

# INTRODUCTION TO PUBLIC HEALTH ETHICS

## BETH 417 Spring 2005

**Course Instructors:** Patricia Marshall, PhD  
Department of Bioethics  
Office: 368-2502  
Email: [pam20@cwru.edu](mailto:pam20@cwru.edu)

Eric Juengst, PhD  
Department of Bioethics  
Office: 368-6207  
Email: [etj2@cwru.edu](mailto:etj2@cwru.edu)

**Office Hours:** By appointment

**Dates:** January 21, 22, 23  
January 28, 29

**Time:** 9:00 am-5:00 pm each day of class

**Place:** Patricia Marshall, PhD  
2933 E. Overlook Rd..  
Cleveland Heights, Ohio 44118  
216-371-3190

Refreshments will be provided.  
Students are asked to pack their own lunches.

**Transportation:** Students are encouraged to car pool. Contact course instructors if you need a ride.

### **Goals and Objectives:**

The goal of this course is to introduce students to theoretical and practical aspects of ethics and public health. This course will help students develop the analytical skills necessary for evaluating ethical issues related to public health policy and public health prevention, treatment, and research. Topics to be addressed include the following: philosophical approaches to public health ethics, human rights and public health, ethical issues associated with public health and infectious diseases, addiction, environmental risks, bio-terrorism, reproductive health and population control, genetics and public health, and ethical challenges in public health research.

**Evaluation:**

Students are expected to attend all classes. Students will be evaluated according to:

- 1) Class participation.  
(30% of final grade).
- 2) Preparation of analysis of a current article from the public health literature; students will select from a list of articles.  
(20% of final grade).
  - Papers should be double-spaced. Papers must be dated and pages must be numbered. Font size: 12.
  - Final analysis due January 31, 2005. Email to Drs. Marshall and Juengst.

A format to use for preparing the analysis will be handed out in class.

- 3) Case analysis of a public health policy. Topic to be approved by instructors.  
(50% of final grade).
  - Analysis must be 10-15 pages, double-spaced. Papers must be dated and pages must be numbered. Font size: 12. Cite references numerically throughout narrative and include reference details at the end of the text. Use the New England Journal style for citations (for example: 1. Ackerman TF. The limits of beneficence: Jehovah's Witnesses and childhood cancer. *Hastings Center Report* 1980; 10:13-18.).
  - Draft due March 25, 2005. Final analysis due April 18, 2005.
  - Email drafts and final papers to both Dr. Marshall and Dr. Juengst.
  - A detailed description for the preparation of case analyses will be provided.

**REQUIRED TEXT**

Beauchamp DE, Steinbock B, Eds. *New Ethics for the Public's Health*. New York: Oxford, 1999.

**RECOMMENDED TEXTS**

Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*, 5<sup>th</sup> ed. New York: Oxford University Press, 2001.

Bradley P, Burls A. *Ethics in Public and Community Health*. New York: Routledge, 2000.

Coughlin SS, Beauchamp TL eds. *Ethics and Epidemiology*. New York: Oxford University Press, 1996.

Daly M. ed. *Communitarianism: A New Public Ethics*. Belmont, California: Wadsworth Publishing Company, 1994. pages 139-178, 268-278.

Gostin LO, Lazzarini Z. *Human Rights and Public Health in the AIDS Pandemic* Oxford University Press, 1997.

Gostin LO. *Public Health Law and Ethics: A Reader* (California, Milbank Books on Health and the Public, 4). Berkeley: University of California Press, 2002.

## **WEBSITES**

American Public Health Association URL. <http://www.apha.org/>

Links to publications on wide range of issues in public health, including ethics.  
Link to the World Federation of Public Health Associations, A coalition of national public health associations including information about upcoming events.

Association of Schools of Public Health <http://www.asph.org/>

This site includes the link to Ethics and Public Health Curriculum, a model curriculum developed by The Hastings Center, the American Public Health Association (Association of Schools of Public Health), and the U.S. Department of Health and Human Resources. It can be directly reached at the following URL:  
<http://www.asph.org/document.cfm?page=723>

Centers for Disease Control and Prevention (CDC) URL. <http://www.cdc.gov/>

Links to external ethics-related Web sites; links to information on health statistics reports, health data standards.

Harvard School of Public Health: Course on Ethical Issues in International Health Research. URL. <http://www.hsph.harvard.edu/bioethics>

Maintained by Global Reproductive Health Forum, this Web site includes links to case studies used in the course on ethical issues in international health research taught at the Harvard School of Public Health. Each section of the site includes: a) introduction, 2) questions, c) readings, d) a list of, and links to, relevant Web sites, and e) case studies.

**FRIDAY, JANUARY 21, 2005**

9:00 – 9:30 A.M            **COURSE INTRODUCTION & OVERVIEW**

9:30 -10:30                **CONCEPTUAL FOUNDATIONS OF PUBLIC HEALTH, IMPLICATIONS FOR ETHICS**

OVERVIEW:

This session will introduce the students to public health ethics by examining the goals and values that underlie the field of public health. Historical perspectives and definitional considerations will be offered to help distinguish the goals and ethical responsibilities of public health from traditional health care, on one side, and other social welfare policies, on the other.

LEARNING OBJECTIVES:

1. To understand how the mission of public health differs from the goals of the traditional health care professions.
2. To define “public health” and “public health problems.”
3. To appreciate the historical origins of the public health movement in the 19<sup>th</sup> and early 20<sup>th</sup> century concepts of disease causation.
4. To identify the ethical challenges underlying the population focus of public health.

REQUIRED READINGS:

Coughlin S, Beauchamp T. Historical Foundations. *Ethics and Epidemiology*. New York: Oxford University Press, 1996, pp5-23.

Childress JF, Faden RR, Gaare RD, et al. Public Health Ethics: Mapping the Terrain. *Journal of Law, Medicine and Ethics* 2002; 30:170-178.

Kass NE. Public health ethics: from foundations and frameworks to justice and global public health. *Journal Law, Medicine, Ethics* 2004; 32(2):232-42.

Krieger N, Zierler S. What explains the public’s health? A call for epidemiological theory. *Epidemiology* 1996; 7:107-109. In Beauchamp and Steinbock book, p. 45.

***Suggested Reading:***

Callahan, Daniel, and Jennings, Bruce. Ethics and Public Health: Forging a Strong Relationship. *American Journal of Public Health* 2002; 92(2):169-176.

10:30 – 10:45 A.M.     *BREAK*

10:45 – 12:30 p.m.    **CASE DISCUSSION AND ANALYSIS**  
a. Syphilis in the U.S., circa 1920  
b. Thalassemia in Cyprus, circa 1960  
c. Violence in the U.S., circa 1990

LEARNING OBJECTIVES:

1. To identify ethical issues raised by three famous examples of problems defined as public health concerns.
2. To understand the influence of social and historical context on public health approaches to these three problems.

REQUIRED READINGS:

Brandt A. The syphilis epidemic and its relation to AIDS. *Science* 1988; 239:375-380.

Michael Angastiniotis, Sophia Kyriakidou, Minas Hadjiminias, “How Thalassemia was controlled in Cyprus,” *World Health Forum* 7(1986): 291-297.

Daryl Chamblee and Thomas Murray, “Executive Summary,” “Background: Scope of the Problem,” *Report of the Panel on NIH Research on Antisocial, Aggressive and Violence-Related Behaviors and Their Consequences* (NIH, April 1994), pp. xi-7).

DISCUSSION QUESTIONS FOR MORNING SESSION:

1. What is the meaning of public health? What do we mean when we say things like, “This is a public health issue.” What makes something a public health issue? What factors determine a definition of a problem as a public health issue instead of something that might be construed as “personal risk”?
2. To what extent are communities, societies, responsible for maintaining public health?
3. How have different nations addressed public health issues? What are the implications for the organization of medical practice and health care delivery? What are the implications for setting priorities in terms of allocation of health care resources?
4. How far should we go in our efforts to maintain the health of the public? At what point should it be acceptable to impose limits on personal freedom?

12:30 – 1:30 P.M.     *LUNCH*

1:30 – 2:30 P.M.

## APPROACHES TO PUBLIC HEALTH ETHICS

### OVERVIEW:

This class reviews traditional philosophical approaches relevant to ethics and public health. The principles approach in ethics, with its focus on respect for persons, beneficence, nonmaleficence, and justice, is compared to a communitarian approach for addressing ethical issues in public health.

### LEARNING OBJECTIVES:

1. To identify the basic philosophical components of the principles approach to ethics and its implication for public health policy.
2. To understand the theoretical underpinnings and practical implications of a communitarian ethics for public health.
3. To compare and contrast both approaches and their relevance and application in public health prevention, treatment, and policy development.

### REQUIRED READINGS:

In Beauchamp and Steinbock book, p 3-23: Introduction: Ethical theory and public health.

In Beauchamp and Steinbock book, p 57: Beauchamp DE. Community, the neglected tradition of public health. *Hastings Center Report* 15:28-36, 1985.

Roberts MJ, Reich MR. Ethical Analysis in Public Health. *Lancet* 2002; 359:1055-1059.

### ***Suggested Reading:***

Last J. Professional standards of conduct for epidemiologists. In Coughlin SS, Beauchamp TL. eds. *Ethics and Epidemiology*. New York: Oxford University Press, 1996. chapter 3 (pages 53-75).

### DISCUSSION QUESTIONS:

1. Is the communitarian approach to public health ethics compatible with a principle-based bioethics, or *sui generis*?
2. Should public health ethics look more to the ethics of the health care professions or to theories of social justice for its guiding considerations?
3. Is it possible to have a professional ethic for public health practitioners that is independent of the community decision-making that makes their work possible, or are public health professionals, by definition, agents of the state?

2:30-2:45                    *BREAK*

2:45 – 4:30                **HUMAN RIGHTS AND PUBLIC HEALTH**

OVERVIEW:

This session will examine the merits of the 20<sup>th</sup> Century international tradition of human rights law and policy as a philosophical basis for public health interventions. Students will be asked to consider whether the population focus of public health is compatible with a human rights approach and the extent to which the human rights tradition raises new questions for the field of public health.

**CASE DISCUSSION AND ANALYSIS**

- a) UN Declaration of Human Rights
- b) UNESCO Declaration on Universal Norms on Bioethics

LEARNING OBJECTIVES:

1. To understand the history of the international human rights tradition in the development of the United Nations Universal Declaration of Human Rights and its application to health care and public health.
2. To assess the adequacy of a human rights framework for adjudicating international public health decision-making.
3. To compare a human rights approach with traditional communitarian approaches to public health powers.

REQUIRED READINGS:

UN Declaration of Human Rights (accessed Jan. 5, 2005)

UNESCO Declaration on Universal Norms on Bioethics (accessed Jan. 5, 2005)

In Beachamp and Steinbock book, p 83-94: Mann Jonathan. Medicine and public health, ethics and human rights *Hastings Center Report* 27;3(May-June, 1997): 6-13.

Benatar SR., 2002, Human rights in the biotechnology era I. *BioMed Central* 2 (2002):3, at 2.

Thomasma, D. Bioethics and international human rights. *Journal of Law, Medicine & Ethics*, 32 (1997):243-51.

***Suggested Reading:***

Annas, George Human rights and health --The Universal Declaration of Human Rights at 50. *New England Journal of Medicine* 1998; 339: 1778-1781.

Monroe, James. Enemies of the People: The Moral Dimensions to Public Health. *Journal of Health, Politics, Policy, and Law* 1997; 22(4): 993-1020.

DISCUSSION QUESTIONS:

1. Can the human rights framework accommodate the population and community-based goals and concerns of public health, or does it collapse into individualism?
2. Can the human rights framework accommodate social and cultural differences that may warrant different public health practices, or does it collapse into absolutism?
3. A major factor in most public health problems is lack of access to adequate health care: if access to health care is a basic human right, should the promotion of this right be the principal priority for international public health bodies, or should it remain strictly a local or national issue?

4:30- 5:00                      **SUMMARY DISCUSSION**

5:00 P.M.                        **SESSIONS END**



**SATURDAY, JANUARY 22, 2005**

9:00- 9:15      **REVIEW OF DAY**

9:15-10:30    **INFECTIOUS DISEASE (HIV/AIDS, TUBERCULOSIS, STDs)**

OVERVIEW:

Infectious diseases contribute significantly to morbidity and mortality globally, particularly in among the poor in both the industrialized and developing world. This class examines social and ethical challenges associated with the prevention, treatment, and control of HIV/AIDS, tuberculosis, and STDs.

LEARNING OBJECTIVES:

1. To understand the public health implications of infectious diseases such as HIV/AIDS, TB, and STDs
2. To identify approaches to surveillance, screening, testing, prevention, and treatment, including quarantine, in response to HIV/AIDS, TB, and STDs.
3. To understand the implications of social stigmatization for public health responses to HIV/AIDS, TB, and STDs.
4. To consider ethical challenges to the prevention and treatment of infectious diseases with attention to the protection of confidentiality and privacy.
5. To consider the ethical tension between respect for personal liberty and communal welfare in relation to the prevention, treatment, and control of HIV/AIDS, TB, and STDs.
6. To understand the impact of global structural inequities on infectious diseases such as HIV/AIDS.

REQUIRED READINGS:

Fairchild AL, Colgrove J, Bayer R. The myth of exceptionalism: the history of venereal disease reporting in the twentieth century. *Journal of Law, Medicine and Ethics* 2003; 31(4):624-637.

In Beauchamp and Steinbock book, p. 211. Burr C. The AIDS exception: privacy vs. public health. *The Atlantic Monthly* June, 1997:57-67.

Parker R. The global HIV/AIDS pandemic, structural inequalities and the politics of international health. *American Journal of Public Health* 2002; 92(3): 343-46.

In Beauchamp and Steinbock book, p. 225. Bayer R, Dupuis L. Tuberculosis, public health, civil liberties. *Annual Review of Public Health*, Volume 16, Annual Reviews, 1995.

10:30-10:45            *BREAK*

10:45 –12:30 P.M.    **CASE DISCUSSION AND ANALYSIS**

- a) HIV/AIDS in Sub-Saharan Africa (focus on South Africa. and Swaziland).

**LEARNING OBJECTIVES:**

1. To consider social and ethical issues raised by the HIV/AIDS pandemic in Sub-Saharan Africa, with a special focus on South Africa and Swaziland.
2. To identify ethical challenges associated with obligations to provide antiretroviral treatment to research participants when a project has ended.
3. To consider global responses to the HIV/AIDS pandemic in the context of great economic and health disparities that exist between resource-rich and resource-poor settings.

**REQUIRED READINGS:**

Benatar SR. Health care reform and the crisis of HIV and AIDS in South Africa. *N Engl J Med* 2004; (July 1)351:81-92.

Wines M, LaFraniere S. Hut by hut, AIDS steals life in a southern African town. *The New York Times*, November 28, 2004.

**DISCUSSION QUESTIONS FOR MORNING SESSION:**

1. To what extent are individuals, communities, societies, responsible for the prevention and control of HIV/AIDS, tuberculosis, and STDs?
2. Is it possible to develop public health policies for HIV, tuberculosis, and STD testing and screening for that respect both individual privacy and community needs for controlling the spread of these diseases?
3. When is it acceptable to impose limits on personal freedoms to reduce the spread of HIV/AIDS, tuberculosis, or STDs?
4. What is required from the global health community to address the public health implications of infectious diseases such as HIV/AIDS?

12:30 – 1:30 P.M.    *LUNCH*

1:30 – 2:30 P.M.

**ADDICTION AND PUBLIC HEALTH (DRUGS AND ALCOHOL)**

OVERVIEW:

The impact of addiction to drugs and alcohol on the health and social well-being of individuals and communities is profound. This class reviews factors contributing to addiction to drugs and alcohol and considers the implications for public health. The development of prevention and treatment strategies in response to addiction, depending upon whether or not the substance is legal, are examined. Implications for social stigmatization and the availability of treatment services and access to them are explored. Ethical challenges associated with different approaches to the prevention and treatment of addiction to drugs and alcohol are considered.

LEARNING OBJECTIVES:

1. To understand the historical development of public health approaches to addiction.
2. To identify differences in prevention and treatment strategies to addiction depending upon the legality of the addictive substance.
3. To recognize the ethical dimensions of public health and legal approaches to the prevention and control of addictive substances.

REQUIRED READINGS:

In Beauchamp and Steinbock book, p. 135. Mosher JF, Jernigan DH. New directions in alcohol policy. In *Annual Review of Public Health*, volume 10, Annual Reviews 1989.

In Beauchamp and Steinbock book, p. 150. Steinbock B. Drug prohibition: a public health perspective. In *Drugs, Morality, and the Law*, eds. S. Luper-Foy, C. Brown, Garland Publishing, 1994.

Page JB, Fraile JS. Use of needles and syringes in Miami and Valencia: observations of high and low availability. *Medical Anthropology Quarterly* 1999; 13(4):413-35.

2:30-2:45

*BREAK*

2:45 – 4:30 P.M.

**CASE DISCUSSION AND ANALYSIS**

Model treatment programs for alcohol abuse; implications for application in diverse cultural settings.

**LEARNING OBJECTIVES:**

1. To identify public health implications of alcohol abuse.
2. To discuss the impact of the availability of alcohol treatment programs for individuals with problems in diverse cultural settings.
3. To consider ethical issues surrounding the implementation of treatment programs for alcohol abuse in diverse cultural settings.

**REQUIRED READINGS:**

Cannon J. The Victims of Prohibition. Editorial.

Saladin M, Santa Ana EJ. Controlled drinking: more than just a controversy. *Curr Opin Psychiatry* 2004; 17(3):175-187.

**DISCUSSION QUESTIONS FOR AFTERNOON SESSION:**

1. When does drug or alcohol use become a “public health problem”?
2. How have societies attempted to control the impact of alcohol or drug use on population health? How effective are public health policies in controlling alcohol or drug addiction?
3. When is it acceptable to pose limits on personal freedoms and privacy to control alcohol or drug abuse?
4. What are implications of a “harm reduction” approach to drug addiction or alcohol abuse for population health?
5. How do laws regulating alcohol and drug use—and incarceration for breaking the laws—influence population health?
6. What are some of the ethical challenges surrounding the development and implementation of drug and alcohol treatment programs?
7. How are communities internationally differentially affected by alcohol and drug addiction? What are factors influencing the political economy of addiction?

4:30 – 5:00

**SUMMARY DISCUSSION**

6:00

**DINNER AT DR. MARSHALL’S HOUSE**

**SUNDAY, JANUARY 23, 2005**

9:00 – 9:15 A.M.      **REVIEW OF DAY**

9:15 – 10:30 A.M.      **PUBLIC HEALTH PROMOTION AND PREVENTION (TOBACCO)**

OVERVIEW:

Health promotion and prevention are essential components of an integrated approach to public health. A wide range of health problems such as heart disease, diabetes, and cancer can be prevented, in part, by changes in lifestyle. Smoking is a risk factor for the development of many chronic diseases. In spite of extensive research which has demonstrated repeatedly the negative impact of tobacco use on health, tobacco continues to be a major problem for populations worldwide. In fact, in some areas, tobacco use is increasing and prevention programs have had little or no effect. This class explores the social, psychological, and political factors that contribute to and sustain tobacco use. Social and economic implications of the production and marketing of tobacco for public consumption are examined. Ethical challenges in prevention strategies to diminish tobacco use are considered.

**CASE DISCUSSION:**

- a) Limitations on public use of tobacco in the U.S.
- b) Tobacco use in international settings.

LEARNING OBJECTIVES:

1. To review public health approaches to the promotion of healthy behavior and the prevention of disease.
2. To understand the social and economic factors that contribute to and sustain tobacco use in diverse cultural settings.
3. To identify ethical issues surrounding public health strategies to change smoking behavior in individuals and communities.
4. To consider ethical dimensions of public policies to prevent tobacco use among individuals and the communities.
5. To discuss the tension between personal choice regarding smoking and its implications for public health and welfare, including the impact that smoking related disease has on the allocation of medical resources.

REQUIRED READINGS:

Bayer R, Colgrove J. Science, Politics and Ideology in the Campaign Against Environmental Tobacco Smoke. *American Journal Public Health* 2002; 92:949-954.

Bayer R, Gostin L, Javitt G, Brandt A. Tobacco Advertising in the United States: A Proposal for a Constitutionally Acceptable Form of Regulation. *Journal American Medical Association* 2002; 287(22): 2990-2995.

Siegel M, et al. Preemption in Tobacco Control: Review of the Emerging Public Health Problem. *Journal American Medical Association* 1997; 278(10):858-863.

DISCUSSION QUESTIONS:

1. What are some of the social and economic conditions that influence tobacco use worldwide?
2. Some smokers might say that they are only hurting themselves by smoking. What arguments would you use to try to demonstrate the impact of smoking on public health? What *ethical* arguments would you evoke to try to convince someone to stop smoking?
3. In your opinion, what factors reinforce the probability that public health policies addressing tobacco use will work effectively?
4. What are the ethical challenges associated with the political economy of tobacco production nationally, internationally? What are the implications for social justice and population health?

10:30 – 10:45 A.M.     *BREAK*

10:45– 12:30 P.M.     **ENVIRONMENTAL RISKS**

OVERVIEW:

Technological and industrial development often requires the production, use, and storage of hazardous chemical and biological agents. This class reviews issues in environmental health and considers the ethical tensions that exist between promoting the goals of industrial development, the production, use, and storage of hazardous chemical or other materials, and protecting the health and safety of individuals and communities that might be exposed to harm. Chernobyl, Three Mile Island, U.S., and the Dupont factory disaster in Bhopal, India, will be used to illustrate ethical issues associated with environmental health.

#### LEARNING OBJECTIVES:

1. To consider the social and political influences on the development and production of environmentally hazardous agents.
2. To identify ethical challenges to public safety measures relevant for environmental health.
3. To understand the underlying implications of the production, use, and storage of hazardous agents for environmental racism.
4. To consider the public health impact of environmental industrial disasters.
5. To identify and analyze the ethical issues associated with environmental industrial disasters.
6. To outline and ethically justify strategies in response to environmental industrial disasters from the perspectives of individuals and communities affected, the industry or company responsible, and local and national authorities.

#### REQUIRED READINGS:

Kristin Sharder-Frechette, "Hazardous and toxic substances," In Ruth Chadwick, Ed., *The Concise Encyclopedia of the Ethics of New Technologies* (NY: Academic Press, 2001) pp. 221-228.

Northridge M, Stover G, Rosenthal JE. Environmental equity and health: understanding complexity and moving forward. *Am J Public Health* 2003; 93(2):209-213.

Richard Clapp and David Ozonoff, "Environment and health: Vital intersection or contested territory?" *American Journal of Law and Medicine* 30(2004): 189-215.

#### ***Suggested Readings:***

Shrader-Frechette, K. Ethical dilemmas and radioactive waste. *Environmental Ethics* (1991) 13(4):327-343.

Shrader-Frechette, K. Hazardous waste and toxic substances. In Reich, W, ed. *Encyclopedia of Bioethics*. New York: Prentice-Hall, 1994.

Westera, L, Wenz P, eds. *The Faces of Environmental Racism: Issues of Global Equity*. Lanham, MD: Rowman and Littlefield, 1995.

#### DISCUSSION QUESTIONS:

1. What are the scientific and political challenges associated with identifying an environmental hazard as "the cause" of human health problems?
2. What does "environmental racism" mean, and how could it be avoided?

3. Do natural disasters, such as the recent Indian Ocean tsunamis, count as “environmental health risks,” and if so, should public health authorities attempt to anticipate and prepare for these risks?

12:30 – 1:30 P.M.      *LUNCH*

1:30- 2:30 P.M.      **BIOTERRORISM**

**OVERVIEW:**

Bioterrorism presents an emerging public health threat for individuals, communities, and nations. Social and political factors contributing to acts of bioterrorism are reviewed. Ethical challenges in the development of public health policy in response to bio-terrorist acts are considered.

**LEARNING OBJECTIVES:**

1. To understand social and political factors influencing the instigation of bioterrorism.
2. To identify public health strategies in response to bioterrorist attacks (e.g., data collection and analysis, control of property, population control, preparation of health delivery system to respond to biological and chemical attacks).
3. To identify ethical challenges surrounding public health approaches to bioterrorism.

**REQUIRED READINGS:**

Henderson, DA. The Looming Threat of Bioterrorism. *Science* (1999) 283:1279-82.

Gostin, L. When terrorism threatens health: how far are limitations on human rights justified? *Journal Law, Medicine and Ethics* 2003, 31(4):524-528.

Sidel VW, Levy BS. War, terrorism, and public health. *Journal Law, Medicine and Ethics* 2003, 31(4):516-23.

Rappert B. Biological weapons, genetics, and social analysis: emerging responses, emerging issues—I. *New Genetics and Society* 2003, 22(2):169-181.

2:30 – 2:45 P.M.      *BREAK*

2:45 – 4:00 P.M.      **CASE DISCUSSION AND ROLE PLAY**  
a) Smallpox



LEARNING OBJECTIVES:

1. To discuss ethical issues raised by the use of biological agents as weapons of mass destruction.
2. To consider ethical dimensions of public health strategies for early detection and response to biological or chemical terrorism (e.g., vaccination of individuals, stockpiling antibiotics, organization of health care delivery system).
3. To identify the role technical experts and public participation (e.g. public forums, public hearings, etc.) in considering policy development for response to biological terrorism.
4. To discuss ethical implications of surveillance systems and population control that are justified by threats to national security.

REQUIRED READINGS:

Quigley RB. Uncertain benefit: the public policy of approving smallpox vaccine research. *American Journal Public Health* 2004, 94(6):943-946.

Schneider CP, McDonald MD “The King of Terrors” revisited: the smallpox vaccination campaign and its lessons for future biopreparedness. *Journal Law, Medicine, Ethics* 2003; 31(4):580-89.

Thomas May, Mark Aulisio, Ross Silverman, “The smallpox vaccination of health care workers: professional obligations and defense against bioterrorism” *Hastings Center Report* 33;5(2003): 26-34.

DISCUSSION QUESTIONS FOR AFTERNOON SESSION:

1. What social, economic, political, and religious factors contribute to the proliferation of bioterrorism? What role do global economic inequities have in contributing to bioterrorism?
2. What ethical issues are raised in developing public health strategies to respond to biological agents when used in terrorist activities?
3. What are the ethical implications of using surveillance systems and other methods for population control—methods that governmental authorities often justify by threats to national security.
4. How should the conflict between respect for individual liberty and simultaneously respect for community welfare be resolved in the context of bioterrorism?

4:00 – 4:30 P.M.           **GROUP PHOTO**

4:30 p.m.                 **SESSIONS END**

Daily Agenda& Syllabus

**FRIDAY, JANUARY 28, 2005**

9:00- 9:15 A.M.        REVIEW OF DAY

9:15- 10:30 A.M.      **PUBLIC HEALTH GENETICS**

OVERVIEW:

This session will introduce the students to ethical and social issues involved in using public health programs to attempt to address genetic health problems. Historical background and contemporary policies will be reviewed in order to provide a basis for discussing the challenges posed by advances in human genome research and molecular genetics. Past programs and proposed policies will be discussed to illustrate the issues.

LEARNING OBJECTIVES:

1. To be able to outline the history of public health approaches to genetic disease from the international eugenics movements of the 1920's-40's to the population carrier screening programs of the 1960's to today.
2. To understand the impact of molecular genetics and human genome research on public health's capacity for population surveillance and screening for disease susceptibility.
3. To identify and discuss current guidelines and norms with respect to genetic services in the public health context.

REQUIRED READINGS:

Watson, J.D. and Cook-Deegan, R. "The Human Genome Project and international health" *JAMA* 263(June 27,1990): 3322-3324.

Khoury, M. "From genes to public health: the applications of genetic technology in disease prevention" *Am. J. of Public Health* 86(1996): 1717-1722.

Sankar, P., et. al. "Genetic research and health disparities," *JAMA* 291(2004): 2985-2980.

Reilly, P. "The resurgence of eugenics" In Steinbock and Beauchamp, p. 303

Ellen Clayton, "What should be the role of public health in newborn screening and prenatal diagnosis?" *Am. J. of Preventive Medicine* 16(1999): 111-116

***Suggested Reading:***

Richard Olney, "Preventing Morbidity and Mortality from Sickle Cell Disease: A Public Health Perspective," *American Journal of Preventive Medicine* 16(1999): 116-121.

10:30 – 10:45 A.M.     *BREAK*

10:45 – 12:30 A.M     **CASE DISCUSSION AND ANALYSIS**  
Population-based Cystic Fibrosis carrier screening

**LEARNING OBJECTIVES:**

1. To evaluate the public health impact of cystic fibrosis screening.
2. To discuss the ethical and social issues raised by cystic fibrosis and public health genetics screening programs.

**REQUIRED READINGS:**

In Steinbock And Beauchamp, P. 344. Fost, N. “Ethical Implications of Screening Asymptomatic Individuals”

**DISCUSSION QUESTIONS FOR MORNING SESSION:**

1. Are all population-based approaches to genetic disease necessarily “eugenic”? What does that label mean?
2. Should all genetic screening be completely voluntary, or are there some cases, such as newborn screening for treatable deficiencies, that warrant mandatory screening programs on public health grounds?
3. Can reproductive genetic screening proceed without stigmatizing people with disabilities and genetic health problems?
4. What are the relative risks and benefits of increased genetic susceptibility screening for pharmacogenomic and preventive purposes?

12:30 – 1:30 P.M.     *LUNCH*

1:30 – 2:30 P.M.     **REPRODUCTIVE HEALTH AND POPULATION CONTROL**

**OVERVIEW:**

This session will focus on the use of public health programs to attempt to accomplish two apparently contradictory goals: to improve levels of fertility and healthy child-bearing within a population while at the same time curbing the growth of the population by reducing the number of children born. Conceptual and historical perspectives will be presented to provide a basis for student discussions of several examples of reproductive health policies and their community impacts.

LEARNING OBJECTIVES:

1. To define “reproductive health” and “population control” for public health purposes.
2. To outline levels of primary, secondary and tertiary “prevention” possible in addressing reproductive public health problems and identify the ethical implications of each.
3. To understand the influence of cultural differences on the meaning and value of reproductive practices and behavior across different populations.

REQUIRED READINGS:

In Steinbock and Beauchamp, p. 314. Elizabeth Heitman, “Infertility as a public health problem: why assisted reproductive technologies are not the answer” *Stanford Law and Policy Review* 6(1995): 89-102.

In Steinbock and Beauchamp, p. 330. Joel Cohen, “How many people can the earth support?”

Donald Warwick, Ronald Green and William Petersen, “Elements of Population Ethics: History, Normative Approaches, Introduction to Religious Traditions” *Encyclopedia of Bioethics, 3<sup>rd</sup> Edition* (MacMillan, 2004): pp. 2040-2053.

2:30 – 2:45 P.M.      *BREAK*

2:45 – 4:30 P.M.      **CASE DISCUSSION AND SMALL GROUP ANALYSIS**  
China’s One Child Policy

LEARNING OBJECTIVES:

1. To consider the social and historical factors that surround the development of reproductive health policies in diverse national contexts.
2. To identify and discuss the ethical and social issues raised by reproductive health initiatives undertaken by public health authorities

REQUIRED READING:

Kane P, Choi Ching. China’s one child family policy. *British Med J* 1999; 319:992-994.

Hasketh T, Zhu W. Health in China: the one child family policy: the good, the bad, and the ugly. *British Med J* 1997; 314:1685.

***Suggested Reading:***

Tyrene White “Implementing the ‘One-Child-Per-Couple’ population program in rural China: National goals and local politics,” In David Lampton, Ed., *Policy Implementation in Post-Mao China* (U of California Press, 1987): 284-317.

DISCUSSION QUESTIONS FOR AFTERNOON SESSION:

1. Is the global human “population explosion” experience during the 20<sup>th</sup> Century a public health problem? If so, why?
2. Conversely, is human infertility a public health problem? If not, what else might one mean by “reproductive health”?
3. To what extent should local economic and cultural considerations influence what public health authorities consider as “health” family sizes and reproductive practices?

4:00- 4:30 P.M.      **SUMMARY DISCUSSION**

5:00 P.M.            **SESSIONS END**

**SATURDAY, JANUARY 29, 2005**

9:00- 9:15 A.M.        *GROUP DISCUSSION*

9:15 – 10:30 A.M.     **RESEARCH ETHICS IN PUBLIC HEALTH**

OVERVIEW:

This class reviews ethical considerations that arise in public health research. Difficulties associated with maintaining distinct boundaries between public health practice and public health research are addressed. International and national guidelines for ethical conduct in human subjects are considered, with special attention to their relevance for public health and epidemiological research.

LEARNING OBJECTIVES:

1. To be able to identify the primary ethical considerations relevant to public health research.
2. To understand the difference between public health practice and public health research.
3. To understand the importance of national and international ethical guidelines for public health research, focusing on ethical challenges that arise in international HIV prevention research.
4. To consider how ethical guidelines for scientific research may be applied more effectively within the context of the developing world.

REQUIRED READINGS:

MacQueen K, Buehler JW. Ethics, practice, and research in public health. *American Journal of Public Health* 2004; 94(6):926-931.

Fairchild AL. Dealing with Humpty Dumpty: research, practice, and the ethics of public health surveillance. *Journal Law, Medicine, Ethics* 2003; 31(4):615-623.

London L. Ethical oversight of public health research: can rules and IRBs make a difference in developing countries? *American Journal of Public Health* 2002; 92(7):1079-84.

***Suggested Readings:***

MacQueen KM, et al. Ethical challenges in international HIV prevention research. *Accountability in Research* 2004; 11:48-61.

Dickens BM. Issues in Preparing Ethical Guidelines for Epidemiological Studies. *Law, Medicine & Health Care*, Fall-Winter 1991; 19(3-4):175-183.

## **Guidelines and Policies for Ethical Conduct in Research with Human Participants**

The Nuremberg Code. Reprinted from *Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10, Vol. 2*, pp. 181-182. Washington, D.C.: U.S. Government Printing Office, 1949. [<http://ohsr.od.nih.gov/nuremberg.php3>]

52<sup>nd</sup> World Medical Assembly, *World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*, rev.ed. (Edinburgh, Scotland: 52<sup>nd</sup> World Medical Assembly, 2000). [<http://www.wma.net/e/policy/17c.pdf>]

The World Medical Association. *Declaration of Helsinki: Note of Clarification on Placebo-Controlled Trials*. [<http://www.wma.net/e/home.html>]

Council for International Organizations of Medical Sciences (CIOMS), *International Ethical Guidelines for Biomedical Research Involving Human Subjects*, Geneva, CIOMS, 2001.

CIOMS *International Guidelines for Ethical Review of Epidemiological Studies*. Geneva, CIOMS.

Nuffield Council on Bioethics. 2002. *The Ethics of Research Related to Healthcare in Developing Countries*. Nuffield Foundation.

U.S. National Commission of the Protection of Human Subjects of Biomedical and Behavioral Research. *The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. Washington, DC: U.S. Government Printing Office, 1978.

10:30 – 10:45 A.M.     **BREAK**

10:45 – 12:30 A.M     **CASE DISCUSSION AND ANALYSIS:**  
Obligations to provide medical treatments during and after a study.  
Standards of care. Antiretroviral therapies for the treatment of  
HIV/AIDS in the developing world.

### **LEARNING OBJECTIVES:**

1. To identify the primary social and ethical issues relevant to the provision of medical therapy for research participants during and after a study.
2. To consider the influence of national and international ethical and regulatory guidelines for the implementation of public health research.

REQUIRED READINGS:

Cohen J. Drug trials without the drugs? *Science* 2003; 300:1212-13.

Shapiro K, Benatar. HIV prevention research and global inequality: steps towards improved standards of care. *Journal Med Ethics* 2005; 31 39-47.

DISCUSSION QUESTIONS:

1. What is the difference between public health practice and public health research?
2. How do national and international ethical and regulatory guidelines influence public health research?
3. What are some of the key ethical challenges surrounding the design, implementation, and funding of public health research globally?
4. What obligations—if any—do public health researchers have to continue the provision of medical interventions shown to be effective in the course of a study?
5. How do global political and economic factors influence public health research generally, and the HIV/AIDS pandemic specifically?
6. What role do pharmaceutical industries have in promoting or constraining population health?
7. What role should local communities, researchers, and representatives of the public and private sectors play in resolving health disparities that negatively influence population health?

12:30 – 1:30 P.M.      *LUNCH*

1:30 – 3:00 P.M.      **FUTURE CHALLENGES: EMERGING INFECTIOUS DISEASES (SARS)**

OVERVIEW:

In contrast to a disease such as HIV/AIDS, which may remain undiagnosed for long periods of time, other infectious diseases are quickly identified. In recent years, Severe Acute Respiratory Disease (SARS) has threatened the health of communities internationally. This class reviews ethical issues associated with local, national, and international responses to SARS. Public health responses to SARS in Canada and China are compared.

LEARNING OBJECTIVES:

1. To understand the public health implications of responding to acute infectious diseases that pose an immediate threat to communities.
2. To review public safety measures in response to an infection such as SARS, including the collection and analysis of relevant data, controlling populations through various levels of quarantine, and the implementation of screening and surveillance programs to prevent the spread of the disease.



3. To consider the challenges associated with coordinating public health responses to diseases such as SARS locally, nationally, and internationally.
4. To review the broad range of ethical issues surrounding the implementation of screening, prevention, and treatment strategies for diseases such as SARS.
5. To consider social and ethical issues raised by the emergence and public health response to SARS.
6. To identify national public health strategies to respond to SARS in two diverse settings, Canada and China.
7. To discuss ethical implications and social impact of various strategies to implement varying levels of quarantine (individual, institutional, community).

REQUIRED READINGS:

Peiris JS, Yuen KY, Osterhaus AD, Stohr K. The severe acute respiratory syndrome. *N Engl J Med* 2003; 349:2431-41.

Gostin L, Bayer R, Fairchild AL. Ethical and legal challenges posed by severe acute respiratory syndrome (SARS): implications for the control of severe infectious disease threats. *Journal American Medical Association* 2003, 290(24):3229-37.

***Suggested Readings:***

Low AE, McGeer A. SARS--One year later. *N Engl J Med* 2003; 349:2381-6.

Fidler DP. SARS: Political pathology of the first post-westphalian pathogen. *Journal Law, Medicine, Ethics* 2003; 31(4):485-504.

DISCUSSION QUESTIONS:

1. What are the public health implications of responding—or not—to emerging infectious diseases that threaten communities internationally?
2. What are the ethical and social implications of implementing different public health strategies to respond to an acute infectious disease such as SARS? (e.g., imposing various levels of quarantine; denying entrance to a country based on potential exposure to the disease; questioning individuals at international borders to assess exposure; surveillance strategies, etc.)
3. How did social and historical factors contribute to the different response to SARS on the part of China and Canada?
4. What primary challenges are associated with coordinating an international public health response to diseases such as SARS?

3:00 – 3:30 p.m.      ***Review of Paper Guidelines***

3:30 – 4:00 p.m.      **Wrap-Up and Evaluation**