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Public Health Ethics and Equity: Naming and Navigating Ethical Issues in Public Health Practice

Webinar | November 21, 2017
1:00 p.m. – 2:30 p.m. (EST)

Presenter:

Dr. Bernie Pauly

Associate Professor, School of Nursing, University of
Victoria

Scientist, Canadian Institute of Substance Use Research
(CISUR)

UVIC Provost's Community Engaged Scholar
Island Health Scholar in Residence

Facilitators:

Sume Ndumbe-Eyoh National Collaborating Centre
for Determinants of Health

Michael Keeling National Collaborating Centre for
Healthy Public Policy



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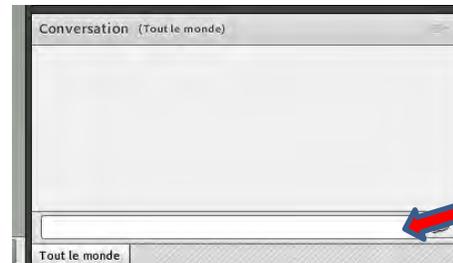
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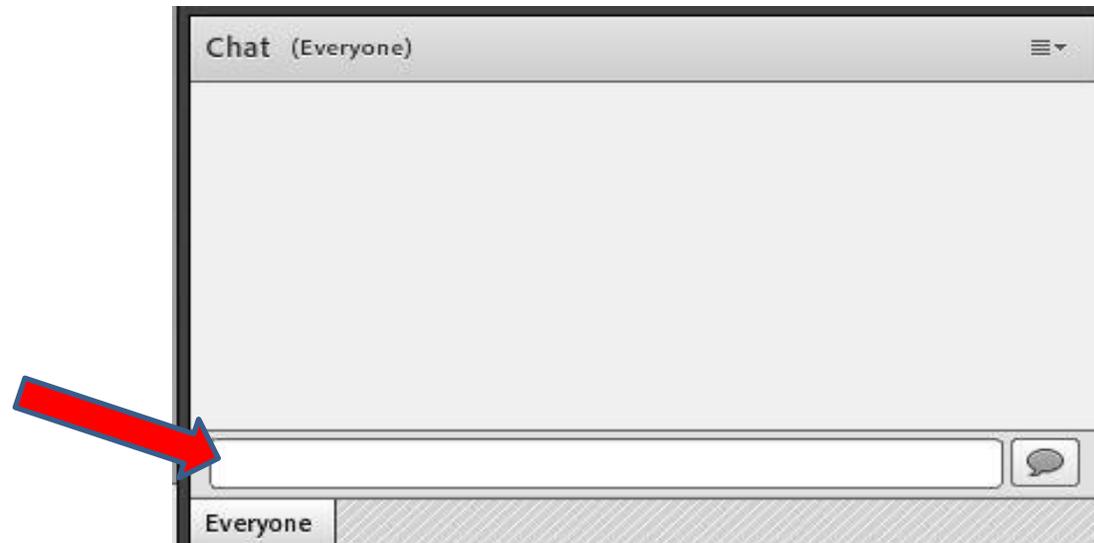
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Your presenters today



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Declaration of real or potential conflicts of interest

Presenters:

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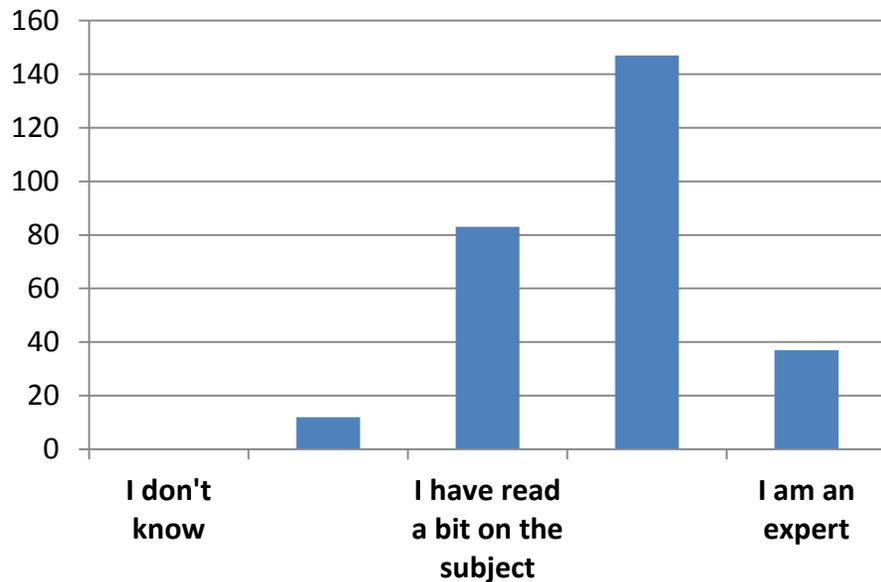


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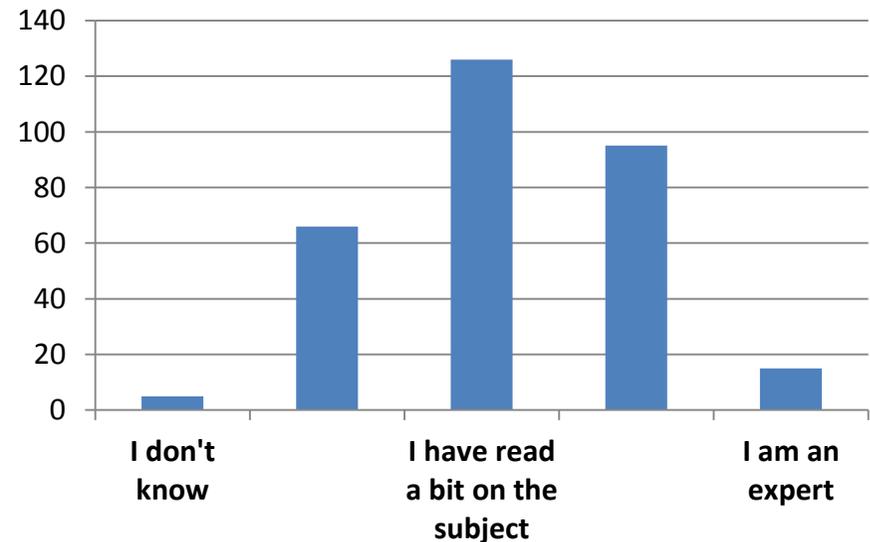
What you said...

- The results from our questionnaire, in brief:
How do you rate your knowledge about.....

Health
equity



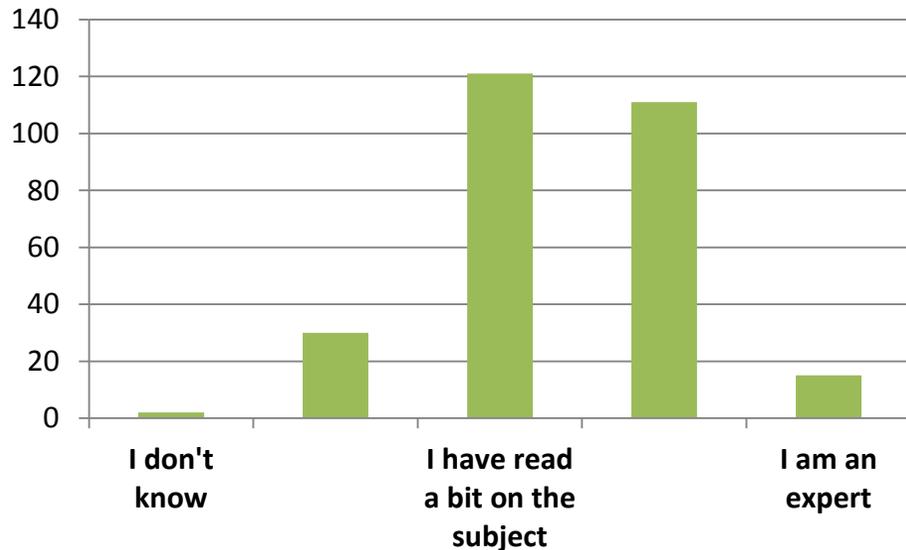
Putting equity
into practice



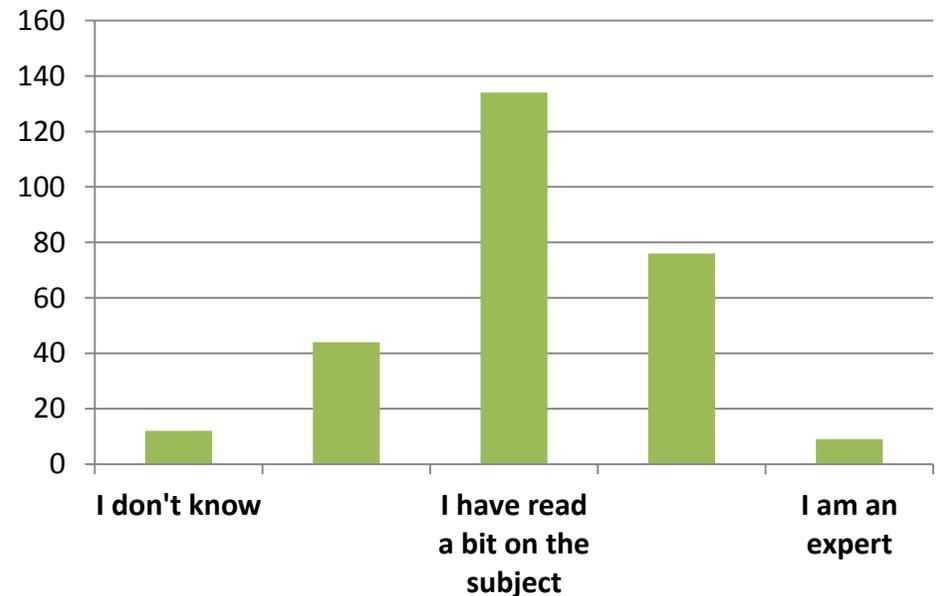
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Public health ethics



Approaches for identifying ethical issues



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- 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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Québec 

National Collaborating Centre for Determinants of Health

Our focus: Social
determinants of health &
health equity

Our audience: Public health
practitioners, decision
makers, & researchers

Our work: Translate & share
evidence to influence work
on the social determinants &
health equity



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Our goals today:

- **Gain knowledge about everyday ethical issues that arise in public health practice,**
- **Learn about how public health practitioners in various sectors navigate these issues,**
- **Identify resources and strategies that can help you to navigate these issues in your own professional contexts.**



Navigating Different Agendas: Ethics and Health Equity Work in Public Health

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BACKGROUND

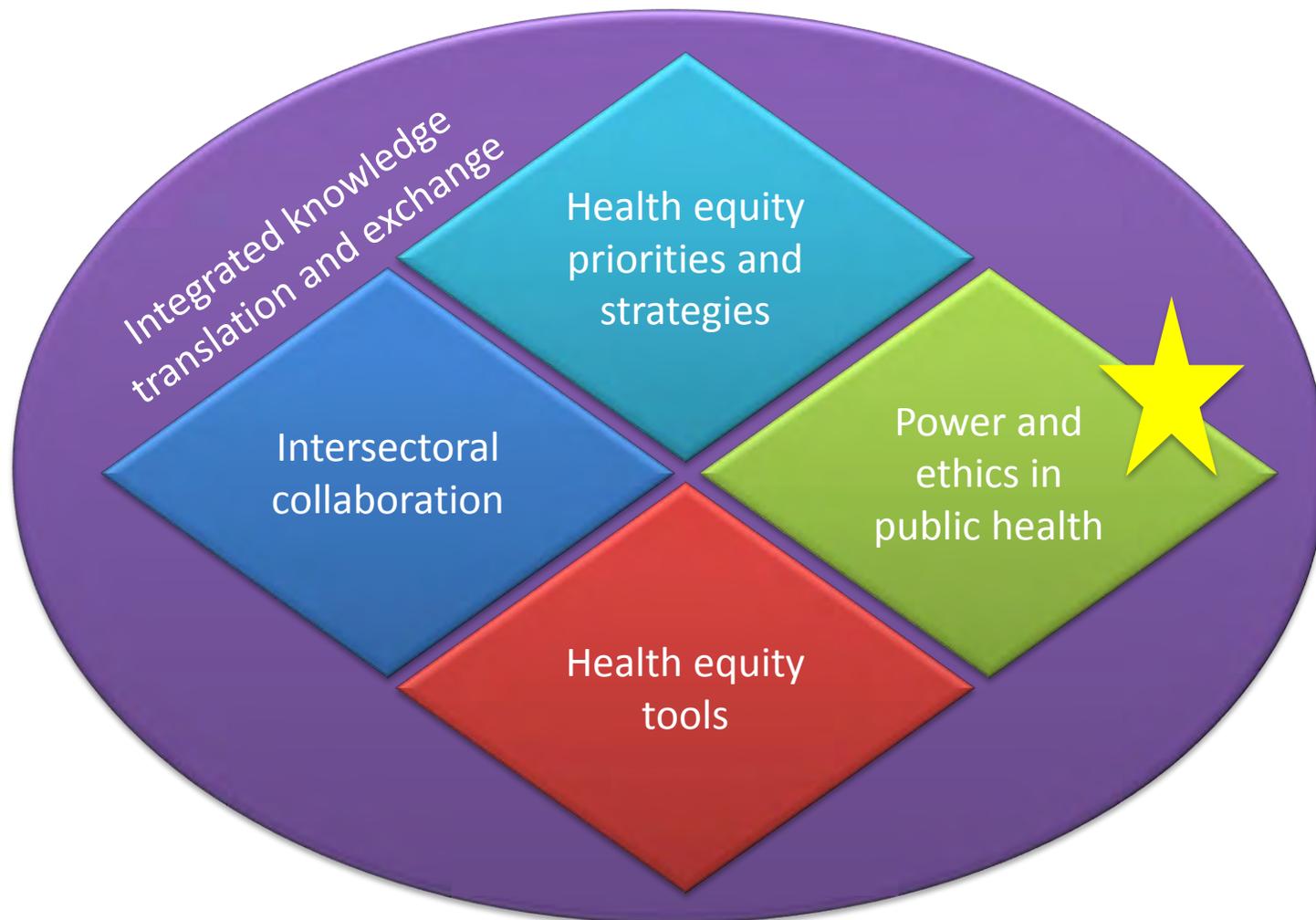
Public health ethics is an emerging field that is distinct from biomedical ethics:

- Equity and social justice
- Populations not individuals
- Upstream action on the SDOH
- Prevention of illness and disease

BACKGROUND

- PH Practitioners have a clear obligation towards health equity:
*“Important values in public health include a commitment to equity & social justice”
(PHAC, 2007)*
- Explicit ethical guidance for PH is lacking.
- Relatively little known about ethical issues related to health equity work for PH practitioners.

EQUITY LENS IN PUBLIC HEALTH (ELPH)



Partners



Public Health
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University of Victoria

Centre for Addictions
Research of BC



Equity Lens In Public Health (ELPH)

To guide and inform learning about the integration of an equity lens in public health and to contribute knowledge of health inequities reduction.



STUDY OBJECTIVES

- What are the ethical issues of public health practitioners who undertake work reducing health inequities or promoting health equity in areas of mental health promotion and prevention of harms of SU?
- How do public health practitioners navigate these issues?

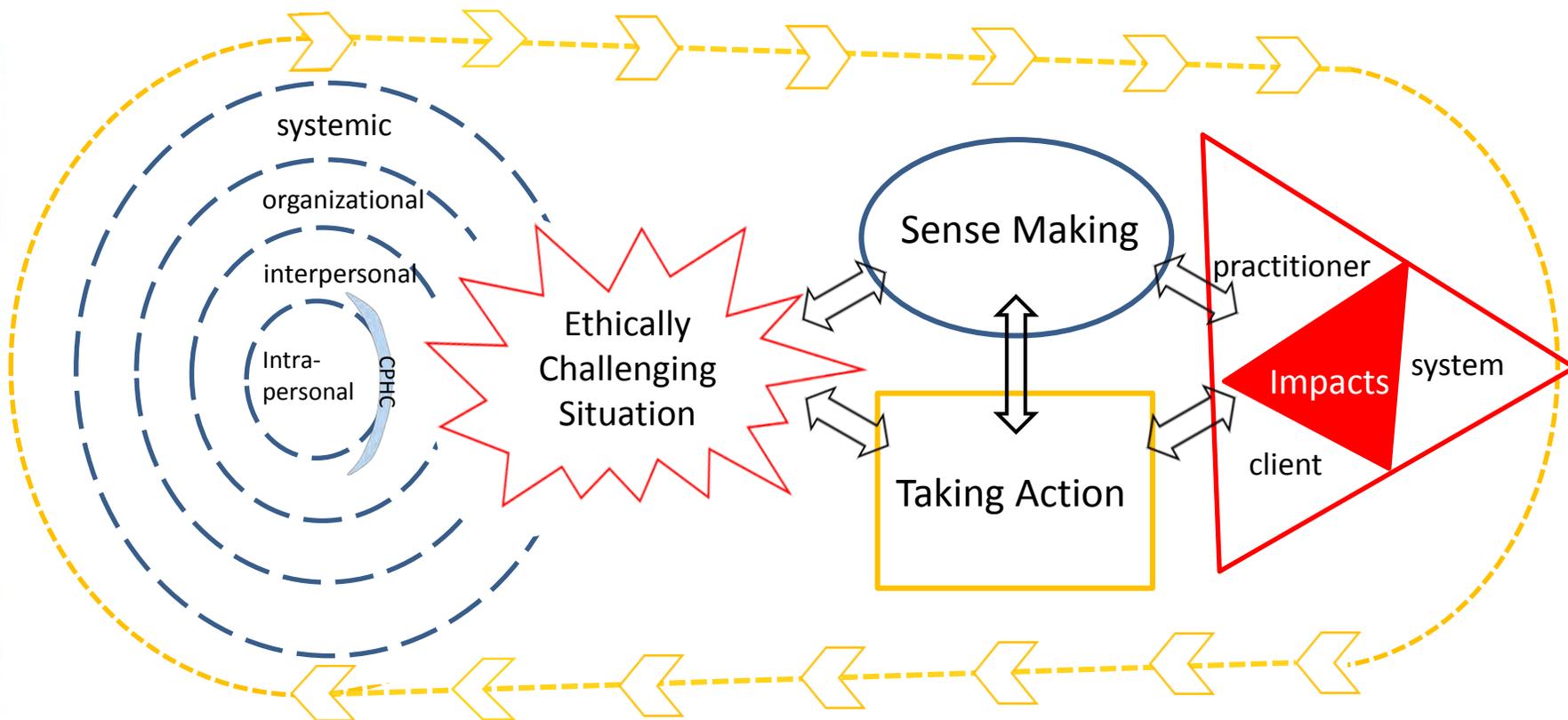
METHODS

- Grounded Theory approach
- One to one interviews transcribed verbatim
- Thematic qualitative analysis using constant comparison
- Team Coding

PARTICIPANTS

- Direct care public health staff with responsibilities for promoting mental health and preventing the harms of substance use
- Semi-structured interviews with 32 participants
 - 28 Female and 4 male
 - 31 had post-secondary
 - 4 certificate/diploma; 20 bachelor degree (plus 1 university unspecified), 5 Masters degree (plus 2 in process)
 - 25 RN's
 - 6.05 Average yrs in position
 - 10.26 years in Public Health

Navigating Different Agendas: The Process of Health Equity Work in PH



ETHICALLY CHALLENGING SITUATIONS



1. Individual Person
Centred Care Versus
Situations of Structural
Vulnerability

2. Health Equity
Work on the
Ground and Lack of
a Systemic HE Lens

3. Tensions in
Enacting the
Public Health Role

1. Individual Person Centred Care versus Structural Vulnerability

- Judgments, Stigma, and Discrimination
- Checking lists and boxes versus meeting Client Needs
- Preserving Trust and Relationships versus social control

1a. Stigma

I find there's more judgement. You know ...not having the same kind of emphasis or compassion, or understanding of the complexities of health inequities and the determinants of health, even though that is part of the lens in public health, there's still sort of...there's a certain attitude of like they choose just for themselves (S4-12)

And I think the work that we do is also stigmatized. Like, our clients are stigmatized for their health and social status and we are stigmatized for working with them. (S4-20)

1b. Checklists and Checkboxes versus Meeting Client Needs

- *...certain mothers who quote unquote “qualify” for a home visit due to some varying risk factors. And is that an equitable way of treating our population? Because it leaves out that aesthetic way of knowing about that person. You know? Saying “I just have this feeling that this mom needs a visit” or “just from her tone of voice, I think she’s not telling me she’s depressed but I sense something “ so I go out and visit and sure enough, there’s several different things going on. (S4-18)*

1c. Preserving Trust and Relationships versus Social Control

And the times where I feel like my ethics have been compromised is where I've been asked to have quite a specific follow up. Like, you know, one example would be to call the doctor to make sure that the client attended for a baby checkup. Or something like that. For me, I don't feel, I mean, if that was an agreement I had with the client already personally, I would feel okay about that. But for me as maybe we've never even met, that feels like policing and that feels unethical to me (S4-21).

2. Doing Health Equity Work on the Ground without Systemic HE or SDOH Lens

- Inadequate system responses to HE and SDOH
- Lack of Mental Health and Substance use services

2a. Health Equity w/o a HE or SDOH Lens

S4-20 – Because you know, you're stuck. Because, you know, you can't give people a better house. You can't get them a sink, you can't give them the basic needs, right? So you are, you're very torn and almost feel guilty at the end of the day when you go home and you think, like "God," you know? You stand in question of what you have and what you need, and what people need in society. You know?

2a. Health Equity w/o a HE or SDOH Lens

- *So the client, the people that I work with who have been drawn into a life of poverty and heavy drug use. I want to know what brought them there and I want to focus on how did that happen, what went wrong that brought them there, not what's wrong with their drug use. Their drug use is really just a red herring, it is a coping mechanism, what was the trauma, what happened?...And to me I'd be looking at what's wrong socially, what's wrong with our political system, you know.....Sort of the big structural issues that allow people to get sucked into a life that is so unpleasant. (S4 29)*

2b. Lack of MH SU Services

- Lack of Mental Health Services for Post Partum Depression, Youth Mental Health and Quick Access to MH Emergency Services
- A key area was lack of harm reduction services. Ethical concerns included inability to access full range of supplies, lack of safer spaces for drug use and lack of harm reduction philosophy in organizations

3. Tensions in Enacting the PH Role

- Tensions between primary care and public health
- Tensions between Acute Care Priorities and Health Promotion/Prevention Priorities
- Tensions between targeting and universally accessible programming

3. Tensions in Enacting the PH Role

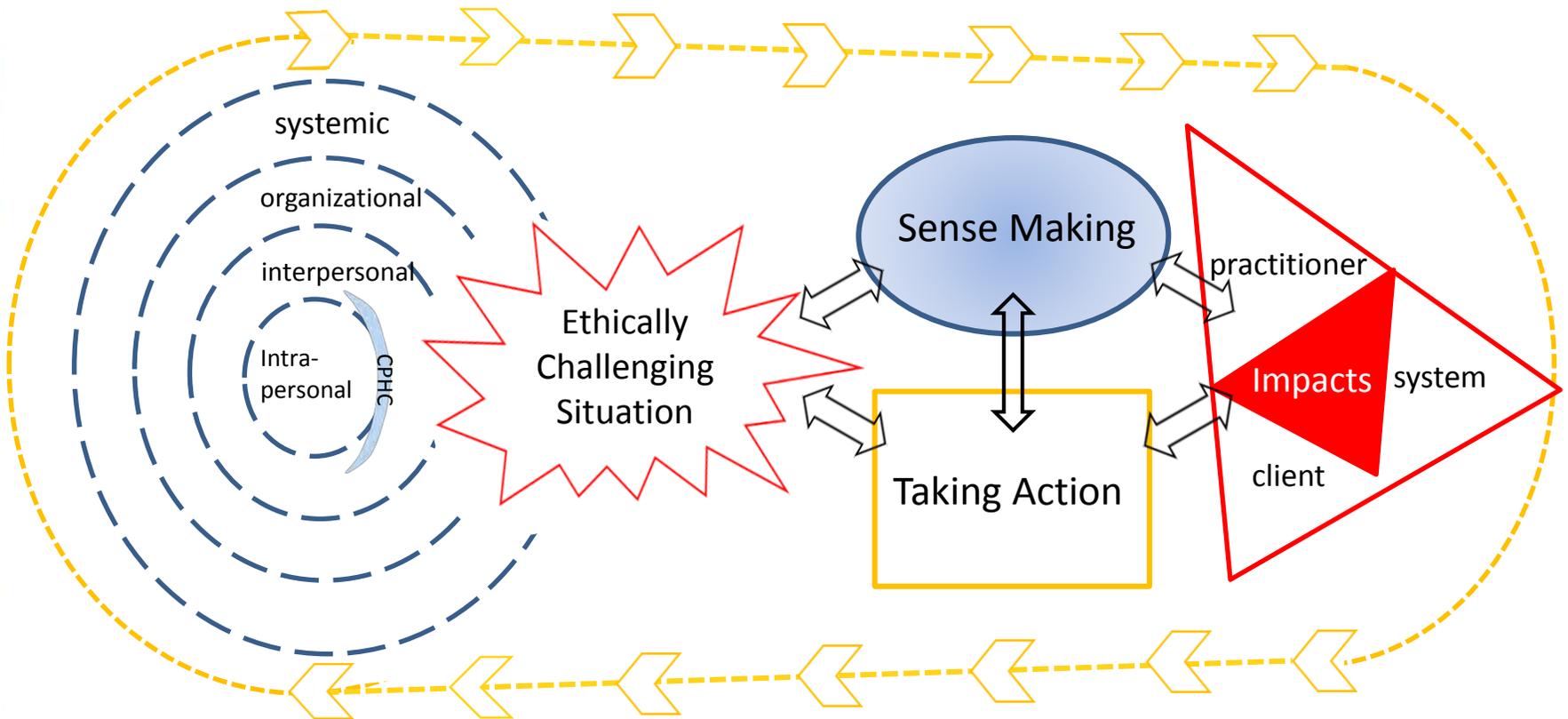
S4-02 – You have a kid who’s sleeping on the street with a guy . . . she hooks up with that man for some kind of protection . . . she doesn’t have a lot of power to advocate or to say “I want to use a condom”, so if I go and say “Here, I’m going to give you some condoms and teach you how to use them” that’s really naïve in terms of the big picture and probably putting her at risk. I would say my job is to try and get her stable housing, . . . So getting her housing as STI prevention, is the way I framed it. And still do. That is what my organization has a lot of trouble with. They want to know how many tests I do.

Discussion Point

Do the ethical tensions presented capture or resonate with your experiences in public health?

These ethical tensions emerged from practice in the areas of mental health promotion and prevention of harms of substance. What is different in relation to health equity work in the area in which you practice?

Sense Making



SENSE MAKING

Appreciation of the Population
Talking Ethically
Staying Grounded in Collective Values
Persistence in Taking the Next Step
Situational Thinking

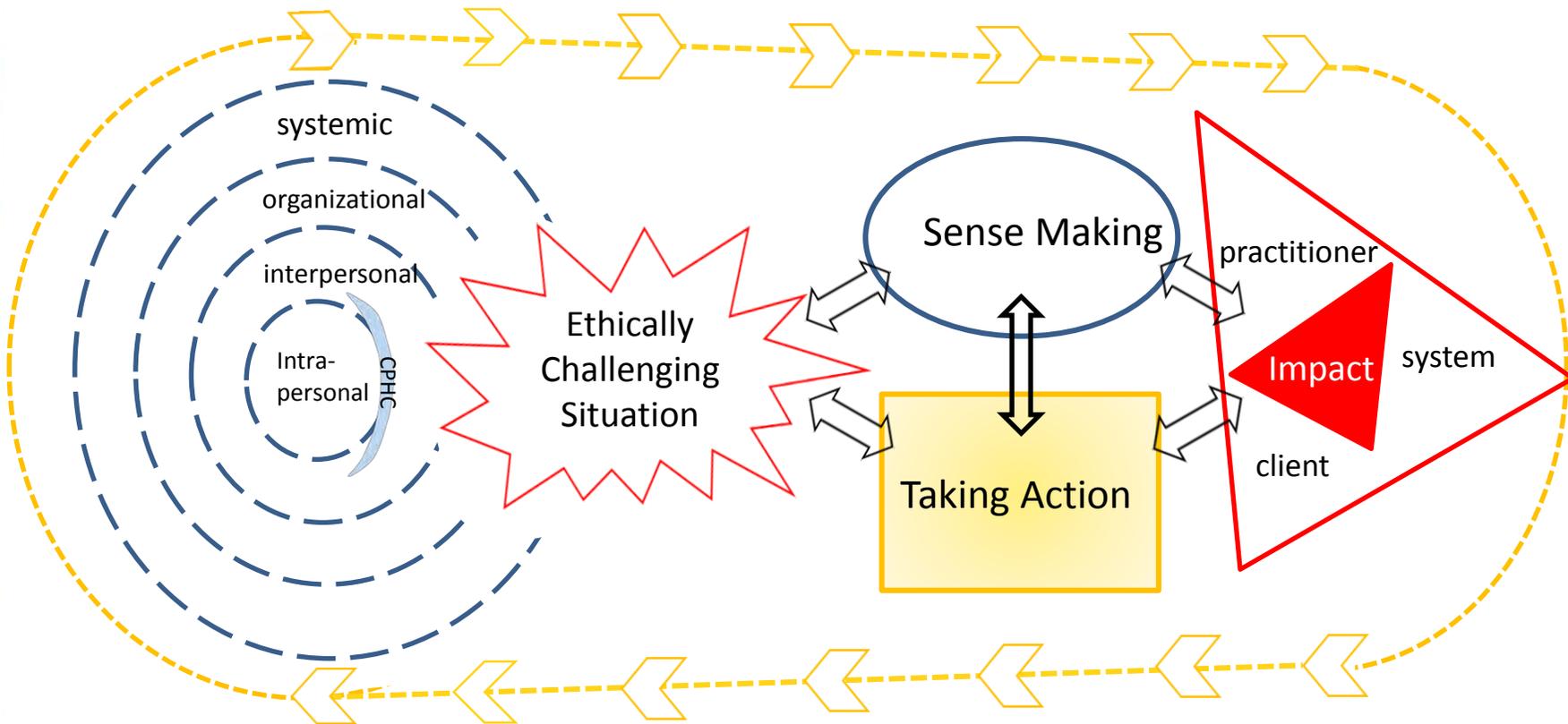
Sense Making

I guess for this woman.... I've seen her with her children for 7 years, I've seen her when she's been sober and parenting. And this was like the lowest that she'd ever been and that she'd lost everything and it was yeah, crystal meth, a nasty drug. I know the potential that I've seen. I guess I've seen that person and I know where she's been and where she's at and that the potential for her is still there for her to do that. (S4-30)

Discussion Point

- How do public health practitioners make sense of ethically challenging situations in your experience?
- What is missing or different in these findings compared to the area in which you work?

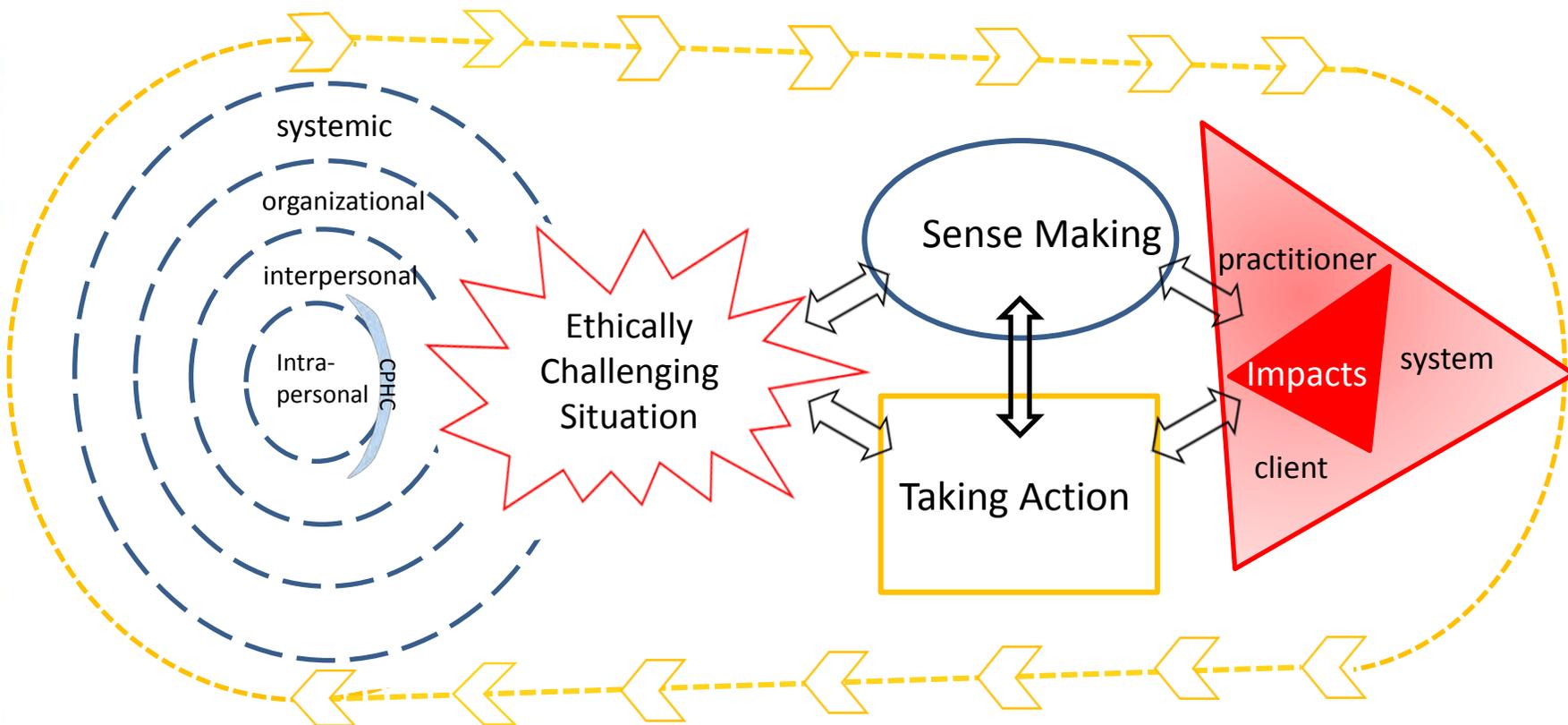
TAKING ACTION



TAKING ACTION

Working Upstream
Advocating
Being Client Centred
Talking Things Through Together
Doing what it Takes
Using Survival Tactics

IMPACTS

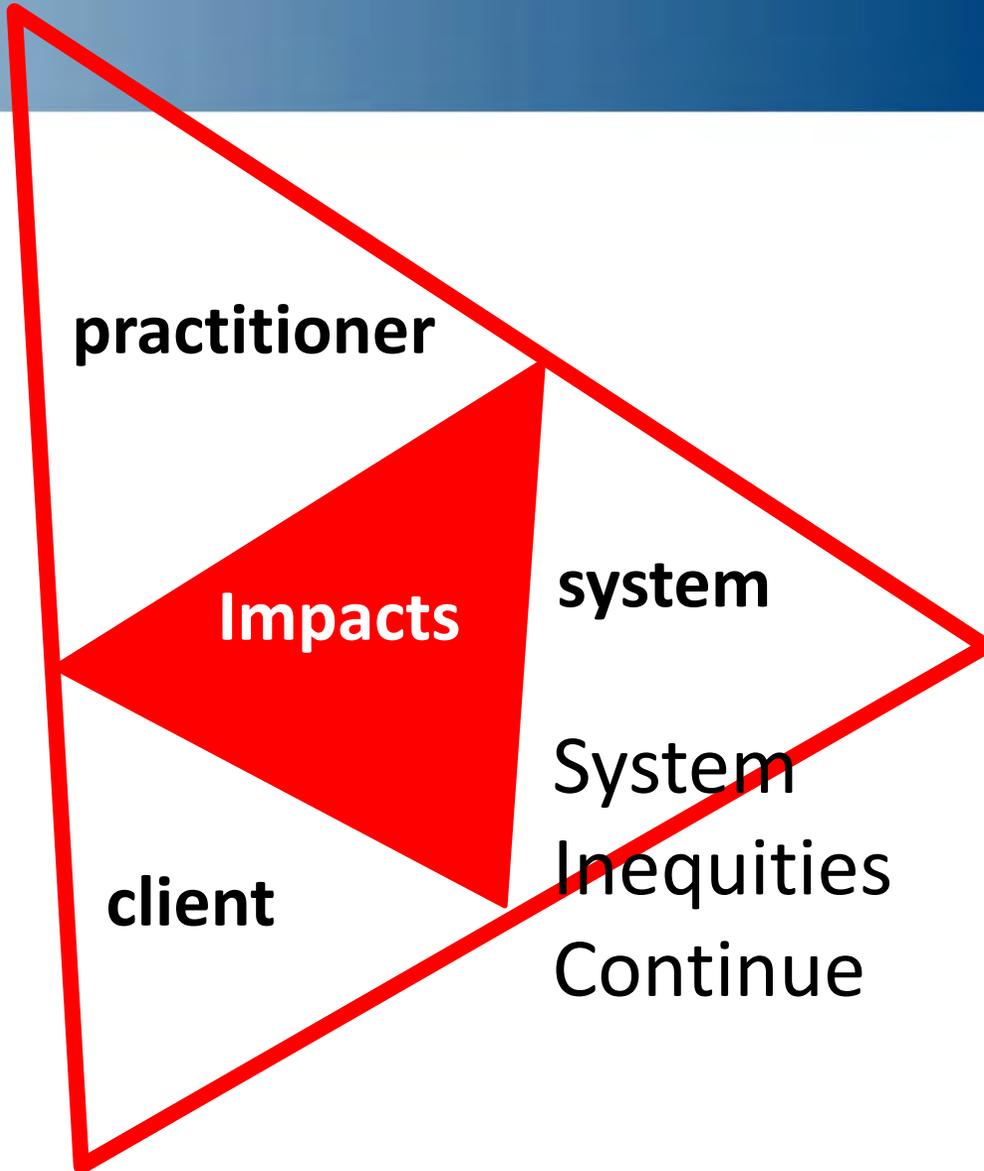


Discussion Point

- How do these types of actions resonate with you and the area in which you work?
- Are these actions relevant to other areas of public health? What are examples of other types of action?

Witnessing Inequities
Biting the Hand that
Feeds You
Living in the Middle
Ground

Unmet Client Needs
Client Needs Met
Client is Harmed
Harm Prevented



IMPACTS: WITNESSING

Witnessing and hearing stories of health inequities lived by the clients they serve:

- No power to address determinants of those health inequities
- Seeing very little systemic response (or a rationed response) to addressing the determinants of health in any substantive way.
- Compassion fatigue and burnout

IMPACTS: Biting the Hand that Feeds You

S4-14 –[X program] is against needle exchange right, there's just no harm reduction in that way. They will give bleach and condoms, but that's it. So off and on at different times we have slipped the odd person a clean needle and on two occasions we were threatened that we wouldn't be allowed to work in that [program] anymore and I find that a huge ethical issue.

I feel like our service is really valuable and I don't want to be kicked out, but clean needles are really important as well, so that ones at a stalemate.

2 IMPACTS: Biting the hand that feeds you

Taking action runs the risk of biting the hand that feeds you, ie. going against employer's expectations and priorities:

- “do first and ask for forgiveness later”
- retreating from dialogue as it was seen as futile
- considering other employment

IMPACT: Biting the hand that feeds you

S4-10 – I don't know that my manager would feel the same way . . . And even if my manager told me I shouldn't have done it, I still don't, I personally wouldn't see it as a mistake. I would apologize if she told me if it was wrong because I want to keep my job but you know . . .

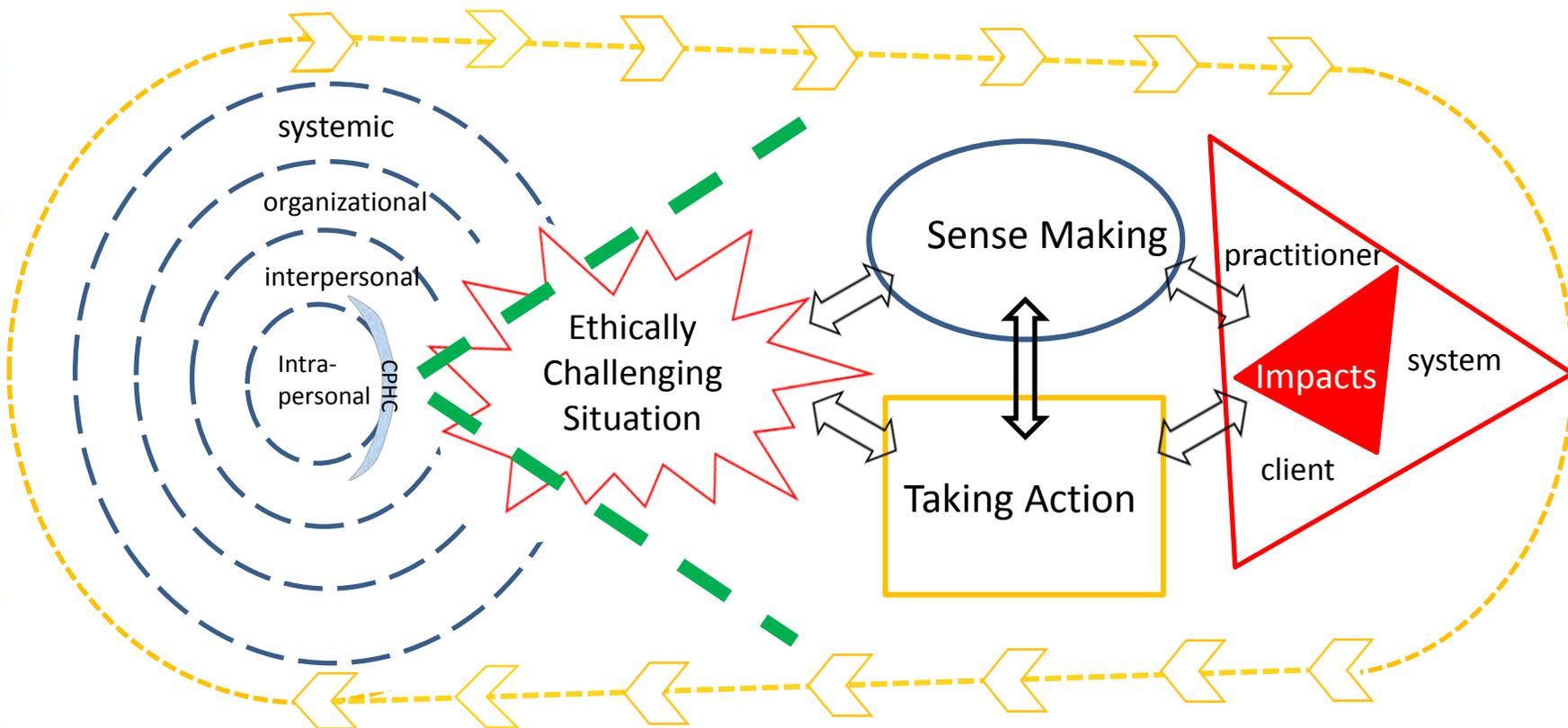
Living in the Middle Ground

and I live in the middle ground, meaning there are certain limitations to my work that I have to accept if I'm going to work for this organization, which there's lots of perks, including a nice stable paycheque, whereas if I quit and work for an [a community organization], for example, where you get to be a bit more radical, some of those perks are gone.

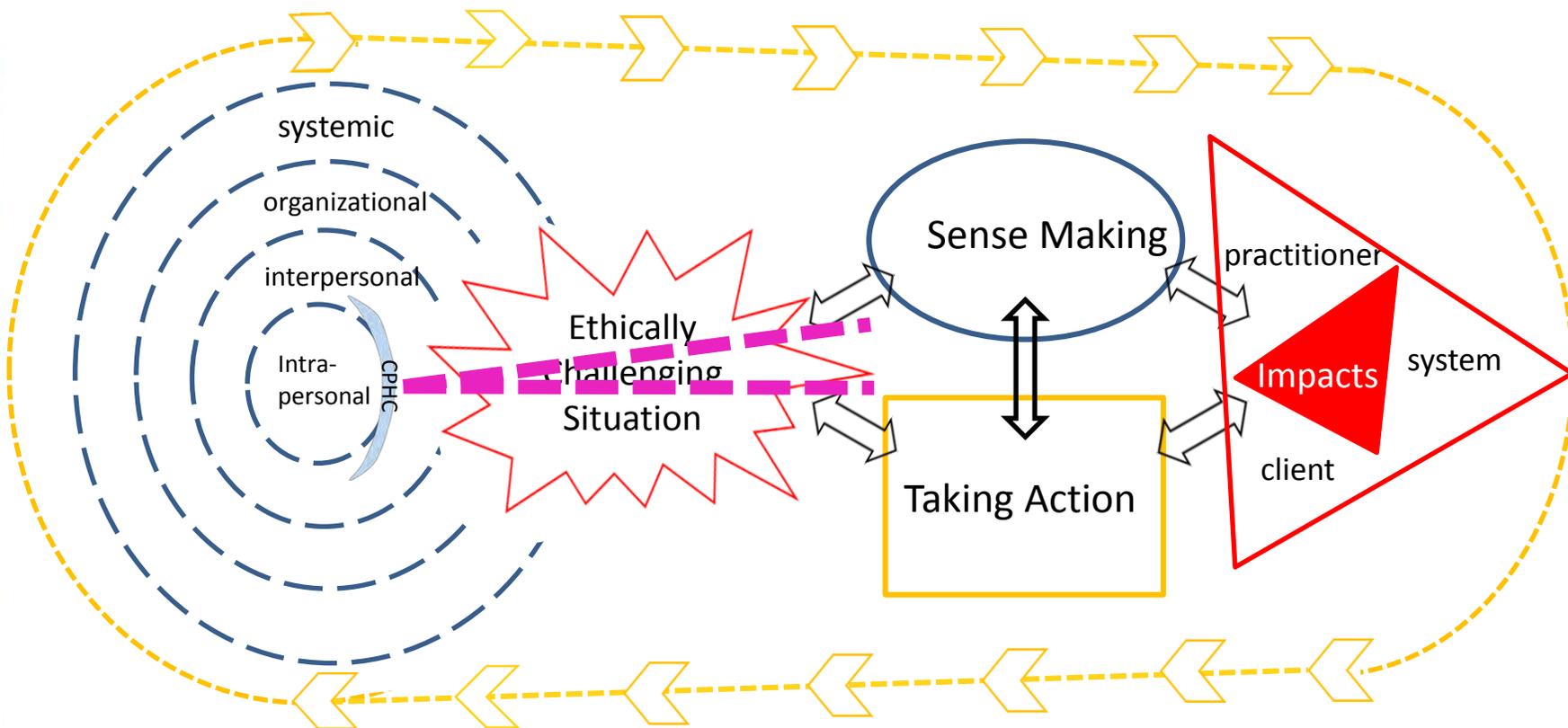
Discussion Points

- What are your thoughts/comments on the various impacts that public health practitioners in our study identified?
- What other impacts are you aware of or have experienced?

CRITICAL PUBLIC HEALTH LENSES



CRITICAL PUBLIC HEALTH LENSES



ANALYSIS

- Increased opportunities for PH practice to take action on social justice
- PH practitioners' conceptions of 'doing good' do not come from abstraction or theory
- Obligation to act comes from their situated position proximal to service users' lived experience
- Practitioners routinely experience ethical concerns with few organizational resources available to support ethical PH practice.

RE-VISIONING PH ETHICS....

Relational PH ethics (Baylis, Kenny, & Sherwin, 2008) – a promising approach to ethical PH practice

- A relational understanding of persons acknowledges the ways we are socially situated and interdependent
- Views solidarity as a key public process requiring collaboration, transparency, and accountable decision-making
- A sense that we are all in this together.

CONCLUSION

- Sitting between system intention and actual impact on the client
 - Practitioner can report on the coherence between goals and effects
- Increased focus on ethical issues, working collaboratively and reflexively
 - Potential to generate new solutions and strengthen equity strategies

CONCLUSION

A relational account of public health ethics,

“asks us to look beyond effects on individuals and to see how member of different social groups may be collectively affected by practices that create inequalities in access and opportunity . . . and enjoins us to correct patterns of systemic injustice among different groups, seeking us to improve rather than worsen systematic disadvantages in society”

Kenny, Sherwin, & Baylis (2010)

Discussion Point

- How relevant or useful is the concept of public health consciousness?
- What are strategies/recommendations that might help tilt the system towards health equity? Why is this important?
- What should public health collectively be doing to help tilt the system towards health equity?
- What is helpful/not helpful to you from this study?
- Any other questions/comments?

Thank you

Check us out!

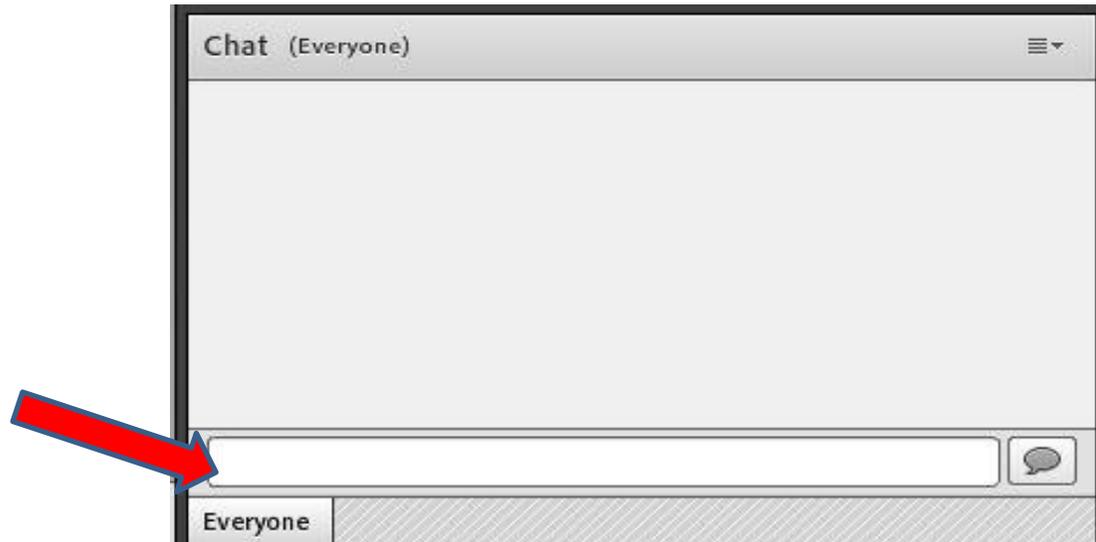
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Questions and discussion



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Some NCCHPP resources on public health ethics

MacDonald, M. (2014). **Introduction to Public Health Ethics 1: Background.**
http://www.ncchpp.ca/127/Publications.ccnpps?id_article=977

MacDonald, M. (2015). **Introduction to Public Health Ethics 2: Philosophical and Theoretical Foundations.** http://www.ncchpp.ca/127/publications.ccnpps?id_article=1424

MacDonald, M. (2015). **Introduction to Public Health Ethics 3: Frameworks for Public Health Ethics.** http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1426

NCCHPP. (2016). **A Repertoire of Ethics Frameworks for Public Health.**
http://www.ncchpp.ca/708/Repertoire_of_Frameworks.ccnpps

NCCHPP. (2016). **A Collection of Adapted Summaries of Public Health Ethics Frameworks and Very Short Case Studies.** http://www.ncchpp.ca/127/publications.ccnpps?id_article=1525

NCCHPP. (2016). **How Can I Choose a Public Health Ethics Framework that Is Suited to My Practical Needs?** (PowerPoint presentation).
http://www.ncchpp.ca/128/presentations.ccnpps?id_article=1553



Acknowledgments and thanks

NCCHPP and NCCDH wish to thank:

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Associate Professor, School of Nursing, University of Victoria

Scientist, Canadian Institute of Substance Use Research (CISUR)

UVIC Provost's Community Engaged Scholar

Island Health Scholar in Residence

for sharing her time and expertise with us.

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Or, write to us:

- Sume Ndumbe-Eyoh at NCCDH (seyoh@STFX.CA)
- Michael Keeling at NCCHPP (michael.keeling@inspq.qc.ca)



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