Aims & Objectives of TCB

1. To be a Christian voice on ethical issues based on Biblical values

2. To analyze, interpret and engage with the existing and emerging bioethical issues pertaining to health care and research

3. To facilitate upholding the sanctity of life and dignity of humans in medical practice and research

4. To promote ethical medical practice

5. To build leadership in the field of Bioethics, in the areas of Medical education, Medical practice and Medical research

THE CENTRE FOR BIOETHICS
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Editorial

Dr. Satish Thomas

Greetings everyone!

Greetings and welcome to the first issue of the Bioethics Bulletin of 2025! In this issue we look at the topic “Ethical challenges in Community Healthcare”. Public health ethics is slightly different from the ethical questions we deal with normally in medical ethics. The Covid pandemic has brought many of these issues right to the forefront in a hurry – questions of the ethics of mandatory vaccines, or quarantines, or equitable distribution of scarce resources.

While medical ethics is more focussed on an individual’s care, public health ethics obviously deals with that of the community. Therefore there are often more stakeholders like the government, religious institutions, public policy makers, bureaucrats, and social work organizations.

While the values might more or less be common to both, the guiding principles may be different in these two fields. The classical principles of bioethics like autonomy, beneficence, non malfeasance and justice may at least need to be modified and tailored to address the needs of communities and the public at large.

Similarly the various ethical theories that are employed in bioethical discussions viz. utilitarianism, or deontology or care ethics may throw light on certain different aspects when engaging with public health ethics.

This has therefore resulted in certain new frameworks of late in order to grapple with these emerging issues. This and more is beautifully covered by four experts in the field, and I hope that you will enjoy and learn much as you go through this issue.

An Introduction to the Ethics of Public Health

Dr. Anil Ninan Cherian

BACKGROUND

Ethics is a learned human approach to distinguishing right from wrong within an acceptable and agreeable moral framework. Because all human actions have good or bad consequences, these ethical frameworks can help us make morally correct decisions. Ethics is based on a society's fundamental values and concepts of fairness and justice. Unfortunately, in an increasingly multicultural, diverse, and fragmented society, arriving at an ethical framework that is acceptable to all is often difficult. Therefore, it is critical for developing such ethical frameworks to have a constant ongoing dialogue on some of the fundamental ethical principles and their underlying values. “Public health is what we, as a society, do collectively to assure conditions for people to be healthy” (IOM, 1988).

Public health entails concerted action to create the means or foundation to secure the entire population's health. The World Federation of Public Health Associations has defined it as “a movement dedicated to the equitable improvement of health and well-being of communities with their full participation” (Nuffield Bioethics Council Report, 2007).

It is essential to grasp that public health interventions are targeted at a community or population rather than just a collection of individuals. The full scope of interventions in Public Health is broad. It includes health promotion, legislation, education, behavior change communication, environmental programs for safe water and sanitation, better housing, improved nutrition, health prevention, infectious disease control, primary care, and rehabilitation services. Populations are increasingly faced with the burden of lifestyle diseases.

While some interventions target individuals within a population, many target individuals, and others intervene at the level of households, communities, or the population at large. Thus, these actions' benefits or negative consequences cannot be viewed merely from a particular individual’s perspective but be considered from a community or societal perspective.The US Centers for Disease Control (CDC) defines public health ethics as “a systematic process to clarify, prioritize, and justify possible courses of public health action based on ethical principles, the values and beliefs of stakeholders, and scientific and other information” (CDC 2017).

Public health ethics, therefore, seeks to understand and clarify the principles and values that guide public health actions. Principles and values provide a framework for decision-making and justifying decisions. Because public health actions are directed at the population level, the principles and values that guide public health can differ from those that guide actions in biology and clinical medicine (bioethics and medical ethics), which are more patient- or individual-centered. Also, the government is a major stakeholder in public health programs, utilizing public funds to implement these actions. Therefore, some common bioethics or medical ethics principles require reexamination and revision to guide public health practitioners, policymakers, or government legislators in resolving public ethical dilemmas.

As a practice field, public health ethics is the application of relevant principles and values to public health decision-making. The three core functions of public health ethics would be:

1. Identifying and clarifying the ethical dilemma posed

2. Analyzing these dilemmas regarding alternative courses of action and their consequences

3. Resolving the dilemma by deciding on the action or intervention that best incorporates and balances the guiding principles and values.

Public health practitioners, health program managers, policymakers, government health authorities, legislators, and legal experts must know the guiding principles and values in the current public health ethical frameworks to carry out these core functions.

Public Health Ethics, as a domain of ethical practices separate from Bioethics of Medical ethics, has grown in prominence and relevance following the global push to improve the health of populations from the 70s. Its importance has risen following the recent COVID-19 pandemic that caused havoc even in fairly well-established healthcare systems. It leaves health organizations and governments needing help to know the best options to contain it. They were put in the unenviable dilemma of balancing the health consequences with the economic fallout. It also exposed many health systems to the cruel reality of discrimination and prevalent injustices within systems about access to critical care.

Difference and special consideration in Public Health Ethics compared to Medical Ethics

Public Health Ethics, like Bioethics, is an applied branch of ethics. However, before we examine the various ethical frameworks used in public health, we must recognize important differences in their scope of application, focus, key principles, and the issues and dilemmas they address. The table below summarizes these differences.

Table 1: Differences between Public Health Ethics and Bioethics

Aspect	Public Health Ethics	Bioethics
Scope	Population and community health	Individual and clinical care.
Focus	Equity, justice with regards to public health intervention and with issues pertaining to vulnerability and stigmatisation	Autonomy, beneficence, individual human rights There is a greater focus on the actual science.
Key Principles	- Common good - Equity - Justice	- Autonomy - Beneficence - Non-maleficence - Justice
Concerns	- Health policies - Social determinants of health - Resource allocation	- End-of-life care - Informed consent - Emerging biotechnologies
Analytical & Ethical framework	- Policy-oriented - Utilitarian and communitarian ethics	- Case-based reasoning - Ethical frameworks based on individual rights and human dignity.
Stakeholders	Governments, Public Health officials and managers, Communities, Religious institutions, Public Health Researchers, Public policy makers	Physicians, Patients, Families, Biomedical researchers
Examples	- Is it ethical to mandate vaccines? - How to allocate limited resources equitably? - Is it ethical to make quarantine compulsory	- Can a patient refuse treatment? - Is genetic modification in foetuses' ethical?

One important difference in the table above is the government's involvement in public health, especially in health policies and regulations, and in financing public health programs with public or tax-based funds. As a result, the government's political philosophy has a major bearing on ethics. Moreover, it is well-recognized that political compulsions sometimes override ethical considerations during decision-making. Religious institutions also tend to have a role in influencing public opinion and building trust in the population. Governments often feel hard-pressed to enforce health regulations and policies (even if ethically derived) when it goes against public opinion, and there is a conflict of interest between various communities and religious groups. In many cases, Governments also have to decide between coercion and passiveness, as the time to build public trust and consensus may be long.

The move toward individualism and the broad diversity in most poly-cultural societies results in fragmented ideologies and opinions among various sections and people groups, making public health ethics rather complex. Many groups may oppose and reject the ethical frameworks or principles established by experts or governments. Again, people's perceptions may vary when determining the effectiveness or benefits of various public health interventions. Compliance is a major issue when it comes to implementation; both the public and many health workers may perceive it as an issue of conscience and refuse to participate.

Again, since many public health programmes require substantial funding (e,g vaccination programmes) often, economic theory and economic concept of value gain on investment of public funds use notional value indices like DALY or QUALY in estimating cost-effectiveness analysis (CEA). However, using such economic analysis to determine the best options is utilitarian (see discussion in the next section). Collectivists often oppose this since decisions based on such an economic analysis can lead to greater disparities. For example, running a program in densely populated areas may appear more cost-effective than in remote, sparsely populated regions.

Even certain economists argue that there may be other societal values, especially when it comes to distributing public goods like health, and it is the role of the Government to advocate for the poor and marginalized communities. Unfortunately, with the increased involvement of businesses, some of these considerations may not matter as these business managers are responsible to their financial investors rather than the general population.

As *[Recommended readings would be Jeremy Bentham or John Stuart Mill (Utilitarianism), John Rawls (Egalitarian Justice), Karl Marx (Collectivism), Amartya Sen and Martha Nussbaum (Capabilities approach) and Michael Sandel (Communitarian Justice)]*

Table 1 points out, public health ethics focuses on equity and justice. Unfortunately, there are considerable differences in the ideas regarding these. Though it is beyond the scope of this article to dwell on them, it is important for public health ethicists to read and understand these ideas and principles of justice and fairness.

Moral Theory/Philosophy that undergird Public Health Ethics

Developing an ethical framework based on certain unifying values and principles is important for analysing various public health ethical issues/dilemmas and developing policies and interventions. These values and principles are usually rooted in certain ideas of morality (moral theory) and philosophies. Table 2 summarizes and briefly discusses these ideas. It identifies the key ideas and their applications to public health issues, as well as the challenges they pose in public health thinking. Probably the most dominant idea has been Utilitarianism. While traces of this can be found in ancient Greek philosophy and even early Christianity, modern Utilitarianism was started in the 18th century by Jeremy Bentham and John Stuart Mills. Actions are right if they promote human happiness and reduce suffering. It has been criticized for ignoring individual human rights, neglecting justice, and having difficulty calculating happiness or utility or measuring the negative consequences. Despite this, it has influenced economics, law, and public policy and so influences public health economics.

Table 2: Moral Theories and Philosophy and Public Health Ethics

Moral Theory/ Philosophy	Key Idea	Application in Public Health Ethics	Challenge
Utilitarianism	Maximize overall well-being or minimize harm for the greatest number.	Supports vaccination programs, quarantine measures, and resource allocation to maximize health outcomes.	May overlook the needs of minorities or vulnerable groups.
Deontology	Focus on duties, rights, and rules, regardless of outcomes.	- Respects autonomy and informed consent. - Ensures equitable treatment and non-discrimination.	Can conflict with utilitarian goals, such as enforcing mandates for collective good.
Communitarianism	Prioritize community well-being and shared responsibilities over individualism.	- Promotes policies for the common good. - Addresses health inequities and social determinants of health.	Risk of marginalizing individual rights for community goals.
Justice and Equity	Fair distribution of health resources and opportunities.	- Addresses health disparities. - Guides allocation of scarce resources (e.g., during pandemics).	Balancing equity with efficiency and utilitarian considerations.
Virtue Ethics	Emphasize character and moral integrity of decision-makers.	- Encourages compassion, honesty, and courage in leadership. - Builds trust in public health practices.	Can be subjective and harder to apply systematically.
Capability Approach	Enhance individuals' ability to lead healthy, fulfilling lives.	- Focuses on improving conditions like education and housing. - Expands opportunities for marginalized groups.	Requires balancing diverse capabilities with limited resources.
Human Rights	Uphold universal rights to health, dignity, and equality.	- Ensures access to healthcare and non-discrimination. - Aligns with global human rights frameworks.	Conflicts may arise between individual rights and public health goals.
Social Contract Theory	Individuals consent to restrictions in exchange for societal benefits.	- Justifies public health [illegible]g, laws, and compliance for the greater good. - Promotes trust in institutions.	Balancing individual freedoms with societal obligations can be challenging.

The last three – Capability Approach, Human Rights, and the Social Contract Theory (collectivism) have increasingly influenced development theory and by extension public health. The capabilities approach suggests that instead of measuring utility (which can be abstract), we focus on human capabilities. In the context of public health, that would imply addressing some of the social determinants of health, such as housing, education, livelihoods, and community services. The human rights approach has increasingly become important in public health ethics and is counter to utilitarianism and communitarianism, which are embedded in public health thinking. Many ethical dilemmas in public health arise from this clash between what is good for the general population (health being a public good) and individual rights. It is also accompanied by the predominant political philosophy of liberationism that tries to restrict the role of government in protecting the country from external threats and in maintaining law. More importantly, it does not see the public's welfare as a legitimate responsibility of Governments. The liberationist view is that public welfare programs, including those with public health, should only play a limited role and should in no way infringe on individual rights (liberties). We saw this play out during the COVID-19 pandemic in the USA, where people refused to comply with mandatory masking, testing, and quarantine and finally opposed mandatory vaccination.

Public Health Ethical Frameworks: Values, Principles and Models

Until the early 2000s, it was assumed that public health practitioners could apply Bioethics principles to medical ethics when faced with public health dilemmas. However, they often needed clarification and found themselves muddling along. This resulted in the emergence of a few frameworks and tools. There are two contrary viewpoints regarding the usefulness of such frameworks.

Some think that public health goals and definitions must drive and help us resolve public health ethical issues. However, as the previous section shows, public health ethics inevitably draws on different political, economic, and moral philosophies or ideologies, so these ethical frameworks, if based on some sound ethical principles, can be useful, especially when unfamiliar with the various moral theories.

It assists in carrying out the three core functions of public health ethics outlined in the introduction. Some of the frameworks currently found in the literature are;

1.Initial Liberal Framework based on Mill's Harm Principle: This framework lists a set of principles based on Mill's Harm principle. Childress's four principles of Bioethics are based on this.

2.*Kass's 6-step Framework* is essential for helping public health professionals analyze any proposed public health intervention, policy, or research initiative. It involves answering six questions. This is now used extensively in the USA.

3.Public Health and Human Rights Framework proposed by Gostin and Lassarini

4.Bernheim 3-step Approach to Decision Making in Public Health

5.WHO uses an Ethical value and principle-based framework as outlined by Tulchinski.

6.Nuffield Stewardship Model

KASS'S 6-STEP FRAMEWORK

The six considerations about a public health program ethics

1.What are the public health goals of the proposed program?

2.How effective is the program/likely to be in achieving its stated objectives?

3.What are the known potential burdens of the program?

4.Can these burdens be minimized? What are the alternate options?

5.Is the program likely/or was it implemented fairly?

6.How can the benefits and the burdens of the programs be fairly balanced?

Source: Kass (2001) an Ethics Framework for Public Health, American Journal of Public Health | November 2001, Vol 91, No. 11

Table 3: Kass 6-step Framework for Public Health Ethics

While it is simple and can be used to review or evaluate a program proposal, it is not aligned with any particular ideology, values, or principles. Thus, it depends on the reviewer's or assessor's worldview and could result in individual bias. It would be helpful if it were used with additional value guidelines or stated acceptable principles.

BERNHEIM 3-STEP APPROACH

1.Analyze the ethical dimensions of the public health issue and the context.

-Are the goals appropriate in the given context?

-What are the risks, harms, and concerns?

-Are they legitimate under the prevalent law?

-What are the moral norms or claims of the primary stakeholders, and are they valid?

-Is there a particular socio-cultural-historic precedent?

-Are there any professional codes that apply?

2.Formulate alternative courses of action and then evaluate their ethical dimensions.

-Are there any other short-term or long-term options?

-What are the ethical dimensions or issues with each of these options? Look at benefits/harm, respect for individuals and the community, equity, and justice.

-Are there any moral contraindications?

3.Provide the justification for a particular Public Health Decision. The criteria suggested;

Effectiveness

-Necessity

-Least infringement

-Public jurisdiction

Source: Bernheim et.al. 2007. Ethics and the practice of public health. In Law in public health practice, 2nd ed, ed. R.A. Goodman, 110–135. New York: Oxford University Press.

Table 4: Bernheim 3–Step Approach to Ethical Analysis of Public Health Programs

This framework could be used for both program review and policy development. It doesn't have a particular value system or ideology but focuses on equity, justice, and respect for individual and community perspectives. It considers the stakeholders' laws and moral norms while seeking out available professional codes. Unfortunately, issues related to justice and fairness do not always fall under what the framework refers to as 'public jurisdiction.' This can be problematic when choosing between alternate options unless clear value-based guidelines are provided.

Values and Principles in Public Health – Similar to the WHO guidelines

1.Non-maleficence – do no harm

2.Sanctity of human life – saving lives precedes all other principles.

3.Universal Declaration of Human Rights – all humans deserve protection for their lives.

4.Individual human rights – liberty, privacy, and protection from harm.

5.Solidarity – The burden of ill health needs to be shared by all.

6.Beneficence - Reduce harm and burden of disease (suffering).

7.Proportionality—Restrictions on individuals' civil liberties must be legal, legitimate, necessary, and minimal.

8.Reciprocity—Everyone has an equal right to just treatment and a shared responsibility to ensure justice, especially for those facing heavy social or health burdens.

9.Transparency - Honest and truthful in the manner in which decisions are taken.

10.Precautionary – To take preventive action to avoid harm even before scientific certainty has been established.

11.Responsibility to act—Public health authorities and officials have a duty to implement preventive measures that are effective, safe, and beneficial to the population's health.

12.Equity: Reduce ethnic, gender, social, economic, and geographic inequities.

13.Cost and benefits – Economic analysis be used in prioritization.

14.Stewardship – the responsibility of governance and to act in a trustworthy manner

15.Trust – Cooperation between the Government and Non-governmental stakeholders in health

16.Evidence-based – Decisions should be based on scientific evidence and should be reviewed when new evidence emerges.

17.Responsive to needs: Address anticipated challenges and monitor the status of the program interventions regularly.

Source: Adapted from Tulchinsky TH and Varavikova (2014), The new Public Health, 3rd Edition, San Diego Academic Press/Elsevier Chapter 15, page 809

Table 5: Values and Principles in Public Health

This framework strives to be comprehensive and for universal acceptability, which, unfortunately, makes it weak. It builds on the accepted bioethical principles and then tries to marry them to human rights, individual rights, and ideas of justice and equity. The seeds of these are found in different moral theories like utilitarianism (1,2,6,13), libertarianism (7), human rights approach (3), liberal frameworks (4), social contract theory (10,11,14,15,17), and justice and equity, which can mean different things to different people.

So, it can be used differently and is not helpful when there is an ideological clash within the decision-making group.

It can be argued that it at least provides a moral framework, which some do not. It also tries to balance the interests of the public with those of individual interests, yet making it difficult to apply in public health issues when there is a conflict. If individual rights are given importance, this would suppress concerns of equity and justice.

STEWARDSHIP MODEL

Aim of public health programs:

Reduce the risk of ill health that people might impose on each other.

Reduce causes of ill health by regulation that ensures environmental conditions that sustain good health, such as providing clean air and water, safe food, and appropriate housing.

Pay attention to the health of children and other vulnerable people.

Promote health not only by providing information and advice but also by programs to help people overcome addictions and other unhealthy be haviours.

Ensure that it is easy for people to lead a healthy life.

Ensure that people have access to medical services.

Reduce health inequalities.

In terms of constraints, such programs should

Not attempt to coerce adults into leading healthy lives.

Minimise interventions that are introduced without individual consent of those affected or without procedural justice arrangements (such as democratic decision-making) that provide adequate mandate.

Seek to minimize interventions perceived as unduly intrusive and conflicting with important personal values.

Source: Nuffield Council of Bioethics (2007)

-God's image implies dependence, meaning we are reflections of another reality.

-God's image implies that we are created for communion with God and each other. My being comes from the fact that I am known and loved.

-God's image implies that we are his children.

-God's image implies the dignity of each human life.

-God's image implies the equality of human beings.

These foundations challenge us to look at every human being through a perspective of wonder, empathy, respect, and protection while recognizing that we are made from the dust of the earth. As C. S. Lewis says, "We are not angels, a form of spiritual life unencumbered by physical constraints; neither are we merely animals, limited to a physical existence. We are a unique creation, or 'a disgusting hybrid' as he writes in Screwtape Letters." In another place, Lewis writes, "There are no ordinary people. You have never talked to a mere mortal. Nations, cultures, arts, civilizations - these are mortal, and their life is to ours as the life of a gnat. But it is immortals whom we joke with, work with, marry, snub, and exploit – immortal horrors or everlasting splendours."

We are made into one human family, which means we are not only designed to depend on God, but we are also designed to depend on one another.

The Fall reminds us of another set of realities:

-Death and decay are part of human existence, and death in one sense is a severe mercy.

-Frailty and futility are part of human existence, and 'Dust you are and to dust you will return.' John Wyatt says, in God's providential mercy, that route to the tree of life remains blocked by a flashing sword.

-Understanding suffering: There can be no human explanations for the mystery of suffering, only the presence of a loving, suffering, and redeeming God.

-The corruption of technology: Any human-created technology can get corrupted as part of the fall.

Conclusion:

This article aims to introduce medical and public health practitioners to the emerging field of public health ethics, whose relevance has become widely understood due to the AIDS and COVID-19 pandemics. It provides a background, listing the differences between Bioethics and Public Health Ethics. It describes some important moral theories and philosophies from which values and principles are derived. Finally, it examines some of the public health ethical frameworks currently being used worldwide that have been described in literature from the year 2000. The critical importance of public health ethics cannot be denied; it is rather difficult in the real world, where society is increasingly multi-cultural and multi-religious, one is navigating through a minefield of public health dilemmas with an unprecedented scale in its consequences (28.9 million deaths attributed to the Covid-19 infection)

References

1.Barrett et al. (2016), Public Health Ethics; Cases spanning the Globe, Monash University, Springer Open Publications ISBN 978-3-319-23847-0 (eBook) DOI 10.1007/978-3-319-23847-0

2.Kass, Nancy (2001); An Ethics Framework for Public Health, American Journal of Public Health, November 2001, Volume 91, No 11. Accessed at https://pmc.ncbi.nlm.nih.gov/articles/PMC1446875/

3.Levy, Niel et.al. (2021), After the Pandemic: New Responsibilities, Public Health Ethics, Volume 14, Issue 2, pg 120-133. Published by Oxford University Press, doi:10.1093/phe/phab008

4.Paul, Bobby (2024), Ethical dimensions of Public Health Actions; Need for guidelines for the Indian context, Journal of Comprehensive Medicine, Vol 12, Issue 2, pg 71. Accessed at https://journalofcomprehensivehealth.co.in/ DOI 10.25259/JCH_19_2024

5.Public Health Issues (2007), Nuffield Council of Bioethics. Accessed at www.nuffieldbioethics.com

6.Tulchinski, Theodore (2018) Case Studies in Public Health, Chapter 13, Published by Elsevier Inc. https:/dx.doi.org/10.10.16/B978-0-12-804571-8-00027-5 from the Elsevier Covid19 =Resource Center. Accessed at https://www.sciencedirect.com/book/9780128045718/case-studies-in-public-health

7.Tulchinsky TH and Varavikova (2014), The new Public Health, 3rd Edition, San Diego Academic Press/Elsevier Chapter 15, page 809 Accessed at https://www.biomedcentral.com/collections/newph

Ethical challenges in Community Healthcare

Dr. Sushil John

Those of us who are privileged to work in healthcare are blessed to be following one of the mandates that Jesus Christ gave his followers – “and he sent them out to preach the kingdom of God and to heal the sick”, Luke 9 v.2.

To heal, healthcare has evolved over the centuries into a modern-day science and art. There are various types of healthcare and community health is one of them. Community health is a broad term and while it simply means the “health” of a “community”, it is also a highly complex and nuanced subset of public health.

Public health aims to promote and preserve the health of population groups through organized efforts at multiple levels, including – individual, community, environmental and policy.

Community health similarly focuses on preventive, promotive, curative, rehabilitative and palliative aspects of health care. Community health differs from the narrower field of clinical medicine, as it takes into account and attempts to address social determinants or non-medical determinants of health also. While it deals with individuals and groups, it always takes into consideration that the individual or group is an integral part of the community they belong too. So, when analyzing problems and formulating solutions and mitigation measures, the reality of the community in question plays a tremendous role.

Community healthcare can only be successful if the community accepts and embraces health interventions. To be accepted, community healthcare must respect the values of the community and foster trust from the community. It would be even more successful if the community is involved in needs-assessments, prioritizing, co-design of intervention programs, implementation and evaluation. It is important to recognize that a community is not a mere aggregate of individuals but is more the network of individuals, their relationships and bonds. Ethical challenges in community healthcare mirror well know public health challenges, which include, but not limited to - resource allocation and prioritization, disease prevention and control measures, environmental and occupational health issues, vulnerability and marginalized groups, and equity and social justice.

Integrating ethical considerations into community health interventions and plans, can improve the uptake, delivery and the health of the community. The familiar four principles of bioethics enunciated by Beauchamp and Childress of autonomy, beneficence, nonmaleficence and justice are relevant to community health but need to be adapted.

Based on the principles of ethical practice of public health, here are some ethical challenges commonly faced in community health care:

1. Short-term versus long-term beneficence.

Community healthcare should take into account social determinants, however most programs focus completely or mostly on medical care through either stand-alone clinics or hospitals or providing basic primary health care in the community or homes, or a combination of both. Not addressing the root causes of disease can only lead to short term/immediate beneficence of communities, while the goal should be to achieve long term and sustainable beneficence through community healthcare programs.

2.The challenge of changing detrimental traditional/cultural behaviours sensitively and with respect.True change must come from inside the community and often healthcare programs dichotomize behaviour into good or bad, such labelling could lead to stigma, shame and does not go towards good communication or trust between providers and the community. The other end of this spectrum should also be given a focus, that is, traditional behaviours that are health enhancing, should be given their due respect, researched and popularized.

3. Paternalism in community healthcare.

Too often healthcare providers think they have all the solutions to address health problems and initiate healthcare programs in a top-down or paternalistic approach. True community health must have community participation and co-designing in all phases of a community program.

4. Lack of or inadequate informed consent.

Related to the previous point, often healthcare programs fail to get community consent and buy-in. The consent should not only be elicited from gate-keepers of communities but also from community members, especially when the program involves very sensitive matters.

5. Guard against vested interests against disenfranchised groups – a social justice issue.

All communities have a social order and have in and out-groups, these spill into all aspects of social life and if not carefully guarded against will negatively affect the access to healthcare programs of certain disenfranchised people in a community. Sometime the dominant people in a community see the benefit of engaging with community health care workers and programs and block access to disenfranchised groups as they would do so in other social activities.

6. Delay in identifying outbreaks does lead to maleficence.

Many community health programs do not have real-time epidemiological surveillance data and so often outbreaks are identified quite late into their occurrence. Community health programs within their limitations must design methods of picking up early signals of disease outbreaks and be able to mobilize resources and the community towards controlling and mitigating the outbreaks at the earliest possible.

7. Breach of individual autonomy versus the greater good of many.

When outbreaks do occur, individual autonomy and privacy often are compromised in the interest of the larger community and there is a need for a better understanding of relational autonomy. Breach of confidentiality can also bring harm to individuals in the form of stigmatization and ostracization.

These seven challenges listed here are not a comprehensive list of the many ethical challenges that each community healthcare programs face, but they spotlight some ethical issues that many of us in the field of community healthcare face. This brief article is meant to be a catalyst for us to pause and reflect and consider the various ethical challenges in community healthcare more deeply.

Think about your own programs if you are involved in community health and identify ethical challenges and search for better ways to address them, this is an ethical and professional imperative for all healthcare workers.

Ethical Challenges in Community Health Care

Dr.Meena Issac

Community health care is the bedrock of equitable and sustainable health systems. Its goal is to bring health services closer to those who need them most, particularly marginalized and underserved populations. While its potential for positive impact is immense, community health care delivery often encounters significant ethical challenges. These challenges arise from systemic inequities, cultural nuances, resource constraints, and policy dynamics.Addressing them effectively requires a people-centered approach grounded in the principles of beneficence, non-maleficence, autonomy, and justice.

1. Cultural Complexities

Culture significantly shapes health-seeking behaviors, perceptions of illness, and responses to health interventions. In diverse communities, health workers frequently face ethical dilemmas when cultural practices conflict with biomedical principles. For example, in societies where patriarchal norms prevail, women may be denied access to health carewithout male consent. Community health workers (CHWs) must navigate these dynamics delicately, balancing respect for cultural traditions with the ethical imperative to protect human rights.

A pertinent example is the practice of Female Genital Mutilation (FGM), a deeply rooted ultural practice in certain regions, often perceived as a rite of passage into womanhood. It poses significant health risks and is internationally recognized as a violation of human rights. Community Health Workers (CHWs) play a pivotal role in addressing this issue. Engaging CHWs to communicate about FGM has proven to be an effective strategy in preventing this harmful practice. By educating communities on the health risks associated with FGM and advocating for its abandonment, CHWs can help shift cultural norms towards safer practices.Training programs that emphasize cultural competence and ethical decision-making are essential in empowering CHWs to navigate the complexities surrounding FGM.

2. Historical Legacies and Trust Deficits

Historical injustices have left deep scars on health care systems in many regions. Colonial exploitation, systemic discrimination, and neglect of rural and marginalized communities have fostered distrust between these populations and health institutions. This distrust often manifests as resistance to health initiatives, posing ethical dilemmas for CHWs.

For instance, vaccine hesitancy in many parts of the world is rooted in historical episodes of medical exploitation, such as the infamous Tuskegee Syphilis Study in the United States.

Addressing such mistrust requires transparency, community engagement, and the inclusion of local voices in health program design. CHWs can play a pivotal role as cultural mediators,but they need institutional support and trust-building tools to succeed.

3. Geographic Disparities and Resource Allocation

Rural and remote areas often face severe health care disparities due to poor infrastructure, workforce shortages, and resource constraints. CHWs working in such settings must make difficult choices about resource allocation, often deciding who receives limited supplies such as vaccines, medications, or medical equipment.

For example, during the COVID-19 pandemic, CHWs in rural areas were forced to prioritize patients for oxygen cylinders and vaccines, raising concerns about justice and equity. Ethical frameworks can guide CHWs in making these decisions, but systemic solutions—such as increased investment in rural health care—are essential to prevent these dilemmas from arising.

4.Autonomy and Consent in Data Collection

Data collection is a cornerstone of community health programs, informing policies and interventions. However, it raises critical ethical questions about autonomy, privacy, and consent. CHWs often collect sensitive information about individuals' health, family dynamics,and socioeconomic conditions. The ethical challenge lies in ensuring that this data is collected, stored, and used responsibly.

For example, household surveys may require residents to share details about reproductive health, income, or illness history. Ethical concerns arise when individuals are unaware of how their data will be used or when consent protocols are inadequate.

To address theseissues, community health programs must:

- Implement robust informed consent procedures.
- Ensure data is anonymized and securely stored.
- Provide clear information about how the data will benefit the community.

Ethical data practices not only protect individuals but also build trust, enabling CHWs to work more e

5. Political and Policy Influences

Health care delivery does not occur in a vacuum; it is deeply influenced by political dynamics and policy decisions. National health priorities often dictate the focus of community health programs, but these priorities may not align with local needs. For example, while governments may emphasize disease eradication campaigns, communities may prioritize access to clean water or treatment for non-communicable diseases.

This misalignment creates ethical tensions for CHWs, who must reconcile top-down mandates with the realities of community needs. Advocacy for participatorypolicymaking—where communities have a voice in setting health priorities—is essential. Additionally, CHWs should be empowered to adapt interventions to local contexts without fear of reprimand.

6. **Governance and Accountability**

Weak governance structures exacerbate ethical challenges in community health care. A lack of oversight can lead to inconsistent care quality, violations of patient confidentiality, and other ethical lapses. For instance, CHWs may face pressure to meet data collection quotas, leading to rushed or incomplete consent processes. They may also be asked by relatives of a community member about his/her condition, as part of a cultural norm. Clear and supportive governance is required to prepare the CHWs for such conflicts in professional ethics and cultural norms.

Effective governance frameworks are critical for maintaining ethical standards. These frameworks should include:

- Clear guidelines for CHW conduct.
- Mechanisms for reporting and addressing ethical violations.
- Regular training on ethical issues.

Governance is not just about oversight; it is about creating an environment where CHWs are supported to make ethical decisions.

7. People-Centeredness: A Path Forward

One of the fundamental shortcomings of many community health programs is their top-down nature. Despite being delivered close to communities, these programs often fail to center the people they serve. Health priorities are frequently determined by external experts based on global metrics, with little input from the communities themselves. This approach sacrifices context for standardization, leading to ethical issues.

A poignant example illustrates this challenge. During a field visit, a medical intern advised a full-term pregnant woman on how to recognize true labor pain. The advice, delivered in the presence of her family and the entire healthcare team, included explicit details about her vaginal discharge. The discomfort and embarrassment on her face were evident. Her dignity was overshadowed by a medicalized approach that failed to acknowledge her personhood.

In that moment, she was treated as merely a case to be managed, rather than a person deserving respect and privacy.This incident highlights a recurring blind spot in the medicalized healthcare delivery model,which often prioritizes the disease-oriented provider's perspective over the patient's dignity and comfort. The failure to ensure privacy and the lack of sensitivity to the patient's emotional needs reveal the ethical lapses inherent in such approaches

People-centered care corrects these lapses by recognizing patients as whole individuals with unique preferences, values, and rights. It shifts the focus from merely treating illnesses to engaging with people as active participants in their health care. This approach embodies the ethical principles of autonomy and justice, ensuring that care delivery is respectful, inclusive, and empowering. By placing people at the center, healthcare systems can address these gaps and foster environments where dignity and trust are preserved.

The principle "nothing about me, without me" lays down the path that the larger health system must take.

By involving communities in the design, delivery, and governance of health care, programs can become more responsive and equitable. This approach aligns with the ethical principles of autonomy and justice, ensuring that health care serves the people rather than imposing external agendas.

8. Ethical Principles in Action

The four core principles of medical ethics—beneficence, non-maleficence, autonomy, and justice—provide a framework for addressing ethical challenges in community health care:

1. Beneficence: Ensuring that interventions genuinely benefit the community.

2. Non-maleficence: Avoiding harm, whether physical, psychological, or cultural.

3. Autonomy: Respecting individuals' rights to make informed decisions about their health.

4. Justice: Ensuring equitable access to resources and services.

For example, ***a CHW conducting vaccination drives must balance these principles by:***

- Educating communities about the benefits (beneficence).
- Ensuring that the vaccine is safe and culturally acceptable (non-maleficence).
- Respecting individuals' choices to decline (autonomy).
- Prioritizing underserved populations (justice).

9. Monitoring and Evaluation for Ethical Care

Ethical care delivery must be measurable. Monitoring and evaluation frameworks should include indicators that assess ethical practices, such as:

- Rates of informed consent obtained during data collection.
- Equitable distribution of resources.
- Community satisfaction with health services.

By integrating these indicators, health programs can ensure accountability and continuous improvement

Conclusion

Ethical challenges in community health care are complex and multifaceted, but they are not insurmountable. Addressing them requires systemic changes, including increased investment in underserved areas, participatory policymaking, robust and shared governance, and people-centered care. At the same time, CHWs must be equipped with the knowledge, tools, and support to navigate ethical dilemmas effectively.

Ultimately, the goal of community health care is not just to deliver services but to empower communities to take charge of their health.

By aligning care delivery with ethical principles, we can create a health system that is not only accessible but also just, inclusive, and sustainable.

Ethics and Community Health Care

Dr. Clarence J. Samuel

Community health care is a cornerstone of public health, focusing on improving the health status of populations by addressing social determinants of health, enhancing access to care, and promoting preventive measures. However, its broad scope and multifaceted nature introduce complex ethical challenges. These dilemmas arise from the interplay between limited resources, diverse cultural beliefs, varying levels of health literacy, and the need to balance individual autonomy with community welfare

Ethical paradigms are fundamental frameworks or lenses through which we understand and evaluate moral issues. They offer different perspectives on what constitutes right or wrong, good or bad. Here are a few prominent ethical paradigms:

1. **Deontology:** This paradigm emphasizes duty and rules. Actions are judged as right or wrong based on whether they adhere to a set of moral principles or rules, regardless of the consequences. Example: The categorical imperative in Kantian ethics, which states that one should act only according to that maxim whereby you can, at the same time, will that it should become a universal law.

2. **Utilitarianism: This paradigm focuses on maximizing overall** happiness or well-being. Actions are judged based on their consequences, with the goal of achieving the greatest good for the greatest number of people. Example: Prioritizing a public health campaign that benefits the majority of the population, even if it may have some negative consequences for a small minority.

3. **Virtue Ethics:** This paradigm emphasizes the development of moral character. It focuses on cultivating virtues such as honesty, compassion, and justice, rather than adhering to specific rules or aiming for specific outcomes. Example: A doctor who prioritizes empathy and compassion in their interactions with patients, even when faced with difficult medical decisions.

4. **Care Ethics:** This paradigm emphasizes relationships, empathy, and compassion. It highlights the importance of nurturing and caring for others, particularly those in vulnerable situations. Example: Prioritizing the needs of family members or close friends in decision-making, even if it means making personal sacrifices.

This essay explores the major ethical challenges in community health care which are supported by examples.

Resource Allocation and Equity

One of the primary ethical dilemmas facing healthcare providers is how to distribute scarce medical resources in a fair and equitable manner. Frequently, demand exceeds supply for critical treatments like vaccines, medications, and hospital beds. Determining priority access involves complex considerations around equity and justice for all community members. Short of universal abundance, reasonable people disagree on how best to allocate limited lifesaving resources among those in need.

While coping with the difficulties presented by COVID-19 proved exceedingly arduous, community health programs rose to the momentous undertaking of equitable vaccine distribution with ethical considerations at the fore. Who ought claim priority: the elderly in dire need of protection, those courageous souls tending to the afflicted on the medical frontlines each day, or the vulnerable populations crudely abandoned by a system structurally aligned against their wellbeing? Utilitarian notions of maximizing overall benefit tended to steer such consequential decisions. Yet inadvertently could similar philosophizing further disadvantage those groups whose marginalization had been so thoroughly institutionalized, solidifying inequities with scientific rationales.

Throughout endured the incessant querying with no satisfying answers, only the unrelenting duty to safeguard everyone's wellbeing through fairness however imperfect.

2. Balancing Individual Autonomy and Public Health

Community health care often requires interventions that prioritize collective well-being, sometimes challenging individual autonomy. Vaccination campaigns, quarantine measures, and health education initiatives highlight this delicate tension.

For instance, mandatory vaccination policies aim to achieve herd immunity, protecting the broader community. However, such measures may infringe on individual freedoms, particularly for those who object to vaccinations due to personal or religious beliefs. The ethical principle of autonomy emphasizes the importance of individuals making informed decisions about their health. Meanwhile, the principle of beneficence supports actions designed to benefit the entire community. Balancing these principles requires careful ethical consideration.

3. Cultural Sensitivity and Ethical Relativism

Community health care operates in diverse cultural contexts, where beliefs about health, illness, and treatment often differ. Ethical dilemmas arise when cultural practices conflict with evidence-based medical recommendations.

For example, in some cultures, traditional healing methods may be preferred over modern medical interventions. This is particularly evident in maternal health care, where traditional birthing practices might clash with hospital delivery recommendations aimed at reducing maternal and neonatal mortality. Health workers face the ethical challenge of respecting cultural beliefs while advocating for practices that improve health outcomes.

4. Confidentiality and Privacy

Maintaining patient confidentiality is a cornerstone of ethical health care. However, in community health settings, where interventions often involve multiple stakeholders, upholding privacy can be complex.

For example, managing infectious diseases like HIV or tuberculosis may require sharing patient information with public health authorities or community organizations. While this is essential for surveillance and contact tracing, it risks breaching confidentiality, p

Potentially leading to stigma and eroding trust in health care providers. Striking a balance between privacy and public health needs remains a significant ethical challenge.

5. Ethical Challenges in Health Research

Community health research is vital for advancing population health but often raises ethical concerns, particularly around informed consent, exploitation, and equitable benefit distribution.

For instance, research conducted in low-income communities can inadvertently exploit vulnerable populations. Financial incentives or limited access to care options may pressure individuals into participating in studies. Furthermore, the benefits of such research, like access to new treatments, are not always equitably shared with the communities involved. Historical examples, such as the Narangwal Nutritional Experiment of the 1960s, demonstrate how ethical scrutiny evolves over time.

6. Ethical Challenges in Disaster and Emergency Response

In disaster scenarios, such as disease outbreaks or natural calamities, health care providers face urgent ethical dilemmas. Decisions often need to be made quickly, with limited resources and incomplete information.For example, during a cholera outbreak, health workers might need to choose between allocating resources to treat the sick or implementing preventive measures like water sanitation. These decisions involve weighing immediate versus long-term benefits and prioritizing certain groups over others, highlighting the tension between beneficence and justice.

7. Addressing Health Inequities Health inequities, driven by socioeconomic disparities, present significant ethical challenges. Marginalized populations—such as racial minorities, migrants, and rural communities—often face barriers to quality care, raising ethical questions about justice and the moral responsibility of health systems to address social determinants of health.

For example, rural communities may lack access to essential health services due to geographic isolation, while urban populations grapple with challenges like overcrowding and pollution. Addressing these disparities requires equitable resource allocation and systemic efforts to reduce structural inequalities.

8. Ethical Dilemmas in Health Education

Community health care often involves educating populations about healthy behaviours and disease prevention. However, ethical dilemmas arise when health messages conflict with cultural norms or inadvertently stigmatize certain groups or behaviours.

For example, campaigns to prevent sexually transmitted infections may face resistance in conservative societies where sexual health discussions are taboo. Similarly, obesity prevention initiatives can unintentionally perpetuate stigma against individuals with larger body sizes. Crafting culturally sensitive and inclusive education strategies is essential.

Contributions of Carl E. Taylor and Paul Farmer to Ethics in Community Health Care

Carl E. Taylor: A Visionary in Community-Based Primary Health Care

Carl E. Taylor (1916–2010), often hailed as the father of primary health care, transformed global health by advocating for community-based, equitable health systems. His role in the Alma-Ata Declaration of 1978 emphasized health as a human right.

Equity and Justice: Taylor championed the principle of justice, advocating for health care access irrespective of socioeconomic status. His work laid the foundation for global health equity.

Community Engagement: By involving communities in health program design, Taylor respected their autonomy and empowered individuals to take ownership of their health.

Sustainability and Cultural Sensitivity: Taylor prioritized culturally appropriate interventions, ensuring programs were sustainable and aligned with local practices.

Taylor's legacy continues to shape global health initiatives, emphasizing equity, cultural sensitivity, and community participation.

Paul Farmer: A Champion of Social Justice in Global Health

Paul Farmer (1959–2022), co-founder of Partners In Health, dedicated his career to improving health outcomes for marginalized communities. His work exemplified a commitment to beneficence and justice.

- Health Care as a Human Right: Farmer argued for equitable health care access, challenging systems that perpetuate disparities. His projects in Haiti and Rwanda demonstrated the feasibility of delivering quality care in
- Preferential Option for the Poor: Inspired by liberation theology, Farmer prioritized the needs of the most vulnerable, urging the global health community to address systemic inequalities.
- Addressing Structural Violence: Farmer highlighted the role of systemic social structures in perpetuating harm and called on health professionals to address these root causes through holistic interventions.
- Farmer's work redefined global health ethics, inspiring a commitment to justice and equity among health care providers worldwide.

Conclusion

Ethical challenges in community health care require balancing principles such as autonomy, beneficence, justice, and non-maleficence. Navigating these dilemmas necessitates cultural sensitivity, transparent decision-making, and equitable resource distribution.

The contributions of visionaries like Carl E. Taylor and Paul Farmer continue to inspire ethical approaches to health care that prioritize equity, community engagement, and systemic change. By embracing these principles, community health care can advance its mission of creating healthier and more equitable societies.

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Blessed New Year for you and yours.

The Center for Bioethics,India is a 80(G) educational non-profit which exists to promote human dignity in the face of challenges to what it means to be human, and to inform and equip people to face the vital bioethics issues of the 21st Century.

With gratitude for you, our readers,

D. Roopa Verghese, M.D., M.A.

Executive Director

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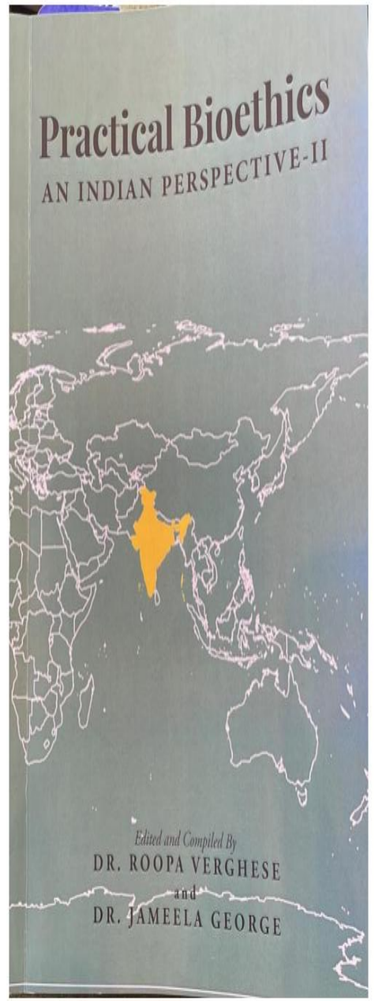

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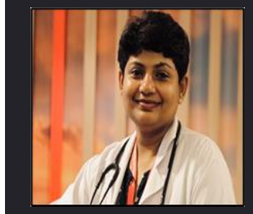

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