Analyzing the Ethics of Paternalism in Public Health: Applying and Testing a New Framework

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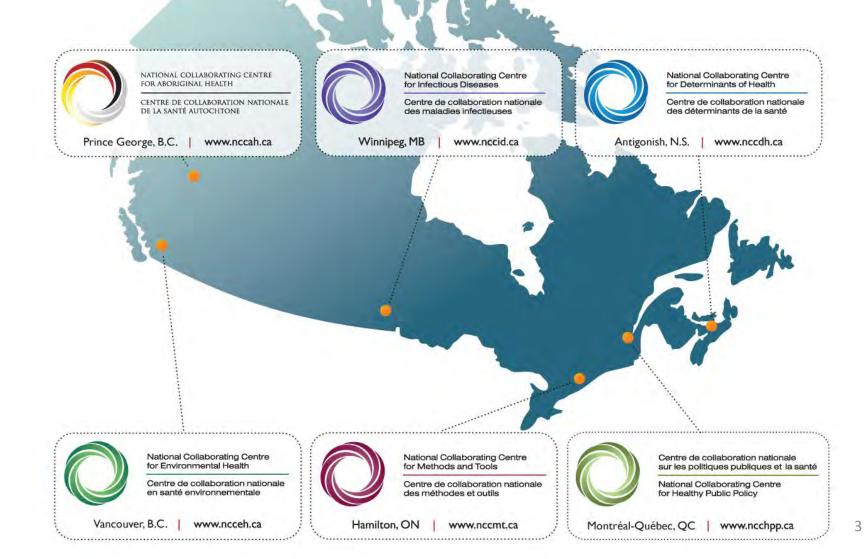


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The National Collaborating Centres for Public Health



National Collaborating Centre for Healthy Public Policy (NCCHPP)

Our mandate

Support public health actors in their efforts to promote healthy public policies

Our areas of expertise

- The effects of public policies on health
- Generating and using knowledge about policies
- Intersectoral actors and mechanisms
- Strategies to influence policy making



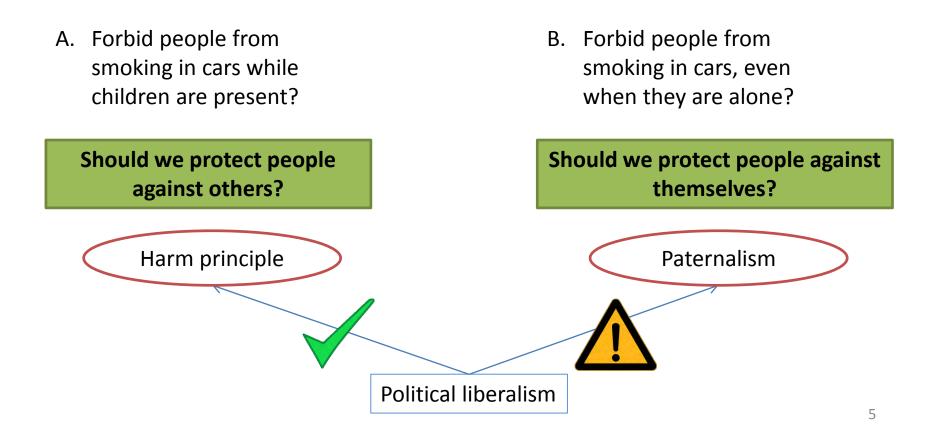
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Paternalism in public health

What do you think? Is it legitimate for the state to:



Objectives

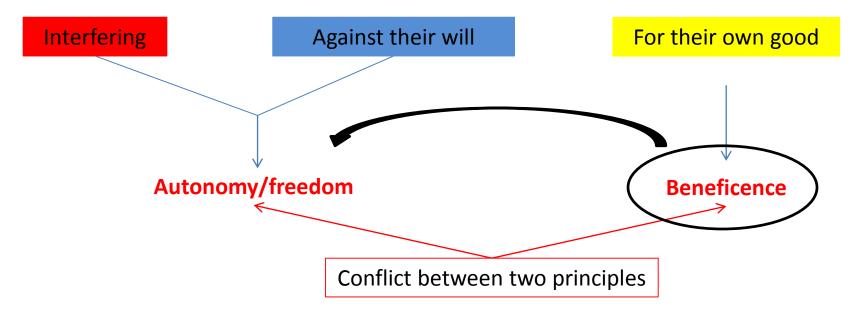
To briefly answer the following questions:

- What is **paternalism**?
- Why are we **attracted to** *and* **uneasy about** paternalistic public policies in public health?
- How might we do an ethical analysis of policies that are said to be paternalistic in public health?

What is paternalism?

"Paternalism is the **interference** of a state or an individual with another person, **against their will**, and defended or motivated by a claim that the person interfered with will be better off or protected from harm."

(Dworkin, 2002)



What about 'paternalistic' public policies?

Attractive?

People say they are:

Problematic? People say they are:

• More effective?

There are limits to what information campaigns can achieve

• More efficient?

 Limiting options can be less costly

More equitable?

 Freedom of choice in the free market leads to health inequalities

Disrespectful?

 People are treated like children, as if unable to decide for themselves

Anti-freedom?

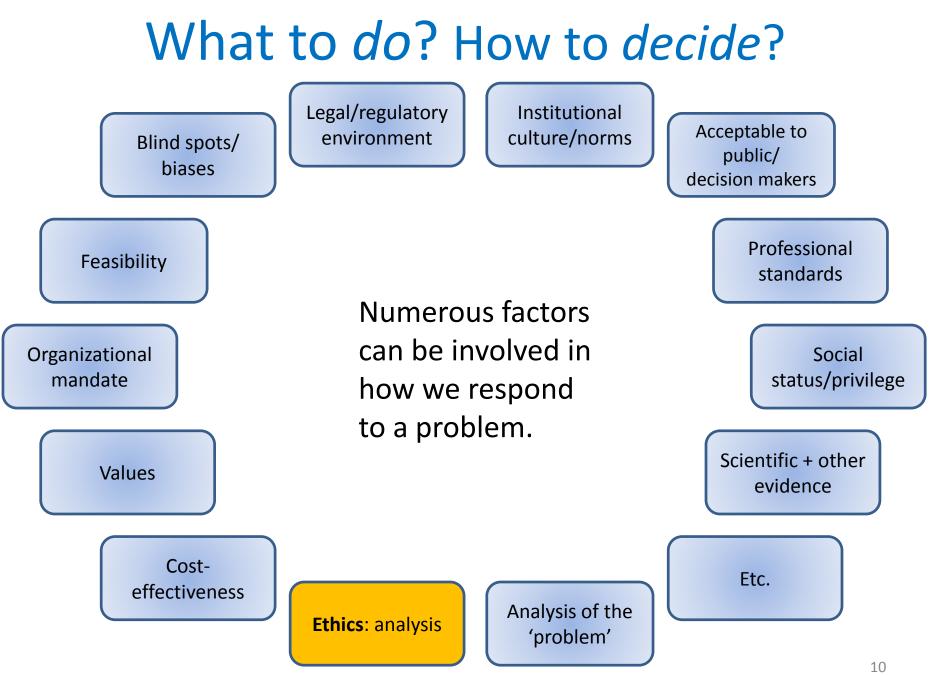
 We should be free to do what we like as long as it doesn't hurt anyone else

• Tyrannical?

 The state imposes its values on us: we are capable of defining our own way

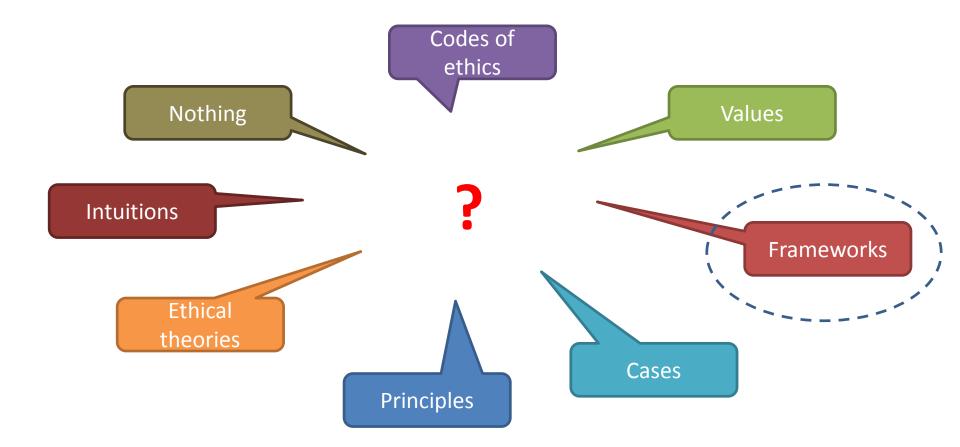
Examples of public policies in public health that have been called paternalistic

- Prohibition of the sale of cigarettes, alcohol, cannabis, tanning salon sessions to minors
- Mandatory seat belt use in cars
- Mandatory use of helmets for motorcycling, or for cycling
- Nutrition labelling required on packaged foods
- Prohibition of swimming at public beaches without a lifeguard
- Limits on fast food restaurants around schools
- Limits on the serving sizes of sugary drinks
- Taxes on sugary drinks, alcohol, cigarettes, etc.
- Ignition interlock devices installed in all cars
- Fluoridation of drinking water



These are just a few among many. All of these are important and call for critical attention.

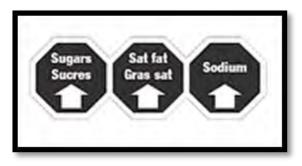
What can we use to help us think about ethical issues in public health?

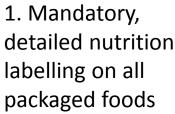


What is an ethics framework?

- A framework is a guide that can help professionals to adopt an ethical perspective to
 - highlight ethical values and issues, and
 - serve as an aid to deliberation and decision making
- No prior expertise in ethics is required even if it always helps
- Alas, it will only *help* to guide you the work is still up to you (especially the critical thinking) and so are the decisions

4 cases to test a new framework (in development)







2. Obligatory seat belt use



3. A law imposing limits on the serving sizes of sugary drinks



4. Ignition interlock device required in all cars (i.e., breathalyzer test to start the car).

Questions/comments?



'Interdit, Saintes-Maries-de-la-Mer 13 Bouches-du-Rhône France' Photo credit: Jacques Caffin. Flickr.com. Licence: Creative Commons

Next:

How to analyze policies that are called paternalistic?



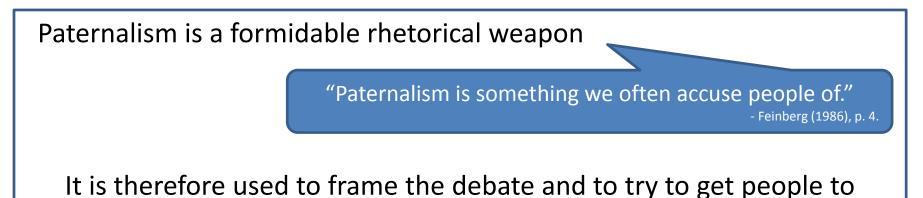
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National Collaborating Centre for Healthy Public Policy Institut national de santé publique Québec 4 4 14 How might we do an ethical analysis of policies in public health that are called paternalistic?

A framework in three steps:

- 1. Determine if the policy option really is paternalistic
- 2. Determine which type(s) of paternalism it is
- 3. Broaden the analysis with the help of a more general ethics framework.

Step 1: Determine if the policy option really is paternalistic (1)



reject an option without further consideration.

1.1. Does a paternalistic reason really figure among the main reasons behind the policy that is "called" paternalistic?



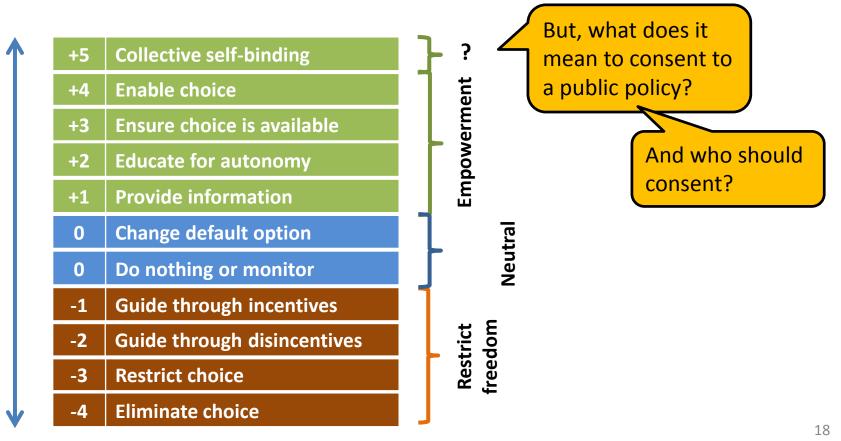
Step 1: Determine if the policy option really is paternalistic (2)

1.2. Is it a case of **beneficence** or **paternalism**?

Beneficence	Paternalism
For their own good	For their own good
	Restrict freedom
	Against their will

Step 1: Determine if the policy option really is paternalistic (3)

1.2.1. Does the policy **restrict freedom** or would it be better understood as a form of **empowerment**?



Effects on freedom

Griffiths & West's (2015) intervention ladder

Step 1: Determine if the policy option really is paternalistic (4)

1.2.1. Does the policy **restrict freedom** or would it be better understood as a form of **empowerment**?



1.2.2. Is the affected population **supportive** or **opposed** to the policy?

Step 1: Determine if the policy option really is paternalistic (5)





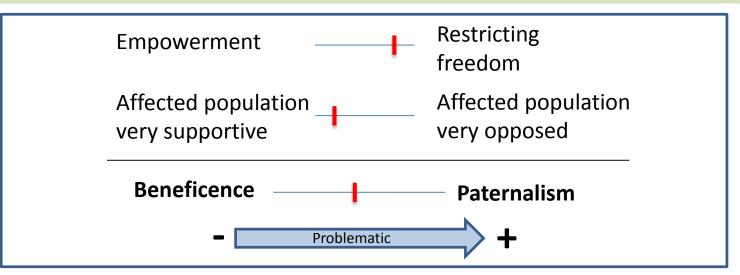




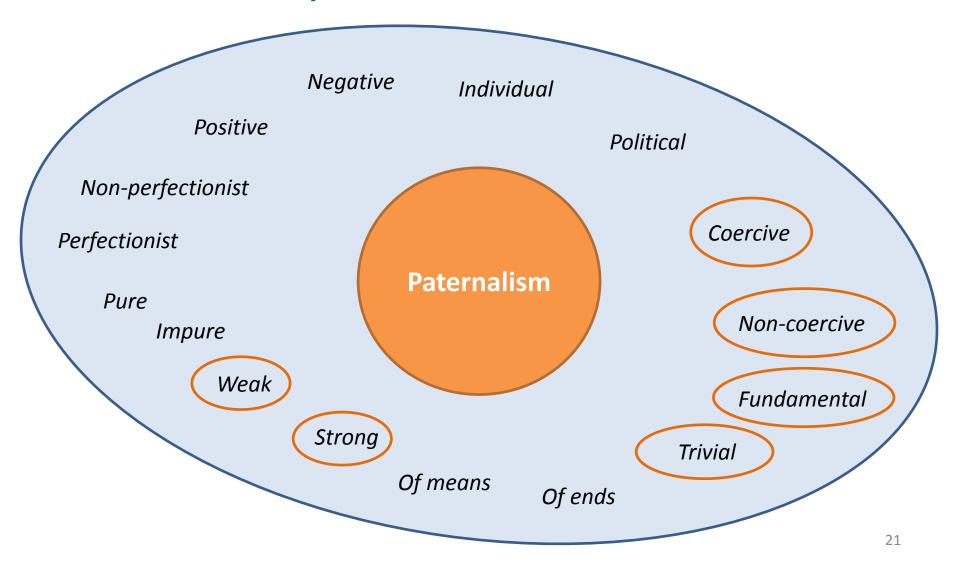
1.1. Does a paternalistic reason really figure among the reasons behind the policy that is "called" paternalistic?

Yes/No

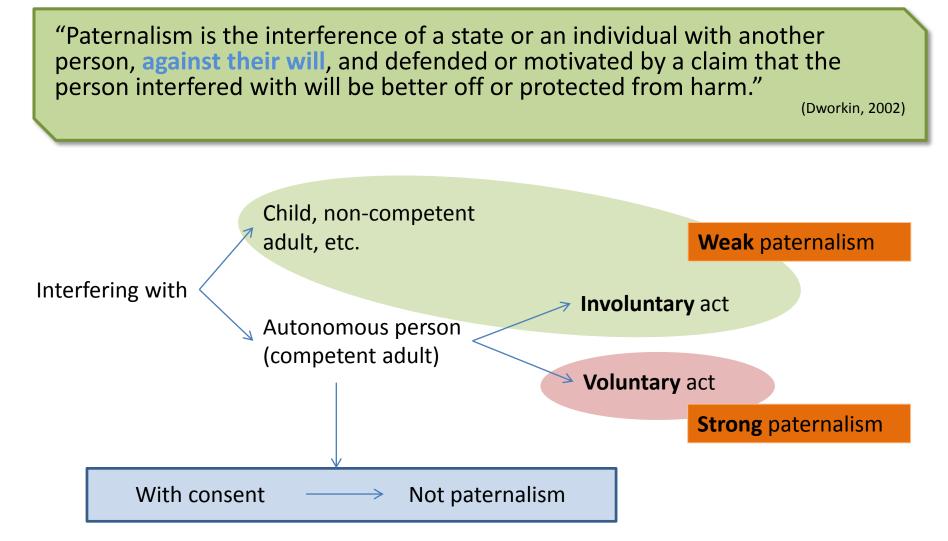
1.2. Is it a case of **beneficence** or **paternalism**?



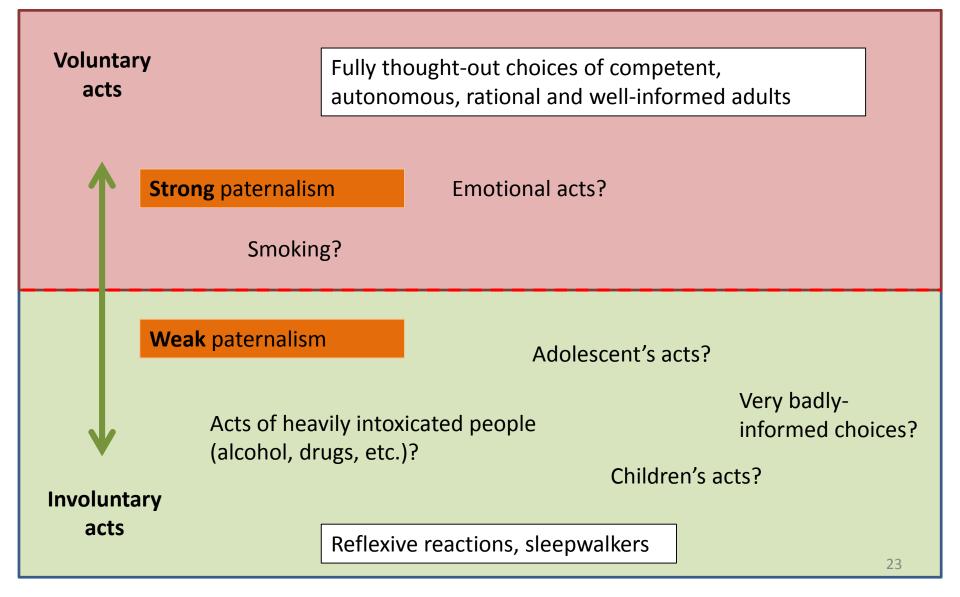
Step 2: Determine which type(s) of paternalism it is



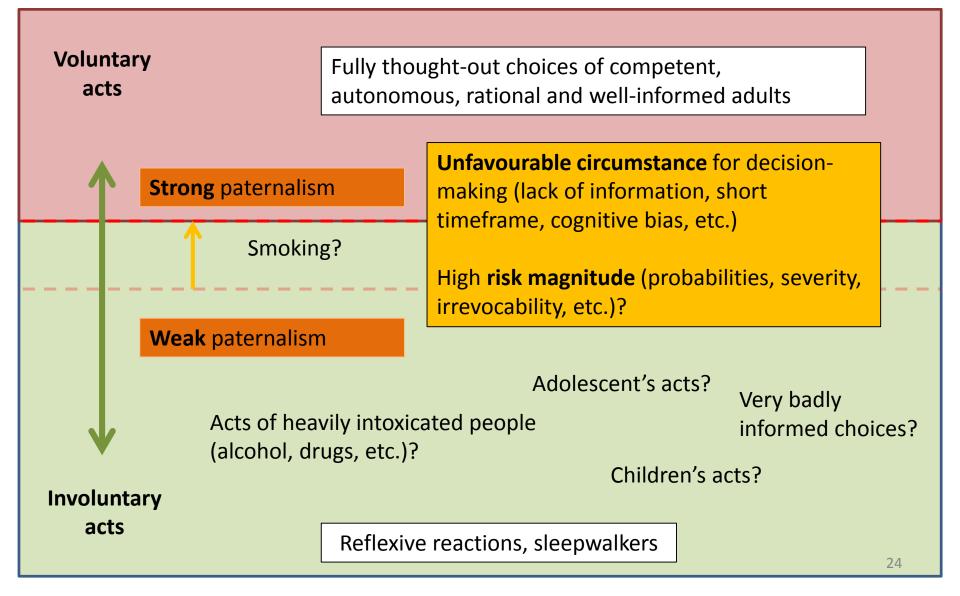
Distinction 1: strong or weak paternalism?



Voluntary/involuntary acts (1)



Voluntary/involuntary acts (2)



2.1. Is it strong or weak paternalism?

Labelling



Soda size

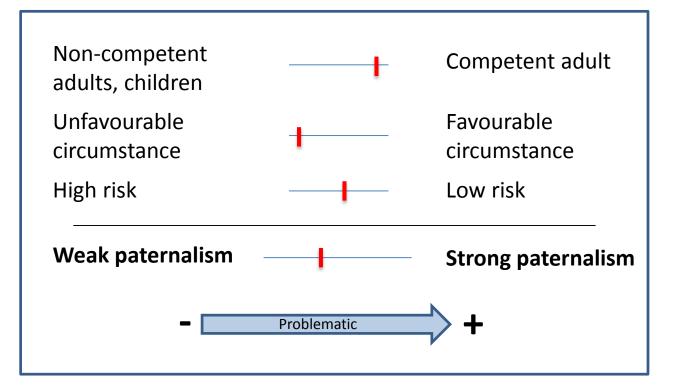


Seat belts



Interlock

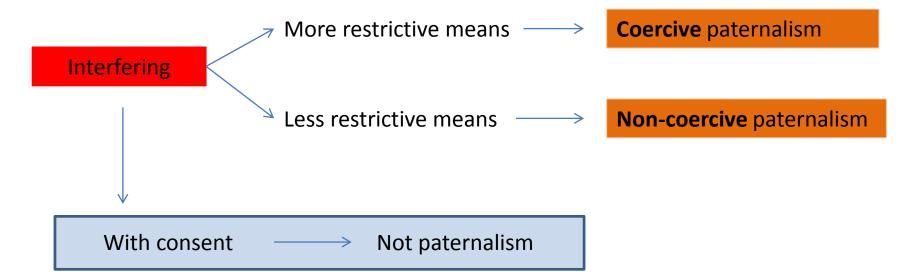




Distinction 2: coercive or non-coercive paternalism?

"Paternalism is the **interference** of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm."

(Dworkin, 2002)



Assessing the degree of interference upon freedom

The Nuffield Council on Bioethics' (2007) intervention ladder

1	Eliminate choice	Ban cigarettes and trans fats		
+	Restrict choice	Limit fast-food restaurants around schools		
- Interference with freedom	Guide through disincentives	Tax sugary drinks; limit the supply of parking spaces	٦	
	Guide through incentives	Subsidize public transit	-	ļ
	Change default option	Change the default option from French fries to salad		Non coercive
	Enable choice	Build cycle paths; offer healthy food choices in public arenas		Non
	Inform	Graphic warnings on cigarette packs		
	Do nothing or monitor	Monitor trends in overweight and obesity		

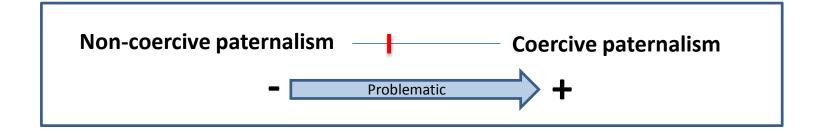
2.2. Is it coercive or non-coercive paternalism?







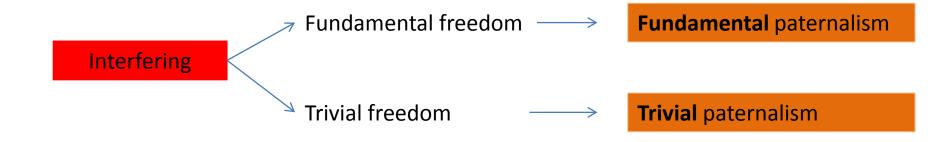




Distinction 3: fundamental or trivial paternalism?

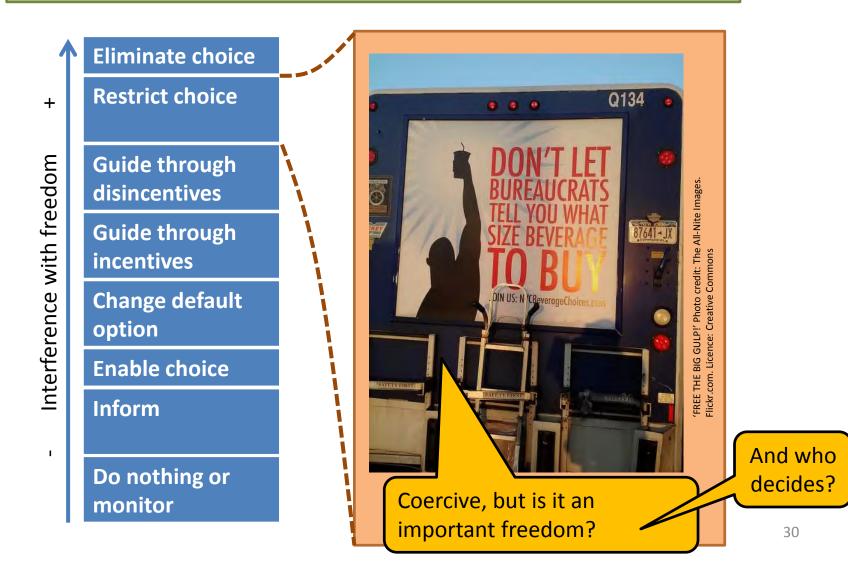
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(Dworkin, 2002)



Fundamental or trivial freedom?

The Nuffield Council on Bioethics' (2007) intervention ladder



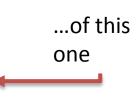
Who decides... and for whom?

Risks:

The majority imposes its values on minorities The more powerful impose their values on the less powerful and marginalized?



Wanting to limit the serving size...



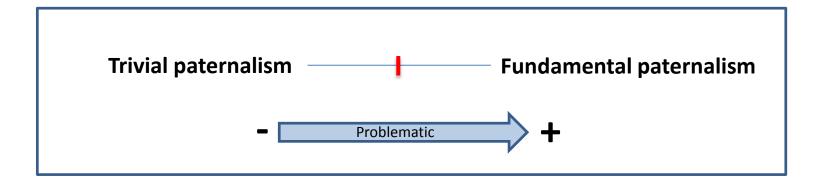
...but not that one



'The Big Gulp at Jalopeños' Photo credit: Bill Barnett. Flickr.com. Licence: Creative Commons

2.3. Is it fundamental or trivial paternalism?





Step 2: Determine which type(s) of paternalism it is - summary

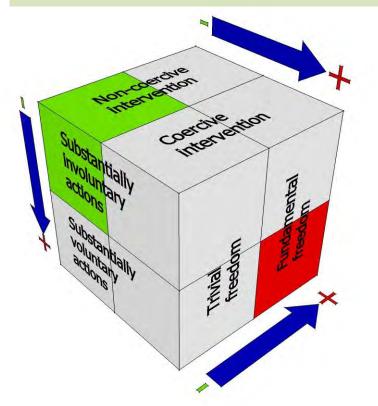




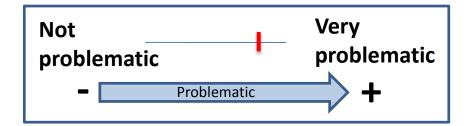




2.4. A visual summary: where would you situate the intervention?



2.5. Overall, how problematic is the paternalistic aspect of the policy or intervention?



Step 3: Broaden the analysis with the help of a more general ethics framework (1)

There is rarely just one unique reason for intervening (or not).



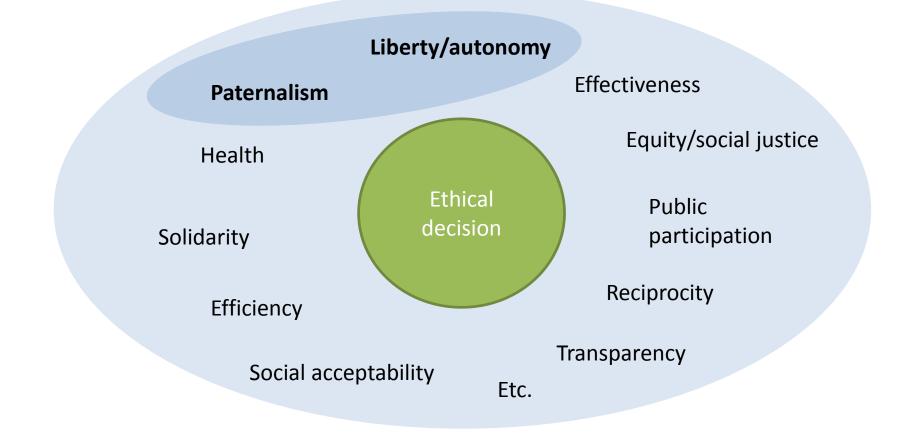
'Flu Shot' Photo credit: WFIU Public Radio. Flickr.com. Licence: Creative Commons

Example: Mandatory flu vaccination for health workers

- For their own good, but against their will (paternalism)
- For their own good, but with their consent (beneficence)
- To establish herd immunity (common good)
- To avoid harming others (harm principle)
- To protect the most vulnerable (justice, equity, etc.)
- To avoid imposing a burden on the community (justice, efficiency)
- Etc.

Step 3: Broaden the analysis with the help of a more general ethics framework (2)

Many frameworks are available in public health to *help* identify issues, deliberate, and weigh between conflicting values



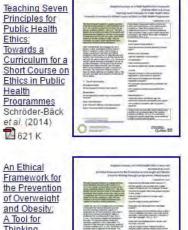
Step 3: Broaden the analysis with the help of a more general ethics framework (3)

A selection of such frameworks to choose from:

Baum et al. (2007) Bernheim et al. (2009) Kass (2001) ten Have et al. (2012) Marckmann et al. (2015) Schröder-Bäck et al. (2014) Upshur (2002) Willison et al. (2012)

Here is a collection of frameworks with links to the original documents: http://www.ncchpp.ca/708/Repertoire_of_Frameworks.ccnpps

Adapted summaries of frameworks



2-page summaries of some of these are available here:

http://www.ncchpp.ca/127/Publications.ccnp ps?id_article=1525

Feedback and discussion



'Wired' Photo credit: Rafael Matsunaga. Flickr.com. Licence: Creative Commons • Is the framework useful?

 How could it be improved?

References (1)

- Baum, N. M., Gollust, S. E., Goold, S. D., & Jacobson, P. D. (2007). Looking ahead: Addressing ethical challenges in public health practice. *Global Health Law, Ethics and Policy*, Winter 2007, 657-667. Available at: http://deepblue.lib.umich.edu/bitstream/handle/2027.42/75478/j.1748-720X.2007.00188.x.pdf?sequence=1&isAllowed=y
 Our adapted summary is available at: http://www.ncchpp.ca/docs/2016 eth frame baum En.pdf
- Bernheim, R. Gaare, Nieburg, P., & Bonnie, R. J. (2007). Ethics and the practice of public health. In R. A. Goodman, R. E. Hoffman, W. Lopez, G. W. Matthews, M. Rothstein, & K. Foster (Eds.), *Law in public health practice*, pp. 110-135. Oxford: Oxford University Press. For information (paywall): http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780195301489.001.0001/acprof-9780195301489
 Our adapted summary is available at: http://www.ncchpp.ca/docs/2016 eth frame bernheim En.pdf
- Dworkin, G. (2002). Paternalism. Stanford Encyclopedia of Philosophy.
- Feinberg, J. (1986). *Harm to self. The Moral Limits of the Criminal Law, volume 3.* New York and Oxford: Oxford University Press.

References (2)

- Griffiths, P. E. & West, C. (2015). A balanced intervention ladder: promoting autonomy through public health action. *Public Health*, 129(8), 1092-1098. Available at: <u>http://www.sciencedirect.com/science/article/pii/S0033350615003261</u>
- ten Have, M., van der Heide, A., Mackenbach, J. P., & Beaufort, I. D. (2012). An ethical framework for the prevention of overweight and obesity: a tool for thinking through a programme's ethical aspects. *European Journal of Public Health*, 23(2), 299-305. Available at: <u>http://eurpub.oxfordjournals.org/content/23/2/299.long</u>
 Our adapted summary is available at: <u>http://www.ncchpp.ca/docs/2016</u> eth frame tenHave En.pdf
- Kass, N. E. (2001). An ethics framework for public health. *American Journal of Public Health*, 91(11), 1776–1782. Available at: <u>http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.91.11.1776</u> Our adapted summary is available at: <u>http://www.ncchpp.ca/docs/2016_eth_frame_kass_En.pdf</u>
- Marckmann, G., Schmidt, H., Sofaer, N., & Strech, D. (2015). Putting public health ethics into practice: A systematic framework. *Frontiers in Public Health*, February 2015, 3(23), 8 pp. Available at: http://journal.frontiersin.org/article/10.3389/fpubh.2015.00023/full
 Our adapted summary is available at: http://www.ncchpp.ca/docs/2015_TOPHC_Ethique_HandoutB_EN_Final.pdf

References (3)

- Nuffield Council on Bioethics. (2007). Public health: Ethical issues. Available at: <u>http://nuffieldbioethics.org/wp-content/uploads/2014/07/Public-health-ethical-issues.pdf</u> (report - 225 pp.) <u>http://nuffieldbioethics.org/wp-content/uploads/2014/07/Public-Health-short-guide.pdf</u> (guide - 9pp.).
- Schröder-Bäck, P., Duncan, P., Sherlaw, W., Brall, C., & Czabanowska, K. (2014). Teaching seven principles for public health ethics: Towards a curriculum for a short course on ethics in public health programmes. *BMC Medical Ethics*, 2014, 15:73. Available at: <u>http://www.biomedcentral.com/content/pdf/1472-6939-15-73.pdf</u>.
 Our adapted summary is available at: <u>http://www.ncchpp.ca/docs/2016_eth_frame_schroder-back%20_En.pdf</u>.
- Upshur, R. E. G. (2002). Principles for the justification of public health intervention. *Canadian Journal of Public Health*, 93(2), 101-103. Available at: http://journal.cpha.ca/index.php/cjph/article/view/217 Our adapted summary is available at: http://www.ncchpp.ca/docs/2016 eth_frame_upshur_En.pdf
- Willison, D., Ondrusek, N., Dawson, A., Emerson, C., Ferris, L., Saginur, R., Sampson, H., & Upshur, R. E. G. (2012). A framework for the ethical conduct of public health initiatives. Public Health Ontario. Available at: http://www.publichealthontario.ca/en/eRepository/PHO%20%20Framework%20for%20Ethical%20Conduct%20 of%20Public%20Health%20Initiatives%20April%202012.pdf Also, this shorter document discusses the framework and provides a table of its Ten guiding questions: Willison, D. J., Ondrusek, N., Dawson, A., Emerson, C., Ferris, L. E., Saginur, R., Sampson, H., & Upshur, R. (2014). What makes public health studies ethical? Dissolving the boundary between research and practice. *BMC Medical Ethics*, 15(61), 1-6. Available at: http://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-15-61

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