EthxWeb Search Results

Search Detail:
Result=((PUBLIC.TI.) AND ("9.1".PC.)) AND (@YD >= "20000000")
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Document 1
Brown, Theodore M; Fee, Elizabeth
American journal of public health 2011 Dec; 101 Suppl 1: S164
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Document 2
Viehbeck, Sarah M; Melnychuk, Ryan; McDougall, Christopher W; Greenwood, Heather; Edwards, Nancy C
Population and public health ethics in Canada: a snapshot of current national initiatives and future issues.
Abstract: To date, some work has been undertaken to define a code and stewardship framework for public health ethics. However, gaps in our understanding and application of ethics to the field of population and public health (PPH) remain. This paper presents the approach to building capacity for PPH ethics by three national-level organizations: the Canadian Institutes of Health Research-Institute of Population and Public Health, the National Collaborating Centre for Healthy Public Policy, and the Public Health Agency of Canada. By first looking at each of the organizations' respective activities and then across organizations, we synthesize our common approaches, highlight future directions and pose questions aimed at stimulating dialogue about the role of, and challenges confronting, the emerging field of PPH ethics in Canada.
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Document 3
Deonandan, Raywat S
The mandatory census: tension between individual rights and the public good.
Abstract: The discontinuation of the Canadian long-form mandatory census presents a crisis for data users. Examined as a tension between the need to preserve individual civil liberties and the need to curtail those liberties for the public good, the census crisis presents an opportunity for a public discussion on the specifics of our national values, beliefs and expectations.
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Document 4
Gable, Lance
The Patient Protection and Affordable Care Act, public health, and the elusive target of human rights.
The Journal of law, medicine & ethics : a journal of the American Society of Law, Medicine & Ethics 2011 Fall; 39(3): 340-54
Abstract: The Patient Protection and Affordable Care Act (ACA) sets in motion a wide range of programs that
substantially affected the health system in the United States and signify a moderate but important regulatory shift in the role of the federal government in public health. This article briefly addresses two interesting policy paradoxes about the ACA. First, while the legislation primarily addresses health care financing and insurance and establishes only a few initiatives directly targeting public health, the ACA nevertheless has the potential to produce extensive public health benefits across the United States population by improving access to health care and services and reducing cost. Essentially, the ACA does not take the explicit form of a public health law but instead strives to advance public health indirectly through its effects. Second, while the ACA does not establish a right to health - or even a right to health insurance - in the United States, it does set in motion a number of significant structural and normative changes to United States law that comport with the attainment of the right to health. Most significantly, key provisions of the bill are designed to improve availability, accessibility, acceptability, and quality of conditions necessary for health, and to prompt the government to respect, protect, and fulfill these conditions. These developments mean that, to a degree, the United States essentially has undertaken the same types of legal and policy steps that a country would be required to take to uphold the right to health without actually recognizing the right to health in any formal or legally binding way. Despite these dual paradoxes and the upside potential for public health improvements resulting from the ACA, the public health impact of the law remains uncertain and will be decided by numerous subsequent regulatory and implementation decisions. The ACA authorizes multiple federal agencies to engage in rulemaking, a process that will largely dictate the systemic and health impacts that will become its legacy. This reality opens up ample opportunity to bolster public health aspects and interpretations of the law, and to simultaneously augment the corresponding components of the right to health.

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Document 8
Earl, Riggins R Jr.
Emergency preparedness for a pandemic influenza: ethical challenges for black ministers and the public health community.
Journal of health care for the poor and underserved 2011 Aug; 22(3 Suppl): 14-8
Georgetown users check Georgetown Journal Finder for access to full text

Document 9
Saghai, Yashar
Internalized public moral norms and shared sovereignty.
Georgetown users check Georgetown Journal Finder for access to full text

Document 10
El Emam, Khaled; Mercer, Jay; Moreau, Katherine; Grava-Gubins, Inese; Buckeridge, David; Jonker, Elizabeth
Physician privacy concerns when disclosing patient data for public health purposes during a pandemic influenza outbreak.
BMC public health 2011 June 9; 11: 454
Abstract: Privacy concerns by providers have been a barrier to disclosing patient information for public health purposes. This is the case even for mandated notifiable disease reporting. In the context of a pandemic it has been argued that the public good should supersede an individual's right to privacy. The precise nature of these provider privacy concerns, and whether they are diluted in the context of a pandemic are not known. Our objective was to understand the privacy barriers which could potentially influence family physicians’ reporting of patient-level surveillance data to public health agencies during the Fall 2009 pandemic H1N1 influenza outbreak.
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Document 11
Bae, Jin Yung; Groen, Reinou S; Kushner, Adam L
Surgery as a public health intervention: common misconceptions versus the truth.
Bulletin of the World Health Organization 2011 Jun 1; 89(6): 394
Georgetown users check Georgetown Journal Finder for access to full text

Document 12
Kraemer, J D; Cabrera, O A; Singh, J A; Depp, T B; Gostin, L O
Public health measures to control tuberculosis in low-income countries: ethics and human rights considerations.
Abstract: In low-income countries, tuberculosis (TB) control measures should be guided by ethical concerns and human rights obligations. Control programs should consider the principles of necessity, reasonableness and effectiveness of means, proportionality, distributive justice, and transparency. Certain measures-detention, infection control, and treatment to prevent transmission-raise particular concerns. While isolation is appropriate under certain circumstances, quarantine is never an acceptable control measure for TB, and any detention must be limited by necessity and conducted humanely. States have a duty to implement hospital infection control to the extent of their available resources and to provide treatment to health care workers (HCWs) infected on the job. HCWs, in turn, have
an obligation to provide care unless conditions are unreasonably and unforeseeably unsafe. Finally, states have an obligation to provide adequate access to treatment, as a means of preventing transmission, as broadly as possible and in a non-discriminatory fashion. Along with treatment, states should provide support to increase treatment adherence and retention with respect for patient privacy and autonomy. Compulsory treatment is almost never acceptable. Governments should take care to respect human rights and ethical obligations as they execute TB control programs.

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**Document 13**

Cherny, Nathan I

[Mitigating the moral risks of private medicine in public hospitals (SHARAP) through regulation and accountability].

Harefuah 2011 May; 150(5): 426-31, 492

**Abstract:** SHARAP (the Hebrew acronym for private medical service) is an arrangement that allows patients in certain Israeli hospitals to choose their physicians in return for a fee paid, either privately or through some form of parallel insurance. At present, SHARAP is legally precluded from government hospitals but the issue is a source of public debate and the introduction of SHARAP into public hospitals owned by the government and health funds is supported by the Israel Medical Association and MK Yakov Litzman. While advantages to patients, hospitals and medical practitioners are acknowledged, these arrangements carry moral risks related to justice and fair allocation of resources, problems relating to conflicts of interests, the potential for exploitation of patients by physicians with private privileges and the potential for corrupt behaviors.

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**Document 14**

Bailey, Tracey M; Haines, Christina; Rosychuk, Rhonda J; Marrie, Thomas J; Yonge, Olive; Lake, Robert; Herman, Ben; Ammann, Mark

Public engagement on ethical principles in allocating scarce resources during an influenza pandemic.

Vaccine 2011 Apr 12; 29(17): 3111-7

**Abstract:** To investigate the views of students, support staff and academic staff at the University of Alberta in Edmonton, Canada on the allocation of scarce resources during an influenza pandemic to discover if there were any shared values.

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**Document 15**

Azetsop, Jacqueline

New directions in African bioethics: ways of including public health concerns in the bioethics agenda.

Developing world bioethics 2011 Apr; 11(1): 4-15

**Abstract:** Research ethics is the most developed aspect of bioethics in Africa. Most African countries have set up Institutional Review Boards (IRBs) to provide guidelines for research and to comply with international norms. However, bioethics has not been responsive to local needs and values in the rest of the continent. A new direction is needed in African bioethics. This new direction promotes the development of a locally-grounded bioethics, shaped by a dynamic understanding of local cultures and informed by structural and institutional problems that impact the public's health, as well as cognisant of the salient contribution of social sciences and social epidemiology which can bring a lasting impact on African local communities. In today's post-Structural Adjustment Africa, where healthcare has been liberalized and its cost increased, a bioethics agenda that focuses essentially on disease management and clinical work remains blind in the face of a structural marginalization of the masses of poor. Instead, the multidimensional public health crisis, with which most African countries are confronted, calls for a bioethics agenda that focuses primarily, but not exclusively, on health promotion and advocacy. Such an approach to bioethics reckons with the macro-determinants of health and well-being and places clinical and research ethics in the broader context of population's health. The same approach underscores the need to become political, not only by addressing
health policymaking processes and procedures, but also by becoming an advocacy forum that includes other constituencies equipped with the potentialities to impact the population's health.

Document 16
Schüklenk, Udo
Public health ethics and the law of the land.
Developing world bioethics 2011 Apr; 11(1): ii-iii

Document 17
Holm, Søren
Can "giving preference to my patients" be explained as a role related duty in public health care systems?
Abstract: Most of us have two strong intuitions (or sets of intuitions) in relation to fairness in health care systems that are funded by public money, whether through taxation or compulsory insurance. The first intuition is that such a system has to treat patients (and other users) fairly, equitably, impartially, justly and without discrimination. The second intuition is that doctors, nurses and other health care professionals are allowed to, and may even in some cases be obligated to give preference to the interests of their particular patients or clients over the interests of other patients or clients of the system. These two intuitions are in potential conflict. One of the most obvious ways in which to ensure impartiality in a health care system is to require impartiality of all actors in the system, i.e. to give health care professionals a duty to treat everyone impartially and to deny them the 'right' to give their patients preferential treatment. And one of the possible side-effects of allowing individual health care professionals to give preference to 'their clients' is to create inequality in health care. This paper explores the conflict and proposes that it can be right to give preference to 'your' patients in certain circumstances.

Document 18
Costa, Carlos Henrique Nery
How effective is dog culling in controlling zoonotic visceral leishmaniasis? A critical evaluation of the science, politics and ethics behind this public health policy.
Revista da Sociedade Brasileira de Medicina Tropical 2011 Mar-Apr; 44(2): 232-42
Abstract: Zoonotic kala-azar, a lethal disease caused by protozoa of the genus Leishmania is considered out of control in parts of the world, particularly in Brazil, where transmission has spread to cities throughout most of the territory and mortality presents an increasing trend. Although a highly debatable measure, the Brazilian government regularly culls seropositive dogs to control the disease. Since control is failing, critical analysis concerning the actions focused on the canine reservoir was conducted.

Document 19
Varghese, Joe
Relevance of public health activism that Dr Binayak Sen represents.
The National medical journal of India 2011 Jan-Feb; 24(1): 53-4

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Document 20

Institute of Medicine (U.S.). Board on Population Health and Public Health Practice. Committee on Public Health Strategies to Improve Health

FOR THE PUBLIC'S HEALTH: REVITALIZING LAW AND POLICY TO MEET NEW CHALLENGES


Call number: RA445.F656 2011

Document 21

Culhane, John G., ed.

RECONSIDERING LAW AND POLICY DEBATES: A PUBLIC HEALTH PERSPECTIVE


Call number: KF3775.R388 2011

Document 22

Institute of Medicine (U.S.). Committee on Public Health Strategies to Improve Health

FOR THE PUBLIC'S HEALTH: THE ROLE OF MEASUREMENT IN ACTION AND ACCOUNTABILITY


Call number: RA445.F657 2011

Document 23

Derkacz, Marek; Chmiel-Perzynska, Iwona; Buczak-Stec, Elzbieta; Pachuta, Izabela; Kowal, Agnieszka; Grywalska, Ewelina; Pinkowska, Patrycja; Pawlos, Joanna; Bednarczyk, Natalia; Kuszewski, Krzysztof

[Co-payment for public health care services--public opinion survey]. = Współplacenie za usługi medyczne--badanie opinii społecznej.

Przegląd epidemiologiczny 2011; 65(2): 363-70

Abstract: One of the solutions aimed at improving the functioning of the healthcare system in Poland is to introduce patients' co-payment for public healthcare services. In all countries where the healthcare system is at a high level there already exists a co-payment system and it is regarded by many specialists as a necessary and indispensable condition for the proper functioning of healthcare. The aim of this study was to show respondents' attitudes and opinions regarding the proposal of introduction co-payments as an additional form of financing medical care. The questionnaire survey covered a group of 2,409 persons (50.7% men and 49.3% women). Most respondents, despite the overall rising dissatisfaction with the quality and availability of medical services do not see the need for co-payments. The opinion about the implementation of co-payments depends on many factors, to the most important belong age, education, place of residence and income. More often, the co-payments is in favour of young people in good health condition, who live in big cities, having a university degree and determining their financial situation as good. Before the introduction of co-payment - certain social groups, which would be exempt from additional fees, should be specified. To the highest costs that patients are able to carry belong: paying for a home visit of family doctor or specialist, for surgical procedures, and for complex tests performed during the hospital stay (including computed tomography, magnetic resonance imaging).

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Document 24

Beard, Kenya

Reducing the rate of cervical cancer: ethical challenges in public health.


Abstract: Human papilloma virus (HPV) is the most common sexually transmitted infection in the United States and HPV is the single most significant risk factor for acquiring cervical cancer. There are two vaccines that prevent some strains of HPV and are believed to help reduce the rate of cervical cancer: Whether or not the HPV vaccine
should be mandated has resulted in monumental debates and given rise to several ethical concerns. For instance, how will mandating this vaccine affect the patient's right to self determination? Will parents accept a vaccine that prevents a disease that is primarily sexually transmitted and targeted for adolescents girls? Have studies proven the vaccine to be effective against the types of HPV associated with cervical cancer? This paper critically analyzes several studies that address these questions and utilizes the nursing code of ethics as a framework to reveal inherent ethical issues confronting nurses.

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**Document 25**

Appleby, Brenda; Kenny, Nuala P.

**Relational personhood, social justice and the common good: Catholic contributions toward a public health ethics**

Christian Bioethics 2010 December; 16(3): 296-313

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**Document 26**

Ramiro Avilés, Miguel A; Lobo, Félix

**[Grounding public health policies in ethics and economic efficiency. SESPAS report 2010]. = La justificación de las políticas de salud pública desde la ética y la eficiencia económica. Informe SESPAS 2010.**

Gaceta sanitaria / S.E.S.P.A.S 2010 Dec; 24 Suppl 1: 120-7

**Abstract:** In recent times, various voices in Spain have questioned public health policies as an assault to personal freedom. The present article aims to respond to these voices with ethical and economic arguments.

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**Document 27**

Nepal, Vishnu; Banerjee, Deborah; Slentz, Monica; Perry, Mark; Scott, Deborah

**Community-based participatory research in disaster preparedness among linguistically isolated populations: a public health perspective.**


**Abstract:** Working with linguistically isolated immigrants on public health issues poses a set of methodological challenges unique to this population. We used community-based participatory research (CBPR) techniques to investigate the disaster preparedness needs of four linguistically isolated population groups in Houston, Texas (Vietnamese, Chinese, Somali, and Spanish-speaking) in partnership with community-based organizations and community researchers. As a local health department conducting CBPR, we witnessed various challenges, including: engaging and using interpreters versus using community researchers; translating focus group questions from English to other languages; recruiting participants from linguistically isolated populations; and handling issues of community power, data collection, and data reliability. In this article, we discuss these challenges, strategies used, and the outcomes of our approaches in the broader context of CBPR.

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**Document 28**

Powell, Tia

**Family participation in the care of patients in public health disasters.**


**Abstract:** The ethical implications of disaster planning garner increasing scrutiny. The role of families in disaster efforts is a topic that requires additional ethical examination. This article reviews the potential roles for families before and during disasters, with particular attention to the impact on children and vulnerable elderly patients. The
potential positive and negative impact of family participation in different aspects of healthcare and disaster efforts is assessed.

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Document 29
Ober, Stacey; Craven, Gloria; Craven & Ober Policy Strategists, LLC
Challenges and successes of putting health care-associated infection public reporting laws into practice.

Georgetown users check Georgetown Journal Finder for access to full text

Document 30
Rubin, Daniel B
A role for moral vision in public health.

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Document 31
Thorpe, Jane Hyatt
Comparative effectiveness research and health reform: implications for public health policy and practice.

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Document 32
ten Have, Marieke; de Beaufort, Inez D; Mackenbach, Johan P; van der Heide, Agnes
An overview of ethical frameworks in public health: can they be supportive in the evaluation of programs to prevent overweight?
BMC public health 2010 October 22; 10: 638
Abstract: The prevention of overweight sometimes raises complex ethical questions. Ethical public health frameworks may be helpful in evaluating programs or policy for overweight prevention. We give an overview of the purpose, form and contents of such public health frameworks and investigate to which extent they are useful for evaluating programs to prevent overweight and/or obesity.

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Document 33
Peretti-Watel, Patrick
[Stigma and public health]. = Stigmate et santé publique.
Soins; la revue de référence infirmière 2010 Sep(748): 18-20
Abstract: Illnesses have always nourished phenomena of stigmatization, to which public health has occasionally contributed. This observation remains true today, in particular for risk-taking behaviour, and signals the emergence of a new preventive strategy: stigmatizing for encouraging behaviour change more greatly But does this strategy not give rise to ethical issues? And is its preventive effectiveness guaranteed?
Document 34
Fovargue, Sara; Ost, Suzanne
When should precaution prevail? Interests in (public) health, the risk of harm and xenotransplantation.
Medical law review 2010 Autumn; 18(3): 302-29

Document 35
Warren, Rueben C; Tarver, Will L
A foundation for public health ethics at Tuskegee University in the 21st century.
Journal of health care for the poor and underserved 2010 Aug; 21(3 Suppl): 46-56
Abstract: This commentary is a reflection on Tuskegee University's National Center for Bioethics in Research and Health Care on the health and ethical challenges of the 21st century. The Center has dedicated the last 10 years to addressing the unresolved biomedicine and public health issues and/or the ethical dilemmas that plague the nation's health. The authors believe that health disparities continue to worsen because the approach under-appreciates the ethical dilemma that plagues health policy and health disparities. The authors discuss synergies and the paradigmatic differences between science and medicine, religion, spirituality, and faith. They also discuss the importance of considering these relationships if improvements in the health of people of African descent are expected. The concept of Optimal Health is explored.

Document 36
Adams, Samuel Hopkins
Public health and public hysteria. 1911.
American journal of public health 2010 Aug; 100(8): 1388-91

Document 37
Johnson, Summer
Disaster in the Gulf: public health and public responsibility.

Document 38
James, James J; Benjamin, Georges C; Burkle, Frederick M Jr.; Gebbie, Kristine M; Kelen, Gabor; Subbarao, Italo
Disaster medicine and public health preparedness: a discipline for all health professionals.
Disaster medicine and public health preparedness 2010 Jun; 4(2): 102-7

Document 39
Graham, Hilary

**Where is the future in public health?**
The Milbank quarterly 2010 Jun; 88(2): 149-68

**Abstract:** CONTEXT: Today's societies have far-reaching impacts on future conditions for health. Against this backdrop, this article explores how the future is represented in contemporary public health, examining both its conceptual base and influential approaches through which evidence is generated for policy. METHODS: Mission statements and official reviews provide insight into how the future is represented in public health's conceptual and ethical foundations. For its research practices, the article takes examples from epidemiological, intervention, and economic research, selecting risk-factor epidemiology, randomized controlled trials, and economic evaluation as exemplars. FINDINGS: Concepts and ethics suggest that public health research and policy will be concerned with protecting both today's and tomorrow's populations from conditions that threaten their health. But rather than facilitating sustained engagement with future conditions and future health, exemplary approaches to gathering evidence focus on today's population. Thus, risk-factor epidemiology pinpoints risks in temporal proximity to the individual; controlled trials track short-term effects of interventions on the participants' health; and economic evaluations weigh policies according to their value to the current population. While their orientation to the present and near future aligns well with the compressed timescales for policy delivery on which democratic governments tend to work, it makes it difficult for the public health community to direct attention to conditions for future health.

CONCLUSIONS: This article points to the need for research perspectives and practices that, consistent with public health's conceptual and ethical foundations, represent the interests of both tomorrow's and today's populations.
Administration / HSMC, AUPHA 2010 May ; 23(2): 76-83

Abstract: New public management accountability is increasingly being introduced into health-care systems throughout the world - albeit with mixed success. This paper examines the successful introduction of new management accounting systems among general practitioners (GPs) as an aspect of reform in the Italian health-care system. In particular, the study examines the critical role played by the novel concept of an 'ethical budget' in engaging the willing cooperation of the medical profession in implementing change. Utilizing a qualitative research design, with in-depth interviews with GPs, hospital doctors and managers, along with archival analysis, the present study finds that management accounting can be successfully implemented among medical professionals provided there is alignment between the management imperative and the ethical framework in which doctors practise their profession. The concept of an 'ethical budget' has been shown to be an innovative and effective tool in achieving this alignment.

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Document 43

Cherry, Robert A

Repeal of the Pennsylvania motorcycle helmet law: reflections on the ethical and political dynamics of public health reform.

BMC public health 2010 April 21; 10: 202

Abstract: In June of 2003 the Commonwealth of Pennsylvania passed S. 259 which repealed the state's 35-year old motorcycle helmet safety law. Motorcycle helmets are now only required for riders who are under the age of 21 and for those who are 21 years or older who have had a motorcycle operator's license for less than two years, or who have not completed an approved motorcycle safety course.

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Document 44

Coggon, John

Does public health have a personality (and if so, does it matter if you don't like it)?


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Document 45

Rothstein, Mark A


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Document 46

Bell, Kirsten; Salmon, Amy; Bowers, Michele; Bell, Jennifer; McCullough, Lucy

Smoking, stigma and tobacco 'denormalization': Further reflections on the use of stigma as a public health tool. A commentary on Social Science & Medicine's Stigma, Prejudice, Discrimination and Health Special Issue (67: 3).

Social Science & Medicine 2010 March; 70(6): 795-799; discussion 800-801

Abstract: In recent years, addictions policy has stressed the need to counteract stigmatization in order to promote
public health. However, as recent observers have noted, through the widespread implementation of tobacco 'denormalization' strategies, tobacco control advocates appear to have embraced the use of stigma as an explicit policy tool. In a recent article, Ronald Bayer (2008) argues that the mobilization of stigma may effectively reduce the prevalence of smoking behaviors linked to tobacco-related morbidity and mortality and is therefore not necessarily antithetical to public health goals. This commentary takes up this question of whether stigmatizing smoking may ultimately serve the interests of public health. Through an examination of the unique contours of tobacco control policy, we suggest that stigmatizing smoking will not ultimately help to reduce smoking prevalence amongst disadvantaged smokers - who now represent the majority of tobacco users. Rather, it is likely to exacerbate health-related inequalities by limiting smokers' access to healthcare and inhibiting smoking cessation efforts in primary care settings.

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* **Document 47**

Wilson, James; Dawson, Angus

* **Document 48**

Keane, Michael

* **Document 49**

Deville, Kenneth

* **Document 50**

Petrini, Carlo
Document 51

Hodge, James G., Jr.; Courtney, Brooke

Assessing the legal standard of care in public health emergencies.

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http://jama.ama-assn.org (link may be outdated)

Document 52

Daniels, Norman; Valencia-Mendoza, Atanacio; Gelpi, Adriane; Avila, Mauricio Hernandez; Bertozzi, Stefano

The art of public health: pneumococcal vaccine coverage in Mexico.
Lancet 2010 January 9; 375(9709): 114-115

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Document 53

Lazarus, J V; Wallace, S A

Public health in low- and middle-income countries: a glass half full.
Journal of epidemiology and community health 2010 Jan; 64(1): 96

Georgetown users check Georgetown Journal Finder for access to full text

Document 54

Kenny, Nuala P; Sherwin, Susan B; Baylis, Françoise E

Re-visioning public health ethics: a relational perspective.

Abstract: Canada is in the forefront of thinking about the unique and complex issues of contemporary public health ethics. However, an inordinate focus on the urgent issues of emergency preparedness in pandemic and reliance on bioethical analysis steeped in the autonomy and individual rights tradition of health care and research do not serve adequately as the basis for an ethic of public health with its focus on populations, communities and the common good. This paper describes some concerns regarding the focus on pandemic ethics in isolation from public health ethics; identifies inadequacies in the dominant individualistic ethics framework; and summarizes nascent work on the concepts of relational autonomy, relational social justice and relational solidarity that can inform a re-visioning of public health ethics. While there is still much work to be done to further refine these principles, they can help to reclaim and centre the common and collective good at risk in pandemic and other emergency situations. Minimally, these principles require a policy-making process that is truly transparent, fair and inclusive; is sensitive and responsive to the workings of systemic inequalities; and requires public recognition of the fact that we enter any crisis with varying degrees of inequity. Public policy response to crisis must not forseeably increase existing inequities.

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Document 55

Hofrichter, Richard and Bhatia, Rajiv, eds.
National Association of County & City Health Officials (United States)

TACKLING HEALTH INEQUITIES THROUGH PUBLIC HEALTH PRACTICE: THEORY TO ACTION: A PROJECT OF THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS
Document 56
Gostin, Lawrence O., ed.
PUBLIC HEALTH LAW AND ETHICS: A READER

Document 57
Freeman, Michael D.A., ed.
THE ETHICS OF PUBLIC HEALTH
Farnham, Surrey/Burlington, VT: Ashgate, 2010. 2 volumes.

Document 58
Peckham, Stephen and Hann, Alison, eds.
PUBLIC HEALTH ETHICS AND PRACTICE

Document 59
Pettrini, Carlo; Gainotti, Sabina; Requena, Pablo
_Personalism for public health ethics._
Annali dell'Istituto superiore di sanità 2010; 46(2): 204-9
_Abstract:_ In public health ethics, as in bioethics, utilitarian approaches usually prevail, followed by Kantian and communitarian foundations. If one considers the nature and core functions of public health, which are focused on a population perspective, utilitarianism seems still more applicable to public health ethics. Nevertheless, faulting additional protections towards the human person, utilitarianism doesn't offer appropriate solutions when conflicts among values do arise. Further criteria must be applied to protect the fundamental principles of respect for human life. Personalism offers similar advantages to utilitarianism but warrants more protection to the human person. We suggest a possible adaptation of personalism in the specific field of public health by means of four principles: absolute respect for life or principle of inviolability; subsidiarity and the "minimum" mandatory principle; solidarity; justice and non discrimination.

Document 60
Tracy, C Shawn; Rea, Elizabeth; Upshur, Ross E G
_Public perceptions of quarantine: community-based telephone survey following an infectious disease outbreak._
BMC public health 2009 December 16; 9: 470
_Abstract:_ The use of restrictive measures such as quarantine draws into sharp relief the dynamic interplay between the individual rights of the citizen on the one hand and the collective rights of the community on the other. Concerns regarding infectious disease outbreaks (SARS, pandemic influenza) have intensified the need to understand public perceptions of quarantine and other social distancing measures.

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Document 61
Tracy, C Shawn; Rea, Elizabeth; Upshur, Ross E G
Public perceptions of quarantine: community-based telephone survey following an infectious disease outbreak.
BMC public health 2009 December 16; 9: 470
Abstract: The use of restrictive measures such as quarantine draws into sharp relief the dynamic interplay between the individual rights of the citizen on the one hand and the collective rights of the community on the other. Concerns regarding infectious disease outbreaks (SARS, pandemic influenza) have intensified the need to understand public perceptions of quarantine and other social distancing measures.

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Document 62
Baum, Nancy M.; Jacobson, Peter D.; Goold, Susan D.
"Listen to the people": public deliberation about social distancing measures in a pandemic.
American Journal of Bioethics 2009 November; 9(11): 4-14
Abstract: Public engagement in ethically laden pandemic planning decisions may be important for transparency, creating public trust, improving compliance with public health orders, and ultimately, contributing to just outcomes. We conducted focus groups with members of the public to characterize public perceptions about social distancing measures likely to be implemented during a pandemic. Participants expressed concerns about job security and economic strain on families if businesses or school closures are prolonged. They shared opposition to closure of religious organizations, citing the need for shared support and worship during times of crises. Group discussions elicited evidence of community-mindedness (e.g., recognition of an extant duty not to infect others), while some also acknowledged strong self-interest. Participants conveyed desire for opportunities for public input and education, and articulated distrust of government. Social distancing measures may be challenging to implement and sustain due to strains on family resources and lack of trust in government.

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http://www.bioethics.net/journal/ (link may be outdated)

Document 63
Upshur, Ross
Joint Center for Bioethics Pandemic Ethics Working Group (Toronto, Canada)
Public engagement on social distancing in a pandemic: a Canadian perspective.
American Journal of Bioethics 2009 November; 9(11): 15-17

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Swiss model for health care thrives without public option

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**Opposition to swine flu vaccine among health staff and the public seems to be growing worldwide** [news]
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Lurie, Nicole
**H1N1 influenza, public health preparedness, and health care reform** [commentary]
New England Journal of Medicine 2009 August 27; 361(9): 843-845

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Harmon, Shawn H.E.
**International public health law: not so much WHO as why, and not enough WHO and why not?**
Medicine, Health Care, and Philosophy 2009 August; 12(3): 245-255

Abstract: To state the obvious, "health matters", but health (or its equitable enjoyment) is neither simple nor easy. Public health in particular, which encompasses a broad collection of complex and multidisciplinary activities which are critical to the wellbeing and security of individuals, populations and nations, is a difficult milieu to master effectively. In fact, despite the vital importance of public health, there is a relative dearth of ethico-legal norms tailored for, and directed at, the public health sector, particularly at the international level. This is a state of affairs which is no longer tenable in the global environment. This article argues that public health promotion is a moral duty, and that international actors are key stakeholders upon whom this duty falls. In particular, the World Health Organization bears a heavy responsibility in this regard. The article claims that better health can and must be better promoted through a more robust interpretation of the WHO's role, arguing that neither the WHO nor international law have yet played their necessary part in promoting health for all.

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Nunes, Rui; Rego, Guilhermina; Brandão, Cristina
**Healthcare regulation as a tool for public accountability**
Medicine, Health Care, and Philosophy 2009 August; 12(3): 257-264

Abstract: The increasing costs of healthcare delivery led to different political and administrative approaches trying to preserve the core values of the welfare state. This approach has well documented weaknesses namely with regard to healthcare rationing. The objective of this paper is to evaluate if independent healthcare regulation is an important tool with regard to the construction of fair processes for setting limits to healthcare. Methodologically the authors depart from Norman Daniels' and James Sabin's theory of accountability for reasonableness and try to determine if new regulatory models—namely independent agencies—perform better with regard to the public disclosure of the reasons and rationales of healthcare rationing. In publicly financed healthcare systems independent regulation is an important tool to assure fair and reasonable procedures of prioritising services. In accordance with the principle of public accountability, independent regulatory agencies are particularly well suited to assure publicity of the decision-making processes, relevance of the rationale involved and particularly mechanisms for challenge and dispute resolution regarding limit setting decisions. It follows that independent healthcare regulation could be regarded not only as an instrument for performance improvement but also as a tool of social justice. The authors conclude by stating that accountability for reasonableness should be regarded as a landmark of any healthcare reform. And
therefore regulators have the social task of assuring that the rationales for limit-setting decisions are clearly accessible to the public.

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Freudenberg, Nicholas  
**Jails, justice, and public health [review of Dreams from the Monster Factory: A Tale of Prison, Redemption, and One Woman's Fight to Restore Justice to All, by Sunny Schwartz and David Bo迭ell]**  
Lancet 2009 July 4-10; 374(9683): 17-18

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Repullo Labrador, José Ramón  
[Asymmetric policies for merit-goods: harmonizing individual and social preferences in public health] =  
Políticas tutelares asimétricas: conciliando preferencias individuales y sociales en salud pública.  
Gaceta sanitaria / S.E.S.P.A.S 2009 Jul-Aug; 23(4): 342-7  
**Abstract:** Behavior is a major determinant of health, but changes in individual conduct are difficult, and health promotion lacks effectiveness. State intervention in the last century, rooted in the modernist movement, went far beyond dealing with externalities and built the framework of the welfare state. The crisis of the welfare state and post modernity after the 1970s led to a weakness of ideologies and values, narcissistic individualism, and lack of trust in institutions, all of which hampered the ability of society's perspective to influence individual behavior. A review of health economics (especially merit goods) and public health (ethics and values of health promotion and prevention) may be useful to understand certain dilemmas in the balance between public intervention and individual autonomy. Given that many unhealthy decisions come from biased or irrational individual preferences, a promising new field in public health interventions is being developed, known as , or, more appropriately, as , which allow society to selectively influence those individuals whose decision biases lead to self-harming behavior, without constraining the autonomy of well informed autonomous individuals (even though their preferences may not coincide with society's recommended preferences).

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Turoldo, Fabrizio  
**Responsibility as an ethical framework for public health interventions.**  
American Journal of Public Health 2009 July; 99(7): 1197-1202  
**Abstract:** Bioethical debate has been characterized from the beginning by the central importance placed on autonomy. This is because bioethics has, until now, been concerned with the relationship between doctor and patient in a clinical context or, alternatively, with the rights of individuals involved in biomedical research. The increased involvement of bioethics in the domain of public health, however, makes it necessary to refer to other principles and values, thus shaping a new responsibility-focused bioethics that extends itself beyond the early boundaries of this discipline.

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H1N1, public health security, bioethics, and human rights [letter]
Lancet 2009 June 20-26; 373(9681): 2107-2108

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The FDA as a public health agency [commentary]

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Robinson, Priscilla
Evidence pyramids, rigour and ethics review of public health research.

Georgetown users check Georgetown Journal Finder for access to full text

Document 80
Holm, Søren
Should persons detained during public health crises receive compensation?
Journal of Bioethical Inquiry 2009 June; 6(2): 197-205

Abstract: One of the ways in which public health officials control outbreaks of epidemic disease is by attempting to control the situations in which the infectious agent can spread. This may include isolation of infected persons, quarantine of persons who may be infected and detention of persons who are present in or have entered premises where infected persons are being treated. Most who have analysed such measures think that the restrictions in liberty they entail and the detriments in welfare they impose can be justified and this paper proceeds from the assumption that detention measures are justifiable in some circumstances. Such measures are often implemented without any compensation being given to the persons who are detained. This raises the question: What do we owe to those whose liberty is justifiably restricted (e.g. through isolation, quarantine or detention) as a public health measure during a public health emergency? More specifically, do we owe them compensation for any losses they experience? The paper falls in four main sections. The first section provides examples of the current regulatory state of affairs from the US, Canada and WHO. The second section lays out the liberal, welfarist and pragmatic arguments for providing compensation. The third section discusses the arguments against compensation and the fourth and final section provides the conclusion. It is argued that the arguments for providing compensation clearly outweigh the counterarguments and that the default public policy therefore should be that compensation is provided.

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Adelman, David E.
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Public health care and health insurance reform – varied preferences, varied options [commentary]

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Dissent in public health ethics. A guarantor for political credibility? = Der Dissens in der Public-Health-Ethik. Ein Garant für politische Glaubwürdigkeit?
Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2009 May; 52(5): 512-518

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Werner, M.H.
Morality, ethics and public health: philosophy and the challenge of pluralism = Moral, Ethik und Public Health: Philosophie und die Herausforderung des Pluralismus.
Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2009 May; 52(5): 489-493

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Rothgang, H.; Staber, J.
Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2009 May; 52(5): 494-501

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Loss, J.; Nagel, E.
Problems and ethical challenges in public health communication = Probleme und ethische Herausforderungen bei der bevölkerungsbezogenen Gesundheitskommunikation.
Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2009 May; 52(5): 502-511

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**Public health ethics in general practice = Public-Health-Ethik in der Praxis.**

Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz 2009 May; 52(5): 487-488

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**Document 89**

Gupta, Monica Das; Gostin, Lawrence

**Donors' roles in building of global public goods in health.**

Lancet 2009 April 18; 373(9672): 1395-1397

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http://www.thelancet.com/journals/lancet/issue/current (link may be outdated)

**Document 90**

Herrera, Christopher

**Tinkering with the survival lottery during a public health crisis.**

Journal of Medicine and Philosophy 2009 April; 34(2): 181-194

**Abstract:** A well-known thought experiment has us ponder a lottery system that selects one person as the source of transplantable organs for two others. The organs are forcibly harvested and the "donor" dies, whereas the other two patients live. The Survival Lottery is supposed to get at the distinction between killing and letting die, but it is also a challenge to beliefs about moral duties: what are my obligations if my life could be used to save yours and another person's as well? A less extreme version of this thought experiment might have us imagining that officials of the public healthcare system would devise a similar lottery in the aftermath of a large-scale medical emergency. We could imagine that a natural disaster or an attack using biological weapons, for example, has so diminished the ability to provide public health care that in some communities, officials might consider implementing a lottery. To avoid the concerns about outright killing of selectees, officials might offer a wide range of participation in medical practice and research, not just organ allocation. Officials could ensure that no significant risks are involved, and selectees could in various ways be compensated. Would it be possible to ethically justify this "Healthcare Lottery" on the grounds that it was a temporary, yet necessary, infringement on autonomy?

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Reidpath, Daniel D.; Allotey, Pascale

**Opening up public health: a strategy of information and communication technology to support population health.**

Lancet 2009 March 21; 373(9668): 1050-1051

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Waterman, Stephen H; Escobedo, Miguel; Wilson, Todd; Edelson, Paul J.; Bethel, Jeffrey W.; Fishbein, Daniel B.
**A new paradigm for quarantine and public health activities at land borders: opportunities and challenges.**
Public Health Reports 2009 March-April; 124(2): 203-211

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Bennett, B.
**Legal rights during pandemics: federalism, rights and public health laws—a view from Australia.**
Public Health 2009 March; 123(3): 232-236

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Gostin, L.O.; Gostin, K.G.
**A broader liberty: J.S. Mill, paternalism and the public's health.**
Public Health 2009 March; 123(3): 214-221

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MacLean, Lynne; Edwards, Nancy; Garrard, Michael; Sims-Jones, Nicki; Clinton, Kathryn; Ashley, Lisa
**Obesity, stigma and public health planning.**
Health Promotion International 2009 March; 24(1): 88-93

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* Document 96
Blackshear, Erika
**Private choice, public health**
Hastings Center Report 2009 March-April; 39(2): inside front cover

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* Document 97
Wynia, Matthew K.
**Personal responsibility, public policy, and the economic stimulus plan.**

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* Document 98
Parmet, Wendy E.
**Document 99**

Richards, Edward P.

*Dangerous people, unsafe conditions: the constitutional basis for public health surveillance*


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Sherwood, William F.

*The dangerous patient: medical, legal, and public policy responses -- a symposium introduction and overview*


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**Document 101**

Calman, K.

*Beyond the 'nanny state': stewardship and public health.*

Public Health 2009 January; 123(1): e6-e10

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Moulton, Anthony D.; Mercer, Shawna L.; Popovic, Tanja; Briss, Peter A.; Goodman, Richard A.; Thombley, Melissa L.; Hahn, Robert A.; Fox, Daniel M.

*The scientific basis for law as a public health tool.*


**Abstract:** Systematic reviews are generating valuable scientific knowledge about the impact of public health laws, but this knowledge is not readily accessible to policy makers. We identified 65 systematic reviews of studies on the effectiveness of 52 public health laws: 27 of those laws were found effective, 23 had insufficient evidence to judge effectiveness, 1 was harmful, and 1 was found to be ineffective. This is a valuable, scientific foundation that uses the highest relevant standard of evidence for the role of law as a public health tool. Additional primary studies and systematic reviews are needed to address significant gaps in knowledge about the laws' public health impact, as are energetic, sustained initiatives to make the findings available to public policy makers.

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KILLER COMMODITIES: PUBLIC HEALTH AND THE CORPORATE PRODUCTION OF HARM

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Parmet, Wendy E.
POPULATIONS, PUBLIC HEALTH, AND THE LAW

Document 107
Shickle, Darren
The ethics of public health practice: balancing private and public interest within tobacco policy.
British medical bulletin 2009; 91: 7-22
Abstract: Public health practice is characterized by measuring population health, assessing needs for health care and the provision (directly or indirectly) of services to protect and promote the public's health. It is increasingly explicitly concerned with issues of equity.

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Ahronheim, Judith C.
Service by health care providers in a public health emergency: the physician's duty and the law

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Public health ethics: an update on the emerging field
**Document 110**
Lerner, Barron H.; Bayer, Ronald

*History of public health ethics in the United States*
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*Ethics in public health practice*
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Kochuba, Margaret J.

*Public health vs. patient rights: reconciling informed consent with HPV vaccination*
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*The emerging field of public health ethics [review of International Public Health Policy and Ethics, edited by Michael Boylan]*
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Chafe, Roger; Neville, Doreen; Rathwell, Thomas; Deber, Raisa

*A framework for involving the public in health care coverage and resource allocation decisions.*
Healthcare Management Forum = Forum gestion des soins de santé 2008 Winter; 21(4): 6-21
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Tannahill, Andrew

*Beyond evidence-to ethics: a decision-making framework for health promotion, public health and health improvement.*
Health Promotion International 2008 December; 23(4): 380-390
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*  Article  
Gitau-Mburu, D.  
**Should public health be exempt from ethical regulations? Intricacies of research versus activity.**  
Georgetown users check [Georgetown Journal Finder](#) for access to full text

*  Article  
Mullen, Caroline  
**Representation or reason: consulting the public on the ethics of health policy**  
*Abstract:* Consulting the public about the ethical approaches underlying health policies can seem an appealing means of addressing concerns about limited public participation in development of health policy. However ambiguity surrounds questions of whether, or how consultation can really contribute to more defensible decisions about ethical aspects of policy. This paper clarifies the role and limits of public consultation on ethics, beginning by separating different senses of defensibility in decisions on ethics. Defensibility of ethical decisions could be understood either in the sense of legitimacy in virtue of reflecting the opinions of the public whose interests are affected, or in the sense of being able to withstand and respond to challenges presented in ethical debate. The question then is whether there are forms of consultation which have the potential to realise more defensible decisions in either of these senses. Problems of adequately accounting for the views of those affected by policy decisions casts doubt on the plausibility of using consultation as a means of determining the opinions of the public. Consultation can have a role by bringing new ideas and challenges to debate, although it is uncertain whether this will increase the defensibility of any decision on ethics.  
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*  Article  
Kwon, Jennifer; Dees, Richard H.  
**Pediatric screening and the public good**  
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[http://www.dana.org/books/press/cerebrum/](http://www.dana.org/books/press/cerebrum/) (link may be outdated)

*  Article  
Coggon, John  
**Harmful rights-doing? The perceived problem of liberal paradigms and public health.**  
Journal of Medical Ethics 2008 November; 34(11): 798-801  
*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.  
Georgetown users check [Georgetown Journal Finder](#) for access to full text  
[http://www.jmedethics.com](http://www.jmedethics.com) (link may be outdated)
Ethical models underpinning responses to threats to public health: a comparison of approaches to communicable disease control in Europe.

Gainotti, Sabina; Moran, Nicola; Petrini, Carlo; Shickle, Darren

Abstract: Increases in international travel and migratory flows have enabled infectious diseases to emerge and spread more rapidly than ever before. Hence, it is increasingly easy for local infectious diseases to become global infectious diseases (GIDs). National governments must be able to react quickly and effectively to GIDs, whether naturally occurring or intentionally instigated by bioterrorism. According to the World Health Organisation, global partnerships are necessary to gather the most up-to-date information and to mobilize resources to tackle GIDs when necessary. Communicable disease control also depends upon national public health laws and policies. The containment of an infectious disease typically involves detection, notification, quarantine and isolation of actual or suspected cases; the protection and monitoring of those not infected; and possibly even treatment. Some measures are clearly contentious and raise conflicts between individual and societal interests. In Europe national policies against infectious diseases are very heterogeneous. Some countries have a more communitarian approach to public health ethics, in which the interests of individual and society are more closely intertwined and interdependent, while others take a more liberal approach and give priority to individual freedoms in communicable disease control. This paper provides an overview of the different policies around communicable disease control that exist across a select number of countries across Europe. It then proposes ethical arguments to be considered in the making of public health laws, mostly concerning their effectiveness for public health protection.

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Parmet, Wendy E.
Beyond preparedness: time to rethink the connection between public health and national security
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Berlinger, Nancy; Moses, Jacob
Pandemic flu planning in the community: what can clinical ethicists bring to the public health table?
CQ: Cambridge Quarterly of Healthcare Ethics 2008 Fall; 17(4): 468-470
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Document 126
Hui, Edwin C.
A survey of the ethics climate of Hong Kong public hospitals
Clinical Ethics 2008 September; 3(3): 132-140
Abstract: The main objective of the study was to survey health-care practitioners' (HCPs) perception of health-care practices that are of medical–ethical importance in Hong Kong public hospitals, and to identify the moral issues that concern them most. A total of 2718 doctors, nurses, allied health and administrative workers from 14 hospitals participated. HCPs considered that communication/conflict between patients/families and HCPs was the most important issue, followed by issues concerning patients' rights and values. The 'ethics climate' in Hong Kong public hospitals was found to be largely determined by two negative factors (inadequate communication and conflict issues) and two positive factors (high regard for patients' rights and the decline in family interference). Chinese cultural conventions were inferred to exert strong influence on the behaviours of HCPs and patients/families. Significant differences in perceptions between different categories of HCPs were also detected. The study was the first of its kind ever done in Hong Kong and signalled the need for institutional reorganization and medical–ethical education.
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Coleman, Carl H.; Bouësseau, Marie-Charlotte; Reis, Andreas
The contribution of ethics to public health.
Bulletin of the World Health Organization 2008 August; 86(8): 578-A
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Krebs, John
The importance of public-health ethics [editorial]
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Petrini, Carlo; Gainotti, Sabina

**A personalist approach to public-health ethics.**

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Brook, Robert H.

**Health policy and public trust [commentary]**

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Grémy, F,

**De quelques dimensions ethiques et philosophiques de la décision en santé publique ... et ailleurs = [Ethical and philosophical dimensions of decision-making in public health]**

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Pestronk, Robert M.; Jacobson, Peter D.


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Thomas, James C.

**An agenda for public health ethics.**

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Document 134

Diekema, Douglas S.

**Public health, ethics, and state compulsion.**

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Document 135
Itan, Anthony B.
The ethics of the medical model in addressing the root causes of health disparities in local public health practice.
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Gollust, Sarah E.; Baum, Nancy M.; Jacobson, Peter D.
Politics and public health ethics in practice: right and left meet right and wrong.
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Barrett, Drue H.; Bernier, Roger H.; Sowell, Anne L.
Strengthening public health ethics at the Centers for Disease Control and Prevention.
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Swain, Geoffrey R.; Burns, Kelly A.; Etkind, Paul
Preparedness: medical ethics versus public health ethics.
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Bernheim, Ruth Gaare; Melnick, Alan
Principled leadership in public health: integrating ethics into practice and management.
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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.
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Gruen, Russell L.
Evidence-based advocacy: the public roles of health care professionals.
Medical Journal of Australia 2008 June 16; 188(12): 684-685

Hyle, Laurel R.; Asamoah, Afia K.; Ruger, Raymond T.
International legal developments in review: 2007 public international law international health law
International Lawyer 2008 Summer; 42(2): 745-755

Guttman, Nurit; Shalev, Carmel; Kaplan, Giora; Abulafia, Ahuva; Bin-Nun, Gabi; Goffer, Ronen; Ben-Moshe, Roei; Tal, Ora; Shani, Mordechai; Lev, Boaz
What should be given a priority – costly medications for relatively few people or inexpensive ones for many?
The Health Parliament public consultation initiative in Israel.
Health Expectations 2008 June; 11(2): 177-188

McSherry, Bernadette; Darvall, Leanna
Public health and human rights

Gulliford, Martin C.
Public health and human rights: questions from an epidemic in Prato
Journal of Law and Medicine 2008 May; 15(5): 752-759

Viens, A.M.
Public health, ethical behavior and reciprocity
American Journal of Bioethics 2008 May; 8(5): 1-3

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Goldman, Janlori; Kinnear, Sydney; Chung, Jeannie; Rothman, David J.
New York City's initiatives on diabetes and HIV/AIDS: implications for patient care, public health, and medical professionalism
American Journal of Public Health 2008 May; 98(5): 807-813

Abstract: Two recent New York City Department of Health and Mental Hygiene initiatives expanded the mission and scope of public health, with implications for both New York and the nation. The programs target diabetes and HIV/AIDS for greater systemic and expanded reporting, surveillance, and intervention. These initiatives do not balance heightened surveillance and intervention with the provision of meaningful safeguards or resources for prevention and treatment. The programs intrude on the doctor-patient relationship and may alienate the very patients and health professionals they aim to serve. Better models are available to achieve their intended goals. These initiatives should be reconsidered so that such an expansion of public health authority in New York City does not become part of a national trend.

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Curfman, Gregory D.; Morrissey, Stephen; Drazen, Jeffrey M.
Handgun violence, public health, and the law [editorial]

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Mello, Michelle M.; Pomeranz, Jennifer; Moran, Patricia
The interplay of public health law and industry self-regulation: the case of sugar-sweetened beverage sales in schools

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Steinhauer, Jennifer
Rising public health risk seen as more parents reject vaccines
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Frohlich, Katherine L.; Potvin, Louise

Transcending the known in public health practice: The inequality paradox: the population approach and vulnerable populations

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.

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Autonomy, paternalism, and justice: ethical priorities in public health

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.

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**‘Faced’ with responsibility: Levinasian ethics and the challenges of responsibility in Norwegian public health nursing**
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Public health, public trust and lobbying [editorial]
American Journal of Bioethics 2007 June; 7(6): 4-7
Abstract: Each year, infection with Human Papillomavirus (HPV) leads to millions of abnormal Pap smears and thousands of cases of cervical cancer in the US. Throughout the developing world, where Pap smears are less common, HPV is a leading cause of cancer death among women. So when the international pharmaceutical giant Merck developed a vaccine that could prevent infection with several key strains of HPV, the public health community was anxious to celebrate a major advance. But then marketing and lobbying got in the way. Merck chose to pursue an aggressive lobbying campaign, trying to make its new vaccine mandatory for young girls. The campaign stoked public mistrust about how vaccines come to be mandated, and now it's not just Merck's public image that has taken a hit. The public health community has also been affected. What is the lesson to be learned from this story? Public health communication relies on public trust.
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"Police" powers and public health paternalism: HIV and diabetes surveillance
Hastings Center Report 2007 March-April; 37(2): 9-10

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Legal implications of public health guidelines

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Wynia, Matthew K.

Ethics and public health emergencies: restrictions on liberty [editorial]

**Abstract:** Responses to public health emergencies can entail difficult decisions about restricting individual liberties to prevent the spread of disease. The quintessential example is quarantine. While isolating sick patients tends not to provoke much concern, quarantine of healthy people who only might be infected often is controversial. In fact, as the experience with severe acute respiratory syndrome (SARS) shows, the vast majority of those placed under quarantine typically don't become ill. Efforts to enforce involuntary quarantine through military or police powers also can backfire, stoking both panic and disease spread. Yet quarantine is part of a limited arsenal of options when effective treatment or prophylaxis is not available, and some evidence suggests it can be effective, especially when it is voluntary, home-based and accompanied by extensive outreach, communication and education efforts. Even
assuming that quarantine is medically effective, however, it still must be ethically justified because it creates harms for many of those affected. Moreover, ethical principles of reciprocity, transparency, non-discrimination and accountability should guide any implementation of quarantine.

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**Paternalism and its discontents: motorcycle helmet laws, libertarian values, and public health**

**Abstract:** The history of motorcycle helmet legislation in the United States reflects the extent to which concerns about individual liberties have shaped the public health debate. Despite overwhelming epidemiological evidence that motorcycle helmet laws reduce fatalities and serious injuries, only 20 states currently require all riders to wear helmets. During the past 3 decades, federal government efforts to push states toward enactment of universal helmet laws have faltered, and motorcyclists' advocacy groups have been successful at repealing state helmet laws. This history raises questions about the possibilities for articulating an ethics of public health that would call upon government to protect citizens from their own choices that result in needless morbidity and suffering.

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**Against anti-health epidemiology: corporate obstruction of public health via manipulation of epidemiology.**

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**Medicine and public health: crossing legal boundaries**

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Hunter, Nan D.

"Public-private" health law: multiple directions in public health

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Richards, Edward P.

Public health law as administrative law: example lessons

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Weeks, Elizabeth A.

Beyond compensation: using torts to promote public health

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Parmet, Wendy E.

Public health and constitutional law: recognizing the relationship

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Gostin, Lawrence O.

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* Chapter 270
Kahn, Jeffrey; Mastroianni, Anna

The implications of public health for bioethics
Call number: [QH332 .O94 2007](#)
First in the nation: New Hampshire, HPV, and public health


Public roles of US physicians: community participation, political involvement, and collective advocacy

JAMA: The Journal of the American Medical Association 2006 November 22-29; 296(20): 2467-2475

Abstract: CONTEXT: Whether physicians have a professional responsibility to address health-related issues beyond providing care to individual patients has been vigorously debated. Yet little is known about practicing physicians' attitudes about or the extent to which they participate in public roles, which we defined as community participation, political involvement, and collective advocacy. OBJECTIVES: To determine the importance physicians assign to public roles, their participation in related activities, and sociodemographic and practice factors related to physicians' rated levels of importance and activity. DESIGN, SETTING, AND PARTICIPANTS: Mail survey conducted between November 2003 and June 2004 of 1662 US physicians engaged in direct patient care selected from primary care specialties (family practice, internal medicine, pediatrics) and 3 non-primary care specialties (anesthesiology, general surgery, cardiology). MAIN OUTCOME MEASURES: Rated importance of community participation, political involvement, collective advocacy, and relevant self-reported activities encompassing the previous 3 years; rated importance of physician action on different issues. RESULTS: Community participation, political involvement, and collective advocacy were rated as important by more than 90% of respondents, and a majority rated community participation and collective advocacy as very important. Nutrition, immunization, substance abuse, and road safety issues were rated as very important by more physicians than were access-to-care issues, unemployment, or illiteracy. Two thirds of respondents had participated in at least 1 of the 3 types of activities in the previous 3 years. Factors independently related to high overall rating of importance (civic-mindedness) included age, female sex, underrepresented race/ethnicity, and graduation from a non-US or non-Canadian medical school. Civic mindedness, medical specialty, practice type, underrepresented race/ethnicity, preceptors of physicians in training, rural practice, and graduation from a non-US or non-Canadian medical school were independently related to civic activity.

CONCLUSIONS: Public roles are definable entities that have widespread support among physicians. Civic-mindedness is associated primarily with sociodemographic factors, but civic action is associated with specialty and practice-based factors.
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Coughlin, Steven S.
**Hope, ethics, and public health [editorial]**
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*Abstract:* The ends and means of public health activities are suggested to be at odds with the values held by human individuals and communities. Although promoting longer lives in better health for all seems like an endeavour that is obviously acceptable, it can be challenged by equally self-evident appeals to autonomy, happiness, integrity and liberty, among other values. The result is that people's actual concerns are not always adequately dealt with by public health measures and assurances.
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Abstract: "Lay epidemiology" is a term used to describe the processes through which health risks are understood and interpreted by laypeople. It is seen as a barrier to public health when the public disbelieves or fails to act on public health messages. Two elements to lay epidemiology are proposed: (a) empirical beliefs about the nature of illness and (b) values about the place of health and risks to health in a good life. Both elements have to be dealt with by effective public health schemes or programmes, which would attempt to change the public's empirical beliefs and values. This is of concern, particularly in a context in which the lay voice is increasingly respected. Empirically, the scientific voice of standard epidemiology should be deferred to by the lay voice, provided a clear distinction exists between the measurement of risk, which is empirical, and its weighting, which is based on values. Turning to engagement with values, health is viewed to be an important value and is discussed and reflected on by most people. Public health professionals are therefore entitled and advised to participate in that process. This view is defended against some potential criticisms.
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**Epistemic paternalism in public health**

Journal of Medical Ethics 2005 November; 31(11): 648-653

**Abstract:** Receiving information about threats to one's health can contribute to anxiety and depression. In contemporary medical ethics there is considerable consensus that patient autonomy, or the patient's right to know, in most cases outweights these negative effects of information. Worry about the detrimental effects of information has, however, been voiced in relation to public health more generally. In particular, information about uncertain threats to public health, from-for example, chemicals-are said to entail social costs that have not been given due consideration. This criticism implies a consequentialist argument for withholding such information from the public in their own best interest. In evaluating the argument for this kind of epistemic paternalism, the consequences of making information available must be compared to the consequences of withholding it. Consequences that should be considered include epistemic effects, psychological effects, effects on private decisions, and effects on political decisions. After giving due consideration to the possible uses of uncertain information and rebutting the claims that uncertainties imply small risks and that they are especially prone to entail misunderstandings and anxiety, it is concluded that there is a strong case against withholding of information about uncertain threats to public health.

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**Clinical decision making during public health emergencies: ethical considerations**

Annals of Internal Medicine 2005 October 4; 143(7): 493-498

**Abstract:** Recent public health emergencies involving anthrax, the severe acute respiratory syndrome (SARS), and shortages of influenza vaccine have dramatized the need for restrictive public health measures such as quarantine, isolation, and rationing. Front-line physicians will face ethical dilemmas during public health emergencies when patients disagree with these measures. Patients might request interventions that are not recommended or for which they are not eligible, or they might object to intrusive or restrictive measures. The physician's primary responsibility in such emergencies is to the public rather than to the individual patient. In public health emergencies, physicians need to address the patient's needs and concerns, recognize their changed roles, and work closely with public health officials. Physicians can still work on behalf of patients by advocating for changes in policies and exceptions when warranted and by mitigating the adverse consequences of public health measures. Before an emergency occurs, physicians should think through how they will respond to foreseeable dilemmas arising when patients disagree with public health recommendations.

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**Public opinion and the politics of obesity in America**

Journal of Health Politics, Policy and Law 2005 October; 30(5): 923-954

**Abstract:** Health policy experts have recently sounded the warning about the severe health and economic consequences of America's growing rates of obesity. Despite this fact, obesity has only begun to enter America's political consciousness and we have little information about what average Americans think of obesity or whether they support obesity-related policies. Using unique survey data collected by the authors, this essay examines public attitudes toward obesity and obesity policy. We find that, contrary to the views of health experts, most Americans are not seriously concerned with obesity, express relatively low support for obesity-targeted policies, and still view obesity as resulting from individual failure rather than environmental or genetic sources. Given the absence of elite
We also find that typical determinants of policy preferences, such as ideology or partisanship, are not good predictors of attitudes on obesity policy. Rather, with a low-valence issue such as obesity, the public utilizes other attitudinal frameworks such as their opinions on smoking policy and the environmental culpability for obesity. The implications of these findings for obesity policy and research on health-related public opinion are discussed.

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**Obesity, courts, and the new politics of public health**
**Abstract:** Health care politics are changing. They increasingly focus not on avowedly public projects (such as building the health care infrastructure) but on regulating private behavior. Examples include tobacco, obesity, abortion, drug abuse, the right to die, and even a patient's relationship with his or her managed care organization. Regulating private behavior introduces a distinctive policy process; it alters the way we introduce (or frame) political issues and shifts many important decisions from the legislatures to the courts. In this article, we illustrate the politics of private regulation by following a dramatic case, obesity, through the political process. We describe how obesity evolved from a private matter to a political issue. We then assess how different political institutions have responded and conclude that courts will continue to take the leading role.

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**Abstract:** Jacobson v Massachusetts, a 1905 US Supreme Court decision, raised questions about the power of state government to protect the public's health and the Constitution's protection of personal liberty. We examined conceptions about state power and personal liberty in Jacobson and later cases that expanded, superseded, or even ignored those ideas. Public health and constitutional law have evolved to better protect both health and human rights. States' sovereign power to make laws of all kinds has not changed in the past century. What has changed is the Court's recognition of the importance of individual liberty and how it limits that power. Preserving the public's health in the 21st century requires preserving respect for personal liberty.

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**Abstract:** The precautionary principle brings a special challenge to the practice of evidence-based public health decision-making, suggesting changes in the interpretative methods of public health used to identify causes of disease. In this paper, precautionary changes to these methods are examined: including discounting contrary evidence, reducing the number of causal criteria, weakening the rules of evidence assigned to the criteria, and altering thresholds for statistical significance. All such changes reflect the precautionary goal of earlier primary preventive intervention, i.e. acting on insufficient evidence, the least amount, or minimum level, of evidence for causation. Evaluating the impact of these changes will be difficult without a careful study of how well the current methods of causal inference work, their theoretical foundations, and the ethical implications of their applications. That research program will be most productive if it is jointly developed by public health professionals trained in the ethics and philosophy and by bioethicists and philosophers trained in the theories, methods, and practice of public health.

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Abstract: Public health ethics is emerging as a new field of inquiry, distinct not only from public health law, but also from traditional medical ethics and research ethics. Public health professional and scholarly attention is focusing on ways that ethical analysis and a new public health code of ethics can be a resource for health professionals working in the field. This article provides a preliminary exploration of the ethical issues faced by public health professionals in day-to-day practice and of the type of ethics education and support they believe may be helpful.
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