

**Brülde, Bengt.** Inequity, inequality, and the distributive goals of public health. *International Journal of Public Health* 2008; 53(1): 5-6. NRCBL: 9.1; 1.1.

**Buchanan, David R.** Autonomy, paternalism, and justice: ethical priorities in public health. *American Journal of Public Health* 2008 January; 98(1): 15-21. NRCBL: 9.1; 1.1. SC: an.

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.

**Childress, James F.; Bernheim, Ruth Gaare.** Public health ethics: public justification and public trust = Public-Health-Ethik: Öffentliche Rechtfertigung und öffentliches Vertrauen. *Bundesgesundheitsblatt* 2008 February; 51(2): 158-163. NRCBL: 9.1; 1.1. Note: Abstracts in English and German.

**Coggon, John.** Harmful rights-doing? The perceived problem of liberal paradigms and public health. *Journal of Medical Ethics* 2008 November; 34(11): 798-801. NRCBL: 9.1; 1.1. SC: an.

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 criticises 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.

**Coleman, Carl H.; Bouésseau, Marie-Charlotte; Reis, Andreas.** The contribution of ethics to public health. *Bulletin of the World Health Organization* 2008 August; 86(8): 578-A. NRCBL: 9.1; 1.3.2; 21.1.

**Coleman, Carl H.; Bouésseau, Marie-Charlotte; Reis, Andreas; Capron, Alexander M.** How should ethics be incorporated into public health policy and practice? *Bulletin of the World Health Organization* 2007 July; 85(7): 504. NRCBL: 9.1; 21.1.

**Diekema, Douglas S.** Public health, ethics, and state compulsion. *Journal of Public Health Management and Prac-*

*tice* 2008 July-August; 14(4): 332-334. NRCBL: 9.1. SC: le.

**Edwards, Nancy C.; MacLean Davison, Colleen.** Social justice and core competencies for public health: improving the fit. *Canadian Journal of Public Health = Revue Canadienne de Santé Publique* 2008 March- April; 99(2): 130-132. NRCBL: 9.1; 1.1. SC: an. Identifiers: Canada.

**Egilman, David; Howe, Samantha.** Against anti-health epidemiology: corporate obstruction of public health via manipulation of epidemiology. *International Journal of Occupational and Environmental Health* 2007 January-March; 13(1): 118-124. NRCBL: 9.1; 1.3.9; 7.4.

**Etkind, Paul; Arias, Donna; Bagley, Bobbie; Nelson, Mary S.** Preparing for the usual, preparing for the unusual: ethics in routine and emergency public health practice. *Journal of Public Health Management and Practice* 2008 July-August; 14(4): 367-371. NRCBL: 9.1.

**Faden, Ruth R.; Powers, Madison.** Health inequities and social justice: the moral foundations of public health = Gesundheitliche Ungleichheit und soziale Gerechtigkeit: Die moralischen Grundlagen von Public Health. *Bundesgesundheitsblatt* 2008 February; 51(2): 151-157. NRCBL: 9.1; 1.1; 4.2; 9.5.7. Note: Abstracts in English and German.

**Fairchild, Amy L.; Gable, Lance; Gostin, Lawrence O.; Bayer, Ronald; Sweeney, Patricia; Janssen, Robert S.** Public goods, private data: HIV and the history, ethics, and uses of identifiable public health information. *Public Health Reports* 2007; 122(Supplement 1): 7-15. NRCBL: 9.1; 8.4; 9.5.6.

**Faust, Halley S.; Upshur, Ross.** Public health ethics. In: Singer, Peter A.; Viens, A.M., eds. *The Cambridge Textbook of Bioethics*. Cambridge; New York: Cambridge University Press, 2008: 274-280. NRCBL: 9.1; 7.1; 9.7; 9.5.1; 5.2; 8.4. SC: cs; le.

**Frohlich, Katherine L.; Potvin, Louise.** Transcending the known in public health practice: the inequality paradox: the population approach and vulnerable populations. *American Journal of Public Health* 2008 February; 98(2): 216-221. NRCBL: 9.1; 9.5.1. SC: an.

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 groups. We propose some intervention principles to mitigate the health disparities associated with population-approach interventions.