THEORY AND METHOD IN PUBLIC HEALTH ETHICS

1. INTRODUCTION

1.1 Overview

Public health promises benefits to targeted populations that impose unwelcome costs to individual members of society. The result is an unavoidable clash between the rights and needs of the individual, on the one hand, and the rights and needs of the community, on the other. However, such dilemmas neither always nor necessarily occur, because the rights and benefits of individuals can, and often do, coincide.\(^1\) Because public health and, consequently, public health ethics, is distinctive, it would be a mistake to apply the traditional principles of medical ethics to public health problems.\(^2\) Hence, formulating a substantive public health ethics will require more imagination than applying templates from traditional bioethics.\(^3\)

1.2 Analytical Method

An increasingly blurred understanding of the distinctive ethical challenges posed by public health suggests a critical need to revisit the perils and possibilities of moral theories applied in place of traditional bioethics principles. To be sure, the issues of immediate import to the conversation over the supreme moral theory vis-à-vis public health in light of changing scientific, medical, and moral traditions are manifold, and any singular analysis of topics, no matter how sweeping, will unavoidably fall short of adequacy. This essay thus aims to briefly address but three: utilitarianism, liberalism, and virtue-communitarianism. It grounds its arguments in two, straightforward premises: (i) what is good for the individual is inextricably intertwined with what is good for his/her community, and vice-versa; and (ii) neither the principle of utility (and therefore utilitarianism) nor respect for individual liberty (and therefore libertarianism) alone can accomplish the adequate balance of social and individual concerns necessary for a robust public health ethics. Drawing from this syllogism, the aim and proposal of this essay is such: to examine the respective moral theories of utilitarianism, liberalism, and virtue-communitarianism with the intention of positing the argument that a substantive public health ethics exists to the extent that it addresses concerns of health and well being in a way that views the individual as a member of society, and society as a community of individuals – something virtue-communitarianism does and utilitarianism and liberalism do not.

---

1. To this extent, the morality of public health is not intrinsically dubious. See Stephen Holland, *Public Health Ethics* (Cambridge, UK: Polity Press, 2007), vi-xv; see especially pp. viii-ix.

2. For instance, socially beneficial clinical and medical research have been altered to reflect the recognition of an individual’s right to consent, grounded in the principle of respect for autonomy. See Holland, *Public Health Ethics*, vi-xv; see especially p. ix.

3. Still, public health ethics, which naturally promote communal values and societal perspectives, can reinvigorate and reorient traditional bioethical theory, producing a robust ethics of population health. See Holland, *Public Health Ethics*, vi-xv; see especially pp. xi-xii.
To secure the justification of this thesis, the essay will move in three parts. First, it will address utilitarianism qua method in public health ethics, including a topical overview of the theory and an analysis of its strengths and shortcomings. Second, it will address liberalism qua method in public health ethics, including a topical overview of the theory and an analysis of its strengths and shortcomings. Finally, it will address virtue-communitarianism – a hybridized theory formulated by the author – qua method in public health ethics, including a topical overview of the theory and an argument in favor of a virtue-communitarian public health ethics.

2. UTILITARIANISM AND PUBLIC HEALTH ETHICS

2.1 Theoretical Overview

Consequentialism is a broad philosophical theory that contends that the moral value of an action is determined solely by the consequences it produces. Therefore, a right action is one that will produce the best consequences. Thus conceived, consequentialism is not yet helpful, because it is unclear what makes one set of consequences good and another poor. Utilitarianism, a branch of consequentialist moral reasoning, attempts to clarify this matter. It argues that the right action in the context of public health is whatever will maximize utility in the form of welfare, well-being, or benefit. Understood this way, it can be argued that public health ethics is, in many ways, a utilitarian endeavor. “Utility” is often translated in terms of pleasure, happiness, and freedom from pain. However, since these terms make the theory sound hedonistic and shallow, utilitarianisms suggest the use of terms such as “well-being,” “welfare,” or “benefit.” Utilitarianism can therefore be summarized as the version of consequentialism that states that the right action is that which brings about the best consequences, and the best consequences are those that maximize well-being, welfare, or benefit.

It is important to note that utilitarianism is an impartial (i.e., impersonal) theory. Applied in the context of public health, when choosing between several competing interventions or programs, utilitarian states and policy makers should opt for those that are most likely to produce the greatest aggregate benefit. For instance, in the event of epidemic, a utilitarian approach would usually favor isolation and quarantining, whereas such measures would be likely lead to considerable tensions between individuals. Hence, utilitarianism is traditionally understood as “the greatest good for the greatest number.” However, this interpretation may be unrealistic. Utilitarianism is interested in maximizing

4. Conversely, a wrong action is one that will produce the poorest consequences.
5. Holland, Public Health Ethics, 7-17; see especially pp. 7-8.
7. Holland, Public Health Ethics, 7-17; see especially p. 8.
8. This proves to be one of the greatest lures of utilitarianism: it is impartial (or impersonal) in the sense of denying that the welfare of some individuals or groups is more important than others. See Holland, Public Health Ethics, 7-17; see especially p. 8.
benefit per se, rather than maximizing the number of people who derive some benefit from an action. In other words, it is about the greatest good, not necessarily the greatest number.\(^{10}\)

2.2 Strengths and Shortcomings

There are numerous objections to utilitarianism thus conceived. While impossible to delineate all strengths and shortcomings in this forum, it is critical to recall the impartial nature of the theory: utilitarianism aims at benefit, so it does not endorse preference for, or prejudice against, individuals or groups of persons. Usually, such impartiality is hailed as a virtue of a robust philosophical theory; however, in the context of public health, it also engenders criticism.\(^{11}\) In one respect, the impartiality of utilitarianism is an example of the general objection to its over-demanding nature. But the more pertinent objection to utilitarianism entails the belief that its theory and demands forces its subscriber to sacrifice deeply-held moral intuitions. For instance, parents value the welfare of their children much more than they do the welfare of strangers, and it is hardly clear that to do so is to be immoral.\(^{12}\) Still, utilitarians attempt to construct ways around this problem. One involves the notion of “satisficing [sic] utilitarianism,” which replaces the idea that a right action is that which maximizes benefit with the notion that an action is right provided that it produces a satisfactory amount of benefit. This leaves open the idea of being utilitarian while maintaining a preference to benefit one’s kin.\(^{13}\)

Although public health measures have been undertaken for centuries, the philosophical basis of public health is generally considered to be nineteenth century utilitarianism.\(^{14}\) Indeed, the impetus behind public health seems to be inherently utilitarian, and public health professionals have found this perspective to possess a strong intuitive appeal. However, even if one subscribed wholeheartedly to the utilitarian calculus as an adequate moral methodology in the context of public health, there remains a very straightforward problem with utilitarianism: the fact that it is often difficult, if possible, to compare the utility of dissimilar outcomes. The notion of utility is relative to the “utilizer,” so deciding what maximizes utility will be different according to the individual who calculates it. While disparate calculations might produce similar amount of benefit, they will nevertheless produce benefits that are different and, ultimately, incomparable. Applied in the context of public health, utilitarianism encounters problems adjudicating between alternative public health policies that create similar amounts of different forms of health benefits.\(^{15}\)

\(^{10}\) Holland, *Public Health Ethics*, 7-17; see especially p. 9.

\(^{11}\) For a more detailed analysis of the strengths and shortcomings of utilitarianism vis-à-vis public health ethics, see Holland, *Public Health Ethics*, 7-17.

\(^{12}\) This phenomenon is known as “agent relativity.” See Holland, *Public Health Ethics*, 7-17; see especially p. 10.

\(^{13}\) That is, so long as the agent has acted in a way that produced an adequate amount of benefit given the circumstances, he/she can prioritize his/her loved ones even if he/she could have provided more overall utility by remaining wholly impartial. See Holland, *Public Health Ethics*, 7-17; see especially p. 10.

\(^{14}\) Holland, *Public Health Ethics*, 7-17; see especially pp. 10-11.

\(^{15}\) Holland, *Public Health Ethics*, 7-17; see especially p. 11.
3. LIBERALISM AND PUBLIC HEALTH ETHICS

3.1 Theoretical Overview

A fundamental concern of political philosophy is the appropriate relationship between the state’s authority and the position of individuals and intermediate bodies (such as institutions, schools, and companies) that are governed by its rules. At the opposite side of the spectrum from utilitarianism, liberalism is the philosophical moral theory that affirms what are classically regarded as the “natural” rights to which individuals are endowed: life, liberty, and property.16 A good place to enter the liberal worldview is through the concept of autonomy, traditionally defined as “self-rule” or “personal freedom.” The philosophical foundations of autonomy can be traced back to the emphasis during the Enlightenment on individuals’ capacity for rational self-governance: the view that persons are uniquely valuable to the extent that they are rational creatures who act instinctually. This principle would later become a cornerstone of the Western moral and political landscape. As such, it underpins the liberal emphasis on the rights of individuals to pursue their own conception of a good life.17

Individuals are able to exercise autonomous rights insofar as they are free from (at least) two things. First, they must be free from paternalistic practices and influences that refuse to act according to individual wishes, respect freedom, or act in ways that attempt to influence behavior contrary to individuals’ best interests.18 Second, the liberal emphasis on autonomy has profound implications for the sort of government considered legitimate, as well as the relationship shared between the state and its citizens. Liberals endorse state neutrality.19 Correlatively, they are suspicious of state perfectionism.20 Against this backdrop, it is easy to see how liberalism in the context of public health might seem strange. The most obvious distinction between public health and liberalism is the assertion made by public health, namely, that the health of a population is an objective good, measurable by objective criteria (e.g., morbidity, longevity, etc.), and not simply a matter of choice of preference. It is also easy to see that the liberal framework, given its preference for state neutrality, might be hostile to particular state-enforced public health interventions that limit liberty.21

3.2 Strengths and Shortcomings

There are numerous objections to liberalism thus conceived. While impossible to delineate all strengths and shortcomings in this forum, it is critical to recall that liberalism

---

17. As defined by one’s idiosyncratic beliefs about what makes life valuable and worthwhile. See Holland, *Public Health Ethics*, 37-56; see especially p. 38.
19. That is, the view that it is illegitimate for the state to make and enforce judgments about how individuals should live their lives. See Holland, *Public Health Ethics*, 37-56; see especially p. 38.
20. That is, the view that some conceptions of the good life are better than others. See Holland, *Public Health Ethics*, 37-56; see especially p. 38.
typically objects to policy initiatives because it amounts to state interference in personal problems. For instance, legislative intervention to ban smoking in public places is objectionable to the extent that it compromises smokers’ freedom of choice. On similar grounds, childhood immunization is objectionable inasmuch as it transgresses parental rights to decide what is best for children. In this light, liberalism seems to be a strong and persuasive anecdote to utilitarianism. However, liberalism’s stress on the importance of individual autonomy at the cost of general welfare is often given too much weight in the context of public health. Most interventions do not include the degree of intrusion assumed by liberalism, and it is important to recognize the crucial difference between consent requirements that are relevant in the context of clinical medicine and research, and those for infringements of individual liberties in the non-clinical context of public health. Often, requiring each person to consent to non-intrusive public health measures is both impossible and impractical. More significantly, the possible harms and restrictions of freedom are rarely severe.

From the liberal perspective, different kinds of liberties are at stake and threatened by various public health initiatives. However, it is already clear that explicit justification would be necessary for the state to interfere in a situation where individual consent would otherwise be required. In contrast to liberalism, then, such justification, even if significantly choice-limiting in scope, is not clearly immoral or detrimental to the overall capacity and exercise of self-determination. While individual consent is required in the case of potentially harmful medical interventions, a “procedural justice” approach may suffice to authorize measures where there are no substantial health risks. Vital elements of such an approach include transparency in decision making, a focus on rationales that favor limiting individual choice, and involvement of other stakeholders in the decision-making process.

4. VIRTUE-COMMUNITARIANISM AND PUBLIC HEALTH ETHICS

4.1 Theoretical Overview

The considerations of consent, health inequalities, and changing habits indicate that liberalism is too individualistic to be successful in the context of public health. A substantive and robust framework for public health ethics needs to include values that bind and resonate with its social roots. This introduces the philosophical theory of communitarianism, a political ideology that first developed out of a forceful critique of liberalism. Both explicitly and implicitly, there has been great interest in applying communitarianism in debates about public health ethics. In response to the liberal agenda,

24. Holland, Public Health Ethics, 37-56; see especially p. 39.
26. The implication here is that liberalism alone must be expanded in order to prove valuable in the context of public health. Contrarily, if liberalism is applied strictly, it inevitably becomes too far-reaching, making impossible a range of important public health measures. See Nuffield Council on Bioethics, Public Health, 13-28; see especially p. 19.
Communitarianism extends the continuum of moral consideration from the individual to the community of which the individual is a part. Recall that, for the liberal, what matters is individuality, individual choice, individual rights, and the like. Contrarily, communitarianism contends that what matters in deliberations over the good in public health are things such as community membership, honoring shared values, accepting responsibility for one another, leading interconnected lives, and the like. Communitarianism, then, argues that the community is, and should be, at the center of moral thinking.\(^{28}\)

Communitarianism per se is hardly free of criticism. A cardinal (liberal) argument against communitarianism concerns the idea that it seems much like majoritarianism, and majoritarianism, in turn, seems much like utilitarianism. To address and clarify this misnomer, this essay suggests a hybridized model of virtue theory and communitarianism, producing “virtue-communitarianism.” To understand its appeal, it is important, first, to briefly address the place of virtue theory in the context of public health.\(^{29}\) First, virtue ethics understands the virtuous agent as skilled at adopting the mean between two extremes – here, between utilitarianism and liberalism.\(^{30}\) In the context of public health, Aristotle’s “doctrine of the mean” aims to sensitively balance the claims of individuals and the claims of utility rather than immediately adopting policies that can meet only one at the expense of the other.\(^{31}\) Understood this way, virtue theory may be employed to identify and justify the mean between utilitarianism and liberalism: virtue-communitarianism.

4.2 The Case in Favor of a Virtue-Communitarian Public Health Ethics

By emphasizing the social nature of life, identity, relationships, and institutions, the virtue-communitarian aims to restore the notion of community to its proper prominence.\(^{32}\) Yet, as the liberal critique of communitarianism makes clear, it is hardly clear that a return to shared values has anything to do with a substantive and robust public health ethics. Simply because members of a community share a set of similar values does not, ipso facto, make those values right or morally worthy of pursuit. Virtue-communitarianism, as the antithesis of majoritarianism, agrees with this notion. But it also honors the idea that it is both unreasonable and undesirable to attempt to reason about the good in the context of public health by bracketing or retreating from the particular identities that shape individual and communal lives. Understood this way, virtue-communitarianism contends that the only way to address the ethical concerns at the heart of public health is to first identify the story or stories that comprise the history of particular communities, at particular times, with particular sets of values. Insofar as communities are trans-generational entities, individuals do not cease to be bound to their

---

29. For a brief analysis of the strengths and shortcomings of virtue theory in the context of public health, see Holland, *Public Health Ethics*, 18-36; see especially pp. 33-35.
30. The two equally unsatisfactory extremes are advancing utilitarian benefit without adequately concerning itself with the rights or fate of individuals, on the one hand, and protecting individual rights without adequately concerning itself with advancing utility, on the other.
communities and the needs of its members, even after death. For better or worse, human beings are not unencumbered selves or radically disembodied subjects, free to choose regardless of culture or consequence.

Contrary to liberalism’s claim that communitarianism fails to adequately value and prioritize freedom, virtue-communitarianism, as a mean between extremes, favors both rights and individual liberty. Moreover, this hybridized theory holds that individuals inherently benefit from being members of a society in which the health needs of others are addressed. This value is central to the justification of both reducing health inequalities and the limitation on individual consent when it obstructs critical general benefits. Public health often depends on universal programs that need to be endorsed collectively if they are to be implemented successfully. Although utilitarianism aims at and secures maximum utility, it does so at the cost of individual rights and freedoms. And although liberalism supports the promotion of public good and services, it presents these primarily as means to promoting individual welfare. Contrary to both, virtue-communitarianism alone can adequately express the shared commitment to individual and social ends, which proves indispensable in public support for programs aimed at securing goods that are essentially collective.

5. CONCLUSION

The aim and proposal of this essay has been to examine the respective moral theories of utilitarianism, liberalism, and virtue-communitarianism with the intention of positing the argument that a substantive public health ethics exists to the extent that it addresses concerns of health and well being in a way that views the individual as a member of society, and society as a community of individuals – something virtue-communitarianism does and utilitarianism and liberalism do not. To secure the justification of this thesis, it has drawn from the twofold premises that (i) what is good for the individual is inextricably bound up with what is good for his/her community, and vice-versa; and (ii) neither the principle of utility (and therefore utilitarianism) nor respect for individual liberty (and therefore liberalism) alone can accomplish the adequate balance of social and individual concerns necessary for a robust public health ethics. To this syllogistic end, the present essay has been successful.

REFERENCES


33. Holland, Public Health Ethics, 37-56; see especially p. 41.
34. A commitment to community indicates the intrinsic value of belonging to a society in which the welfare of both individuals and the community matter to everyone. See Nuffield Council on Bioethics, Public Health, 13-28; see especially p. 23.