

Abstract: With attention to the field of public health ethics growing, significant time has been devoted to identifying a sound ethical justification for paternalistic interventions that override individual autonomy to prevent people from adopting unhealthy behaviors. Efforts focused on specifying the conditions that warrant paternalism, however, are largely misplaced. On empirical and ethical grounds, public health should seek instead to expand individual autonomy to improve population health. To promote autonomy, the field should redirect current efforts toward clarifying principles of justice. Although public health’s most highly visible stance is associated with an egalitarian conception of “social justice,” it is imperative that public health professionals address gaping divisions in public understandings of justice. I present recommendations for initiating this process.


Abstract: The focus of this paper is public health law and ethics, and the analytic framework advanced in the report Public health: ethical issues by the Nuffield Council on Bioethics. The author critiques the perceived problems found with liberal models associated with Millian political philosophy and questions the report’s attempt to add to such theoretical frameworks. The author suggests a stronger theoretical account that the Council could have adopted — that advanced in the works of Joseph Raz — which would have been more appropriate. Instead of seeking to justify overruling the legitimate interests of individuals in favour of society, this account holds that the interests are necessarily interwoven and thus such a conflict does not exist. It is based on an objective moral account and does not require an excessive commitment to individuals’ entitlements.


Abstract: Using the concept of vulnerable populations, we examine how disparities in health may be exacerbated by population-approach interventions. We show, from an etiologic perspective, how life-course epidemiology, the concentration of risk factors, and the concept of fundamental causes of diseases may explain the differential capacity, throughout the risk-exposure distribution, to transform resources provided through population-approach interventions into health. From an intervention perspective, we argue that population-approach interventions may be compromised by inconsistencies between the social and cultural assumptions of public health practitioners and targeted goals. We propose some intervention principles to mitigate the health disparities associated with population-approach interventions.

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SC (Subject Captions):  an=analytical cs=case studies em=empirical le=legal po=popular rv=review