public health. A provocative discussion suitable for in-class debate.

**Bayer, Ronald, and Laurence Dupuis. 1995. Tuberculosis, public health, and civil liberties. *Annual Review of Public Health* 16.1: 307–326.**

Examines the tension between civil liberty and public health in the context of tuberculosis outbreaks in the United States. Also examines the proper use of state power in the protection of public health, suggesting that programs to encourage individual cooperation are most appropriate: however, as a last resort coercion is permissible in order to protect public health.

**Benatar, Solomon R. 2002. The HIV/AIDS pandemic: A sign of instability in a complex global system. *Journal of Medicine and Philosophy* 27.2: 163–177.**

The biomedical response to infectious diseases such as HIV/AIDS cannot improve the health of populations in isolation from examination of the social causes of pandemics. Benatar argues that public health ethics, in particular, need to be included in the discourse to reduce the impact of pandemics and the emergence of new infectious diseases.

**Francis, Leslie P., Margaret P. Battin, Jay A. Jacobson, Charles B. Smith, and Jeffrey Botkin. 2005. How infectious diseases got left out—and what this omission might have meant for bioethics. *Bioethics* 19.4: 307–322.**

Argues that the omission of infectious disease from bioethical reflection skews conceptions of the individual, with an overreliance on autonomy and the harm principle. This results in informed consent and distributive justice being ill-equipped to respond to infectious disease where the patient is victim and vector. Also argues for a concept of the individual embodied in social relations.

**Gilbert, Gwendolyn L., Paul Y. Cheung, and Ian B. Kerridge. 2009. Infection control, ethics and accountability. *Medical Journal of Australia* 190.12: 696–698.**

An important analysis of the preventability of health-care associated infections (HAIs) as a clinical and economic problem in Australian hospitals. Examines the complex relationship among environment, microbiology, pathology, behavior, and organizational structure. A significant discussion of the ethical implications of HAIs for health professionals, patients, and organizational systems.

**McDougall, Christopher W., Ross E. G. Upshur, and Kumanan Wilson. 2008. Emerging norms for the control of emerging epidemics. *Bulletin of the World Health Organization* 86:643–645.**

Examining the global response to severe acute respiratory syndrome (SARS), the authors argue that a shift occurred in the international community's approach to global public health security. They suggest that new ethical and legal norms are demonstrated by the willingness of nations to subordinate sovereignty to supranational authorities, such as the World Health Organization, for the sake of securing global public health.

**Selgelid, Michael J., Margaret P. Battin, and Charles B. Smith, eds. 2006. *Ethics and infectious disease*. Oxford: Blackwell.**

A collection of papers on the ethics of infectious diseases that expands on a special edition of the journal *Bioethics* (Volume 19, no. 4, August 2005) on ethical issues in infectious diseases, guest co-edited by Michael Selgelid and Margaret Battin. This anthology includes landmark papers covering infection control, dilemmas in treatment, vaccination policy, developing countries and global health, and security and bioterrorism.

**Warren, Mitchell. 2006. HIV research and access to treatment. *Science* 311.5758: 175–176.**

An insightful letter with responses by a leading figure in HIV research. Warren raises important ethical questions regarding HIV research and the effects this has on individuals and communities. A brief text suitable for generating in-class discussion and debate.

## VACCINATION

Debates over population vaccination programs oscillate between public good and individual liberty, Verweij and Dawson 2004 presents a guideline for the navigation and conduct of such debate that will serve undergraduates and teachers in mapping the terrain. Omer, et al. 2000 argues for greater public education regarding the history and benefits of vaccinations, facilitating discussion on the role of health

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international comparison of the ethical, legal, and policy issues of compulsory vaccination. Jefferson 2006 addresses the problem of stockpiles of inactivated influenza vaccines, examining the lack of evidence supporting policies that advise the use of such vaccines.

**Dawson, Angus. 2005. The determination of the best interests in relation to childhood immunisation. *Bioethics* 19.1: 72–89.**

Rather than appealing to notions of harm or social good, Dawson argues for childhood vaccinations on the grounds of the child's best interest, providing a detailed account of "best interest," defending it against the charge of paternalism, and outlining the circumstances in which it applies. Dawson argues that in certain scenarios parental decision making can be legitimately overruled.

**Jefferson, Tom. 2006. Influenza vaccination: Policy versus evidence. *British Medical Journal* 333.7574: 912–915.**

Jefferson argues that a gap exists between health policy on the use of inactivated influenza vaccines and the evidence supporting such use. He suggests that considering the lack of evidence and massive resources involved, an urgent reevaluation of policy is required.

**Omer, Saad B., Daniel A. Salmon, Walter A. Orenstein, M. Patricia deHart, and Neal Halsey. 2009. Vaccine refusal, mandatory immunization, and the risks of vaccine-preventable diseases. *New England Journal of Medicine* 360.19: 1981–1988.**

Exploring the determinants for vaccine refusal in the United States, the authors argue for clinicians to maintain contact with patients who refuse vaccination and for greater public awareness of the severity of past infectious disease outbreaks and the minimal risk associated with vaccination. A useful paper for discussing the blurred boundaries between the clinic and public health.

**Salmon, Daniel A., Stephen P. Teret, C. Raina MacIntyre, David Salisbury, Margaret A. Burgess, and Neal A. Halsey. 2006. Compulsory vaccination and conscientious or philosophical exemptions: Past, present, and future. *Lancet* 367.9508: 436–442.**

A review of vaccination legislation in the United States, the United Kingdom, and Australia to assess whether the benefits of compulsory vaccination are outweighed by associated ethical problems. The authors isolate four key points and recommendations. A good overview with an international perspective of the ethical, legal, and policy issues of compulsory vaccination.

**Verweij, Marcel, and Angus Dawson. 2004. Ethical principles for collective immunisation programmes. *Vaccine* 22.23–24: 3122–3126.**

Verweij and Dawson outline seven principles to guide debate and analysis of collective immunization. A useful introduction and overview of the conflicts surrounding the distribution of burdens and benefits of compulsory and collective vaccination, with a discussion of local and global applications.

## HEALTH PROMOTION

The ethical implications of health promotion are difficult to see owing to a general acceptance of health as an uncontroversial good for individuals and society. Reviewing the World Health Organization charters on health promotion, Mittelmark 2008 surveys important policy and historical context for discussing ethics in health promotion. Coveney 1998 uses a Foucauldian framework to question the reliance on autonomous choice in health promotion strategies targeting individuals. Petersen and Lupton 1996 offers a sustained critique of the new public health use of risk in health promotion and the ethical implications of constructing "good citizenship" around health. Examining recent concerns with obesity, Gard and Wright 2005 critically analyze the influence of ideology and morality in and through obesity science, suggesting that health promotion focusing on obesity entangles notions of health with morality and governance. Maclean, et al. 2009 addresses stigmatization in obesity. Also addressing responses to obesity, Holm 2007 evaluates the ethical implications of different forms of paternalism in public health interventions. Guttman and Ressler 2001 examines the ethical implication of emphasizing personal

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**Coveney, John. 1998. The government and ethics of health promotion: The importance of Michel Foucault. *Health Education Research* 13.3: 459–468.**

Coveney offers a useful contribution to the ethics of health promotion by problematizing notions of individual autonomy and choice. Using nutrition as an example, this paper provides a Foucauldian analysis of the ethics of health promotion by demonstrating the production of subjects that self-govern and self-monitor nutrition habits.

**Gard, Michael, and Jan Wright. 2005. *The obesity epidemic: Science, morality and ideology*. New York: Routledge.**

A rigorous survey of the complex interaction between morality and science in government health promotion strategies. Examining popular-level and academic reporting of obesity science, this book demonstrates the use of notions of health and disease as scientific concepts to communicate moral norms regarding weight and body shape in individuals and populations, particularly children.

**Guttman, Nurit, and William H. Ressler. 2001. On being responsible: Ethical issues in appeals to personal responsibility in health campaigns. *Journal of Health Communication* 6.2: 117–136.**

An analysis of the ethical implication of employing personal responsibility in public health campaigns. Guttman and Ressler provide a clear historical overview of the use of personal responsibility in relation to illness and disease, suggesting that health practitioners have lacked the conceptual tools required to adequately identify ethical implications of the emphasis on personal responsibility.

**Holm, Soren. 2007. Obesity interventions and ethics. *Obesity Reviews* 8.1: 207–210.**

An analysis of the ethical issues in public health interventions targeting obesity, particularly in relation to paternalism. Holm divides public health interventions into soft and hard forms of paternalism: the former indirect coercion and the latter direct coercion. Holm argues that health policies need to be based on evidence that the costs (economic and ethical) are outweighed by the benefits.

**Maclean, Lynne, Nancy Edwards, Michael Garrard, Nicki Sims-Jones, Kathryn Clinton, and Lisa Ashley. 2009. Obesity, stigma and public health planning. *Health Promotion International* 24.1: 88–93.**

An examination of the ethical implications of health promotion strategies targeting obesity. Argues that public health practitioners lack sufficient guidelines to avoid stigmatization in the design and implementation of obesity prevention programs. A good discussion of stigma with implications for practice and policy.

**Mittelmark, Maurice B. 2008. Setting an ethical agenda for health promotion. *Health Promotion International* 23.1: 78–85.**

An important overview and analysis of the place of ethics in the Bangkok Charter for health promotion in comparison to the earlier Ottawa Charter. With emphasis on the role of journals, conferences, and academics to facilitate and promote ethics in health promotion, this is a good introduction to two key international documents on health promotion.

**Petersen, Alan, and Deborah Lupton. 1996. *The new public health: Health and self in the age of risk*. St. Leonards, Australia: Allen and Unwin.**

Analyzes the implicit morality of the “new public health.” Petersen and Lupton argue that strategies promoting healthier lifestyles to mitigate risk are a source of moral regulation supported through expert knowledge, leading to the production subjects as “healthy citizens.” A critical examination of public health through a Foucauldian framework.



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Attempts to explicate the moral dimensions of prevention and health promotion in order to guide policy, programs, and health professionals. Explores the ethical implications of preventive interventions into private and social life under the banner of health resulting in the medicalization of society and transforming healthy people into patients. A philosophically rigorous study suitable for graduate students.

## RESEARCH ETHICS

Public health derives its efficacy and authority from research into the etiology and burden of disease, the effectiveness of prevention and therapeutic interventions, and the design and delivery of health care. Unfortunately, while epidemiological research has great benefits as Coughlin, et al. 2009 notes, it can also create great harm. For these reasons enormous effort has gone into the construction of processes for research review (Beyrer and Kass 2002). Although these have improved the ethics and governance of research, considerable challenges remain—particularly with regard to the design and performance of clinical trials in the developing world (Angell 1997; Benatar 2000; Bhutta 2002; Emanuel, et al. 2004; Hyder and Wali 2006; Lurie and Wolfe 1997).

**Angell, Marcia. 1997. The ethics of clinical research in the Third World. *New England Journal of Medicine* 337.12: 847–849.**

As regulations surrounding clinical research involving human subjects become tighter, research in the Third World is becoming more attractive. Angell argues that research conducted in the Third World could not be done in the countries sponsoring the research. As Angell argues, the research community needs to commit to and enforce ethical standards regardless of where the research occurs.

**Benatar, Solomon R. 2000. Avoiding exploitation in clinical research. *Cambridge Quarterly of Healthcare Ethics* 9.4: 562–565.**

Benatar provides a close analysis of the forces impacting academic research, particularly in the development of pharmaceuticals. Also examines the use of research subjects in developing countries and the renewal of interest in ethics as a means to regulate clinical research. A good article introducing the multiplicity of factors and agents at play in clinical research.

**Beyrer, Chris, and Nancy E. Kass. 2002. Human rights, politics, and reviews of research ethics. *Lancet* 360.9328: 246–251.**

An analysis of the impact of political and human rights conditions on research ethics. Beyrer and Kass argue that low-risk research may become high risk if conducted in a country where human rights are, or potentially, in breach. The authors contend that closer connections between human rights and research ethics are necessary.

**Bhutta, Zulfiqar Ahmed. 2002. Ethics in international health research: A perspective from the developing world. *Bulletin of the World Health Organization* 80:114–120.**

Examining internationally sponsored research in developing countries, this paper argues for the inclusion of local sociocultural concerns in research design. Such research needs to address informed consent, consultation, confidentiality, and benefit to community, guided by the overarching goal that all research in developing countries aims at reducing global health inequalities.

**Coughlin, Steven S., Tom L. Beauchamp, and Douglas L. Weed, eds. 2009. *Ethics and epidemiology*. 2d ed. Oxford: Oxford Univ. Press.**

A collection of articles examining the ethics of epidemiological research, by scholars working in epidemiology, ethics, and law. Although focused on the United States, the theoretical issues and many of the practical issues addressed have wider relevance. Examines ethical issues of consent, confidentiality, and privacy in epidemiological research.



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**countries ethical? The benchmarks of ethical research. *Journal of Infectious Diseases* 189.5: 930–937.**

Drawing on a framework of eight principles for ethical research, here the authors develop thirty-one benchmarks that specify practical measures to gauge the degree to which the research is conducted in accordance with the principles. A detailed article of interest to those engaged in health policy, research ethics, and development.

**Hyder, Adnan A., and Salman A. Wali. 2006. Informed consent and collaborative research: Perspectives from the developing world. *Developing World Bioethics* 6.1: 33–40.**

Surveying researchers in developing countries regarding their views on informed consent in collaborative research, Hyder and Wali attempt to provide empirical data to support the exploration of ethical issues in health research in developing countries. An important article both for its discussion of consent in research and its empirical approach to bioethics.

**Lurie, Peter, and Sidney M. Wolfe. 1997. Unethical trials of interventions to reduce perinatal transmission of the human immunodeficiency virus in developing countries. *New England Journal of Medicine* 337.12: 853–856.**

Examines research trials in developing countries aimed at reducing perinatal transmission of HIV. Like Angell 1997, Lurie and Wolfe argue that there are ethical double standards in the conduct of research in developing countries with impoverished health care in comparison with research regulations in countries sponsoring the research.

#### BIOSECURITY AND BIOTERRORISM

Reflection on biosecurity and bioterrorism mushroomed following the 9/11 and 2001 anthrax attacks in the United States. However, Fee and Brown 2001 provides a historically apposite article published pre-9/11, drawing lessons from the involvement of public health agencies in response to Cold War–era threats of biological warfare and foreshadowing some of the issues following 9/11. Sutton 2005 argues that the political climate following 9/11 requires an ethics of biodefense and provides a rigorous overview of applied ethics relevant to such a task. Tarantola, et al. 2009 addresses the perennial question of the extent to which the state can limit individual freedoms to protect the public. King 2005 draws attention to problems associated with public health being used as an instrument of biodefense, resulting in a neglect of activities not related to biodefense. Poland, et al. 2009 examines the use of vaccines as biodefense and the ethics of responding to bioterrorism. Annas 2006 emphasizes the relationship between human rights and public health in responding to bioterrorism, arguing that the maintenance of human rights is essential in defending bioterrorism. With concern regarding dual-use research and bioweaponry, Selgelid 2009 argues for the increase of ethical input in governance of dual-use research. Finally, Selgelid and Enemark 2008 examines governmental responses to HIV/AIDS and the conceptions of security and infectious disease as a threat.

**Annas, George J. 2006. Bioethics and bioterrorism. In *Ethics and infectious disease*. Edited by Michael J. Selgelid. Oxford: Blackwell.**

Following 9/11 and the severe acute respiratory syndrome (SARS) epidemic, public health was recognized as a global security issue and intimately connected to human rights. Annas argues that human rights are the best defense against aggressors; thus, bioethics and public health ethics have an important role to ensure human rights are maintained in responses to bioterrorism.

**Fee, Elizabeth, and Theodore M. Brown. 2001. Preemptive biopreparedness: Can we learn anything from history? *American Journal of Public Health* 91.5: 721–726.**

A historical review of Cold War public health policy in the United States addressing biological warfare. Fee and Brown suggest there are historical lessons regarding the involvement of public health agencies in surveillance and screening programs during the 1950s.



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**King, Nicholas B. 2005. The ethics of biodefense. *Bioethics* 19.4: 432–446.**

Reviewing the public health issues tied to biodefense, King argues that ethical reflection on biodefense is paramount in the political context following 9/11: as government funding and resources in the United States is directed toward biodefense at the risk of excluding areas such as chronic diseases and social disparities in health. Reprinted in Selgelid, Michael J., Margaret P. Battin, and Charles B. Smith, eds. *Ethics and Infectious Disease* (Oxford: Blackwell, 2006).

**Poland, Gregory A., Robert M. Jacobson, Jon Tilburt, and Kristin Nichol. 2009. The social, political, ethical, and economic aspects of biodefense vaccines. *Vaccine* 27.4: D23–D27.**

Surveys the social, political, ethical, and economic issues surrounding the development and use of vaccines in the protection of the population against the threat of bioterrorism. A thorough overview of the practical problems in the ethics of biodefense, suitable for introducing graduate students to the broader political context of biodefense.

**Selgelid, Michael J. 2009. Governance of dual-use research: An ethical dilemma. *Bulletin of the World Health Organization* 87.9 (September): 720–723.**

Reviewing the recent literature on security issues surrounding dual-use life science research, Selgelid notes a lack of ethical contributions. The author also argues that it is important increased ethical input in governance of research that has the potential to be used in the development of biological weapons. A clear review of recent literature; helpful for graduate students.

**Selgelid, Michael J., and Christian Enemark. 2008. Infectious diseases, security and ethics: The case of HIV/AIDS. *Bioethics* 22.9: 457–465.**

A theoretically rigorous analysis of conceptions of security and infectious disease as a threat in the context of governmental responses to HIV/AIDS. Examines the ethical implications of using security as a means to mobilize governments to increase control measures of HIV/AIDS in the developing world for self-interested reasons.

**Sutton, Victoria. 2005. A multidisciplinary approach to an ethic of biodefense and bioterrorism. *Journal of Law, Medicine & Ethics* 33.2: 310–322.**

Sutton maps the complexity of biodefense research, arguing that bioethics and public health ethics provide valuable conceptual resources. Drawing on deontological approaches in bioethics, Sutton argues for duty-based international biodefense ethic. Although focused on the United States, it is a useful overview of the ethical problems in responding to bioterrorism.

**Tarantola, Daniel, Joseph Amon, Anthony Zwi, Sofia Gruskin, and Lawrence Gostin. 2009. H1N1, public health security, bioethics and human rights. *Lancet* 373.9681: 2107–2108.**

An editorial response by leading scholars of infectious disease and security, raising the question of the extent to which the state can limit individual rights during the outbreak of an infectious disease. The authors argue for the importance of human rights in protecting individuals and communities during public health emergencies. A short article suitable for class discussion and analysis.

## BIOTECHNOLOGY

The use, impact, and reach of biotechnologies vary widely and have an indirect relationship to public health. Dyson and Harris 1994 is by a diverse group of internationally renowned authors and will familiarize readers with different applications of biotechnologies and the

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holds significance for public health, particularly in food production and safety. Herdt 2006 offers a detailed description of the applications of biotechnologies in agriculture, attempting to provide an evenhanded assessment rather than a critical position. Devos, et al. 2008 highlights the importance and difficulty in communicating scientific research on genetically modified organisms (GMOs) to the public (focusing on the European Union and the United States), arguing for importance of societal involvement in ethical discussion dealing with GMOs. Paarlberg 2001 provides a comparative study of the precautionary measures adopted in agricultural biotechnology practices and policies in Kenya, Brazil, India, and China.

**Devos, Yann, Pieter Maesele, Dirk Reheul, Linda Van Speybroeck, and Danny De Waele. 2008. Ethics in the societal debate on genetically modified organisms: A (re)quest for sense and sensibility. *Journal of Agricultural and Environmental Ethics* 21.1: 29–61.**

Exploring the difference between expert and lay understandings of risk in the communication of scientific research to the public, the authors argue for a move from scientific evaluation to a more robust form of evaluation that addresses societal concerns over GMOs, particularly transgenic crops. A rigorous paper for undergraduate and graduate students interested in public understandings of science.

**Dyson, Anthony, and John Harris, eds. 1994. *Ethics and biotechnology*. New York: Routledge.**

A broad collection of articles by philosophers, agricultural economists, biologists, embryologists, and policymakers. The collection addresses variety of issues such as enhancement, germ-line manipulation, genetic engineering, and the moral status of extracorporeal embryos. A useful resource for students exploring the breadth of biotechnology.

**Herdt, Robert W. 2006. Biotechnology in agriculture. *Annual Review of Environment and Resources* 31.1: 265–295.**

A useful overview of the applications of agricultural biotechnology in food production. Rather than arguing for a particular position, Herdt describes the technical, environmental, political, and ethical concerns surrounding agricultural biotechnology.

**Paarlberg, Robert L. 2001. *The politics of precaution: Genetically modified crops in developing countries*. Baltimore: John Hopkins Univ. Press.**

A comprehensive account of policies addressing genetically modified crops in Kenya, Brazil, India, and China. Paarlberg examines the precautionary approaches taken toward intellectual property rights, biosafety, trade, food safety, and public research. A good introduction to the ethical and policy issues of agricultural biotechnology, particularly in the developing world.

**Shiva, Vandana, and Ingunn Moser, eds. 1995. *Biopolitics: A feminist and ecological reader on biotechnology*. London: Third World Network.**

A philosophically rigorous examination of biotechnology from a feminist framework. Renowned contributors from a variety of fields address the impact of biotechnology on culture, identity, food, agriculture, and the developing world. This work encompasses politics, ethics, and law. An accessible anthology, useful for students and academics.

## SCREENING

Although screening is now an important part of public health, it has become possible only in the last fifty years following advances in diagnostics and biotechnology (Morabia and Zhang 2004). Because it seems intuitively valuable, screening programs have often been introduced without sufficient basis and/or without ethical critique (Dans, et al. 2011; Skrabanek 1990). It is essential that the ethics of screening is subject to rigorous analysis as screening of different populations and at different stages of life (Benn and Chapman 2009;



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**Benn, Peter A., and Audrey R. Chapman. 2009. Practical and ethical considerations of noninvasive prenatal diagnosis. *JAMA* 301.20: 2154–2156.**

An analysis of the practical and ethical issues in noninvasive prenatal diagnosis. Benn and Chapman suggest new developments require a reevaluation of the role of genetic counselors, the utility of testing, and the oversight of testing procedures. They recommend ethical reflection regarding the impact of noninvasive prenatal diagnosis and the ability to identify a wide range of genetic traits.

**Dans, Leonila F., Maria Asuncion A. Silvestre, and Antonio L. Dans. 2011. Trade-off between benefit and harm is crucial in health screening recommendations. Part 1: General principles. *Journal of Clinical Epidemiology* 64.3: 231–239.**

Outlines five prerequisites required for a health-screening program. Using examples, they address issues of genetic disorders, infectious diseases, and cancer. A good overview article to introduce students to the area and clear principles and policies useful for in-class discussion.

**Grosse, Scott D., Wolf H. Rogowski, Lainie F. Ross, Martina C. Cornel, Wybo J. Dondorp, and Muin J. Khoury. 2010. Population screening for genetic disorders in the 21st century: Evidence, economics, and ethics. *Public Health Genomics* 13.2: 106–115.**

Argues that policies regarding genetic screening focus on issues of technological capacity and medical opinion rather than ethical considerations, particularly in relation to opportunity costs pertaining to resources expended. An important article raising questions of technology, evidence, and economics in screening.

**Jepson, Ruth G., Jenny Hewison, Andrew G. H. Thompson, and David Weller. 2005. How should we measure informed choice? The case of cancer screening. *Journal of Medical Ethics* 31.4: 192–196.**

Evaluation of informed choice in UK cancer-screening programs. Notes the lack of an accurate measure of informed choice that include an individual's understanding of the limits of screening and the differing levels of informed choice when a population is invited for screening.

**Morabia, Alfredo, and Fang F. Zhang. 2004. History of medical screening: From concepts to action. *Postgraduate Medical Journal* 80.946: 463–469.**

Morabia and Zhang provide an introductory overview of the history of medical screening, isolating four necessary conditions that have been developed for effective screening. Using five examples, they evaluate the impact of screening on the protection of population health. A good article to introduce undergraduates to the historical development and implications of screening.

**Skrabaneck, Peter. 1990. Why is preventive medicine exempted from ethical constraints? *Journal of Medical Ethics* 16.4: 187–190.**

Comparing the strict ethical regulations for experimentation and research on individuals, Skrabaneck argues that there is a lack of regulation or debate on medical interventions in the pursuit of population health. He argues that there is no justification to allow preventive practice such as mass screening to operate free of ethical regulation or constraint.

**Welch, H. Gilbert. 2010. Screening mammography—a long run for a short slide? *New England Journal of Medicine* 363.13: 1276–1278.**

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