



Ethics and Public Health: Model Curriculum

Editors:

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This project was supported under a cooperative agreement from the Health Resources and Services Administration (HRSA) through the Association of Schools of Public Health (ASPH). Grant Number ID-38AH10001-05. The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of HRSA or ASPH.

Preface

There is a growing interest in the ethical, legal, and social aspects of public health policy and practice. This interest no doubt has been fueled by the threat of bioterrorism after 9/11. But it had been growing for some time before that in the wake of various infectious disease outbreaks and with the growing recognition that public health issues are inseparable from issues of human rights and social justice, problems of cultural and behavioral change, and environmental issues on a global scale. With this growing interest in ethics in public health comes a demand for the teaching of ethics and for resource materials to support it. Ethics education is needed both in pre-professional degree and certificate programs, and in settings of continuing professional education. This model curriculum for Ethics in Public Health is intended as a resource to enhance and encourage thoughtful, well informed, and critical discussions of ethical issues in the field.

Ethics in Public Health: A Model Curriculum grew out of a series of meetings and discussions by leading researchers and educators in public health beginning with a meeting convened in Washington DC in May 2000. This meeting was sponsored by the Association of Schools of Public Health (ASPH) and the Health Resources and Service Administration (HRSA). It brought together teachers of ethics from nearly every school of public health, other experts in ethics and public health, and representatives of the government and public health practice communities. One of the clearest recommendations to come out of that meeting was that educational materials and resources should be developed to enhance curricular and continuing professional education offerings. HRSA generously agreed to fund the development of a collection of modules, through their Cooperative Agreement with ASPH.

In June 2001 a special advisory group was formed and met in Washington to plan the new curriculum. During this period The Hastings Center was working on a project funded by the Robert Wood Johnson Foundation to promote the discussion of ethical issues within public health. This effort converged so well with the HRSA/ASPH effort that the two groups joined forces and their collaboration began with the advisory meeting. At that meeting it was agreed that the curriculum would take the form of several self-contained units or modules, each written by a leading expert on the topic in question, and each containing the same types of resources for classroom use—an analysis of the ethical question, several case studies with commentary for discussion, resources for further study and research, and the like. Shortly after the June 2001 advisory group meeting experts in ethics and public health were recruited to write the modules, with the understanding that they would work closely with local members of the public health practice community to be sure that concerns and issues from the practice community were well represented. The input of the practice community was critical to the quality and credibility of the modules, and we thank these consultants for their generous participation.

During the period in which the modules were being developed, meetings and workshops continued the discussion begun in Washington. These included a working group on ethics and public health at The Hastings Center, a summer workshop on ethics and public health co-sponsored by the University of Minnesota Center for Bioethics and The Hastings Center, and conference workshops on teaching ethics in public health at annual meetings of both the American Public Health Association and the American Society for Bioethics and Humanities.

We trust that this collection will serve as the springboard for many discussions of public health ethics in classrooms and workshops, and we hope that the curriculum development discussion continues as well.

Since the modules exist in electronic form, we see them as continuing works in progress. To that end, we hope that those who use these materials will provide us with feedback about what works, what needs improvement, and what additional information and topics might be added to future editions of this curriculum. You can e-mail your comments to either Jeff Kahn at kahnx009@umn.edu, or Bruce Jennings at publichealthcurriculum@thehastingscenter.org and please type “public health ethics modules” in the subject line.

The development of this curriculum was made possible by the support of HRSA and the Robert Wood Johnson Foundation, and through the cooperation of ASPH, the University of Minnesota Center for Bioethics, and The Hastings Center.

Finally, the entire project could not have been completed without the staff at ASPH, who included Wendy Katz, Sandra Maldague, and Monica Stadtler. We thank them, along with all those who participated in the many workshops and conferences for their input and insights. Lastly, we offer our sincere thanks to the modules’ authors who enthusiastically undertook the task of creating this valuable resource for the public health community.

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July 2003

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INTRODUCTION:

A Strategy for Discussing Ethical Issues in Public Health

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This is a general introduction and orientation to the ethics and public health curriculum. It explains the goals and strategy for ethics education and training and provides guidance about the skills of facilitating an ethics discussion with adult learners.

Why This Curriculum Was Created

Public health policy and interventions are always the product of controversy, and often remain surrounded by controversy as they are implemented. Routinely in public health, scientific considerations blend with political and ethical conflicts, and questions of autonomy, individual rights, coercion, justice, community, the common good, the norms of research, and multi-cultural values are central. In public health today several different types of political and moral theory overlap, converge, and contend with one another, including libertarian liberalism, egalitarian liberalism, utilitarianism, human rights frameworks, and communitarianism. This curriculum will explore the “application” of ethics to a broad range of contemporary public health issues. It is intended for use both in pre-service educational programs at the undergraduate and graduate level, and for in-service continuing professional education settings in public health agencies and related organizations.

This curriculum and facilitator’s guide offers a planned approach to the discussion of ethical and values issues in public health. It is designed to help you identify appropriate topics and issues for discussion—issues that are pertinent to the public health practitioner and policymaker, and issues that lend themselves to an in-depth discussion of the often-conflicting values and ethical dilemmas raised by current public health knowledge and its applications.

Ethical issues are rarely neat, tidy, or cut-and dried. The questions of genetics, international and community based research, the control of infectious disease, and others that have been selected for this program are particularly difficult. They pose ethical “dilemmas” rather than black and white moral questions. They involve quandaries about which well-informed persons of good will can reasonably disagree.

For this reason, these materials will not offer clear-cut answers to many of the ethical issues raised. The best and most responsible thing an educational program can do in the face of these moral and social dilemmas is to provide public health practitioners with many perspectives on the issues, and to guide their own reasoning processes toward conclusions with which not everyone will necessarily agree, but which can stand up under close scrutiny and open dialogue with others.

What is Ethics?

Terms like “ethics,” “morals,” “morality,” and “values” will occur frequently in this curriculum. It would be helpful to define them clearly and succinctly at the outset. Unfortunately, however, this is not easy or even possible to do.

Ethics and morals are most often used interchangeably, so that the sentence “He acted ethically,” and the sentence “He acted morally,” mean the same thing. Sometimes, though, morality (or morals) is defined as the beliefs and standards of good and bad, right and wrong, that people actually do and should follow in a society, while ethics is defined as the systematic study of morality. Ethics, in other words, is the theory and morality is the practice; morality is what people do and believe, ethics gives a philosophical account of justified behavior and belief.

Moral values are those things that people should prize and promote. Values are names for states of affairs that conform to what is ethically right and that further the human good (or the good of all beings).

Understood as the systematic study of morality, ethics is often divided into two subfields, **metaethics** and **normative ethics**. The relationship between them may be compared to the relationship between the philosophy of science, on the one hand, and science itself, on the other. Metaethics tries to clarify the rational standards and methods for the study of ethics, much as philosophy of science tries to clarify the nature and method of scientific inquiry. Normative ethics is where the substance of ethics resides. It develops ethical principles, rules, and ideals that spell out standards of good and bad, right and wrong. Normative ethics tries to offer a substantive, albeit general answer to the questions, What should I do? And How ought I to live? And it tries to spell out reasons why a rational person ought to accept the answer it gives.

Bioethics is normative ethics applied to decisionmaking and public policy in the domains of biology, medicine, and health care. It is concerned with matters of basic scientific research and with the social applications of biological knowledge and biomedical technology. Medical ethics, the ethics of the physician’s role, is as old as medicine itself. But bioethics is a newer, broader field of study that has arisen largely during the past twenty to thirty years as new powers, new choices, and new dilemmas have been opened up by the biological revolution.

Public health ethics, in turn, has arisen along side bioethics and the two fields of applied ethics have many strong affinities and connections. Just as the perspective and focus of public health often differs from that of clinical medicine, however, so too are there important differences between bioethics and medical ethics, on the one hand, and public health ethics on the other. In a nutshell, the difference can be characterized by the individualistic orientation of clinical medicine and the social or population based perspective of public health. Public health deals with patterns of disease, the social determinants of disease, and collective and institutional solutions to alleviate the risk or burden of disease in a population and to affect the distribution of health benefit and disease burden in a society, or globally. Nonetheless, public health should not overlook the rights, interests, and freedom of the individual. Whenever possible, public health goals should be reconciled with the promotion of human rights and the protection of civil liberties. If there is an inevitable clash between public health and civil liberties, then the situation must be open to public debate, the elements of the conflict should be made explicit,

and rigorous, critical reasoning should be brought to bear on the relative benefits and burdens of a particular policy or intervention.

A Strategy for Ethics Education

Many teachers or facilitators find group discussions of ethics and values frustrating and difficult because such discussions tend to jump all over the place. They may seem to have no rhyme or reason, no logical order or sequence of information to discover and points to consider. Ethics discussions seem to have no starting point, no sense of progress and forward movement, and, worst of all, no satisfying resolution or conclusion.

Ethics discussions need not be like this; they need not be an educator's nightmare. They can—and should—follow an orderly progression of steps. And they can end, if not always with firm, agreed-upon conclusions, then at least with the feeling that something has been clarified—people have been led to think.

As with any education program, regardless of the subject matter, achieving these results when discussing public health ethics requires careful planning and some background preparation by the discussion leader or facilitator. If you have a good grasp of the issues on all sides of a question (which is not the same thing as having strong personal convictions on one side or another), then you will be in a position to guide the class discussion so that the participants are led to discover and express these issues themselves and to think thoroughly about the pros and cons. Much of the material in this instructor's guide is designed to provide the background information and ideas that will assist facilitators in this way.

Moreover, to keep the participant's thinking about ethical questions focused and moving forward, you need to devise a strategy for analyzing ethical questions in concrete cases or situations. A strategy for guiding discussion and learning gives you an overview of what a good ethics discussion should contain and where it should lead.

The strategy we recommend for use with these educational materials and case studies consists of the following six steps or tasks to complete during each module. Completing these tasks is one way to provide a structure for discussion and to keep it focused. Completing these tasks is also one way to ensure that the participants are given a thorough exposure to the ethical issues in each unit.

Identify the ethical problem(s) germane to the decision. What has to be decided, by whom, and what ethical problem(s) does this decision seem to raise? In complex cases this problem identification step will actually be only a "first cut"; the identification of the problem will be refined and revised as the situation is understood more deeply and as the ethical values and concepts that explain why the problem is a problem are articulated.

Assess the factual information available to the decisionmaker(s). Of all the facts that are known now, which are relevant to the ethical problem, and which are not relevant? For example, the fact that a pregnant woman has brown hair is not relevant to the ethical question of genetic screening, while the fact that she has a history of cystic fibrosis in her family is. Equally important, what is not known that should be known before a decision is made, and how can that information be obtained? Finally, how

reliable is the information we have, and what type of information is it? How can we separate fact from hearsay or opinion? How can we assess probabilistic information in making ethical decisions?

Identify the “stakeholders” in the decision. Who will be affected by the decision, and in what ways? How directly will they be affected—if they will be harmed is the harm justified by greater benefit to others? Is the harm intended by the decision-maker or is it merely foreseeable? Have they placed themselves in a position to be harmed voluntarily and with appropriate information and understanding of the risks involved? Or are they “innocent bystanders”? How do all these factors affect the weighing of benefits and harms involved in the decision?

Identify the values at stake in the decision. Values are those things that have significance or worth relative to some state of affairs, such as human well-being, respect for persons, or fairness that is taken to be good or desirable in itself. In this step the values that seem relevant to the situation should be identified and discussed. Here the instructor can provide a kind of common vocabulary of concepts to assist with the discussion, for participants will often grasp the concept without having the commonly used word or label to express it. Freedom, truth telling, protecting another from harm, fairness, respect for other people, empathy, altruism, the growth of scientific knowledge—these are a few of the values that are typically presented by cases in public health ethics.

Identify the options available to the decisionmaker. At first glance, many ethical cases seem to pose very stark moral choices, even tragic choices where no outcome is without significant human cost. There are tragic choices in life, it is true, and it is important for participants to be able to face that fact and consider how they will learn to live with the decision they had to make. But it is equally important not to give the impression that all moral choices are tragic choices. Part of the skill of thinking analytically about moral decisionmaking is to see beyond artificially narrow options and forced choices. Insightful moral reasoning is often a process of resisting forced choice, and wiggling out of a moral dead end in order to find some more acceptable alternative. Would more information enable us to see more options here? Can we wait until that information is available? Is some compromise or middle way possible that will respect a broader range of values and more stakeholders’ interests than any other option? Ethical decisionmaking is akin to creative problem solving, and seeking the Yes-Yes or Win-Win solution.

Consider the process for making the decision and the values that pertain to the process. A few such values would be authority, legitimacy, participation, and due process rights to be heard and to appeal. These topics may appear legalistic, but they apply in virtually any decisionmaking situation to some extent, in families no less than in bureaucratic or legal settings. Should I be the one making this decision? To what extent and in what ways should I involve others in the decision? Will the outcome of my decision be shaped by the cooperation of others with the decision I have made, and will their willingness to cooperate be shaped by whether or not they view my decision as fair and legitimate? If the ethical justification of my decision hinges on a good outcome I expect, but if that good outcome assumes the cooperation of others, then ethically I also have to take steps to assure that cooperation beforehand. So what I decide is only half of the ethical equation. How I decide is also important.

What Should You Try To Accomplish?: Learning Objectives

The goals of ethics education at various developmental levels remains a subject of considerable controversy. Our program does not assume that the teaching of ethics will automatically produce professionals who are more ethical in their personal choices and behavior than they would be without

the instruction proposed by the program. That goal demands too much—clearly there are many more important sources of moral belief and motivation in their lives than a few hours of discussion in a classroom or a conference room. But, in another way, that goal also demands too little—for the teaching of ethics is concerned not only with how people behave but also with the reasons they have for behaving as they do.

There are five general goals of ethics education that have guided the development of these materials and that facilitators should bear in mind when using them.

1. *Stimulating the Moral Imagination.* Ethics education should produce a blend of cognitive and affective components. Ethical thinking, judgment, and sensibility are neither matters of pure, abstract intellect nor of unreflective “gut feelings” and prejudices. Regardless of the specific subject matter under discussion, guiding your participants or colleagues through the components of ethical reasoning can help them gain a better appreciation of the fact that human beings live their lives in a web of moral relationships. It will also show them that moral conflicts, which are frequently inevitable and difficult, involve high stakes in the lives of real people. Stimulating the moral imagination involves the ability to gain a feel for the lives of others, some sense of the motions and the feelings that are provoked by difficult ethical choices, and some insight into how moral viewpoints influence the way individuals live their lives. And the goal is not simply to stimulate but also to broaden the moral imagination—to begin with what people at first feel to be right or good, but then to deepen and sometimes to challenge and change those feelings by transforming them into more reflective judgments and more sophisticated and well-informed convictions.

2. *Recognizing Ethical Issues.* Ethics education is not unlike scientific education in one respect: it involves a certain structuring of perception, a certain kind of “seeing as.” To see a certain state of affairs or decision as a moral issue is to see that it raises considerations of human value, and that it has significant implications for harms or benefits human beings experience. To see something as a moral issue is also to see that it involves questions of human freedom and choice, that it could be different from what it is, and that the way the choice it permits is made significantly affects the rights and well-being of individuals involved in or affected by the choice.

3. *Developing Analytical Skills.* Ethical analysis involves the use of a certain set of prescriptive and evaluative categories, such as rights, duties, virtue, justice, responsibility, freedom, respect, dignity, and well being. These categories comprise the basic moral vocabulary of our society. However, they are difficult to define and their meaning is never determined once and for all, but is worked out instead in a process of dialogue, moral disagreement and debate. Participants need to acquire the ability to use these concepts in constructing arguments that are logical, consistent, and defensible in the face of reasoned disagreement and challenge. Analytical skills also involve the ability to make conceptual distinctions so that ethical claims are not unduly broad and indiscriminating. Finally, the ability to detach oneself from personal interests and parochial perspectives is an analytical ability that must be practiced and learned. During the course of discussion it is a good idea to check for the presence of this detachment from time to time. If a participant states or agrees with a moral rule that would limit the freedom of others, ask if he or she would be willing to have the rule applied to his or her behavior too.

4. *Eliciting a Sense of Moral Obligation and Responsibility.* Ethics discussions usually start with simple assumptions and beliefs, challenge them, and replace them with more nuanced thinking. In this way, ethical analysis sometimes makes moral choice more, not less, difficult and complex. And properly

so. On the other hand, in ethics teaching you should be careful not to paralyze or intimidate the participant with such hard cases or dilemmas that ethics seems hopeless. The point is to enable them to make better, more thoughtful choices, not to make choices seem impossible or simply arbitrary, like a coin toss. The goal is to enable participants to see when and how their own actions and choices do make a difference in the lives of others as well as in their own life. It is to motivate them to take action in accordance with ethical commitments and to assume a sense of responsibility for their own conduct, as well as for the effects of their conduct on others.

5. *Coping with Moral Ambiguity.* It is simply a fact of life that we must learn to tolerate disagreements and to accept the inevitable ambiguities that arise when examining ethical problems. Many ethical issues admit of no final, clear resolution. Reasonable persons of good will may disagree on the course of action that ethical considerations require. Yet while we must tolerate disagreement and ambiguity, we must also attempt to locate and clarify the sources of disagreement, to resolve ambiguities as far as possible, and to see if ways can be found to overcome differences of moral viewpoint and belief. Group discussion built around the ethics modules in this curriculum can model these goals. Through directed group discussion you can demonstrate that progress can be made in reducing disagreement, and in gaining a narrower, and perhaps more manageable, area of disagreement. It is important not to simply assert this but to show how it can happen. Participants should be led to understand that there are general standards by which to judge the quality of ethical arguments, that disagreements are inevitable but can be reduced, and that ethical perspectives can be detached from pure subjectivity or self-interest. Questions of right and wrong, good and bad may finally admit of no single or final answer, but this does not mean that the answers we do and must give are simply matters of taste.

Leading Ethics Discussions

It is perfectly natural to feel uncomfortable with the subject matter of public health ethics and with the special challenges of “teaching ethics.” Most public health professionals who will be using these materials will not have any formal training in philosophy or ethics.

Make no mistake: the key to any successful group discussion of ethical questions lies in the skill of the facilitator who guides the discussion and in the curiosity and engagement of the participants. They must open their minds to unfamiliar ideas and learn to see connections between decision, actions, and their consequences for the person, for others, and for society as whole. Curriculum materials can’t do the work of good teaching. Drawing on the strengths that public health professionals can bring to the task—maturity of judgment, logical reasoning and analytic skills, and mastery of the scientific subject matter—we believe that these materials will provide you with the tools you need to handle ethical and value questions in a constructive, thoughtful fashion with your participants.

You won’t be preaching to them. You won’t be giving them the definitive answers or imposing your own personal moral beliefs on them. Nor will you be presiding over a session in which everyone simply makes personal statements of their “values” without engaging in genuine dialogue or without being called on to give reasons in support of their beliefs.

You will be helping participants and colleagues think more consistently and completely through problems that they will have to face soon—or are facing now—in their own careers in public health.

Each of the ethical topics in the program raises questions of choice—understanding the options one has—and questions of responsibility—what values are at stake in one’s choices and what moral principles, rights, and obligations should guide those choices. Eliciting a sense of responsibility on the part of the participant is one important objective of all ethics teaching, and especially in health care, where so many of the issues do in fact involve decisions that individuals will probably have to make sometime in their lives, be it reproduction, medical care for a child or a loved one, or choices as consumers and as citizens that affect the environment.

Before a discussion of ethics can get off the ground, two pervasive feelings, which are probably widespread even among advanced students and public health professionals, must be overcome. The first is a sense of powerlessness and alienation—the feeling that nothing one does as an individual really makes any difference. When you feel helpless you are not prone to accept the idea that you have responsibility for what happens to you or for what goes on in society. Of course, this perception is not simply to be dismissed; there is a large kernel of truth in it. But it should not be allowed to lead to apathy and the denial of the participant’s own moral agency and responsibility. The trick is to make connections between the “big issues” and more tangible, controllable aspects of personal life, and to lead the discussion beyond the classroom by considering ways participants can get involved in community activities that address some of the problems discussed in class. These materials have been organized in a way that will help make those connections and provide some type of follow up.

The second obstacle to overcome is the feeling of invulnerability—the belief that these issues affect the interests and lives of others, but won’t touch my family or me. Here too eliciting a sense of responsibility is coupled with good factual information and with the connection-making capacity that is inherent in what we have called the moral imagination. However comforting it may be, the notion of personal invulnerability is an illusion in contemporary society. The bad choices others make with the knowledge and technologies made available by the life sciences do affect us all.

A large part of ethical analysis involves tracing the chain of consequences that follow from a given action as they ripple through the lives of other people. It involves estimating the probability or likelihood of various possible outcomes that are foreseeable at the time of the action, and evaluating those possible consequences as beneficial or harmful, good or bad, right or wrong, in terms of some background ideas of ethical principles, duties, and ideals of human freedom and well-being. Examining these consequences of action is one part of the process of giving reasons for or against the action, and it also has the side effect of enabling participants to perceive—perhaps for the first time—the interconnections between what they do and the lives of other people, as well as what other people do and their own lives. Blindness, not maliciousness, is often the source of harmful, irresponsible conduct. Ethics education may or may not be able to overcome bad character, but it can mitigate ethical and social misperception.

To elicit a sense of responsibility and to chip away at feelings of powerlessness and invulnerability, the materials in this program have been set up to focus oftentimes on an analysis of ethical decisionmaking. This is only one approach to ethics, to be sure, since it is also important to look at large patterns of conduct, the shape and functioning of institutions, and broad social and historical forces that serve to limit the actions of individuals. To handle those issues that are in fact matters of collective choice and public policy rather than private, individual choices, the discussion can be framed as the decisionmaking of government policymakers (or corporate officials), or indeed as a question for society as a whole. The question: “How should I decide what to do morally in this situation?” is parallel to the

question “How should society (or decisionmakers acting on behalf of society) decide what to do morally in this situation?” The considerations that factor into each of these questions may be different and the answers may not be the same: at times it may be ethically appropriate for an individual to decide one thing and for society to decide another. But in this case you still have good food for thought in an ethics discussion because after the class has come to the conclusion that society’s answer should be different from the individual’s, you can go on to ask: What then should be done about this conflict or tension? How should the rights, freedom, and privacy of the individual be protected, and how should the interests of the individual be balanced against the interests of others and of society as a whole?

One of the biggest single hurdles to overcome in leading an ethics discussion is to become willing to tolerate disagreement and ambiguity yourself. So much education today assumes that participants are containers into which the teacher pours facts, information, and authoritative opinion. And in science especially perhaps, the participants come to expect that there are right answers that they must learn to come to, and which the teacher possesses to give them if necessary. In public health ethics the right answers are not in the back of the book; and you won’t have them all either, because there are sometimes no definitive right answers, only answers that are more or less reasonable, more or less defensible and justifiable in the light of reflection, analysis, and dialogue. So an ethics session will take some adjustment of expectations on your part and on the part of your participants. Perhaps it is best to raise this very point with the participants right at the outset.

In ethics things become clearer as you talk about them in group discussion. Initial ideas and feelings (philosophers call them moral intuitions) are not supposed to be flawless or complete at the beginning. Make the point that an ethics discussion is not a competition. (That is another habit of our schooling that ethics pedagogy must resist.) There is nothing wrong with expressing an idea that others will disagree with, and that the participant will modify as he or she goes along. Initial ideas and opinions must be put out on the table so the whole thing can get started. If you can create a non-threatening environment, most participants will present ideas on these ethical questions because they do have ideas and because it is gratifying for all of us to be in a situation where others want to hear our ideas and take them seriously, even if they disagree with them.

Note, however, that a non-threatening environment does not mean a value-neutral or non-judgmental environment. This is one mistake that has been made by the so-called values clarification approach to ethics education. The ethics discussion should be open to many different ethical or value perspectives—indeed one key part of the exercise is to inventory the various and often conflicting values at stake. But openness is not value-neutrality or indifference. The teaching approach we recommend in these materials is very definitely and strongly affirming of several substantive educational values (which are also ethical values): namely, the values of clear and logical reasoning, empathetic imagination, tolerance and respect for others, decisionmaking on the basis of solid information, and a careful assessment of the consequences of the action on others.

Gently, but firmly, the ideas, reasons, and arguments offered by the participants should be guided and redirected in accordance with those standards. False factual or scientific assumptions should be corrected, inconsistent beliefs and ideas should be exposed, faulty reasoning and logic should be pointed out and avoided, and the hidden assumptions and implications of ideas should be clarified and made explicit so that participants will more fully and deeply understand the nature and implications of the moral arguments they are making. A greater degree of self-consciousness about one’s moral beliefs is usually a more effective means of getting participants to rethink and refashion those beliefs than is

the authoritative imposition of the facilitator's moral beliefs on the participant. This is the kind of moral learning that will last.

As much as possible try to allow the give and take of class discussion to discover these standards of argument and analysis spontaneously. Be patient if things don't move forward quickly; the discussion should be exploratory as well as task oriented. Try not to lecture or to do the analysis for the participants; instead, you can accomplish more when you play traffic cop and let participants express themselves for awhile and then intervene to summarize and clarify from time to time, fitting what has just been said into a framework: "Now, let's pause for a minute to think about what John just said and how it relates to Nancy's position. John is basically saying that Nancy can't have it both ways," and so on.

This will have the added benefit of helping to deal with another common obstacle to a productive ethics discussion: the widespread ethical subjectivism and relativism of American culture. In a nutshell, ethical subjectivism is the idea that moral beliefs have no rational or interpersonal basis, they are only outward projections of subjective preference that may (and probably will) differ from one person to the next. Relativism, a closely related notion, is the view that there are no universal standards of right and wrong; what is right for one person, or society, is not necessarily right for another person or society. For both subjectivism and relativism the entire enterprise of having a reasoned discussion about ethics is suspect inasmuch as rational dialogue, persuasion, and agreement about ethics and values are impossible.

Few people will articulate these positions in any elaborate way, but many will feel an uneasiness about having an ethics discussion. This uneasiness comes from relativism and subjectivism. Many may also associate ethics with the imposition of rules and restrictions by authority figures whom they consider arbitrary and illegitimate. Relativism and subjectivism tend to see all of ethics in this way and feed off of rebellion against such authority.

In keeping with the goal of developing a sense of personal responsibility and empowerment, it is important to stress that "ethics" as it will be discussed in these sessions does not have primarily to do with the imposition of rules from above; it has to do instead with the creation of rules and standards from within each of us; it has to do with being a responsibly self-directing adult in a free society where individuals are allowed a fairly wide range of moral discretion and choice. But that freedom is possible only because reason and clear thinking do make a difference in ethics. We may often not know exactly what is right, but we can attempt to justify and give reasons for what we do, and we can be guided in our choices by what seem to be the best justifications and reasons we can come up with from our own thinking and with the help of others.

The best response to ethical subjectivism and relativism as they are vaguely felt by participants is simply to plunge in and "do ethics." To say, "It's all right to be skeptical, but just put your doubts on hold for a while and let's try this and see what happens." Much of their wariness and skepticism will fade as they experience a sustained ethics discussion and discover what it is like to think hard and carefully about ethical and value questions in the company of a facilitator and fellow participants who are also trying to be serious and thoughtful.

At the other extreme, some participants or colleagues may be ethical absolutists, who also do not see the point of an ethics discussion because they already know the right answer and do not wish to defend their beliefs by giving reasons or to make themselves open to other views. Obviously, it is important to

respect participant beliefs that are strongly held or are based in a religious perspective. In this case it is probably best to depersonalize the meaning of the exercise somewhat by pointing out that however secure a person may be in his or her own religious faith and belief, we still must live with others in a secular and pluralistic society where it is important to at least understand other people's point of view, even if we don't share it. And we must all learn to find some common ground and some shared ideas so that we can communicate with one another about matters of ethics and values. Just as an educated person must understand something about science and biology to cope with information and decisions in today's society, so too must one comprehend a way of talking about ethics that is not directly tied to any particular faith tradition. You can reassure such participants or colleagues that the ethics sessions will not attack their faith or put it down, but will simply explore whether reason and dialogue will lead to the same conclusions or not.

How To Use the Curriculum

Nine modules are included in this program: (1) Tradition, Profession and Values in Public Health; (2) The Legacy of the Tuskegee Syphilis Study; (3) Public Health Research and Practice in International Settings; (4) Community Based Practice and Research; (5) Ethics and Infectious Disease Control; (6) Ethical Issues in Health Promotion and Disease Prevention; (7) Ethical Issues in Environmental and Occupational Health; (8) Public Health Genetics; (9) Public Health and Health System Reform.

Each module addresses a particular area of public health where practices and policy are in a state of flux, where new knowledge is changing the way we understand what these practices can and should be, and where there are active ethical, social, and political debates taking place in society. Hence most participants will have some background exposure to these topics from the media and elsewhere. Thus you may find some pre-existing interest in these topics in your class, or else that interest can readily be stimulated by presenting a basic amount of factual information—for example, that it may soon be possible to test people for a genetic predisposition to alcoholism—and posing some questions for discussion.

Clearly these units are interrelated in various ways, and the themes of choice, responsibility, taking risks, individual rights, and social welfare serve as connecting threads woven throughout the program. Nonetheless each unit has been designed so that it may stand alone and the material within it is self-contained. The order in which the units are presented in this guide is arbitrary; the units are not sequential, and later units do not presuppose familiarity with earlier units. Therefore you have the flexibility to use any or all of these materials in many different ways and at many different times.

We would make only one recommendation in this respect: do not attempt to cover the material in a module in less than one hour. Ideally, 90 minutes to two hours per unit would be better. If time is very limited, it would be advisable to cover one or two units in more depth than to skim over all of them.

Most units have a common format and features:

1. Issue essay

This is designed to provide background information on the history, social and cultural context, and factual elements of the issue(s) addressed by the module. It also provides a "state of the debate" discussion, summarizing the leading arguments surrounding the topic and proposed actions or policy initiatives germane to it.

2. Fact Sheets

A quick reference to significant study findings, health statistics or epidemiological data pertinent to the module issue, as well as key concepts. Suitable for use as a handout. Provides a common factual and terminological frame for the session. It notes areas of significant factual controversy. It may also note methodological problems in studying this topic.

3. Cases

Each case is designed to be realistic and relevant, and to serve as a discussion vehicle for raising and discussing salient ethical or value issues. The events, actions, and decisions narrated by the case place ethics in a suitably complex context (in terms of either internal organizational structures, or external socio-political context). Suitable for use as handouts, these cases often reflect “real time” decision making in the presence of limited information. Some case studies reflect actual historical and current cases.

4. Analytic discussion of the cases

Following each case there is an analysis that provides a framework or approach designed to assist the facilitator in leading a session on the case. While the participants themselves should bring up most of the important questions and issues on their own, if they do not, the facilitator may utilize discussion questions to initiate discussion. The case analyses are frequently organized around the key steps in a model ethical decision-making process and emphasize key questions, concepts, or issues introduced in the issue essay.

In the case discussions, participants are encouraged to:

- (a) identify the ethical problem(s);
- (c) identify the information needed before a responsible decision can be made—what is this information and from whom should it come?
- (d) identify the stakeholders involved in the decision;
- (b) articulate the values relevant to this problem;
- (e) identify the available options and assess them in light of values served and in light of feasibility (e.g., financial, political, organizational constraints); and
- (f) discuss the process by which the decision should be made and who should be involved in making it.

5. Tools for best practice and policy assessment

Having discussed cases, the next activity of the training module may be to apply the ideas generated by this discussion to actual agency policy and practice. The participants are asked to identify real issues that would lend themselves to such analysis, effectively creating a case study of their own. The product of the exercise would be to agree on action steps that could be taken by the agency, and to identify who should be part of the process.

For Further Reading:

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