Lessons from the creation of a public health code of ethics

In the year 2000, a group of public health leaders in the United States were participating in a leadership development program. They chose as their group project the creation of a code of ethics for their profession. Jim Thomas, a professor of epidemiology at the University of North Carolina, was not part of the group, but had just finished a sabbatical in which he studied ethics. The group invited him to work with them, and he ended up being the principal author of the code and the strategy for getting it approved by the American Public Health Association (APHA). Below are some of the lessons he has shared about the process.

1. Start small

    A group of about ten public health professionals initiated the 2002 code of ethics. There had been another attempt a few years earlier that had failed, in large part because it aimed to be fully inclusive too early. With a vast number of voices and opinions, that group had a hard time reaching consensus and couldn't gain any momentum. Eventually, they gave up. In contrast, our small group was able to create within a few weeks a first draft that was intended for criticism and editing, The group placed a high value on inclusion, but approached it gradually, not all at once.

2. Gradually enlarge the circle

    We shared the first draft with a wider circle of people known in public health to have an interest in ethics. They came primarily from three groups: philosophers, lawyers, and public health practitioners. We gathered their critiques, edited the code, then ran it by them again. We did not implement every single critique, but looked especially for patterns of comments that showed that more than one person was making a particular observation. Eventually, we shared the code during a workshop at an annual meeting of APHA and published the code online for comments nationwide.

3. Maintain momentum

    It is easy to get bogged down in the many thorny issues of public health. Some of them do need research or new voices to address them. In other instances, careful wording can incorporate multiple perspectives with a compromise or mention of more than one option. Importantly, though, the participants need a sense of momentum to remain engaged in the process. Without momentum the participation in meetings and discussions will decline.

4. Define the intended territory

    There isn't much in the world that isn't relevant to the health of populations. A code of ethics will get bogged down if it tries to address everything everywhere. In the case of the US Code, we decided that it was intended for "self-identifying public health agencies and organizations" operating in the United States. With this goal, we defined the geographical territory and the institutional territory. Thus, even though the fast-food industry has a profound effect on the health of the public, for example, we did not attempt to claim a set of ethics that applied to them, or that they would need to include in their staff training.

5. Identify the approving body

As discussions of the code proceed, the guiding group needs to keep in mind who they believe should adopt the code to make it official. Is it a city, a country, a region? In what form has that entity adopted similar statements? What were the steps toward adoption and who were the officials involved? These and other considerations must be kept in the forefront of the creators' minds as the code is worded and formatted.

6. Identify levels of approval

Ideally, a wide variety of relevant organizations and agencies will line up behind the code, thus enhancing its credibility and utility. Organizations of different types may vary in their degree of buy-in or level of endorsement. In our experience, government agencies were the most hesitant to buy in to a document they did not create themselves and implied accountability. One option for accommodating a hesitant agency or organization is to draw a distinction between adoption and endorsement. Adoption suggests a greater sense of ownership than endorsement. By offering a lower level of agreement, more organizations may provide support.

7. Aim for credible, not perfect

The cliché, "Don't let the perfect become the enemy of the good" applies to the creation of a code of ethics. To be credible, the Code needs to reflect wide input and scholarly study. But it does not, and cannot, resolve every ethical dilemma. When the APHA approved the first Code in 2002, they agreed it would be a living document, subject to change as we learned more through experience. In 2018 the Code was reviewed and revised, and a new version was published in 2019.

8. A code is the start, not the end

Once you have a official code of ethics, you are to be congratulated. But you cannot rest yet. The values embodied in the code need to be incorporated into the work culture of public health. Public health ethics needs to be incorporated into professional training, onboarding, and university curricula. For this, there will need to be teaching resources, including peer-reviewed journal articles, book chapters, case studies, and more.