

PUBLIC HEALTH ETHICS FOR TODAY AND TOMORROW

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Summary

The collective dimension of health and healthcare has inspired ideas and codes from earliest times and in different cultures. In Western societies its modern form began during the XIXth century with public hygiene and led to the establishment of significant international organizations devoted to public health concerns. Several definitions of public health are presented that emphasize the importance and complexity of the field.

The ethics of public health derives from several sources (moral philosophers, religious

values, medical ethics, and most recently bioethics) that are presented in a historical perspective. Bioethics, concerned with biomedical research, has inspired many international normative texts (declarations, guidelines and codes) aimed at regulating research and care activities.

The need is felt today to bring public health and ethics closer together, with the proposal to base this new ethics on a strong connection between public health and human rights. This is important because health problems affecting human beings individually as well as collectively are to be found everywhere in the wake of globalization. These problems challenge both the feasibility of public health measures and the possibility that they will conform to high ethical standards that are generally recognized as crucial for the future of world health.

1. Introduction

Public health and ethics are two distinct subjects within the broad field of the humanities. And yet they have much in common: the same historical origin, the same recent and explosive evolution, and the same set of problems facing modern societies as well as developing populations. They have long been considered in isolation from each other, but more and more emphasis is now being put on their interrelationship. And so, after describing the specific characteristics of ethics and public health separately, we will consider the links that justify speaking of an ethics for public health today. This object implies describing the contents and possible applications of this contemporary ethics and outlining the challenges facing both ethics and public health,- and in consequence the concept linking them,- as a result of the rapid evolution of science, technology, philosophy, morality and health in the world.

2. Public Health

2.1. From Mythology to Modernity

A brief historical review shows that from earliest times and in different cultures the collective dimension of health, concerned with the health of populations, has inspired various ideas, writings and codes. In Greek mythology, Asclepius (Esculape in Latin), son of Apollo and the god of medicine, had two daughters, Hygeia and Panacea. The latter used herbs to cure disease whereas Hygeia gave advice to stay healthy. This is the first and remarkable mention of the difference between curative medicine using drugs and prevention of disease based on lifestyles, and despite its mythical origin it is still relevant today. Hippocrates, probably the son of one of Asclepius's priests, wrote several works, one of which was a "Treatise on Airs, Waters and Places" in which, more than three centuries before our era he acknowledged the connection between environment and health. As he is also at the origin of the first ethical principle: "first, do no harm" (*primum non nocere*), he can be considered the precursor of both public health and ethics.

Progress in curative medicine was slow and so the initial bases of public health were

established by hygiene. Its modern form began during the XIXth century with public hygiene (disinfection, water control, quarantine ...) and other measures adopted in conformity with Pasteur's research findings (asepsis, vaccinations). The growth of industrialization and urbanization, characteristic of this period, led to the implementation of measures such as decontamination and distribution of safe drinking water, the creation of health centers in countries like England, France, Germany, United States and a timid beginning of programs of social protection and the fight against major sanitary plagues: tuberculosis, syphilis, alcohol addiction ... Moreover, large scale migrations, wars and colonization making it imperative to consider health problems in an international perspective, public hygiene became a worldwide concern. The first international sanitary conference took place in Paris in 1851 and brought together physicians and diplomats; it was followed by other similar meetings in several European capitals.

At these meetings strict rules were adopted, particularly for isolating travelers, ships, crews and freight; these quarantine regulations were the forerunners of international sanitary legislation. The successive establishment of the International Red Cross (1864), the Office International d'Hygiène Publique (1905), the Committee of Hygiene of the League of Nations (1920) and the World Health Organization (WHO) (1946) completed this process of giving substance to the internationalization of public health. At the same time Offices of Hygiene multiplied in Western countries and the experience of colonization led to the discovery of endemic and epidemic diseases in underdeveloped countries and the creation of corresponding health structures and organizations. But these innovations were unable to prevent the globalization of many epidemics and pandemics, among which HIV/AIDS represents the modern prototype of a universal disease presenting an awesome challenge to international public health, as attested by the founding of ONU-SIDA.

2.2. Definitions and Charters

How should public health be defined? At first sight this may seem easy, the adjective « public » pointing to the collective aspect of health actions. It also suggests a certain connection to the State and public authorities. And yet, public health is not limited to the health of populations, since the social body cannot be compared to a human body and health is more than just the absence of illness. Even if public health sometimes makes use of the methods of medicine, it calls for a large variety of approaches (demography, epidemiology, statistics, economics, sociology, politics, ethnology ...) and a variety of professional workers.

One broad definition is provided by J.L.Salomez who proposes to describe public health in terms of its operations: analysis of a community's health status; collective health interventions with public health policies, including the private sector; a university discipline, public health being the modern name assigned to what used to be called hygiene and/or social medicine (2006). But this emphasis on operations remains vague, even if it does clarify the contents to a certain extent. An approach by objectives, in fact, is preferable, like the classic list proposed by Winslow, one of the leading figures in the history of public health. For him, public health has three main aims,-prevent disease, prolong life and promote health and well-being. This is to be achieved by organized

efforts by communities to create a healthy environment, control communicable infections and organize medical and nursing services able to provide the early diagnosis and prevention of diseases. Public health must also educate people in personal health and develop social arrangements that will assure every person a standard of living required for maintaining or improving health. All these benefits must put into everyone's hands the means to achieve the health and longevity to which all citizens are entitled (Winslow, 1920).

And Winslow adds: "Improving health of individuals and the community goes beyond what health services alone can provide and requires the action of all actors involved in social and economic development".

This holistic definition remains very relevant today, as does the definition of health given in 1948 by the World Health Organization (WHO). However WHO does not propose an official definition of Public Health, simply stating in chapter 1 of its Constitution "The objective of the Organization shall be the attainment by all peoples of the highest level of health", thus implying the populational dimensions of health, which is clearly made explicit with the list of its functions (see Appendix 1), all of which pertain to the field of public health. Moreover, according to WHO, health is a global concept including prevention, cure, rehabilitation and health promotion, at individual, collective and worldwide levels.

Winslow gives an excellent outline of the objectives of public health, whereas the more recent Ottawa Charter for Health Promotion (1986) puts more emphasis on the resources and means available for public health action: develop personal skills, create supportive environments, strengthen community action, and reorient health services. This charter was revisited in 2005 in Bangkok to take into account critical factors that influence health globally. The purpose was to identify actions and commitments required to address the determinants of health in a globalized world through health promotion. It builds on the values established by WHO and the Ottawa Charter, particularly the right for all human beings to enjoy the highest attainable standard of health. It offers a positive and inclusive paradigm of health and well-being, calls for actions and programs to address the determinants of health (especially poverty reduction and economic development) and a commitment to sustainable development as a fundamental objective of all health promotion strategies. Health promotion must empower people to increase control over their health and well-being. The Charter goes on to analyze the new context of health and health promotion, listing trends and new health challenges as well as new opportunities. Then follow recommendations for implementing strategies of health promotion: make it a core responsibility for all governments; empower communities and citizens to participate; promote partnerships and exploit information technologies; demand responsible corporate practices; ensure sustainable financing and build leadership.

Many programs and guidelines for public health try, more or less successfully, to refer to these values and incorporate various elements of this charter. However the absence of political, professional and social mobilization has hindered progress in the field. Until now the only brilliant success of WHO's worldwide public health program has been the eradication of smallpox (1992).

Nevertheless a powerful movement is underway today in favor of a new public health. It has been partly inspired by the AIDS pandemic and the reappearance of diseases that had been considered eradicated, but also by globalization which has transformed our planet into a global village, and by scientific progress that make it possible to imagine new achievements that were undreamed of earlier. This new public health will have to be interdisciplinary and this will compel it to loosen the ties, at times exclusive and often restricting, that made it dependent on medical schools, even if many of these have played a vital role in its development. It will have to be global, centered on the reduction of poverty and inequalities between and within countries, and appeal to international solidarity and global governance because health risks linked to the degradation of the environment and to the threats of diseases ignore boundaries. Anticipation must become a priority with the extension of sanitary surveillance systems. And renewed ethical thinking will be needed to make public health equal to these challenges.

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Biographical Sketches

Michel Manciaux, Emeritus professor of social and preventive pediatrics and of public health at the University of Nancy (France), doctor honoris causa of the Montreal University (Canada), he worked for several years with the World Health Organization at European and global level. Director of the International Children's Center in Paris (1974-83), advisor of the French ministry of Health (1990-93). Member or chairman of various ethical committees at local, regional, national levels in the field of medical and social sciences, he is a promoter of a day-to-day professional and social ethics.

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