

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

CDC

Thank you for the opportunity to comment on the Nuffield Council on Bioethics Consultation Paper on Public Health Ethical Issues. The Centers for Disease Control and Prevention (CDC) is in the process of strengthening capacity in public health ethics, thus we found your document to be very timely and informative. We would like to provide some background on our public health ethics activities as well as to comment on the specific questions raised in the consultation paper. This response reflects the views of CDC's Public Health Ethics Committee (PHEC).

Background on CDC's Public Health Ethics Activities:

CDC, as the sentinel for the health of people in the United States and throughout the world, strives to protect people's health and safety, provide reliable health information, and improve health through strong partnerships. CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. CDC seeks to accomplish its mission by working with partners throughout the nation and the world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training. Those functions are the backbone of CDC's mission. The steps needed to accomplish this mission are also based on scientific excellence, requiring well-trained public health practitioners and leaders dedicated to high standards of quality and ethical practice. CDC core values—respect, integrity, and accountability—serve as the foundation for all activities at the agency.

The public health problems that CDC addresses are often complex, involving multiple risk factors, multiple stakeholders, and many different perspectives on how to prevent or ameliorate health concerns and promote well-being at the population-level. We view public health ethics (PHE) as a systematic process to clarify, prioritize and justify possible courses of public health action based on ethical principles, values and beliefs of stakeholders, and scientific information. The key values and beliefs inherent in a public health perspective include the right to resources necessary for health, the importance of community and the interdependence of human beings, and the use of science as the basis for public health knowledge (1).

In early 2005, CDC initiated a formal infrastructure to provide leadership in PHE. The main components of this PHE infrastructure are the CDC Public Health Ethics Committee (PHEC) and the Ethics Subcommittee of the Advisory Committee to the Director (herein referred to as Ethics Subcommittee). PHEC is composed of PHE leads from each of CDC's Centers and Offices as well as other interested CDC staff. The mission of PHEC is to provide leadership in PHE at CDC and to work with CDC staff to explicitly and systematically integrate the tools of ethical analysis into decisions and day-to-day activities across CDC. The Ethics Subcommittee was established to provide counsel to CDC on a broad range of PHE questions and issues arising from programs, scientist and practitioners, and to support CDC in the development of internal capacity to identify, analyze, and resolve ethical issues. The Ethics Subcommittee is composed of academic and professional ethicists from outside CDC.

Comments on the Consultation Paper:

Definition of Public Health: The Institute of Medicine definition of public health is appropriate and widely cited. The Working Party may also wish to reference the World Health Organization definition of health ("health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity") (2).

Factors Influencing Public Health: Overall the factors listed as influencing public health are appropriate; however some of the evidence provided for these factors could be strengthened. For

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example, it has been estimated that anywhere from 7.5 to 33% of the global burden of disease can be attributed to environmental exposures (3, 4). The environment should be defined broadly. The environment is everything in and around us. It is where we live, work, and play. It is the air we breathe, the food we consume, and the water we drink or use. It is the chemicals, radiation, microorganisms, and physical forces with which we come into contact. This section would be strengthened by emphasizing the complexity of our interactions with the environment.

The section on social and economic factors focuses on micro-social factors. This section could be strengthened by acknowledging macro-level social factors, including but not limited to the economic system and its performance, government and politics, the media, industry (various sectors), and the medical profession. The concept of lifestyle is not very clearly defined, but seems to imply something about personal choice. A more explicit definition and distinction from the other factors, while acknowledging the interrelation with the other factors, is warranted. The lifestyle factor cuts to the heart of a central sociological tension between the relative roles of personal agency versus the control imposed by social structures: individual choice plays a significant role, but is constrained by psychological factors and socioeconomic factors, some of which may be not fully appreciated or understood. We recommend revising the section on genetic background to reflect that all people are affected by genetic variants that influence susceptibility to disease (rather than stating that “some people can be affected ...”). Genetics acts in concert with environmental factors, including infectious agents.

Ways of Influencing Public Health: An additional factor to consider regarding ways to influence public health is a systems factor focusing on who makes public health decisions and how those decisions are made. We encourage the Working Party to endorse a democratic, participatory, transparent decision making process that will help build trust and ensure that public health aims, intrusiveness, and feasibility are adequately balanced and addressed.

Case Studies: Answers to the key questions raised are culturally contingent and best addressed through a process of participatory decision-making which include all relevant stakeholders. The American perspective differs from that in the United Kingdom, particularly regarding how to circumscribe the responsibilities of governments, individuals, and other parties. Some of the questions raised by the case studies are amenable to empirical analysis, e.g., the reasons why efforts to curb excessive alcohol consumption lag behind efforts to curb tobacco use, and international differences in acceptance of water fluoridation. We recommend that issues of fact and issues of value be more carefully distinguished, and addressed accordingly.

Ethical Issues: It would be useful to include a definition of public health ethics in order to provide a common understanding of the concept. Gostin has defined public health ethics as principles and values that guide actions to promote health and prevent injury and disease in the population (5). As pointed out by Childress, et al (6), public health ethics involves assigning weights to general moral considerations in the context of specific policies, practices, and actions. Thus, it is our view that *a priori*, no one principle should be deemed more important than the others, and no universal, independent hierarchy of principles can be inferred. It is the nature of ethical issues to stem from conflicts between fundamental values as they apply to social problems. For each separate issue, the principles must be weighed and balanced in the context of the facts and perspectives that bear on the issue, via a participatory process. We recommend that the Ethical Issues section emphasize the key values and beliefs underlying public health as specified in the Principles of the Ethical Practice of Public Health developed by the Public Health Leadership Society (1). The key values and beliefs include the right to resources necessary for health, the importance of community and the interdependence of human beings, and the use of science as the basis for public health knowledge.

References:

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(1) Public Health Leadership Society. Principles of the Ethical Practice of Public Health. 2202. Available online at: <http://www.apha.org/codeofethics/ethicsbrochure.pdf> . Accessed on August 25, 2006.

(2) World Health Organization. Constitution of the World Health Organization. 1946. Available online at <http://w3.whosea.org/aboutsearo/pdf/const.pdf>. Accessed August 25, 2006.

(3) Melse JM, de Hollander AEM. 2001. Environment and health within the OECD region: lost health, lost money. RIVM-402101-001. Bilthoven, Netherlands: National Institute of Public Health and the Environment (RIVM).

(4) Smith KR, Corvalan CF, Kjellstrom T. 1999. How much global ill health is attributable to environmental factors? *Epidemiol* 10:573-584.

(5) Gostin LO. Module 1: Tradition, profession, and values in public health. In *Ethics and Public Health: Model Curriculum* (B Jennings, J Kahn, A Mastroianni, LS Parker, Eds). 2004, Public Health Leadership Society.

(6) Childress, JF, Fader RR, Gaare RD, Gostin LO, Kahn J, Bonnie, RJ, Kass NE, Mastroianni AC, Moreno JD, Nieburg P. Public health ethics: Mapping the terrain. *Journal of Law, Medicine and Ethics* 2002; 30:170-178.

Sincerely,

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