Re-visioning Public Health Ethics: A Relational Perspective

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ABSTRACT

Canada is in the forefront of thinking about the unique and complex issues of contemporary public health ethics. However, an inordinate focus on the urgent issues of emergency preparedness in pandemic and reliance on bioethical analysis steeped in the autonomy and individual rights tradition of health care and research do not serve adequately as the basis for an ethic of public health with its focus on populations, communities and the common good.

This paper describes some concerns regarding the focus on pandemic ethics in isolation from public health ethics; identifies inadequacies in the dominant individualistic ethics framework; and summarizes nascent work on the concepts of relational autonomy, relational social justice and relational solidarity that can inform a re-visioning of public health ethics. While there is still much work to be done to further refine these principles, they can help to reclaim and centre the common and collective good at risk in pandemic and other emergency situations. Minimally, these principles require a policy-making process that is truly transparent, fair and inclusive; is sensitive and responsive to the workings of systemic inequalities; and requires public recognition of the fact that we enter any crisis with varying degrees of inequity. Public policy response to crisis must not forseeably increase existing inequities.

Key words: Ethics; social justice; community; solidarity

Canada has a proud tradition of making substantial conceptual advances in public health. With the renewed global interest in public health generated by the H1N1 pandemic, Canada is poised to make significant contributions to the development of a new public health ethics that is firmly grounded in a commitment to the health of populations and communities and to the reduction of health inequalities. However, we are concerned that this opportunity may be squandered by an inordinate focus on issues of emergency-preparedness to the exclusion of the full range of public health concerns[1,2] and an ongoing reliance on bioethical analysis steeped in the individual rights/autonomy discourse of clinical and research ethics.[3-5]

In this paper, we describe some concerns regarding the focus on pandemic ethics in isolation from public health ethics; identify inadequacies in the dominant individualistic ethics framework; and summarize our nascent work on the relational concepts that inform our re-visioning of public health ethics.[6]

Pandemic ethics: A narrow vision

The 2003 Canadian experience of the SARS near-pandemic brought home the reality of fundamental ethical concerns in times of emergency threats to public safety. Among the issues that were identified are restrictions of civil liberties, privacy, the duty of care, the right of health care workers to refuse dangerous work, the right of non-infected patients to access care facilities, the fair distribution of scientific credit for research discoveries, and patent protection.[7,8] While these are important issues, we have argued that,

> "[f]rom the perspective of pandemic planning and public health, this is an odd and limited list of concerns – a list that likely would not have been generated but for the fact that the analysis remains steeped in an individual rights discourse inherited from clinical ethics and research ethics, and consonant with the dominant moral and political culture."[6]

Indeed, this analysis situates pandemic as a largely *personal health care issue* when it is in fact a global *public health issue*.

To date, the principle-based approach to ethics generated for clinical care and research, and involving respect for autonomy (of individuals), beneficence, non-maleficence and justice[9] has dominated ethical reflection in all health areas. With this approach, the interests and well-being of individual patients or research subjects are a primary concern. When a health risk affects a population, however, of necessity, the emphasis must shift from individual to collective interests. As the Public Health Agency of Canada recognizes: "When a health risk affects a population, ... public health ethics will predominate and a high value will be placed on the collective interests".[10] We join with the Public Health Agency of Canada and others[3,11,12] who call for a social starting point for public health ethics that recognizes community as foundational, and from this perspective caution against pandemic planning in the absence of a robust, population-focused ethic for public health.

At this time, there is no consensus regarding the appropriate theory and method for public health ethics.[2,13,14] It is widely understood, however, that the familiar autonomy-centred principles of contemporary bioethics are clearly inadequate when mapped to the agenda of public health.

Public health ethics requires an approach that is itself "public" rather than individualistic, i.e., one that understands the social

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nature and goals of public health work. It must make clear the complex ways in which individuals are inseparable from communities and populations and build on the need to attend to the interests of communities and populations as well as individuals.

A relational account of public health ethics

We propose an alternative approach to public health ethics that is rooted in a relational understanding of persons. Public health deals with the health needs of communities and populations through actions that are taken at a social and political level. As such, it requires a conception of persons as embedded within communities in particular ways; it should recognize and respond to their fundamental social and political nature, and be attentive to ways in which patterns of systematic discrimination (or privilege) operate in terms of the goals and activities of public health.[15] Where traditional bioethics treats persons as self-contained, self-interested, and self-directing creatures, relational ethics insists that persons be treated as the social, interdependent beings that they are. Relational persons develop and deploy their values within the social worlds they inhabit, conditioned by the opportunities and obstacles that shape their lives according to the socially salient features of their embodied lives (e.g., their gender, race, class, age, disability status, ethnicity).[16]

Relational Autonomy

Autonomy remains an important value because public health involves actions aimed at the common good and the health of populations and it is easy to lose track of the rights and interests of individuals. However, relational autonomy embraces (rather than ignores) the fact that persons are inherently socially, politically, and economically-situated beings. A relational approach to autonomy directs us to attend to the many and varied ways in which competing policy options affect the opportunities available to members of different social groups (for example, quarantine may have a very different impact on those with significant disabilities than it will on those who can look after their own bodily needs), and to make visible the ways in which the autonomy of some may come at the expense of others. Relational autonomy encourages us to see that there are many ways in which autonomy can be compromised. It allows us to see that sometimes autonomy is best promoted through social change rather than simply protecting individuals' freedom to act within existing structures.

Relational Social Justice

The traditional bioethics principle of justice is primarily concerned with non-discrimination and distributive justice (the fair distribution of quantifiable benefits and burdens) among discrete individuals, including allocation of scarce resources such as vaccines or hospital beds. On a relational account, the concern falls more heavily on matters of social justice, involving fair access to social goods such as rights, opportunities, power, and self respect.[17] This view of social justice directs us to explore the context in which certain political and social policies and structures are created and maintained. It asks us to look beyond effects on individuals and to see how members of different social groups may be collectively affected by practices that create inequalities in access and opportunity. Social justice enjoins us to correct *patterns* of systemic injustice among different groups, seeking to improve rather than worsen sys-

tematic disadvantages in society. It requires attention to the needs of the most disadvantaged. We join with Powers and Faden in believing that social justice is "the foundational moral justification for public health".[12]

Relational Solidarity

Public health involves efforts to attend to the needs of all, especially the most vulnerable and systematically disadvantaged members of society; as such, it should promote the value of solidarity.[1,7,17] Conventional solidarity refers to common interests, purposes, or sympathies between discrete individuals or among members of a group.[18] Sometimes the emphasis is on altruism and helping relationships, particularly with the needy and disadvantaged. At other times, the emphasis is on reciprocity (with a focus on communality and mutuality) and the benefits of social cohesion. This conventional understanding of solidarity, however, is limited in its usefulness for public health ethics because of its ultimate reliance on the oppositional categories "us" and "them" based on identification with a common cause, a collective identity, and anticipation of mutual advantage among the "us" (usually defined in opposition to some excluded "others"). This understanding of solidarity fails to capture the wider public, many of whom may be among the vulnerable and systematically disadvantaged.

A relational concept of solidarity, built on a relational understanding of personhood and autonomy, aims to expand the category of "us" to "us all" and to do away with the binary opposition at work with the notions of "us" and "them". Relational solidarity values interconnections without being steeped in assumptions about commonality or collective identity in contrast to some other group. What matters in public health is a shared interest in survival, safety and security – an interest that can be effectively pursued through the pursuit of public goods understood as "non-excludable" and "non-rivalrous".[19] There are few pure public goods and health *per se* is not among them. However, there are numerous public goods *for* health, including: scientific knowledge, communicable disease control (including vaccination), and control of antibiotic resistance. Indeed, it is in this function of public health – to promote public goods – that we can best appreciate the role of solidarity at work. In this sense, the meaning of solidarity is found *within* public health itself.

Relational ethics in the real world of public health policy

Public health ethics must expand as well as modify the traditional principles of bioethics.

In an earlier paper, we developed an extensive theoretical account of the principles of relational autonomy, relational social justice and relational solidarity,[6] and while there is still much work to be done to further refine these principles, we believe they have an important role to play in the practical and pressured policy world.

Specifically, we believe that these principles can help to reclaim and centre the common and collective good at risk in pandemic and other emergency situations. Indeed, since discussions of common and shared resources are almost impossible to raise in the environment of personal health care, public health may be the only viable source for reflections about our interdependence in times of need.

Minimally, these principles for a relational public health ethic carry with them important procedural and substantive demands. They require a policy-making process that is truly transparent, fair and inclusive, which requires that it be sensitive and responsive to the workings of systemic inequalities. Substantively, these relational principles also require public recognition of the fact that we enter any crisis with varying degrees of inequity and that the public policy response to the crisis must not forseeably increase existing inequities. These are modest demands but they are easily overlooked within a framework that focuses solely on the rights of individuals apart from their social context.

Public health joins a few other key public goods (e.g., universal education, prevention of further contributions to climate change, avoidance of nuclear war) in helping all to appreciate the reality of our mutual interest in survival, safety and security on the one hand, and our mutual vulnerability to disease, violence and death on the other. Because public health is an essential tool for promoting these very interests, we must come to appreciate the importance in recognizing our common vulnerabilities and needs and see the importance of a commitment to relational public health ethics as the means to achieve the necessary public goods.

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RÉSUMÉ

Le Canada est à l'avant-garde de la pensée contemporaine sur les enjeux complexes et particuliers de l'éthique en santé publique. Cependant, une attention démesurée aux problèmes urgents de la préparation antipandémique et une analyse bioéthique ancrée dans les traditions d'autonomie et de droits individuels dans les soins de santé et la recherche en santé ne constituent pas des bases assez solides pour une éthique de la santé publique axée sur les populations, les communautés et le bien commun.

Nous présentons ici certains problèmes qu'il peut y avoir à étudier l'éthique des interventions en cas de pandémie en la séparant de l'éthique en santé publique; nous cernons les lacunes du cadre éthique individualiste dominant; et nous résumons les travaux naissants sur les concepts d'autonomie relationnelle, de justice sociale relationnelle et de solidarité relationnelle qui peuvent étayer une nouvelle vision d'avenir pour l'éthique en santé publique. Il y a encore beaucoup de travail à faire pour peaufiner ces principes, mais ils peuvent déjà contribuer à revaloriser et à remettre au centre de nos préoccupations le bien commun et collectif fragilisé durant les pandémies et autres situations d'urgence. À tout le moins, ces principes nécessitent un processus décisionnel vraiment transparent, équitable et inclusif, un processus sensible et réceptif aux rouages des inégalités systémiques, et qui reconnaisse publiquement qu'au début de chaque crise il existe déjà des inégalités à divers degrés. Les politiques publiques élaborées en réponse aux crises doivent se garder de creuser ces inégalités.

Mots clés : éthique; justice sociale; communauté; solidarité