SHAPING THE FUTURE OF HEALTH PROMOTION
supporting practice in the UK

The Society of Health Education & Health Promotion Specialists Wales
Cymeithas Arbenigwyr Addysg Iechyd a Hybu Iechyd Cymru

A FRAMEWORK FOR ETHICAL HEALTH PROMOTION

CONTENTS

SHEPS Cymru (the Society of Health Education and Promotion Specialists in Wales) and the *Shaping the Future Collaboration* have worked together to develop this framework.

The *Shaping the Future Collaboration* is led by the Royal Society for Public Health, in partnership with the Faculty of Public Health, the UK Public Health Register and the Institute of Health Promotion and Education. However, it should be noted that these organisations have not yet individually endorsed this document. This version takes account of comments made at a *Shaping the Future* workshop in October 2008.

This is a living document which we would like to develop further. Ethical issues require continuous discussion. Please send comments to Nelly Araujo at the Royal Society for Public Health, NAraujo@rsph.org.uk.

1. Why do we need a framework for ethical health promotion?

1.1 Ethically-based practice is as important as evidence-based practice.

1.2 Evidence-based practice and technical efficiency, such as 'benchmarking' and 'best practice', have been emphasised in recent years within public health. This focus has highlighted the many things that *can* be done, rather than what *should* be done.

1.3 Values are important to the way that we think and act. **What should we be doing? For whom should we be doing it? Who should decide and how?** These questions are fundamental to the planning, commissioning and practice of health promotion and public health and well-being generally and should be debated frequently. It is some years since the Society for Health Education and Promotion Specialists – SHEPS – issued an ethical framework; but the need for it has certainly not diminished.

1.4 "Values influence the ways that health issues are understood, the ways that knowledge and theoretical bases are developed and the nature of strategies identified for health improvement ..."[1] A value implies a positive ethical ideal. Ethics is a branch of philosophy concerned with the basis of moral judgements, principles and values.

1.5 Health is a fundamental human right. Furthermore, self-actualisation is central to both health and well-being. It follows therefore that equity and empowerment are core values. It has been internationally acknowledged that peace, social justice and equity are pre-requisites for health.

1.6 If these values and ethical principles are accepted, then the mandate to promote health and well-being is a moral one. The development of health promotion includes a strong values base reflected in World Health Organisation documents from the Ottawa Charter[2] through to the Bangkok Charter[3].

1.7 Ethical practice is included in most competence frameworks, including the Public Health Skills and Career Framework (2008), and in the NHS the Knowledge and Skills Framework for Agenda for Change.

1.8 This document therefore summarises some of the key ethical issues in health promotion and restates some values and principles that should guide its practice.

1.9 Health promotion and public health are and must be innovative. Values need to be brought to bear on innovation, but not unnecessarily restrict it.

1.10 This is not a code of conduct for the practice of health promotion. But it ends with a short statement of principles of professional practice, which is consistent with codes of professional practice or conduct issued by professional bodies or groups, for example, SHEPS in Wales (www.), the Faculty of Public Health (www.fph.org.uk), or the Royal Society for Public Health (www.rsph.org.uk).

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

[2] WHO (1986) *The Ottawa Charter for Health Promotion*. Geneva: World Health Organisation

[3] WHO (2005) *The Bangkok Charter for Health Promotion in a Globalized World*. Geneva: World Health Organisation

2. Who is the framework for and how can it be used?

2.1 The framework is for use in daily working practice by all individual and organisations who promote health and well-being:

- In the voluntary and community sector, in local authorities, in businesses of all sizes, and in health services
- In planning and commissioning public health and health promotion interventions
- In service specifications for health improvement interventions and services
- In assuring the quality of public health, health promotion and health care services
- In working in partnerships, for example the NHS and local authorities, to raise awareness of ethical issues and support debate on what should be done, for whom and by whom in health promotion and community well-being

2.2 The framework could be used in recruitment packs for posts in health promotion, health improvement, community well-being and public health, and cited in job applications and interviews

2.3 It could also be used as a basis for discussion in induction, training and education programmes.

2.3 It could be used to provide information for the public about the ideals of health promoters whom they may meet.

2.4 The framework is not only for people with health promotion in their job title. The term 'health promotion practitioner' is used generically in this document to describe all those who promote health and well-being.

3. Health promotion – definition and ways of working

3.1 Health promotion aims to empower people and communities to control their own health and well-being, by gaining control over the underlying factors that influence health and well-being.

3.2 The main determinants of health are people's cultural, social, economic and environmental living conditions, and the social and personal behaviours that are strongly influenced by those conditions.[4] The term 'victim blaming' is often used to describe interventions that place the responsibility for health solely with the individual and fail to recognise these wider health determinants.

3.3 Health promotion is 'everyone's business' and requires collective action from all sectors of society. **The broad practice of health promotion** involves:

- **Developing healthy public policy** to bring about changes in political, organisational and institutional systems and structures to improve health and foster greater equity;
- **Creating supportive environments** and ensuring the settings, such as schools, workplaces and neighbourhoods are a source of health for people;
- **Enabling individuals to make informed choices** about their health and health behaviour by increasing awareness and knowledge and developing attitudes and skills – both specific skills and more generic skills associated with health literacy;
- **Mobilising and empowering communities** to enhance social support and community cohesion and actively participate in strategies to improve health and well-being;
- **Tackling inequalities in health** by engaging disadvantaged and socially excluded groups.

3.4 **The specialised health promotion workforce** aims to build capacity for health improvement by:

- **Developing an understanding of the factors** that influence health and health behaviour through health needs assessment and health impact appraisal
- **Incorporating health intelligence** (felt, expressed, comparative and normative needs) into the planning and delivery of health promotion programmes by working with communities;
- **Drawing on theory and empirical evidence** to plan effective programmes to improve health;
- **Building partnerships and networks** to engage individuals and groups in action to promote health;
- **Developing health promoting settings** (e.g. Healthy Cities, Health Promoting Schools);
- **Providing resources, training and support** for the wider public health workforce including peer educators;
- **Evaluating interventions** to assess health impact and contributing to the building of an evidence base of effective practice.

[4] International Union for Health Promotion and Education & Canadian Consortium for Health Promotion Research (2007) *Shaping the Future of Health Promotion: Priorities for Action.* www.iuhpe.org

4.0 Statement of values and principles

This section states values and principles which reflect a liberal standpoint, seeking both to protect personal autonomy and promote the welfare of all people. The underlying issues and tensions are discussed in sections 5 and 6.

Values can be grouped into three inter-linked clusters:

- **Generic ethical principles**
- **Ultimate goals**
- **Ways of working**[5]

4.1 *Generic ethical principles:*

- **Do good (beneficence) -** act in the best interests of others
- **Avoid doing harm (non-maleficence)**
- **Respect for autonomy** - act so as to maximise the freedom of an individual or community
- **Justice -** act fairly

4.2 *Ultimate goals, including:*

- **Health as a basic human right**
- **A holistic** understanding of health encompassing physical, mental and social well-being
- **Equity** in health - the avoidance of unfair and unjust inequalities in health
- **Empowerment** – enabling individuals and communities to achieve control over the factors that influence their health

4.3 *Ways of working, that is ways of implementing the ultimate goals, including:*

- **Responsibility** - including both social responsibility for health and individuals' responsibility for their own health along with their collective concern for the health of others
- **Working in ways which enable individuals and communities to have control** over their health, i.e. in ways which are empowering and promote self-esteem
- **Participation** - involving individuals and communities in identifying and responding to their health needs
- **Addressing the needs of disadvantaged** and marginalised groups of people

[5] **'Ultimate goals' can be described as 'terminal values', and 'ways of working' can be described as 'instrumental values'**

- **Attempting to counter discrimination** and be sensitive to the needs of individuals and groups, whatever their gender, age, ethnic origin, social background, religion, culture, sexuality, ability or health status

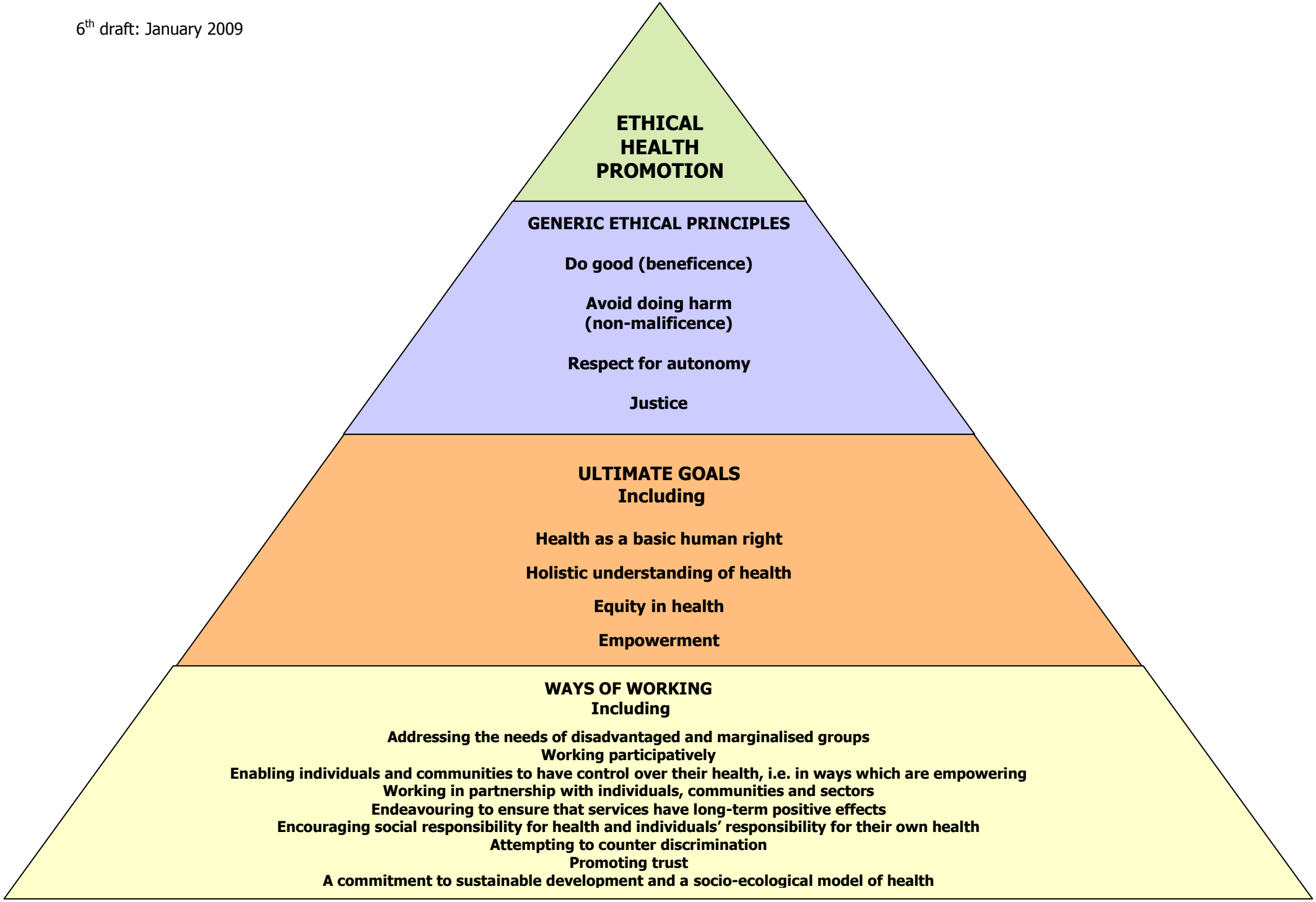
- **Working in partnership** with individuals, communities and the range of different sectors which impact on health

- **Promoting trust** by delivering on what is promised to people or explaining why if this is not possible, and ensuring that interventions are as effective and efficient as possible

- **Endeavouring to ensure that services have long-term positive effects,** by leaving individuals and groups stronger and more empowered

- **A commitment to sustainable development,** including the adoption of a socio-ecological model of health that respects the limits of the earth's natural resources (such as land, water and sources of energy)

6th draft: January 2009



5.0 Examples for discussion[6]

5.1 Beneficence and non-maleficence

It is not always possible to simultaneously do good and to avoid harm. For example, by making individuals aware of the threat of terrorism and encouraging vigilance, one is potentially doing good by reducing the likelihood of successful terrorist attack. But one may also be doing harm by inadvertently encouraging public fear and insecurity.

Screening has the potential benefit of enabling early diagnosis of disease and successful treatment. But it creates worry, anxiety and stress and, sometimes, results in unnecessary treatment. You will be able to think of examples.

5.2 Respect for autonomy

Are there groups in society who might be seen as incapable of autonomy, and who are treated as dependent? For what reasons? Think about people with learning disabilities, children, prisoners.

If an individual makes a choice that you consider harmful, you may be torn between respecting that person's autonomy, doing good and avoiding harm. The key question is: by what right am I intervening and how do I justify the action I am taking? Abortion, sectioning in mental health and care orders are obvious examples.

5.3 Justice

The principle of distributive justice is bound up with the principles of avoiding harm and doing good. Health promotion involves difficult decisions in the dividing of time and resources between individuals and communities, between high-risk groups and whole populations. How do you balance general 'health education' on healthy living for the whole population with targeted interventions, such as setting up a youth centre for young people excluded from school?

5.4 Some ethical questions to ask yourself and debate with others

Does the proposed action:

- Safeguard equity, respect and further the creation of autonomy?
- Is it avoiding harm?
- Will the consequences of the action be good and for whom?

When planning interventions:

- What should we be doing?
- For whom should we be doing it and at what cost/risk to others?
- Who should decide and how?
- How can you achieve the right balance between the rights of the population and the rights of the individual?

You may find the next section useful to read before debating these questions.

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[6] **This section is adapted from Earle, S. (2007) *Promoting public health: exploring the issues*, Chapter 1 in: Earle, S., Lloyd, C.E., Sidell, M. and Spurr, S. *Theory and research in promoting public health*. Sage publications in association with the Open University.**

6.0 Some important ethical issues for health promotion

The population and the individual

6.1 Health promotion can be seen as paternalistic: an extension of the 'nanny state' which interferes with personal liberty and freedom. Some hold the view that 'doing nothing' is the most morally acceptable option as it gives individuals the greatest freedom. However, this does not redress the distribution of power in society which may limit the ability of individuals (particularly vulnerable groups) to act autonomously. Health promotion addresses this by empowering individuals and communities to increase control over factors that affect their health and well-being.

6.2 A fundamental ethical question facing health promotion practitioners is the relationship between the state's authority and the position of individual people and intermediate bodies. At the one end of the spectrum there is a libertarian perspective (which limits involvement in social welfare issues) and at the other is a collectivist point of view (which includes utilitarian or social contract approaches).

6.3 Health promotion can be concerned with the *individual* level, but tends to focus on the *population* level. The interplay and interaction between individuals, communities and the wider populations is important and central to socio-ecological models of health promotion. One of the difficulties in applying ethical principles in health promotion is the tension between the individual and population (i.e. in what instances should an individual's rights be overridden in the interests of the greater good?). Similar conflicts arise when action to ensure social justice and equity leads to an infringement of individual rights and/or overall health gain within the population.

The Nuffield Council on Bioethics: The 'stewardship model'

6.4 The empowerment model of health promotion is compatible with what has been termed the 'stewardship model' by the Nuffield Council on Bioethics (2007)[7]. "The concept of 'stewardship' is intended to convey that liberal states have a duty to look after important needs of people individually and collectively. It emphasises the obligation of states to provide conditions that allow people to be healthy and, in particular, to take measures to reduce health inequalities."

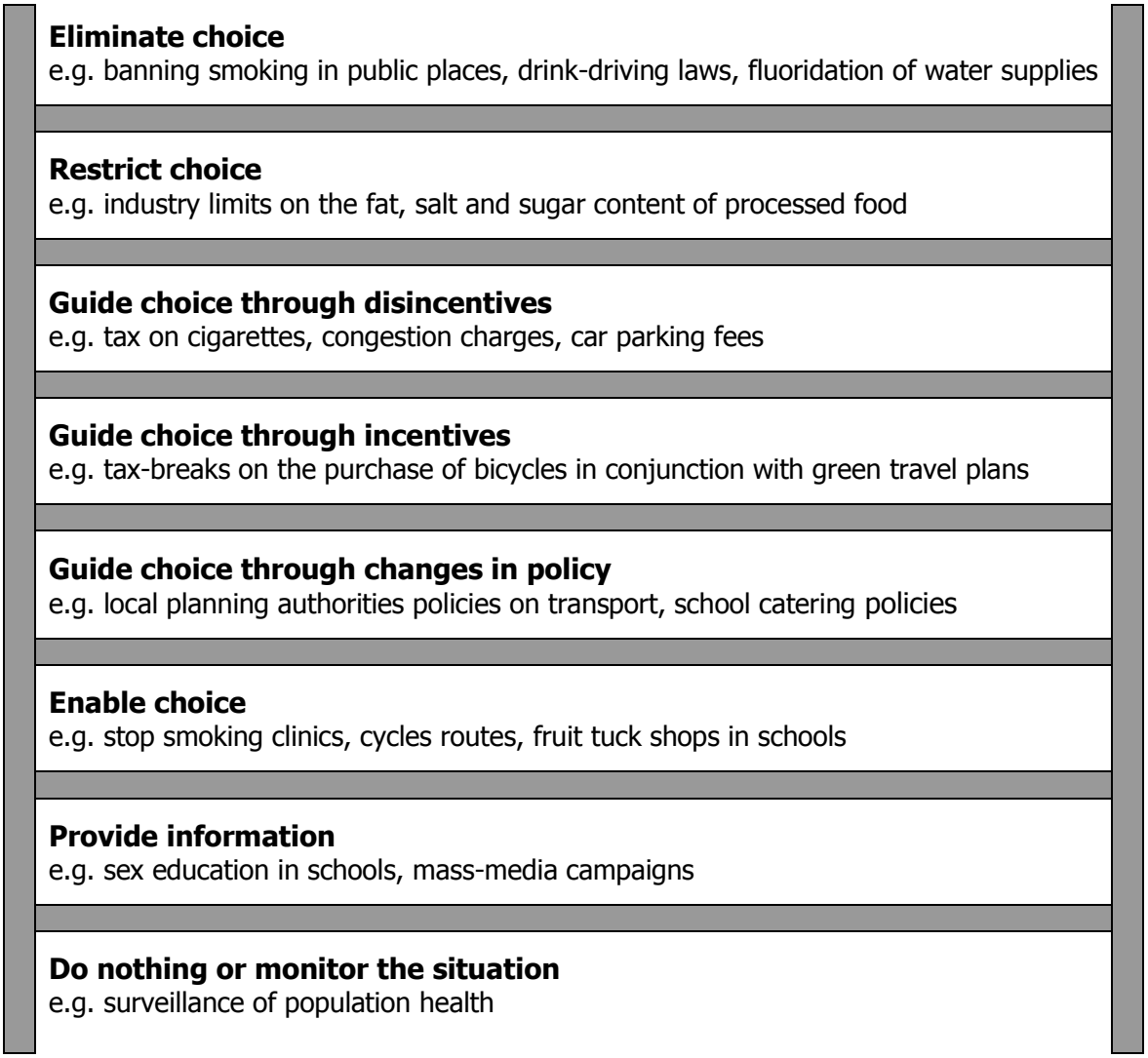
6.5 Core characteristics, proposed by the Nuffield Council, of public health programmes carried out by a stewardship-guided state include:

- Aim to reduce the risks of ill health by regulations that ensure environmental conditions that sustain good health, such as the provision of clean air and water, safe food and appropriate housing
- Pay special attention to the health of children and other vulnerable people
- Promote health not only by providing information and advice, but also by programmes to help people overcome addictions and other unhealthy behaviours
- Aim to ensure that it is easy for people to lead a healthy life, for example by providing convenient and safe opportunities for exercise
- Aim to reduce health inequalities

[7] Nuffield Council on Bioethics (2007). *Public Health: Ethical Issues*

6.6 At the same time, the stewardship-guided state should seek to minimise interventions that are perceived as unduly intrusive and in conflict with important personal values, including significant limitations on individual freedom. The Nuffield Council proposes an 'intervention ladder' (see below) and suggests that substantial restrictions on choice are only justified where there is a clear indication that a public health policy initiative will produce the desired effect and have a strong health justification, e.g. banning smoking in public places.

Nuffield Council on Bioethics – Public health: ethical issues, 2007
The intervention ladder
The ladder of possible government actions is as follows:



7. Some principles of professional practice

In addition to seeking to think and act in accordance with the values and principles set out above, health promotion practitioners should endeavour to adhere to the following commonly-accepted principles of professional practice:

- Work within the limits of their knowledge, skills and experience and not undertake work for which they consider themselves unqualified or which might put individuals or communities at risk

- Reflect on their own practice, assessing what effect their work has on the health of individuals and communities, and use these reflections to improve their future practice

- Demonstrably keep their knowledge and skills regularly updated and strive to be aware of improved ways of increasing their effectiveness

- Set a good example in professional situations

- Base their work on evidence, including an appropriate theory base, and seek to evaluate their practice, building evidence for others to use

8. Sources and further information

Faculty of Public Health (2002?) Good Public Health Practice – General Professional Expectations of Public Health Physicians and Specialists in Public Health. www.fph.org.uk

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Tones, K. and Green, J. (2004). Health Promotion: Planning and Strategies. Sage Publications, London. [2nd edition in course of preparation]