

**ETHICAL STANDARDS TO PROMOTE THE
HEALTH OF THE COMMUNITY**

A WHITE PAPER ON COMMUNITY HEALTH



Prepared by:

**The Health Care Ethics Committee
of the
Health Council of South Florida, Inc.**

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TABLE OF CONTENTS

	Page
Executive Summary	1
Preamble	4
Introduction	5
A. Purpose	
B. Intended Audience	
I. Background	6
A. Morbidity: The Risk of Chronic Diseases	
B. Healthy People 2010: Setting Goals for Community Health	
II. Ethical Standards Development Process	9
III. Ethical Standards for Health Promotion	10
IV. Recommendations for Action	12
V. Appendices	15

EXECUTIVE SUMMARY

The Health Council of South Florida, Inc. is the state designated local health planning agency for Miami-Dade and Monroe Counties. It is authorized under F.S. 408.033 to promote the health of the local community for which it serves. Its mission is “to improve health in Miami-Dade and Monroe Counties.” The Council seeks to implement its mission through health planning, research, community education and program administration. The Council has also established one of Florida’s most advanced and longstanding Health Care Ethics Committees. The Ethics Committee was established in 1989 and is a premier example of a community based ethics committee. Its membership includes health care providers, educators, researchers, community advocates, clergy, and experts in the fields of bioethics and law. In 2001, its membership spearheaded the development of this White Paper on Ethical Standards to Promote the Health of the Community.

The Ethics Committee participated in two informational gathering sessions prior to developing its White Paper. These sessions were devoted to reviewing existing resource materials published by established organizations and associations dedicated to health or health related issues (please refer to Appendices I, II, III, and IV). In the overview of health promotion to prevent premature death and improve the quality of life for all residents, key ethical principles were reviewed to serve as a foundation for value based decision making related to health care issues (please refer to Appendix V). The Ethical Standards to Promote the Health of the Community were developed by the Ethics Committee using these ethical principles and contemporary documents, both national and international in scope, as a guide.

The group discussion, facilitated by the Council’s Executive Director, focused on the development of ethical standards relevant to the local health care delivery systems of South Florida’s multi-cultural communities. The resulting draft standards were reviewed and organized by the Ethics Committee and presented in an initial draft document that was refined and edited between May and December 2002 and then adopted by the membership in January 2003.

The Ethical Standards to Promote the Health of the Community were developed to guide community leaders as they seek to support healthy living and a healthy environment for South Florida residents. While several standards were predicated on the Public Health Code of Ethics created by the American Public Health Association, others were derived from the Committee’s facilitated discussions that focused on community health and well-being, the local health care delivery systems, and Miami-Dade and Monroe Counties’ multi-cultural communities.

The health of a community is a reflection of the concern of the local leadership for the well-being of its residents. The Ethics Committee developed the Ethical Standards to Promote the Health of the Community to help guide our community leaders as they seek to support healthy living and foster the highest quality of life for the residents of Miami-Dade and Monroe Counties.

The following summarizes key elements of the Committee's Ethical Standards:

**KEY ELEMENTS OF ETHICAL STANDARDS
FOR THE HEALTH OF THE COMMUNITY**

1. Good Health as a Vital Community Responsibility
2. Universal Access to Basic Health Care
3. Fundamental Human Rights and Sensitivity to Diverse Cultures and Beliefs
4. Mutual Respect and Freedom from Discrimination
5. Local Control
6. Collaboration
7. Coordination of Funding
8. Application of Advances in Science and Technology
9. Business Responsibility to Promote Employee Health
10. Elimination of Poverty
11. Upholding Laws Pertaining to the Health and Safety of its Citizens
12. Pro Bono Care as a Fundamental Responsibility of Health Care Professionals
13. Health Education as Essential for the Promotion of Good Health
14. Individuals Taking Responsibility for their Health

With the underlying assumption that ethical principles form the basis for the provision of all health services, this White Paper is intended to serve as a set of guiding standards for all residents of Miami-Dade and Monroe Counties. Specific recommendations are provided for purchasers of health services, such as businesses offering health insurance coverage. Suggested applications of these standards are incorporated for employers as they plan for worker benefits, since healthy employees are essential for businesses to succeed. Recommendations are also incorporated for health care providers, including, but not limited to, private practitioners, community based organizations, hospitals, EMS providers, nursing homes, assisted living facilities, trauma centers, and home health

providers. Finally, grant funders, including state and local governments, private foundations and other organizations, may wish to utilize this material in their decision-making processes pertaining to awarding grant funds. Collectively, these *Recommendations for Action* are offered as a guide for working towards the successful realization of improved health outcomes for all community members.

PREAMBLE

The Ethical Standards for Health Promotion were developed to guide community leaders as they seek to support healthy living among South Florida residents. While several standards were predicated on the Public Health Code of Ethics created by the American Public Health Association, others were derived from the Health Care Ethics Committee and its facilitated discussions that focused on community health and well-being, the local health care delivery systems, and Miami-Dade and Monroe Counties' multi-cultural communities.

The Council concurs with the World Health Organization that health encompasses a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Therefore, like Healthy People 2010, these Ethical Standards are designed to challenge "individuals, communities, and professionals -- indeed, all of us -- to take specific steps to ensure that good health, as well as long life, are enjoyed by all."

The *Recommendations for Action* section is included at the end of the White Paper and relates key action steps to each of the Ethical Standards for Health Promotion. The *Recommendations for Action* were crafted to ensure the practical utility of the standards by various entities, including health care providers, consumer/community groups, and government officials. The *Recommendations for Action* were based on a common theme that life has value and meaning; all of us have responsibility to each other, including the promotion of each other's health.

INTRODUCTION

Purpose

The Health Care Ethics Committee was established in 1989. It serves in an advisory capacity to the Council concerning the ethical aspects of the Council's mission "to improve health care in Miami-Dade and Monroe Counties."

In this capacity, the Health Care Ethics Committee assumed the task of producing a White Paper addressing the health of the community, including the issue of assuring access to health related services.

Intended Audience

With the underlying assumption that ethical principles form the basis for the provision of all health services, this White Paper is intended to serve as a set of guiding standards for all residents of Miami-Dade and Monroe Counties. Specific recommendations are provided for purchasers of health services, such as businesses offering health insurance coverage. Suggested applications of the standards are incorporated for employers as they plan for employee benefits, since healthy employees are essential for businesses to succeed. Recommendations are also included for health care providers such as private practitioners, community based organizations, hospitals, EMS providers, nursing homes, assisted living facilities, trauma centers, and home health providers. Finally, grant funders, including state and local governments, private foundations and other organizations, can use this material in their decision-making processes pertaining to awarding grant funds. Collectively, these *Recommendations for Action* are offered as a guide for working towards the successful realization of improved health outcomes for all community members.

The Ethics Committee hopes this White Paper will serve all residents, businesses and organizations in Miami-Dade and Monroe Counties since the health and well-being of all, are essential for the continued growth and success within our community.

BACKGROUND

Morbidity: The Rise of Chronic Diseases

The major health problems in the United States have shifted over time from epidemics of acute infections in the 19th century to chronic diseases in current times. As shown below in Table I, trends foretelling the change of prevailing health problems to chronic diseases included an overwhelming growth in medical technology and the involvement of government in the planning, financing, and monitoring of health care services such as through the Medicare Program.¹

Table I: Major Trends in the Development of Health Care in the United States, 1850 to Present

<i>Trends</i>	<i>1850 – 1900</i>	<i>1900 to World War II</i>	<i>World War II to Present</i>	<i>Future</i>
Predominant health problems of the American people	Epidemics of acute infections	Acute events, trauma, or infections affecting individuals, not groups	Chronic diseases such as heart disease, cancer, stroke	Chronic diseases (e.g. diabetes, arthritis, chronic obstructive pulmonary disease, hypertension) with secondary emotional and behaviorally related conditions
Technology available to handle predominant health problems	Virtually none	Beginning and rapid growth of basic medical sciences and technology	Explosive growth of medical science; technology captures the health care system	Continued growth and expansion of technology, with attempts to re-personalize the technology
Social organization for the use of technology	None; individuals left to their own resources or charity	Beginning societal and governmental efforts to care for those who could not care for themselves	Health care as a right; governmental responsibility to organize and monitor health care for everyone (Medicare)	Greater centralization of responsibility and control in federal government; greater use of organized systems of health insurance and financing to shape and control developments within the health care system

Source: Stephen Williams and Paul Torrens, *Introduction to Health Services, 4th Edition, 1993.*

The prevalence of chronic diseases -- such as heart disease, cancer, stroke -- as leading causes of death are a result of (1) improvements in medical technology which changed disease patterns by controlling acute infections (antibiotic era) and consequently extending people's lifespan and (2) unhealthy lifestyles.² Unhealthy lifestyle choices

¹ *Introduction to Health Services, 4th Edition, 1993.*

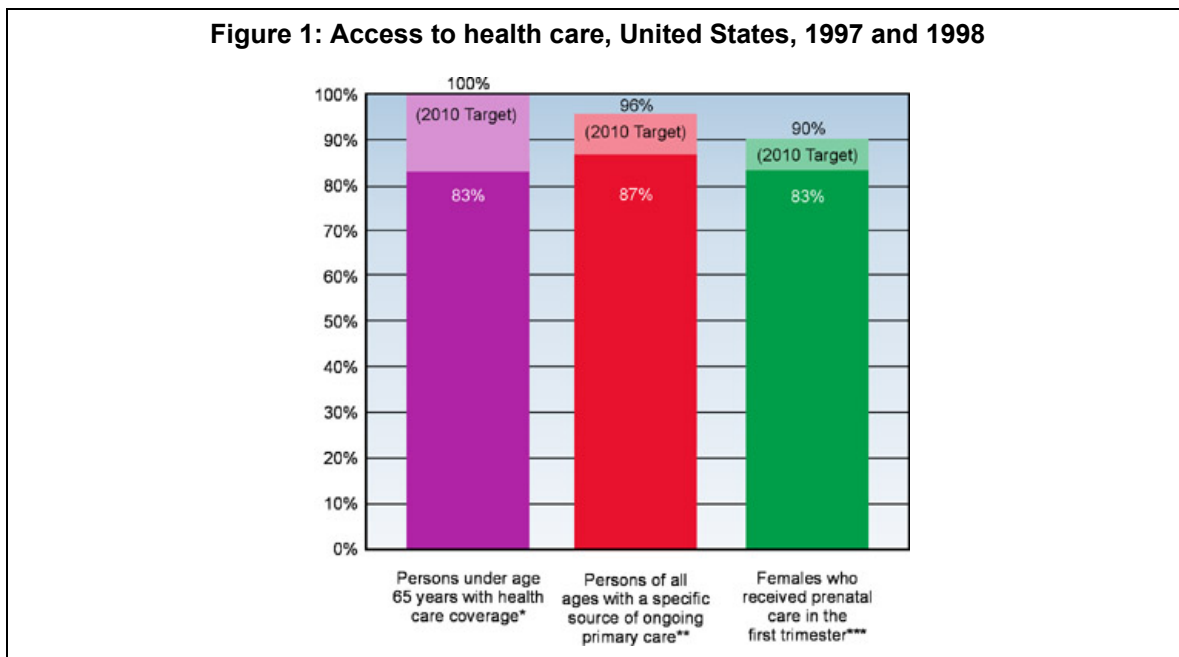
² *Ibid.*

include physical inactivity, diets high in fat and sodium, high levels of stress, inadequate rest, and tobacco use. Reinforcing factors to unhealthy lifestyles include promotion of tobacco products and fast foods, lack of recreational resources/parks in urban areas, limited availability of nutritious food products, inadequate public transit systems, sedentary lifestyles, crime, stress and substance abuse, as well as access to health care being limited by cost.

Healthy People 2010: Setting Goals for Community Health

In a broad effort to address chronic diseases and other serious health issues affecting the health of all people in the United States, the Healthy People 2010 initiative was mobilized to improve the Nation’s health through health promotion and disease prevention initiatives. The document, Healthy People 2010, contains 467 objectives designed to set forth benchmarks or targets for measuring the nation’s efforts to improve health, organized into 28 focus areas. The fundamental premise of Healthy People 2010 is that “the health of the individual is almost inseparable from the health of the larger community and that the health of every community in every State and territory determines the overall health status of the Nation.”³

Healthy People 2010 utilizes 10 Leading Health Indicators to track the nation’s progress over the next 10 years. Access to health care and participation in regular physical activity are two examples of these 10 Leading Health Indicators. Figure 1 illustrates the nation’s levels of progress in 1997 and 1998 in achieving the desired target goals for selected access to health care objectives.



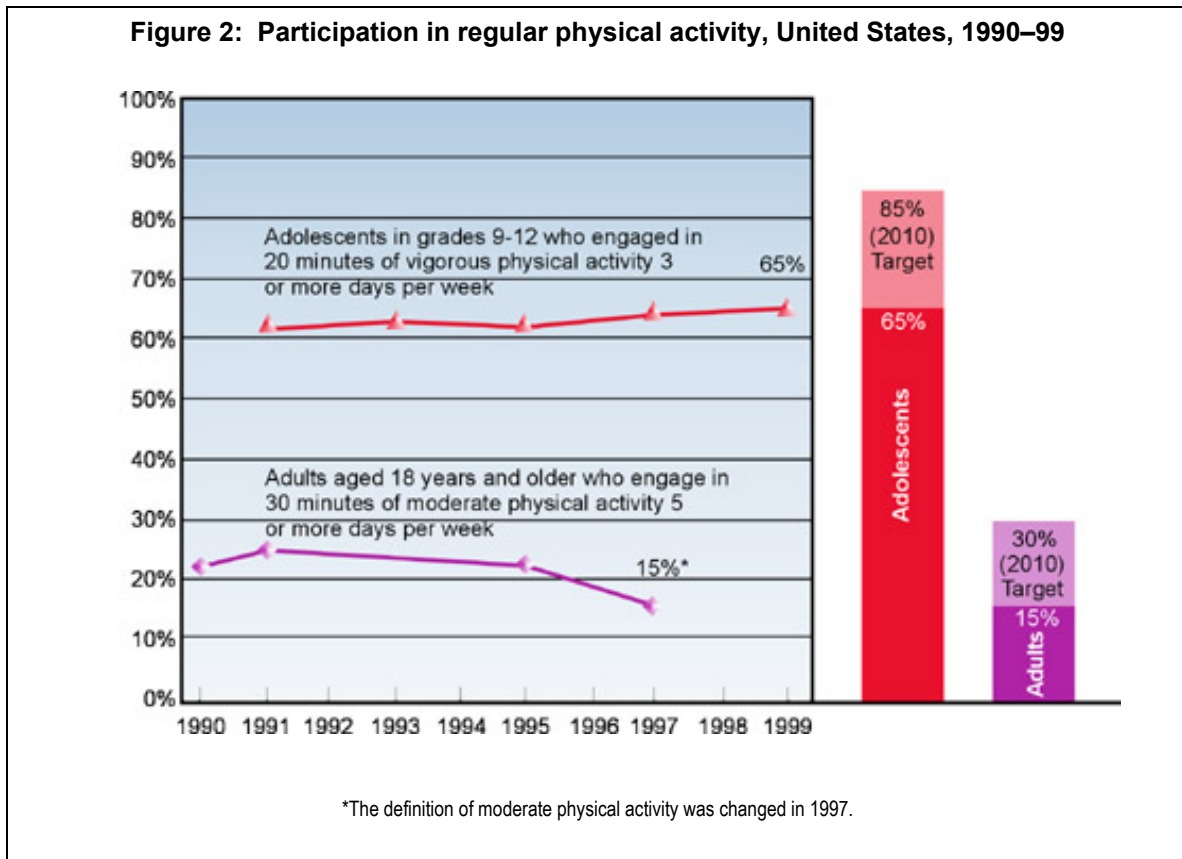
Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. *1997 and **1998. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System. ***1998.

³ Healthy People 2010.

Healthy People 2010 identifies the following as barriers to accessing care:

- Financial - Includes not having health insurance, not having enough health insurance to cover needed services, or not having the financial capacity to cover services outside a health plan or insurance program.
- Structural - Includes the lack of primary care providers, medical specialists, or other health professionals to meet special needs or the lack of health care facilities.
- Personal - Includes cultural or spiritual differences, language barriers, not knowing what to do or when to seek care, or concerns about confidentiality or discrimination.

Figure 2 illustrates the nation's status from 1990-99 toward achieving target goals for physical activity and fitness objectives that are included in Healthy People 2010. Populations identified with low rates of physical activity are women, African Americans and Hispanics, people with lower incomes and less education, adults in northeastern and southern States, and people with disabilities. Also it was noted that one in two women and one in three men, by the age 75, engage in no regular physical activity.



Sources: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System. 1991-97.
Centers for Disease Control and Prevention, National Center for Health Statistics. National Health Interview Survey. 1990-99.

ETHICAL STANDARDS DEVELOPMENT PROCESS

The Health Care Ethics Committee participated in two informational gathering sessions prior to developing its White Paper. These two meetings were devoted to reviewing existing resource materials published by established organizations and associations dedicated to health or health related issues. In the overview of health promotion to prevent premature death and improve the quality of life for all residents, key ethical principles were reviewed to serve as a foundation for value based decision-making related to health care issues (please refer to Appendices). The Committee then considered the application of these source documents to the Miami-Dade and Monroe County communities. The group discussion, facilitated by the Council's Executive Director, focused on the development of ethical standards relevant to the local health care delivery systems of South Florida's multi-cultural communities. The resulting draft standards were reviewed and organized by the Ethics Committee and presented in an initial draft document that was refined and edited between May and December 2002 and then adopted by the membership in January 2003.

Timeline of Activities

April 9, 2002 May 14, 2002	Informational gathering sessions were held to review existing resource materials.
June 2002 - October 2002	Ethical Standards for Health Promotion and Recommendations for Action were developed.
October 10, 2002	A Draft White Paper on Health Promotion was presented to the Council's Board of Directors at its Fall Retreat.
November 12, 2002	Ethical Standards for Health Promotion were revisited based on additional comments received. Key Elements of Ethical Standards for Health Promotion were incorporated.
December 3, 2002 January 21, 2002	Workgroup meetings were held to revise the White Paper on Health Promotion.
January 28, 2003	A final Workgroup meeting was held to finalize the Recommendations for Action section of the White Paper on Health Promotion.
February 6, 2003	The Health Care Ethics Committee's White Paper on Health Promotion was presented to the Council's Board of Directors for approval.

ETHICAL STANDARDS TO PROMOTE THE HEALTH OF THE COMMUNITY

The health of a community is a reflection of the concern of the local leadership for the well-being of its residents. The Health Council of South Florida's Health Care Ethics Committee developed the following statements to help guide our community leaders as they seek to support healthy living and foster the highest quality of life for the residents of Miami-Dade and Monroe Counties.

1. ***Promotion of good health*** is a vital community responsibility. Governmental agencies responsible for education, housing, public health, justice, transportation, and environmental protection are main components and must participate in the creation of a healthy community.
2. There is a ***social responsibility for all people to have access to an adequate¹ and appropriate level of quality care and necessary medications to maintain one's health.*** In effect, every person is entitled to access a seamless, basic standard of health care.
3. ***Fundamental human rights*** include sensitivity to diverse cultures and beliefs.²
4. ***Freedom from discrimination*** must be assured and respect accorded to all individuals.
5. ***Local control*** is essential to any effort to promote the health of the community and is embodied in the following principles:
 - *Each community should engage in self directed decision-making. Informed choices are best made when there is an extensive information base from which to draw necessary data.³ The empowerment of the disenfranchised is of special consideration as they often lack the necessary education and information for sound decision-making.⁴ Specifically, local residents should be partners in the development, funding, and evaluation of health and social services within their respective communities.⁵*
 - *The leadership of local boards and other decision-making bodies should be comprised of community members who have knowledge of the local neighborhoods, and wherein possible, are residents of that geographic area. This indigenous leadership is essential in order to know the community and needs of the local neighborhood.*

¹ The Council on Ethical and Judicial Affairs of the American Medical Association discusses the definition of "adequate health care" in Ethical Issues in Health Care System Reform (1994), JAMA, 272(13), pgs. 1056-1062.

² Ibid., pp. 1 and 2, #2 and #8.

³ Modified from the American Public Health Association, "Public Health Code of Ethics", 2002, p.1, #6.

⁴ Ibid., p.1, # 4.

⁵ Ibid., p.1, # 3.

6. **Collaboration** is central to the success of any community health initiative.⁶
7. **Coordination of funding streams** is essential to assure the effective use of resources for both planning and health services. Waste and duplication of effort must be eliminated with clear delineation of roles and responsibilities for addressing priority needs within the community.
8. There is a social responsibility to **apply advances in science and technology** to enhance the health of the community.⁷
9. The local **business community** should play a vital role in the promotion and provision of health care for area residents. Economic health of the community is linked to the health of its residents.
10. **Elimination of poverty** is necessary to improve the health of all area residents.
11. A **healthy community** results when laws promoting the health and safety of its citizens are upheld.
12. **Pro bono** care is a fundamental responsibility of health care professionals.
13. Health education is essential for the promotion of good health. **Health education and promotion** is the responsibility of health care providers, the media, social service, business and governmental agencies.
14. Individuals must take responsibility for their health including the incorporation of **healthy lifestyle practices** into their daily lives and avoidance of dangerous and destructive lifestyle choices.

⁶ Ibid., p.2, #12.

⁷ Ibid., p. 2, #7

RECOMMENDATIONS FOR ACTION

Recommendations for Action are provided as a guide for working towards the successful realization of the proposed ethical standards to improve the health of the community. They are intended for health care providers, consumers/community groups, the business community, government, private foundations, the media, and the educational community.

A. Recommendations for Health Care Providers

Patients

1. Treat all patients with equity, regardless of economic status, ethnicity, life-style or age.
2. Ensure informed decision-making.
3. Provide patients with information concerning healthy lifestyle options.
4. Educate patients on the appropriate use of emergency room departments.
5. Consider a patient's cultural beliefs and practices when developing health plans.
6. Respect patient autonomy and choices.
7. Maintain professional standards and boundaries.
8. Integrate the provision of care to the medically indigent into scope of services offered.
9. Engage in regular health maintenance practices.

Other Health Care Providers

1. Mentor colleagues on best practice models that aim to enhance patient health outcomes.
2. Collaborate with other health care providers in the provision of care to the medically indigent.
3. Encourage physicians to refer patients to emergency departments for urgent rather than non-urgent conditions.

Community

1. Raise community awareness (i.e., individuals, organizations, businesses) regarding health promotion activities.
2. Work with community-based organizations to promote healthy lifestyle practices by their constituents, for instance, through participation in activities such as educational programs and health screenings.

B. Recommendations for Consumer/Community Groups

1. Allocate time for community input throughout the development phase of grant applications relevant to promoting community health.
2. Ensure that committee membership for grassroots organizations represents diverse communities to foster community-based decision making.

B. Recommendations for Consumer/Community Groups (cont'd)

3. Involve members of local Boards of Directors to play leadership roles in promoting health activities within their representative organizations.
4. Collaborate with other community groups to identify local health needs and to evaluate the availability of health and social services to meet those needs.

C. Recommendations for Business Community

Employees

1. Explore innovative options to provide affordable health insurance coverage to employees and their families.
2. Work toward reducing unnecessary work-related stressors that may compromise the health and well-being of employees.
3. Provide flexible work schedules so as to support optimizing personal and family health.
4. Incorporate health and wellness programs into employee benefits.

Local Community

1. Participate in school health programs such as the Adopt-A-School Program¹.
2. Participate in or start campaigns to eradicate or at a minimum reduce the level of dangerous and illegal behaviors that do not promote health.
3. Support recommendations formulated through local community health initiatives that engage the business community in efforts to promote health among community members.
4. Recognize community individuals, groups and organizations that advance these standards for promoting the health of the community through Chamber of Commerce sponsored events and other community programs.

D. Recommendations for Government

1. Adopt as a priority universal access to health care.
2. Communities experiencing a scarcity of funds for the provision of indigent health care should reevaluate the allocation of local tax dollars to meet their contemporary needs.
3. Recognize that domains of health include all facets of the physical, social and psychological needs of an individual.
4. Collaborate with the business community to provide quality, affordable, and accessible health insurance coverage to the working uninsured.

¹ In an effort to further develop the school health programs, the Greater Miami Chamber of Commerce, Miami-Dade County Public schools and the Miami-Dade County Health Department developed the Adopt-A-School program. In the Adopt-A-School program, a business or health care provider may choose to provide or sponsor a nurse, social worker or paraprofessional for a particular school. Working under the sovereign immunity of the Miami-Dade County Health Department, the sponsored health care personnel provide services such as education, referrals, screenings and basic nurse services including direct observation, case management, records review, referrals, follow-up and communicable disease control.

D. Recommendations for Government (cont'd)

5. Through the local health department, raise community awareness regarding the benefits of well care examinations and screenings.
6. Seek neighborhood-based input when identifying local health needs and when developing health and social services to meet those needs.
7. Develop active recreation opportunities.
8. Expand the county's public transportation system to improve residents' access to health services.

E. Recommendations for Private Foundations

1. Cultivate new opportunities for neighborhood-based decision making by offering neighborhood capacity-building grants and holding public meetings to allow for community input.
2. Query local communities regarding obstacles that may hinder them from engaging in healthy lifestyle activities.
3. Offer matching funds to leverage federal, state and local resources.
4. Engage in regular data collection on local needs to provide for data-driven grant funding allocations.

F. Recommendations for Media

1. Provide newscast segments on health promotion, disease prevention and healthy lifestyle activities.
2. Regularly provide health information in formats that are culturally appropriate for the targeted audiences.
3. Participate in initiatives that utilize social marketing techniques² to promote healthy lifestyle options to consumers.

G. Recommendations for Educational Community

1. Share university-based research findings with local community organizations working toward improving the community's overall health and well-being.
2. Collaborate with community organizations in expanding the local community's knowledge regarding health promotion benefits.
3. Work in partnership with community-based organizations to apply for federal funding of health promotion initiatives.
4. Optimize healthy lifestyles in schools by providing healthy food in cafeterias and vending outlets and by ensuring regular vigorous exercise.

² Social marketing techniques allow consumers to first perceive if they have a genuine problem, determine if the proposed solution is appropriate, and evaluate if the issue is important enough for them to take action.

APPENDICES

Appendix I

Contemporary Resource Documents Reviewed

- “Public Health Code of Ethics” (American Public Health Association, 2002)
- “Frequently Asked Questions About the Emergency Medical Treatment and Active Labor Act” (EMTALA, 2002)
- “Report of the Technical Program” (Fifth Global Conference for Health Promotion, 2002)
- “Universal Declaration of Human Rights” (Fiftieth Anniversary of the Universal Declaration of Human Rights, 1998)
- “Ethical and Religious Directives for Catholic Health Care Services” (United States Conference of Catholic Bishops, 2001)
- “Ethical Considerations in the Business Aspects of Health Care” (Woodstock Theological Center Seminar in Business Ethics, 1995)
- “Principles and Values for Health Care Reform” (The Ethics Working Group of the White House Health Care Task Force, 1993)

Appendix II

American Public Health Association Public Health Code of Ethics

Preamble

This code of ethics states key principles of the ethical practice of public health. An accompanying statement lists the key values and beliefs inherent to a public health perspective upon which the ethical principles are based. Public health is understood within this code as what we, as a society, do collectively to assure the conditions for people to be healthy. We affirm the World Health Organization's understanding of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

The code is neither a new nor an exhaustive system of health ethics. Rather, it highlights the ethical principles that follow from the distinctive characteristics of public health. A key belief worth highlighting, and which underlies several of the ethical principles, is the interdependence of people. This interdependence is the essence of community. Public health not only seeks the health of whole communities but also recognizes that the health of individuals is tied to their life in the community.

The code is intended principally for public and other institutions in the United States that have an explicit public health mission. Institutions and individuals that are outside of traditional public health but recognize the effects of their work on the health of the community may also find the code relevant and useful.

Principles of the Ethical Practice of Public Health

- 1) Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
- 2) Public health should achieve community health in a way that respects the rights of individuals in the community.
- 3) Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
- 4) Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
- 5) Public health should seek the information needed to implement effective policies and programs that protect and promote health.
- 6) Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
- 7) Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
- 8) Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
- 9) Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
- 10) Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
- 11) Public health institutions should ensure the professional competence of their employees.

12) Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Values and Beliefs Underlying the Code

The following values and beliefs are key assumptions inherent to a public health perspective. They underlie the 12 principles of the ethical practice of public health.

Health

1. Humans have a right to the resources necessary for health. The public health code of ethics affirms Article 25 of the Universal Declaration of Human Rights, which states in part "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family..."

Community

2. Humans are inherently social and interdependent. Humans look to each other for companionship in friendships, families, and community; and rely upon one another for safety and survival. Positive relationships among individuals and positive collaborations among institutions are signs of a healthy community. The rightful concern for the physical individuality of humans and one's right to make decisions for oneself must be balanced against the fact that each person's actions affects other people.

3. The effectiveness of institutions depends heavily on the public's trust. Factors that contribute to trust in an institution include the following actions on the part of the institution: communication; truth telling; transparency (i.e., not concealing information); accountability; reliability; and reciprocity. One critical form of reciprocity and communication is listening to as well as speaking with the community.

4. Collaboration is a key element to public health. The public health infrastructure of a society is composed of a wide variety of agencies and professional disciplines. To be effective, they must work together well. Moreover, new collaborations will be needed to rise to new public health challenges.

5. People and their physical environment are interdependent. People depend upon the resources of their natural and constructed environments for life itself. A damaged or unbalanced natural environment, and a constructed environment of poor design or in poor condition, will have an adverse effect on the health of people. Conversely, people can have a profound effect on their natural environment through consumption of resources and generation of waste.

6. Each person in a community should have an opportunity to contribute to public discourse. Contributions to discourse may occur through a direct or a representative system of government. In the process of developing and evaluating policy, it is important to discern whether all who would like to contribute to the discussion have an opportunity to do so, even though expressing a concern does not mean that it will necessarily be addressed in the final policy.

7. Identifying and promoting the fundamental requirements for health in a community are a primary concern to public health. The way in which a society is structured is reflected in the health of a community. The primary concern of public health is with these underlying structural aspects. While some important public health programs are curative in nature, the field as a whole must never lose sight of underlying causes and prevention. Because fundamental social structures affect many aspects of health, addressing the fundamental causes rather than more proximal causes, is more truly preventive.

Bases for Action

8. Knowledge is important and powerful. We are to seek to improve our understanding of health and the means of protecting it through research and the accumulation of knowledge. Once obtained, there is a moral obligation in some instances to share what is known. For example, active and informed participation in policy-making processes requires access to relevant information. In other instances, such as information provided in confidence, there is an obligation to protect information.

9. Science is the basis for much of our public health knowledge. The scientific method provides a relatively objective means of identifying the factors necessary for health in a population, and for evaluating policies

and programs to protect and promote health. The full range of scientific tools, including both quantitative and qualitative methods, and collaboration among the sciences is needed.

10. People are responsible to act on the basis of what they know. Knowledge is not morally neutral and often demands action. Moreover, information is not to be gathered for idle interest. Public health should seek to translate available information into timely action. Often, the action required is research to fill in the gaps of what we don't know.

11. Action is not based on information alone. In many instances, action is required in the absence of all the information one would like. In other instances, policies are demanded by the fundamental value and dignity of each human being, even if implementing them is not calculated to be optimally efficient or cost-beneficial. In both of these situations, values inform the application of information or the action in the absence of information.

Notes on the individual ethical principles

1. This principle gives priority not only to prevention of disease or promotion of health, but also at the most fundamental levels. Yet the principle acknowledges that public health will also concern itself with some immediate causes and some curative roles. For example, the treatment of curable infections is important to the prevention of transmission of infection to others. The term "public health" is used here and elsewhere in the code to represent the entire field of public health, including but not limited to government institutions and schools of public health.

2. This principle identifies the common need in public health to weigh the concerns of both the individual and the community. There is no ethical principle that can provide a solution to this perennial tension in public health. We can highlight, however, that the interest of the community is part of the equation, and for public health it is the starting place in the equation; it is the primary interest of public health. Still, there remains the need to pay attention to the rights of individuals when exercising the police powers of public health.

3. A process for input can be direct or representative. In either case, it involves processes that work to establish a consensus. While democratic processes can be cumbersome, once a policy is established, public health institutions have the mandate to respond quickly to urgent situations. Input from the community should not end once a policy or program is implemented. There remains a need for the community to evaluate whether the institution is implementing the program as planned and whether it is having the intended effect. The ability for the public to provide this input and sense that it is being heard is critical in the development and maintenance of public trust in the institution.

4. This principle speaks to two issues: ensuring that all in a community have a voice; and underscoring that public health has a particular interest in those members of a community that are underserved or marginalized. While a society cannot provide resources for health at a level enjoyed by the wealthy, it can ensure a decent minimum standard of resources.

The Code cannot prescribe action when it comes to ensuring the health of those who are marginalized because of illegal behaviors. It can only underscore the principle of ensuring the resources necessary for health to all. Each institution must decide for itself what risks it will take to achieve that.

5. This principle is a mandate to seek information to inform actions. The importance of information to evaluate programs is also implied.

6. This principle is linked to the third one about democratic processes. Such processes depend upon an informed community. The information obtained by public health institutions is to be considered public property and made available to the public. This statement is also the community-level corollary of the individual-level ethical principle of informed consent. Particularly when a program has not been duly developed with evaluation, the community should be informed of the potential risks and benefits, and implementation of the program should be premised on the consent of the community (though this principle does not specify how that consent should be obtained).

7. Public health is active rather than passive, and information is not to be gathered for idle interest. Yet the ability to act is conditioned by available resources and opportunities, and by competing needs. Moreover,

the ability to respond to urgent situations depends on having established a mandate to do so through the democratic processes of ethical principle number three.

8. Public health programs should have built in to them a flexibility that anticipates diversity in those needs and perspectives having a significant impact on the effectiveness of the program. Types of diversity, such as culture and gender, were intentionally not mentioned. Any list would be arbitrary and inadequate.

9. This principle stems from the assumptions of interdependence among people, and between people and their physical environment. It is like the ethical principle from medicine, "do no harm," but it is worded in a positive way.

10. This statement begs the question of which information needs to be protected and what the criteria are for making the information public. The aims of this statement are modest: to state explicitly the responsibility inherent to the "possession" of information. It is the complement to ethical principles 6 and 7, about acting on and sharing information.

11. The criteria for professional competence would have to be specified by individual professions, such as epidemiology and health education.

12. This statement underscores the collaborative nature of public health while also stating in a positive way the need to avoid any conflicts of interest that would undermine the trust of the public or the effectiveness of a program.

Appendix III



all human rights for all
FIFTIETH ANNIVERSARY OF THE UNIVERSAL DECLARATION OF HUMAN RIGHTS
1948-1998

Universal Declaration of Human Rights

*Adopted and proclaimed by
General Assembly resolution 217 A (III) of 10 December 1948*

On December 10, 1948 the General Assembly of the United Nations adopted and proclaimed the Universal Declaration of Human Rights the full text of which appears in the following pages. Following this historic act the Assembly called upon all Member countries to publicize the text of the Declaration and "to cause it to be disseminated, displayed, read and expounded principally in schools and other educational institutions, without distinction based on the political status of countries or territories."

PREAMBLE

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, Therefore THE GENERAL ASSEMBLY proclaims THIS UNIVERSAL DECLARATION OF HUMAN RIGHTS as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Article 1.

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2.

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3.

Everyone has the right to life, liberty and security of person.

Article 4.

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5.

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6.

Everyone has the right to recognition everywhere as a person before the law.

Article 7.

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any

discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8.

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9.

No one shall be subjected to arbitrary arrest, detention or exile.

Article 10.

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11.

(1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.

(2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12.

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13.

(1) Everyone has the right to freedom of movement and residence within the borders of each state.

(2) Everyone has the right to leave any country, including his own, and to return to his country.

Article 14.

(1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.

(2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15.

(1) Everyone has the right to a nationality.

(2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16.

(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

(2) Marriage shall be entered into only with the free and full consent of the intending spouses.

(3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17.

(1) Everyone has the right to own property alone as well as in association with others.

(2) No one shall be arbitrarily deprived of his property.

Article 18.

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19.

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20.

(1) Everyone has the right to freedom of peaceful assembly and association.

(2) No one may be compelled to belong to an association.

Article 21.

- (1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
- (2) Everyone has the right of equal access to public service in his country.
- (3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22.

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23.

- (1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
- (2) Everyone, without any discrimination, has the right to equal pay for equal work.
- (3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
- (4) Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24.

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25.

- (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- (2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26.

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

(3) Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27.

(1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

(2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28.

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29.

(1) Everyone has duties to the community in which alone the free and full development of his personality is possible.

(2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

(3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30.

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

Appendix IV

Principles and Values for National Health Care Reform

*The Ethics Working Group
of the White House Health Care Task Force*

Universal Access

Reasonable Equality of Benefits

Benefits That Meet Our Needs Over the Lifespan

Fair Financing System

**Imposes Burdens According to Ability to Pay
Distributes Burdens Fairly Across Generations**

Wise Allocation of Resources

**Within Health Care
Between Health Care and Other Goods**

High Quality Care

**Delivery of Effective Services
Avoidance of Ineffective Services**

**System Simply Organized
Efficiently Managed**

**Respect for: Individual Choice
Personal Responsibility
Professional Integrity**

**Fair Procedures for: Making Decisions
Resolving Disputes**

Appendix V

Fundamental Ethical Principles

These areas form the core values for the development of ethical principles applied in the practice of health care.

- Autonomy or Self-Determination - An individual's right to make and carry out decisions about their own destiny. This principle requires individuals to respect the autonomous decisions of others. The rules for informed consent, truthfulness, privacy, and confidentiality derive from this principle.
- Beneficence - The duty or obligation to do what is right for the public.
- Nonmaleficence – The duty to ensure that personal actions do not result in harm to others.
- Fidelity – An individual's duty to be faithful to their commitments and obligations to others.
- Veracity or Truth-Telling – The duty to tell the truth. This principle is a component of fidelity.
- Social Justice or Equity - The right of “liberty and justice for all” which in the health policy perspective relates to the provision of equal access to health care to all and equitable allocation of scarce resources.
- Confidentiality – The practice of excluding unauthorized persons from gaining access to an individual's personal information and keeping harmful or embarrassing information within proper bounds.

Other Related Concepts

- Informed Consent – An expression of respect for autonomy. Provides an individual with the necessary knowledge base to make informed decisions. In the health care arena, informed consent allows an individual to accept or refuse treatment based upon their understanding of treatment regimens.
- Privacy – An expression of the right to autonomy. The right of an individual to control access and use of personal information by other people and organizations.
- Role Fidelity - The duty to perform within the legal and ethical parameters of a prescribed role.

Sources:

The Case Study Method Examining Common Everyday Ethical Problems Leading to Enhanced Critical Thinking Skills Across Curriculums and Cultures, PowerPoint Presentation by HCSF Health Care Ethics Committee Member.

Everyday Ethics for Nurses. *NurseWeek*, 2001. Available at: www.cyberchalk.com/nurse.

Ethical Concepts Related to Professional Nursing Practice, Via Christi Regional Medical Center, October 2000. Available at: www.via-christi.org

Interstate Nursing Practice and Regulation: Ethical Issues for the 21st Century, *Online Journal of Issues in Nursing*, July 2, 1999. Available at: www.nursingworld.org.

Life and Death Decisions: Who Makes Them? Who Pays for Them?, Vol. 2, Health Council of South Florida, Inc., May 7, 1990.