



A Framing Problem of Public Health Ethics: Addressing the Fundamental Issue of Scope



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Very much work in progress....

- Building on former work on the goals of public health and related topics

Coggon, J. (2010). Does Public Health Have a Personality (and If So, Does It Matter If You Don't Like It)?. *Cambridge Quarterly of Healthcare Ethics*, 19: 235-248.

Dawson, A. (ed.) (2011) *Public Health Ethics: Key Concepts and Issues in Policy and Practice*. Cambridge: Cambridge University Press. Cambridge: Cambridge University Press.

Dawson, A., Verweij, M. (eds.). (2007) *Ethics, Prevention, and Public Health*. Oxford: Oxford University Press.

Munthe, C (2008). The Goals of Public Health: An Integrated, Multi-dimensional Model. *Public Health Ethics*, 1 (1): 39-52

Wilson, J (2009). Towards a Normative Framework for Public Health Ethics and Policy. *Public Health Ethics* (2009) 2 (2): 184-194

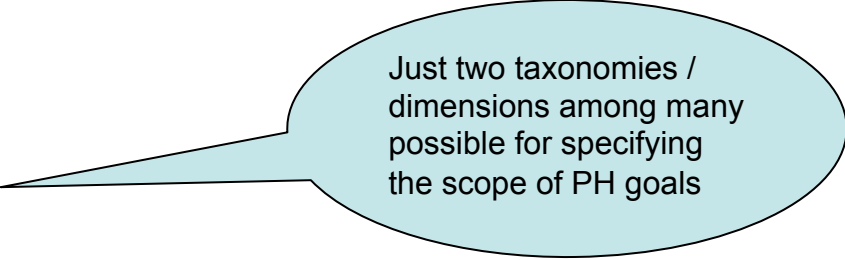
- Aiming for a general basic theory of public health ethics

Starting point: The Goals of Public Health

- Explain what's the point of PH
- Define what is a measure of success / failure of PH policies
- Determine what PH work and policies should target and focus on
- Determine what ethical problems / dilemmas / tensions are actualised by PH
- Proposed goals
 - Promote population health (aggregate of individual health levels, e.g. average)
 - Decrease health inequalities (primarily prioritarian rather than egalitarian style)
 - Promote population health related autonomy (e.g. In terms of equal health opportunities)
 - Political values: social cohesion, community solidarity, etc.
- All of these goals share the feature of having a **population focus**

The Framing Problem: What is the Relevant Population?

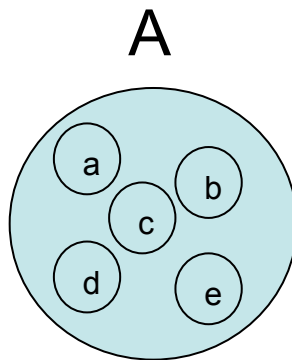
- The goal of PH is to promote quality X of / w regard to a population, Y
- But what population is Y? The choice of X cannot answer that question
- Depending on specification of Y the concrete aim of PH work and content of PH and policy will vary immensely
- Geographical/jurisdictional scope
 - I. Y = municipality
 - II. Y = region
 - III. Y = country
 - IV. Y = cross-national entity
 - V. Y = global body
- "Membership" scope
 - i. Citizens of some I-V
 - ii. Permanent residents of some I-V
 - iii. All residents of some I-V
 - iv. All present in some I-V



Just two taxonomies / dimensions among many possible for specifying the scope of PH goals

Reasons to Care about the Problem

- The default of having a geographical/jurisdictional having its own population be the default target....
 - Leaves the issue of how to specify that population (immigration health, foreign aid)
 - Implies inability to address some serious public health challenges in other terms than purely instrumental (global health)
 - Begs for a normative justification
- If the goal is left unspecified, (practical) inconsistency lingers in any PHE theory



- Policy P1 promotes quality X of a, b, c..., but not of A
- Policy P2 promotes quality X of A, but not of a, b, c...
- Policy P3 promotes quality X of a, but not of b
- ETC.

- Has huge impact for the practical implications of PHE

Some Problematic Strategies for Grounding a Solution

- Assume a basic normative ethical theory (standard approach for a moral philosopher)
 - Consequentialism: suffers a similar problem (alternative sets, collective action, etc)
 - Rights: possibly silent on PH goals, or controversial what it may imply (Pogge's argument)
 - Communitarian common good promotion: Assumes rather than justifies choice of frame
 - Unclear if any of these are fit to ground PHE anyway ...
- Ditto political theory
 - Nationalism, cosmopolitanism assume rather than justify particular framings
 - Theories of justice / liberty ditto
 - Theories of legitimacy of state power and the foundations of polity seem to yield no specific answer (due to Hobbesian style pragmatism or similar relativistic criteria as basis)
 - Arrhenius style solutions to the democratic boundary problems (whatever frame created by considering what parties are affected) – assumes a framing for which are the relevant parties and thus begging the issue

Two Further Possibilities (in Need of Development)

1: Theory-generated aims

- Parfit's (vague) idea of Ethical Theories having "T-given aims"
Reasons and Persons, ch. 1 & 2, definitions of self-defeatingness, pp. 27, 54-56.
 - Consequentialism: having as much of the good as possible
 - Natural law: having no moral agent transgress absolute bans
 - Rights: having no right –holder being disrespected by a moral agent
- Adaption to PHE
 - The aim of any PHE theory: Having as much of quality X as possible (within constraints)
 - Variant: Having as much of a weighted aggregate of qualities X1, X2, X3.... as possible
 - Version 1 (idealistic): The relevant / adequate framing is the one where **successful pursuit of X would have yielded as much of X as possible**, compared to alternative framings
 - Version 2 (realistic): :The relevant / adequate framing is the one where **the options most likely chosen would yield as much of X as possible**, compared to what would most likely have occurred within alternative framings (can be refined in terms of expected outcomes)
 - Complexities to consider: coordination problems, political hurdles, parts and wholes, etc.

Two Further Possibilities (in Need of Development)

2: Practice-generated scope: non-ideal theory as ideal

- Version 1: Accepting a certain amount of constructivism: part of the justification of the goals of PH has to come from *PH practice*
 - Constructivism, pragmatism and relativism
 - A new framing problem: PHE metaethics (?)
 - More difficult to demarcate the PH practice, than that of medicine and health care
 - How should PH practice generated framings be balanced against other sectors, e.g. immigration policy ...?
- Version 2: *Existing polities* have to be taken as given and normatively foundational
 - Problems and implications then repeated at the political theory level
 - Risk: PHE theories become (seriously) self-defeating (due to coordination problems between levels of polities)
 - Back to possibility 1.... ?