

Public Health Code of Ethics Committee  
*Public Health Leadership Society*

**Principles of the Ethical Practice of Public Health<sup>1</sup>**  
**Version 2.2**

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## 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.<sup>2</sup>

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.

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<sup>2</sup> Source: *The Future of Public Health*, published by the Institute of Medicine, 1988.

## **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 affect 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.

# Supplemental Materials

## Rationale for a Public Health Code of Ethics

The mandate to assure and protect the health of the public is an inherently moral one. It carries with it an obligation to care for the well being of others and it implies the possession of an element of power in order to carry out the mandate. The need to exercise power to ensure health and at the same time to avoid the potential abuses of power are at the crux of public health ethics.

Until recently, the ethical nature of public health has been implicitly assumed rather than explicitly stated. Increasingly, however, society is demanding explicit attention to ethics. This demand arises from: technological advances that create new possibilities, and with them, new ethical dilemmas; new challenges to health such as the advent of human immunodeficiency virus; abuses of power, such as the Tuskegee study of syphilis; and an increasingly pluralistic society in which we can no longer simply adopt the values from a single culture or religion, but we must work out our common values in the midst of diversity.

Historically, medical institutions have been more explicit about the ethical elements of their practice than have public health institutions. The concerns of public health are not fully consonant with those of medicine, however, thus we cannot simply translate the principles of medical ethics to public health. For example, in contrast to medicine, public health is concerned more with populations than with individuals, and more with prevention than with cure. Thus, the purview of public health includes those who are not presently ill, and for whom the risks and benefits of medical care are not immediately relevant.

## What does a code of ethics accomplish?

A code of ethics for public health will clarify the distinctive elements of public health and the ethical principles that follow from or respond to those distinct aspects. It will make clear to populations and communities the ideals of the public health institutions that serve them. A code of ethics will thus serve as a goal to guide public health institutions and practitioners and as a standard to which they could be held accountable.

Codes of ethics are typically relatively brief; they are not designed to provide a means of untangling convoluted ethical issues. That process requires deliberation and debate over the multitude of factors relevant to a particular issue. Nor does a code typically provide a means of resolving a particular dispute. It does, however, provide those in a dispute over a public health concern with a list of issues and principles that should be considered in the dispute.

## What are the steps in establishing a code?

A number of public health professionals, most of them associated with the Public Health Leadership Society (PHLS), have come together to initiate the process of writing a code. Represented on the PHLS Public Health Code of Ethics Workgroup are public health professionals from local and state public health, public health academia, the Centers for Disease Control and Prevention (CDC) and the American Public Health Association (APHA). They were formally encouraged in this effort during a town hall meeting attended by representatives from a wide variety of public health organizations at the annual APHA conference in 2000. A draft code was reviewed and critiqued in May 2001 by about 25 public health professionals and ethicists in a meeting held in Kansas City and funded by the CDC. A revised version of the code was presented for discussion at another town hall meeting at the 2001 APHA Annual Meeting. Prior to the meeting, the code was published on the APHA Web site and an e-mail address was provided for reactions and feedback. The present code reflects the input and discussion from all of these forums. It is now being presented to various organizations for adoption or endorsement. Even so, there will be ongoing opportunities to provide feedback and an updating of the code in another five to ten years is envisioned. Tools for teaching about the code and ensuring its practical utility are currently in the making.

## Major changes made to the first draft of the Code<sup>3</sup>

### Preamble

1. Added IOM definition of public health.
2. Added WHO definition of health.
3. States more clearly to whom the code applies (more narrowly, traditional public health institutions rather than all those who “self identify” with public health mission).
4. No longer claims global application.
5. Added mention of interdependence as a key assumption in public health ethics.

### Ethical principles

6. Moved to the front (before values and beliefs).
7. Stated more concisely.
8. Changed wording to consistently refer to the ethical practices of public health institutions (as opposed to individuals).
9. Used the term “community” instead of “population”.
10. Changed some principles to make them more positive, less negative or apologetic.
11. Changed wording to address health rather than disease.
12. Added a principle pertaining to conflict of interest (this has been worded in terms of collaboration).
13. Added a principle pertaining to professional competence.
14. Added a principle explicitly addressing the tension between individual and community rights.
15. Added to the principle of community input a clause about institutions receiving community feedback on programs (accountability to the community).
16. Separated principles pertaining to information collection and dissemination.
17. Wording in principle 1 changed to “aiming to prevent adverse health outcomes” (Originally stated “and secondarily the more immediate causes and requirements”).

### Values and Beliefs

18. Added right to resources necessary for health from Universal Declaration of Human Rights.
19. Added explicit mention of the necessity for public trust.
20. The category “population” was changed to “community”. This term encompasses the tension between individual rights or preferences and the community good because this tension is such a fundamental aspect of community.
21. The category “knowledge” was changed to “the bases for action”.
22. Added collaboration as a key element to public health.
23. Changed “In knowledge there is power” to “Knowledge is important and powerful.”

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<sup>3</sup> Several smaller changes were also made.

## 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.

## Correspondence of the 12 Ethical Principles with the 10 Essential Public Health Services

Essential Public Health Services <sup>4</sup>	Ethical Principle
1. Monitor the health status to identify community health problems.	(5) collect information (7) act on information
2. Diagnose and investigate health problems and health hazards in the community.	(5) collect information
3. Inform, educate, and empower people about health issues.	(4) advocacy and empowerment (6) provide information
4. Mobilize community partnerships to identify and solve health problems.	(12) collaboration
5. Develop policies and plans that support individual and community health efforts.	(1) protect and promote health; address fundamental causes of health risks. (3) processes for community input (5) collect information
6. Enforce laws and regulations that protect health and ensure safety.	(2) achieve community health with respect for individual rights (3) feedback from the community (7) act upon information
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	(4) advocate for and empower; basic resources available to all (8) incorporate diversity
8. Assure a competent public health and personal health care workforce.	(11) professional competence
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	(3) community feedback (5) collect information
10. Research for new insights and innovative solutions to health problems.	(5) collect information
No corresponding essential public health service.	(9) enhance physical and social environments (10) protect confidentiality

<sup>4</sup>Source: Essential Public Health Services Work Group of the Public Health Functions Steering Committee, 1994.

## Correspondence of the 12 Ethical Principles with the 11 Values and Beliefs Underlying the Code

Values and Beliefs	Ethical Principle
<b>Health</b>	
1. Humans have a right to the resources necessary for health.	(1) protect, promote health (4) advocate for, empower disenfranchised; basic resources necessary for health accessible to all.
<b>Community</b>	
2. Humans are inherently social and interdependent.	(2) achieve community health with respect for individual rights. (9) enhance the social environment (12) collaboration
3. The effectiveness of institutions depends heavily on the public's trust.	(3) opportunities for input and feedback (4) advocacy and empowerment (6) provide information; obtain consent (10) protect confidentiality (11) professional competence
4. Collaboration is a key element to public health	(6) sharing information (8) incorporate diversity in programs (12) collaboration
5. People and their physical environment are interdependent.	(9) enhance the physical environment
6. Each person in a community should have an opportunity to contribute to public discourse.	(3) opportunity for input and feedback (4) empowerment of disenfranchised (8) incorporate diversity in programs
7. Identifying and addressing the fundamental causes of illness in a population are a primary concern to public health.	(1) address fundamental causes of health risks
<b>Bases for Action</b>	
8. Knowledge is important and powerful.	(6) sharing information (7) acting on information (10) protecting confidential information
9. Science is the basis for much of our public health knowledge	(5) collect information for making and evaluation policy
10. People are responsible to act on the basis of what they know.	(3) feedback to institutions (7) act in timely manner
11. Action is not based on information alone.	(4) basic resources for health accessible to all