Author's response to reviews

Title: Teaching seven principles for public health ethics: towards a curriculum for a short course on ethics in public health programmes

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Author's response to reviews:

Dear Editors,

Dear Reviewers,

Thank you very much for having reviewed the paper! The reviewers’ comments were excellent and helped us very much in revising the paper! Below you find an overview of the reviewers’ critical points – some supporting discussions of the reviewers are omitted for space reasons – and how we reacted to them:

Reviewer 1’s comments: Page 4. Line 100: What v That
Co-Authors reaction: changed

Reviewer 1’s comments: I would like to see more information about ‘inter-disciplinarity’ in public health and how this relates to teaching of ethics. The term is mentioned on pages 15 and 16. [discretionary]
Co-Authors reaction: We added some aspects in lines 432ff.

Reviewer 1’s comments: Page 12. Economics and values. Could you say more about this and how the current economic theories and structures interact with the ethics of public health. [discretionary]
Co-Authors reaction: We added some lines on efficiency lines 327ff. We did not elaborate much more on economics as this would be a bit too specific in this concise curriculum / approach.

Reviewer 2’s comments: First, it is suggested that ethics is about agreeing a particular set of values and ‘how such values could be maximised’ (p.6. In. 164). This seems like an odd way to characterise ethics. Yes, it’s about values, but why think they should be maximised? I might think that autonomy or justice should be on the list of values, but why think they must always maximised? What happens if the two conflict and maximisation (of both) is impossible? […]
Co-Authors reaction: We agree to reviewer 2 and rewrote this.
Reviewer 2’s comments: Second, the criteria suggested for choosing the particular principles could also be challenged. It is claimed that the principles are selected on the basis of: (i) wide acceptance and (ii) the fact that they may be open to challenge. I’m not sure what the basis for ‘wide acceptance’ might be. As far as I can see there has been no systematic review of the public health ethics (or broader bioethics) literature to determine whether such values really are ‘widely accepted’. As to the second criterion, anything will be open to challenge, so this seems a very weak condition to meet. Other possible criteria for selecting the relevant values that could have been used, such as ‘the values that are visible in public health practice and policy’, have not been used. Why?

Co-Authors reaction: We agree to reviewer 2 and rewrote this. We added more literature to support our point.

Reviewer 2’s comments: Third, I’d argue that the particular principles chosen seem like an odd mix for thinking about issues in public health. The general approach seems to be one of using the traditional four biomedical ethics principles (non-maleficence, beneficence, respect for autonomy, justice) with a few others added (health maximisation, efficiency, proportionality). I want to question this list on three grounds. First, why stay so wedded to the four principles plus a few other elements (that advocates of the 4Ps might well hold are captured in their account anyway – e.g. wouldn’t beneficence and non-maleficence tend to produce health maximisation anyway? If so – why is it a separate principle?). Second, the additions to the 4Ps can be questioned. For example, should we always maximise health? […] Why include efficiency and not, for example, effectiveness? What is meant by invoking a principle of ‘proportionality’? It suggests a method for using the other principles, namely, balancing and weighing’. In which case, why is it held to be a principle?

Third, I don’t see the kinds of values which I see in public health practice here. Where is the strong commitment to equity, solidarity, reciprocity, and common action and common goods? These proposed values seem to be essentially individualist and miss the reality of what commitment to public health activity often involves.

Co-Authors reaction: We agree to most points of reviewer 2 and extended / rewrote some of the parts; while trying to remain concise in our explanations, we:

- added some clarifications in the text on the principles of beneficence and health-maximisation;
- added an explanation to the presentation of the principle of “efficiency” and explained why we chose this principle – in our concise set of principles – over “effectiveness”;
- we added explanations to the proportionality and justice principles addressing the reviewers’ comments;
- we mentioned solidarity and reciprocity now as well, however, argue that the essential normative aspects of these can be discussed under the notion of justice.
(esp. given that we want to teach in our short course a concise set of principles); we also wrote more about the middle level and the prima facie character of the principles (following the argumentation of Beauchamp and Childress);

we elaborated more on the nature (and difficulty of defining) health in relation to “the (common) good”. This responds to further comments of reviewer 2 as well.

We disagreed to the reviewers’ discussion of the beneficence and non-maleficence principles with regard to health maximization: beneficence and non-maleficence not necessarily produce “health maximization” (we elaborated on these points when we describe the principles).

Reviewer 2’s comments: Fourth, are these seven equal prima facie principles or do they have unequal prior weightings? […]

This, presumably, implies that they are less important? As already suggested proportionality does not really seem like a normative principle at all etc.

Co-Authors reaction: Yes, we thought of the principles as being prima facie principles – which we, as the reviewer correctly notes, did not sufficiently describe. We now elaborated on the aspect of these principles being prima facie (following Beauchamp / Childress).

We also elaborated more on the principle of proportionality and its normative (and methodological) character.

Reviewer 2’s comments: Fifth, I have some issues with the way that the chosen seven principles are described in detail. For example, Mill’s ‘harm principle’ is invoked as though it were an application of non-maleficence (ln.229). However, its primary role is standardly taken to be as a liberal principle (not consequentialist as suggested) suggesting that it is wrong to interfere in the choices of others unless they do (or are likely to?) cause harm to others. Beneficence is described in terms of acting and non-maleficence in terms of inaction (ln.243). This is debatable (and perhaps there are not two principles here at all – but just one), but more important is the fact that this claim contradicts what was said on the previous page in the examples given (ln.231-235). […] The discussion of justice is minimal and sketchy. This is really odd […] As already mentioned, the discussion of proportionality does not sit well with the other principles, and the discussion on p.14 invokes ideas about conflicts between private good and public interests (although they are not mentioned elsewhere).

Co-Authors reaction: Even though the authors would slightly disagree with the reviewer on the topics of the consequentialist principle of Mill and its relation to non-maleficence, we deleted this controversial text on Mill and further refined the definition of non-maleficence. We also wrote more on the relation of non-maleficence and beneficence.

Yes, the reviewer is absolutely right about his comments on justice and equity. We rewrote the section on justice. Even though it is still concise, we hope it is more adequate now and serves the purpose of this paper well.
As to proportionality: see above.

Reviewer 2's comments: Sixth, I agree with the authors that the place to start is with the concept of ‘public health’ (p.17). I therefore found it surprising that they do not discuss the literature on this concept. It is interested that they use the example of health inequalities (p.18-19), as an illustration of the need for normative discussion in ethics.

However, it is unclear how their own seven principles can really help to justify robust normative action on this topic, given the absence of any discussion of equity, solidarity etc.

Co-Authors reaction: We have added more explanations and literature on the concepts of public, health and public health in the chapter describing the schedule of the course.

As to health inequalities: see above. We also made references back to the justice discussion when talking about health inequalities in the second part of the paper.

If it is easier for the reviewers, we can make the revision of the paper available in tracked changes.

Thank you for your consideration!

Kind regards

Peter Schröder-Bäck on behalf of all co-authors