IHPE Position Statement:

Ethics and Health Promotion

INTRODUCTION

Unprecedented challenges to public health, especially during the SARS-CoV-2 pandemic, have renewed debates around ethics in public health. This position statement sets out to provide clear guidance on these complex issues, offering values and principles that should guide health promotion practice.

Ethics are the moral principles that govern individual and professional group behaviours. Ethics can be set out as codes agreed by professional groups which are designed to guide practice. Clinical health care, among others, has long adopted an ethical code. It has been guided by 4 principles that are widely adopted by other occupations. They are:

1. Autonomy — the right to individual self-determination
2. Beneficence — the doing of good
3. Non-maleficence — the avoidance of doing harm
4. Justice — ensuring fairness

There are also two contrasting perspectives in considering ethical issues: one where there is focus on outcomes and securing best outcomes for the greatest number (teleological) and the other where actions are based on moral foundations (deontological). While many health promotion practitioners may prefer to adopt the latter approach their contexts of practice will frequently require the former.

Some aspects of practice need to be considered in the light of these two perspectives. An ethical grid proposed by Seedhouse (2001) can facilitate this process.

Health promotion has long debated its values and ethics and most health promotion texts consider ethical matters. The chapter by Wills (2022) is a particularly useful one with a range of examples to stimulate ethical considerations related to specific activities.

Most issues in health promotion have ethical dimensions. Consider the following, for example, from the different perspectives:

- Can vaping be justified because it is less harmful than tobacco smoking?
- Should taxes be imposed on sugar products?

- Can the use of fear approaches to secure behaviour change be justified?
- What ethical issues can arise in working to promote empowerment in community settings?
- What is an acceptable level of risk for children to be exposed to, so as not to impair development?
- Should opportunistic health education advice be provided during contacts with primary care?

HEALTH PROMOTION VALUES

The definition of health promotion is not universally agreed, although there is a major view that it should conform to the Ottawa Charter with a core purpose to enable people to take control of their own health, with priority given to the values of **empowerment**, **equity** and **participation** from individuals and communities.

Over many decades international health promotion declarations have clearly created a vision and focus for health promotion, with the above values articulated as central to health promotion practice.

The Ottawa Charter (1986) states that the fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and
- equity.

The Jakarta Declaration (1997) reaffirms for example:

> *"Health is a basic human right and is essential for social and economic development."*
>
> *"Above all, poverty is the greatest threat to health."*

HEALTH PROMOTION IN PRACTICE

Much that is labelled as health promotion in practice is focused narrowly on behaviour change. Many would argue that behaviour change should not be considered as health promotion but the realities that practitioners work with make it difficult to adopt this position.

In general, those who follow the empowerment model will come to different decisions about the ethics of activities than those adopting a behaviour change (preventive) model. The context of practice will influence ethical decisions. Within professional contexts where outcomes are prescribed, it will,

for example be more difficult to prioritise autonomy than in community settings where empowerment is prioritised as the guiding goal.

Because of the differing value positions in health promotion, any set of ethical guidelines *either* needs to take these differing contexts and constraints and produce statements at a level of generality that all could support, *or* propose a code based on empowerment values, which might be very difficult to implement in many professional practice settings.

Most people involved in health promotion will support having general guidelines about ethical practice. However, some will challenge the development of a specific code of ethics as too much influenced by a view of health promotion as a profession, with activities professionally determined. Any code would need to recognise the importance of addressing *social determinants of health.* Sindall (2002) proposed the adoption of a broader framework based on social and political philosophy rather than narrow biomedical principles.

There are four important questions to be clear about when planning health promotion interventions:

1. What are you trying to do?
2. Why are you doing it?
3. Who should decide?
4. How should it be decided?

The following principles draw most heavily on an empowerment approach, while also recognising contextual constraints that may require acceptance of behaviour change approaches.

Principles for Ethical Health Promotion Practice

1. Health promotion interventions should be based on a consideration of evidence, theory, and ethical issues.

2. Interventions should be planned that enable individuals, families, and communities to have greater control over their health.

3. Public participation is crucial. There is a range of methods to involve individuals and groups. For some interventions members of the public can be involved in all stages: planning, delivering, and evaluating.

4. Communication processes should prioritise empowerment as a key goal, with clear presentation of facts. The ethical issues associated with the use of 'shock, horror' methods, or creating fear or shame should be recognised and these should not be adopted.

5. In planning, delivering, and evaluating health promotion interventions, practitioners should consider both benefits and potential harms. Unexpected outcomes should be looked for: these can be positive or negative. In addition, short and long-term perspectives should be considered.

6. There is a need for open discussion of ethical issues at all stages of a health promotion intervention. Different viewpoints should be listened to in a positive way.

7. Comparative risk assessments should be made using the best available evidence, accepting that a level of risk may remain.

8. Practitioners should be clear about what is known and what is not known about different issues, and if the research evidence changes in a substantial way, then this should also be communicated.

9. Environments should be created so that where possible, healthy options are easier options.

10. On deciding on resource spending, an important factor should be the potential to reduce inequalities. Addressing the needs of disadvantaged and marginalised groups of people should be considered. These groups include for example: children; homeless individuals; prisoners; those with disabilities; and those in poverty.

11. Effective health promotion interventions designed for one context may not be suitable, without modification, for others. Key issues to consider include assets, culture, geography, and religion. Interventions should be matched to the specific needs of the target group.

12. Health promotion practitioners should be transparent about any conflicts of interest that they may have.

RESOURCES

Allen-Scott, L. K., Hatfield, J. M. and McIntyre, L. (2014) A scoping review of unintended harm associated with public health interventions: towards a typology and an understanding of underlying factors. International Journal of Public Health, 59, 3–14.

Bradshaw J. (1972) The concept of social need. New Society, 19, 640–643.

Buchanan DR. (2000) An Ethic for Health Promotion: Rethinking the Sources of Human Well-Being. New York: Oxford University Press.

Carter SM, Rychetnik L, Lloyd B, Kerridge IH, Baur L, Bauman A, et al. (2011) Evidence, ethics, and values: A framework for health promotion. Am J Public Health. 101(3):465-72.

Coggon D and Cooper C. (1999) Fluoridation of water supplies. Debate on the ethics must be informed by sound science. BMJ; 319:269.

Duncan P and Cribb A. (1996) Helping people change—an ethical approach? Health Educ Res. 11(3):339–348.

Gugglberger L. (2018) Can health promotion also do harm? Health Promotion International, Volume 33, Issue 4, pp 557–560.

Hillsdale College's Academy for Science and Freedom (2022) Statement on the Ethical Principles of Public Health, on behalf of Hillsdale College's Academy for Science and Freedom. Washington D.C.: Hillsdale College.

Jamrozik E and Heriot GS. (2020) Pandemic public health policy: with great power comes great responsibility. Internal Medicine Journal 50 (10): 1169–1173.

Jamrozik E. (2022) Public health ethics: critiques of the "new normal". Monash Bioeth. Rev. 40, 1–16.

Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. (2020) Health equity in England: the Marmot review 10 years on. Feb 2020.

Seedhouse D. (1988) Ethics: The heart of health care. Chichester: John Wiley.

Seedhouse D. (2001) Health promotion's ethical challenge. Health Promot J Austr. 11(2):135-8.

Sindall, C. (2002) Does health promotion need a code of ethics. Health Promotion International 3, 201-3.

Society of Health Education Officers (1986) The Society of Health Education Officers Code of Conduct, Journal of the Institute of Health Education, 24:3, 116-117.

Stevens A and Gabbay J. (1991) Needs assessment needs assessment. Health Trends, 23, 20–23.

Stevens A and Gillam S. (1998) Needs assessment: from theory to practice. BMJ, 316, 1448–1452.

Tannahill A. (2008) Beyond evidence—to ethics: a decision-making framework for health promotion, public health and health improvement. Health Promotion International. 23(4), 380-390.

Thompson S R, Watson M C, and Tilford S. (2018) The Ottawa Charter 30 years on: still an important standard for health promotion. International Journal of Health Promotion and Education. 56(2), 73-84. https://www.tandfonline.com/doi/abs/10.1080/14635240.2017.1415765

Tilford, S., Green, J. and Tones, B.K. (2003) Values, Health Promotion and Public Health. Leeds Centre for Health Promotion Research, Leeds Metropolitan University.

Watson M C. (2002) Normative needs assessment: Is this an appropriate way in which to meet the new public health agenda? International Journal of Health Promotion and Education, 40:1, 4-8.

Watson M C, Tilford S and Lloyd J. (2021) IHPE Position Statement: Health Promotion (May 2021). Lichfield, Institute of Health Promotion and Education. https://ihpe.org.uk/wp-content/uploads/2021/05/IHPE-Position-Statement-Health-Promotion-17th-May-2021.pdf

Weare K. (1992) The contribution of education to health promotion. In Bunton R and Macdonald G (eds), Health Promotion. Disciplines and Diversity. London: Routledge.

Wills J. (2022) Foundations for Health Promotion. (5th Edition). London: Elsevier.

World Health Organization (1986) Ottawa Charter for Health Promotion. Copenhagen: World Health Organization.

World Health Organization (1997) The Jakarta Declaration on Leading Health Promotion into the 21st Century. Health Promotion International, 12, 261–264.

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