Reviewer’s report

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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Reviewer: Angus A Dawson

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This is a clearly written and helpful paper outlining and seeking to justify a particular approach to teaching public health ethics. The general approach is a good one and the aim is to ensure that participants learn not only something about moral language, values, theories, principles and their application, but also develop skills in the application of moral considerations to particular cases. The authors are well known in the field and this paper builds upon previous excellent work in this area. However, I do have some critical comments about the general approach taken and the specific content. I would like to see the following comments taken into account by the authors. I don’t expect them to change the whole paper in response to them - but do think that there are major issues of coherence in relation to the seven principles to be addressed.

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? One might be maximised at the expense of the other. Ethical judgment, in my view, is often about deciding the relative priorities of values in response to particular cases. Sometimes we should act so that we have less of one and more of the other (e.g. less autonomy and more equity).

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?

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? There seem to be many occasions where we choose to let people decide whether they want to maximise their health or not. For example, we might provide information about the dangers of excess fat, salt and sugar intake, but we might think twice before stopping people from choosing what they want to eat. Health is important, indeed, vital as a means to doing almost anything else, but it seems deeply implausible to seek to maximise it. 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.

Fourth, are these seven equal prima facie principles or do they have unequal prior weightings? This is never addressed, so it becomes difficult to see how they are supposed to apply to anything. The seem to have unequal weightings as in the discussion of health maximisation, it is declared that beneficence and non-maleficence ‘do not seem to go to the core of public health values’ (ln.250). This, presumably, implies that they are less important? As already suggested proportionality does not really seem like a normative principle at all etc.

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). Compulsory vaccination surely involves an act, so why do the authors hold it to be a case of non-maleficence given what they say about acts/inactions? In the discussion of respect for autonomy, there is a note that issues may be different when we think about population health, but it is not clear how this relates to individual autonomy. Indeed, rather than there being a commitment to a prima facie principle of respect for autonomy (as in the 4Ps) it is asserted that the burden of proof is upon anyone ‘advocating restriction’ (ln.317) to justify this. However, this claim entails that individual autonomy is not merely to be ‘respected’ but liberty seems to be a presumptive value, and it is then
unclear how this fits within a pluralistic framework. The discussion of justice is minimal and sketchy. This is really odd, as my experience of working with public health advocates is that equity (not mentioned) is perhaps the preeminent concern in their work! 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).

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.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests