Ethical Issues in Public Health Education

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Abstract

This paper explores some experiences which give rise to ethical debates that would seem to be rife among rising generations, judging by some work that has been done as part of a Public Health Masters qualification in the south-east of England. The Masters programme in Public Health is for mixed groups of working professionals around the world. The programme is delivered both face-to-face and in an online environment for learners overseas, and as part of both programmes, the learners must engage with a case study involving ethics and legality. Learners choose a true life case study from their own area of practice and present it as a seminar for the other learners. Then everybody else participates in a discussion about the ethical and legal aspects of this situation. The next part of the process is for each learner to decide on a policy that would mean that a similar situation could be avoided in the future... One of the most interesting aspects of the programme is how many of the students find some of the ethical theories easily within their understanding, and some of them totally alien to their experience up to that point in their lives. This is possibly due to the fact that in western culture we give credence to the notion of self and of what a person is entitled to, whereas this is not a widely held concept in other (largely non-westernised) countries; and among various communities around the world, it is often considered that community is the 'correct' concept, and changes must not be adhered to. This paper, then, explores how this situation presents itself in our learners and why (for example) aspects of Deontology are difficult for some of our learners whereas Utilitarianism is frequently acceptable.

Introduction

The Public Health Masters programme has been aligned with social constructiveness (Greenhow *et al*, 2009) and transformation learning (Weaver, 2008: Boehnert, 2008). This emphasises the collaborative nature of learning and the importance of cultural and social contexts. Its root is that cognitive functions originate as a product of social interaction, and it enables personal events to be explored in a safe environment which respects people's strong beliefs, whether religious or cultural. One of the units that the students undertake uses a problem-based situation, which they will explore with the group and write up while considering the ethical or legal aspects of the situation, pertaining to public health and social care. Since they frequently present what is common to them, this project might cause problems for the individual but not the community, as the 'situation' has often been accepted as a custom or practice.

New technologies (among other factors) have made a younger generation question some of these accepted customs. The Public Health module often challenges student's perceptions and causes them to look at cultural practices, and question how the future should look. Students bring their own experiences from their culture or religion, where respect is often guaranteed.

They frequently explore their values and social constraints among a group who may hold different values. Respect must be inculcated in the group, allowing students a free hand in presentation, using their own encounters and knowing they will be valued. Of the many available examples, there are four which examples that we would like to explore, the reason being that the group debate often leaves the student torn between what appears to be culturally correct and a consideration of the individual and of consequences of one's action.

Recently students have covered subjects such as *the place of women in rural area of Pakistan; polygamy; forced to be fat; making 8-13 year olds marriage material;* and *breast ironing at the beginning of puberty*. These situations provoked valuable discussion and student contribution, notwithstanding the sensitive nature of the topic; indeed, it furthered insight into deeply held traditions where such situations do not arise.

Accounts

One student talked about *Polygamy* in Tanzania, which is lawful under their Civil Laws and within Muslim families. The student is the daughter of the fourth wife. She grew up knowing her position in the family and how her mother was rated. Her mother stayed until she was seven, then she left the family. Later she was told that her mother had died, but the question of how was left to conjecture. As she grew up, she saw one wife thrown out of the family with her four year old child. She was not a well woman, which was considered the reason for her losing her position, as they have set work to do – which is frequently decided by the number 1 wife. Since the whole community is integrated, nobody dared to take the wife in, so without shelter and food she and her son soon died; they were not buried. The student's future would have been decided by the number one wife, but her father considered her to be intelligent, and he paid for her education. Once she has finished her Masters, she will be able to work back in the community, within Public Health, and will be paid for by the Government. One of the reasons she said that this custom persists is that there are more women than men: men often die in fights.

The position of women in north Pakistan –Where are their human rights? This student presented an overview of the present situation. He started by saying that it is hard to be born female because so many women are forced to have amniocentesis in order to discover the sex; if it is a girl the woman is forced to abort it. Even if the girl is born, survival is hazardous: she will be relegated to an inferior position in the family by the matriarch, who is usually the mother-in-law. If illness occurs and the family do not have medical cover, they will not request care for a daughter, so mortality is high. Once she reaches 8-10 years, she will be found a husband and the mechanism is like being sold, more often than not to an older person. If pregnancy ensues at a young age (below 15 years), the mortality rate is 50% as pregnancy is often complicated in this age group. If a haemorrhage happens, blood will not be available because life is cheap and expendable. If two girls are delivered (with no son in between), a mother will frequently find herself divorced via the employment of a few official words. The woman cannot go back to her birth parents as it would be seen as a disgracing them. So women are left trying to find a menial job, simply in order to survive; life expectancy is short. Since this area frequently sees action (raids or terrorism), it is not unusual for husbands to be killed. It leaves the wives unable to marry, as they are prohibited by law to marry again. They can end up as a chattel of the family if the matriarch permits it, or alternatively she will find herself thrown out.

The student who talked about *Breast Ironing* said that in her part of Cambodia it was practiced in 70% of families. The reason behind this practice was to try and delay the child’s

puberty: it would be a disgrace if the girl became pregnant at a young age. So once the breast bud appears, the mother or another family member rolls a hot stone or hot coconut shell over the tissues twice a day. Mothers want their children to finish school before becoming parents... and many see nothing wrong with the breast-ironing practice. This frequently brings long term damage, the breasts do not develop, and scarring occurs; the breasts develop in odd shapes or sizes; also there can be burns to the chest and scarring, so they could become ineligible for marriage. It did not happen to the presenting students as she was out of the country during this stage of her life, but she had firsthand knowledge of the problems that her friends had encountered. Among these were psychological problems, where girls have been unable to come to terms with the experience or the disfigurement.

The student who spoke about *Forced to Be Fat* said it only occurred in a small community in Mauritania, West Africa, where girls were seen to be marriageable once they weighed about 14 stone. Having a voluptuous wife and daughters is seen as proof of an ability to survive the rigors of a desert lifestyle; it is considered a visible sign of wealth and power among the country's light-skinned Moors. At a time between 8 and 13 years of age, girls are removed and given to a person who will guarantee that they will be ready for marriage. If the girl will not eat what she has been given, she is tied up and force-fed. Making girls gain the recognised amount of weight takes about two months... Once the girls are returned home they are married; sometimes this is short lived, especially if she cannot produce a child – increased weight often leads to infertility. More commonly these girls become diabetic and die without treatment

Approaches

The module explores with the student group how we gain our understanding of the moral codes by which people lead their lives. Initially we consider the many theories and how we as individuals feel comfortable or otherwise, and whether these approaches would work for us personally.

We usually begin with deontology, explaining its origins. The word is derived from the Greek and means 'duty': the theory of deontology is commonly considered as the principle and duties which underline personal morals. It is based on basic duties and obligations with which people conform to rules and principles, which have evolved from various sources, such as religion and cultures. Deontologists believe that they are not merely agents who ask for desirable ends, but also respond to the actions of others. Beauchamp and Childless (2001) consider that the principles which we adhere to are: autonomy, beneficence, justice and non-maleficence. Respect is due for people's confidentiality/privacy/information or competence. An action is not to be judged by its consequence, but whether it is right or wrong *depending on the moral principle which would see it as agreeing with it or rejecting it*. The principle is concerned solely on the motives of an action rather than the consequences, patients' rights, beneficence, non maleficence and consent choice. These principles are seen to be used by Jehovah's Witnesses when refusing blood: they consider it would compromise their principles and duties. Harm may result from some of the actions taken (Keown 2002).

We discuss the following question. If right is absolute, what about the consequences? This takes us in many directions, especially where the concept of *self* is not a norm. Since this is not a common aspect we take time out to explore what is generally understood as self. The concept can be seen as having an existence in social psychology, where if you take a pragmatic view of self in its wholeness, it can be seen as a complex process of gaining self-awareness, which we develop through our interactions with others. It is interesting that

among the group, several students saw this as selfishness and would not be part of their values.

The theory of teleology argues that the action should be viewed based on it consequence. From this stance has grown the Utilitarian principle, which is based upon the stance that an action is deemed as right if it brings happiness to the greatest number of people. This theory supports any action, provided the greater number benefit. Past and present do not play a part in decision making. Utilitarianism is seen as being impartial and impersonal as it always tries to maximise well-being. The problem is that this supposes that everybody has an equal understanding of what happiness actually is. What happens if corruption is the ruler?

Utilitarianism is the ethical principle most favoured in Public Health. It states that people should always act in ways which mean that benefits outweigh disadvantages (Jones & Cribb, 1997). It offers a practical guide to decision making – but it also raises some problems if viewed in relation to the four ethical principles. ... We looked at the smoking bans which are now widespread, and arguably offer the greatest good to the greatest number. However, do smoking bans breach the principle of human rights by undermining people's freedom to make their own decisions to smoke or not to smoke? Similarly you could look at immunisation. How far is harm to a health person offset by positive benefits? We were late in finding the consequences of BCG, for example. Here it could be argued that the numbers helped vastly outweigh the casualties (Andrew, 2007). We cannot be sure that those immunised would otherwise have contracted the disease or that those who are harmed by being immunised may not have been harmed by the disease. Equally, has been projected as ethically justifiable in medical terms although it is known that there are social risks for some women in undergoing screening. Women reported that their male partners associated a cervical smear with sexual pleasure and put pressure on them not to attend. A positive smear test was interpreted as a sign of the woman having 'slept around' (McKie, 1995).

We could look at information via methods of communication, and by answering this question. *Is it what the public should be told?* This raises many questions and much debate on the following issues:

- Is it what they want to hear, or is it politically correct*?*
- Who is the information for?
- What about the highly educated or the illiterate?
- Will the information meet the majority of people's needs?
- How can the correctness of the information be checked?
- Is it limited to avoid fear or anxiety?
- The public expect a high level of honesty. If the information is flawed, who compensates? Are there targets to be met?
- What about Avian Flu (for example). How much information will the general public be allowed to know? Will they be treated like children by being given small but sufficient answers to prevent an uprising? Would the truth cause harm?

Having looked at the theories, we spend time looking at some of the principles which underpin public health. Horner (2000: 52) stated: 'Every proposed new public health intervention should be carefully evaluated for its ethical dimension.' He writes that public health ethics became a debate after the First World War, when in 1914 Judge Cardozo declared that: 'every human being of adult years and sound mind has a right to determine what should be done with his or her body.' However, it was not really until the end of the Second World War that the Nuremberg Code (1948) listed 10 principles to which

investigators should adhere to when obtaining consent. These trails brought the ethical issues out into the open and eventually led to the Rio Declaration of 1992. He continues by saying that Public Health, in spirit and principle, is a utilitarian endeavour which must face and manage complex issues. Policy makers will always be looking for 'trade offs'.

What values underpin the type of Public Health practice? In Public Health, it is necessary to consider how actions are underpinned by value judgements and moral beliefs (Holland (2007). How do we address the rights and interests of individuals and at the same time do what is appropriate to improve society and contribute to the common good in some way (Seedhouse, 2010)? Is the use of science to improve the health of the population – or that of individuals?

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