Executive Perspective

Executive Perspective is a regular department in *Public Health Reports* in which leaders of offices under the Assistant Secretary for Health and agencies of the U.S. Department of Health and Human Services (HHS) offer their views on public health topics of the day. In this issue, Lisa M. Lee, Executive Director of the U.S. Presidential Commission for the Study of Bioethical Issues, proposes the creation of a new public health ethics office within HHS to serve as a resource for the entire public health profession.

Frederic E. Shaw, MD, JD
Acting Editor, *Public Health Reports*

INTEGRATING ETHICS FOR THE NATION'S HEALTH

Lisa M. Lee, PhD, MS

Few events thrust into view the ethical dimensions of public health like the international outbreak of a deadly infection. The recent Ebola virus disease epidemic in western Africa has brought many of these ethical challenges to the headlines. How much risk should we encumber in meeting our professional and humanitarian duty to respond to a deadly public health emergency? How should we resolve the tension between individual liberty and the risk of community-acquired infection? Who should get treatment when there is not enough for everyone? What should local public health officials do when health-care workers who have cared for Ebola patients return to their communities?

The Ebola questions are only a few examples of the many complex ethics decisions that public health practitioners must make every day—decisions for which there are few expert resources to consult. Developing such resources, with expertise in science, public health, and ethics, could help guide us through the challenging ethical terrain of both public health emergencies and everyday practice.

Public health is an evidence-based profession, and we who practice public health rely heavily on research and science to guide our work. Scientific evidence helps tell us what we *can* do and ethics helps tell us what we *should* do. Whether or not we recognize it, we frequently make decisions in our daily public health practice based on the combination of science and ethics.[1] Most of these decisions are not ethically difficult. The hard ones arise when we are faced with two or more competing values. Moreover, ethical challenges in public health differ from such challenges in clinical medicine. Public health practitioners must consider the health of the community as well as the health of the individual. This quintessential tension in public health between individual autonomy and public beneficence requires that we in public health consider the role of public trust in all programmatic and policy decisions. Gaining public trust means engaging in a decision-making process that is transparent, pluralistic, and participatory.[2]

The Presidential Commission for the Study of Bioethical Issues (hereinafter, Bioethics Commission), which is chaired by Dr. Amy Gutmann and where I serve as Executive Director, advises the President of the United States on the toughest bioethical concerns facing our nation today.[3,4] The Bioethics Commission engages in public bioethics using democratic deliberation, and has studied and made recommendations on a wide variety of topics, including ethical uses of new technologies, ethical treatment of research participants domestically and internationally, privacy and large-scale genomic sequencing, ethical handling of incidental and secondary findings in a variety of contexts, ethical pediatric medical countermeasure research, ethical and societal implications of neuroscience research, and, most recently, ethical concerns related to the Ebola crisis. The Bioethics Commission takes on topics that require a national conversation, to which it can add insights, and for which it can offer practicable recommendations.

I know from my early career as an epidemiologist at two state health departments, as well as my federal work with state and local public health officials, that most decision making in public health happens at the local level, nearest to the day-to-day work of public health. Most decisions with ethical components are made by local public health authorities and never reach the level of public deliberation. At the Bioethics Commission, we have recognized the need to provide local decision makers with tools to integrate ethics into decision making at all levels—from decisions that simply need reflection about what ethical issues are involved to complex dilemmas that have few good answers and require broad input and compromise.

Public health practitioners need a broad range of skills to incorporate bioethics into their daily work. They must be able to recognize the ethical dimensions of the decisions they face, articulate these dimensions in a way that is understood and appreciated by their constituents (e.g., research participants, people involved in public health interventions, funders, legislators, and the community at large), deliberate about possible solutions, and find a way forward.[5] Not every decision involves all of these steps, but when they do, public health professionals must be prepared to address them. The American Public Health Association supports the development of ethical literacy through the expectation that its members adhere to a code of ethics.[6] In addition, its Ethics Section (one of its 31 official membership affiliations) provides ethics-related programming at the annual member meeting. Likewise, the Association of Schools and Programs of Public Health lists ethical standards in several of its required competencies for U.S. public health graduates.[7] Despite these expectations, however, only half of accredited schools of public health require coursework that would help students acquire the competencies required to address ethical challenges.[8]

In clinical research and medicine, ready access to ethics consultation services plays an important role in guiding practitioners and researchers who are facing ethical dilemmas.[9,10] The National Institute of Health (NIH)'s Department of Bioethics, for example, offers consultation services to clinicians and researchers practicing at the NIH Clinical Center. In the early 2000s, NIH's Clinical and Translational Science Awards began funding research ethics consultation services at various academic medical centers, including Stanford, Cornell, University of Texas, and Johns Hopkins.[11] In ethically complex situations at public health departments, however, few knowledgeable, independent, readily available consultation resources are available. Of the more than 3,000 state and local public health agencies in the United States, fewer than a handful have ethics committees for consultation or to deliberate possible solutions.[12,13] Some Department of Health and Human Services (HHS) agencies, such as the U.S. Centers for Disease Control and Prevention, offer an internal group of interested peers with whom project officers and researchers can consult regarding public health ethics issues. At the Bioethics Commission, we are often approached with requests for consultation services, which we must turn away, as this type of individual consultation on day-to-day practice and advice on specific protocols is not in our purview.

My work with the Bioethics Commission and as a public health professional has given me insight into how an agile, independent public health ethics body, ready to provide consultation services, could greatly assist the day-to-day work of public health in communities all over the United States. If such a body were set up to provide informed, transparent, publicly deliberated options to the toughest ethics questions facing public health practitioners, it could go a long way toward increasing the public's confidence that we in public health are doing the right thing. Such a body might be able to attenuate the polarization that comes from some public health policy decisions, such as we have seen with regard to immunization requirements, organ transplant priorities, and the handling of global infectious disease outbreaks. Such a body could provide well-thought-out ethical health policies for many public health actions and educate the public about the complex ethical tensions we face in public health. It could offer instructive solutions during teachable moments in public health practice, even helping to bring an ethics perspective that is often overlooked in graduate public health training.

The development of such a body, an Office of Public Health Ethics within HHS, could serve as a unique resource for the entire public health profession, providing consultation as described previously, as well as coordination, analysis, and training. The Office of Public Health Ethics could provide timely two-way communication across federal, state, local, territorial, and tribal agencies on ethics issues related to public health practice; act as a central hub for various public health ethics entities; synchronize activities; share state-of-the-field approaches; provide leadership; and build strength through education and collaboration.

By collaborating with governmental and academic partners and creating interagency and cooperative agreements or similar mechanisms, a new Office of Public Health Ethics could develop a robust portfolio of activities to ensure ethics is infused throughout all public health levels and activities. Working closely with academic partners, the Office of Public Health Ethics could step up the analytic work needed to further develop the field of public health ethics and use it to tackle the most complex ethics questions. It could create and provide opportunities to train colleagues at all levels of public health practice, positioning the Office of Public Health Ethics and HHS as a leader in integrating ethics into the nation's public health. It could help us find a way forward on the very visible questions posed in public health practice, such as the ones we face in the current Ebola epidemic as well as the everyday challenges that do not make the news.

The views expressed in this article are those of the author and do not necessarily represent the official position of the U.S. Presidential Commission for the Study of Bioethical Issues or the U.S. Department of Health and Human Services.

Lisa M. Lee is Executive Director of the U.S. Presidential Commission for the Study of Bioethical Issues and Inaugural Chair of the American Public Health Association Ethics Section, both in Washington, DC.

Address correspondence to: Lisa M. Lee, PhD, MS, U.S. Presidential Commission for the Study of Bioethical Issues, 1425 New York Ave. NW, Ste. C100, Washington, DC 20005; tel. 202-233-3960; fax 202-233-3990; e-mail <lisa.lee@bioethics.gov>.

REFERENCES

1. Baum NM, Gollust SE, Goold SD, Jacobson PD. Ethical issues in public health practice in Michigan. Am J Public Health 2009;99:369-74.
2. Lee LM. My moral compass and ethical decision making in public health. Public Health 2014;128:579-81.
3. President of the United States. Executive order 13521: establishing the Presidential Commission for the Study of Bioethical Issues. 2009 Nov 24 [cited 2015 Jan 29]. Available from: URL: http://www.presidency.ucsb.edu/ws/?pid=86944
4. Gutmann A, Thompson D. Deliberating about bioethics. Hastings Cent Rep 1997;27:38-41.
5. Lee LM. Bioethics literacy across the lifespan: cultivating moral decision making. Paper presented at the 16th Annual Meeting of the American Society of Bioethics and Humanities; 2014 Oct 16-19; San Diego, California.
6. Thomas JC, Sage M, Dillenberg J, Guillory VJ. A code of ethics for public health. Am J Public Health 2002;92:1057-9.
7. Council on Linkages Between Academia and Public Health Practice. Core competencies for public health professionals. Washington: Public Health Foundation; 2014. Also available from: URL: http://www.phf.org/resourcestools/documents/core_competencies_for_public_health_professionals_2014june.pdf [cited 2014 Oct 30].
8. Lee LM, Wright B, Semaan S. Expected ethical competencies of public health professionals and graduate curricula in accredited schools of public health in North America. Am J Public Health 2013;103:938-42.
9. Fox E, Myers S, Pearlman RA. Ethics consultation in the United States hospitals: a national survey. Am J Bioeth 2007;7:13-25.
10. de Melo-Martin I, Palmer LI, Fins JJ. Viewpoint: developing a research ethics consultation service to foster responsive and responsible clinical research. Acad Med 2007;82:900-4.
11. Cho MK, Tobina SL, Greely HT, McCormick J, Boyce A, Magnus D. Strangers at the benchside: research ethics consultation. Am J Bioeth 2008;8:4-13.
12. Mahoning County District Board of Public Health. Our shared responsibilities code of organizational ethics, Mahoning County District Board of Public Health [cited 2014 Nov 1]. Available from: URL: http://www.mahoninghealth.org/about-us/code-of-public-health-ethics
13. Clark County Public Health. Advisory councils: public health ethics committee [cited 2014 Nov 1]. Available from: URL: http://www.clark.wa.gov/public-health/about/advisory.html#ethics