

The Ethics of Public Health

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The Ethics of Public Health

- Basic Ethical Function of Public Health
- → empowering individuals to make informed choices about their lives
- → removing obstacles to agency
- It should not be about imposing choices upon agents.

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- Built-in tendency in public health discourse and practice toward paternalism.
- → health should be the paramount goal pursued by individuals and communities
- → we know better than they do what conduces to their health.

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- Need for a public health ethics that promotes agency in a non-paternalistic manner
- → ethically more attractive
- → agency-promoting policies are more sustainable over time.
- → good policies are ones that secure the uncoerced uptake of those to whom they apply.

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- Good public health policies are to a large degree governed by a concern with *social justice*.
- → social justice has to do with the securing for all persons of the conditions for individual agency, and with the removal of obstacles thereto.

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- Educational policies
- → allowing persons, regardless of gender, to make *informed* choices.

- Anti-Poverty policies
- → allowing persons to make *choices*, rather than responding to short-term exigency.

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- Reproductive Freedom and Reproductive Health
- → ensuring that women have the children that they want, rather than having their horizons determined by lack of family planning.

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- Where such policies have been implemented, they have had dramatic effects according to all health indicators.
- → but it is important to note that they do so not by *causing* better health, but by empowering women and men to make choices that promote their own well-being.

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- If what we are concerned with is the empowerment and the promotion of the agency of individuals and communities, then these individuals and communities must be brought in as partners in the formulation and the implementation of public health policies.

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- First generation public health policies
- → removing obstacles to agency

- Second generation public health policies
- → defining public health goals once the objectives of first-generation policies have been achieved.

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- Public Participation is needed in both contexts
- → even when we have fixed the objectives of FGPH, implementation in specific contexts requires local knowledge.
- → overcoming cultural resistances.
- → identification of policy tools most likely to work.

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- SGPH
- → Health-Health tradeoffs
- → Health-Other trade-offs.

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- Need to set up appropriate deliberative structures, and to identify obstacles thereto
- → epistemic asymmetries
- → status asymmetries
- → psychological obstacles
 - → deference of people to authority
 - → unwillingness of experts to listen