

Introduction to the *Rhode Island Medical Journal* Special Issue: Public Health Ethics

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Over two years into the COVID-19 pandemic, the importance of public health as a field has never been greater. Promoting and protecting the health of populations is often distinctly different from clinical practice wherein the focus is on the health of individual patients. Of particular significance, a population perspective on health raises distinct ethical issues that are often difficult to account for with standard bioethical principles that are otherwise appropriate in the clinical context. In the clinic, for example, a patient's decisions typically only affect his or her own interests, such that the principles of beneficence and non-maleficence can be balanced by evaluating the benefits and harms that affect that same individual. By contrast, a focus on population health often necessitates balancing benefits that accrue to some individuals against the harms that affect different individuals. In the case of COVID-19 lockdown policies, for example, it is far from clear how policymakers should trade off a diminished quality of education for school-aged children with the reduction of viral transmission intended to benefit the medically vulnerable.

Beyond the difficulties that arise in balancing diverse ethical goods, a population perspective on health is ethically complex because attention must be paid to distributional concerns. Apart and distinct from how benefits and burdens should be aggregated, there is the further question of whether such benefits and burdens are equitably distributed throughout the population. As several papers in this special issue highlight, the tensions between efficiency and equity can be difficult to reconcile. Moreover, the field of public health ethics must address the appropriate authority or limits of the government to implement measures that promote population health. The tension between individual liberty and the public good may well be familiar to many by now given recent controversies surrounding vaccine mandates. Needless to say, the real-world challenges facing public health today are animated by ethical, political, and legal complexities that warrant close examination.

In this special issue on Public Health Ethics for the *Rhode Island Medical Journal*, the contributions explore the complex moral issues that arise at the intersection of caring for individuals and populations. The papers below comprise excellent ethical analyses of several colleagues from Brown University, as well as from Dalhousie and Cambridge Universities. Taken together, these articles highlight several

key practical and ethical challenges in the promotion of population health while seeking to develop answers to the fundamental moral questions facing medicine today: What do we owe to our patients? And what do we owe to society?

In his article, “**Non-Maleficence, Social Benefit and the Vaccination of Children,**” **STEPHEN JOHN, PhD**, examines a core tension in public health ethics: what can we do to the individual for the sake of the community? Such ethical tensions arise, for instance, when formulating COVID-19 vaccination policies. That is, vaccination may be in the interests of society, by way of decreasing COVID-19 transmission, but not in the medical interests of certain subpopulations, such as children, given the very low risk of serious COVID-19 disease in this age group. In the United Kingdom, the Joint Committee on Vaccination and Immunisation (JCVI) published a statement in September 2021 recommending against offering vaccines to otherwise healthy 12–15 year olds. Using the JCVI statement as a case study, Dr. John clarifies how the JCVI recommendation can be understood as an appeal to the principle of non-maleficence. Equally, however, he argues that the JCVI interpretation of the principle of non-maleficence in the context of vaccination policymaking was problematic. With vaccination policies, we are not merely trying to help people do something good *for them*; we are also helping them fulfill their ethical obligations *to others*. After all, in choosing not to get vaccinated, individuals are imposing a risk of harm on non-consenting third parties as well. Dr. John's ethical analysis serves to clarify the complex role that the principle of non-maleficence plays in public health.

In her article, “**Ethics of Advocacy,**” **LYNETTE REID, PhD**, examines the ethical dimensions of healthcare advocacy. In recent years, advocacy by physicians for health equity and for serving population health needs has gained prominence. Dr. Reid's paper clarifies the ethical basis of these trends: a physician's ethical obligation to advocacy can be understood both as a commitment to beneficence and as one to justice. Viewed in this light, the ethics of advocacy can quickly raise complex issues. Dr. Reid highlights four areas of ethical debate: 1) balancing the value of treating like patients alike and differentiating treatment to address barriers to access and to good outcomes, 2) the issue of how conceptions of justice should inform healthcare, 3) concerns about politicization of the medical profession, and 4) considerations of

non-maleficence in health advocacy. Concerning the notion of differing conceptions of justice, Dr. Reid asks whether, and to what extent, restorative justice has a role in health-care. For example, when triaging critical care resources for COVID-19 patients, should one ensure that racialized minorities have the same access to critical care resources as others, or should one prioritize access for patients whose COVID-19 status is derived from their social determinants of health?

In their article, **“Melanoma Screening: The Ethics of Over- and Underdiagnosis,”** **JOSEPH WU, PhD, MD’23**, and **NICOLE NEGBENBOR, MD**, examine ethical issues arising in debates about melanoma screening. Cutaneous melanoma is the fifth most diagnosed cancer in the United States and the incidence is increasing yearly. At present, population screening for melanoma is not recommended by national guidelines on account of insufficient evidence to assess the balance of benefits and harms. Indeed, there remains significant controversy over whether screening for melanoma via increasing the frequency of routine skin checks leads to tangible long-term health benefits for patients. The authors highlight how screening can impose harms such as overdiagnosis on otherwise healthy individuals and offer clarification on how the principle of non-maleficence relates to screening policies. The authors also explore the pressing issue of the underdiagnosis of melanoma in particular populations. In so doing, the authors underscore how the ethical duties of non-maleficence and justice must be balanced in dermatological practice.

In their article, **“Wandering Virtues, Moral Confusion,”** **MICHAEL FELDER, DO**, and **EZRA FELDER, BA, DO’26**, explore the relationship between our traditional understandings of bioethical obligations and the realities of medical practice during the COVID-19 pandemic. One way of approaching bioethics involves focusing on the virtues embodied by a “good” physician. By way of addressing what kind of person one wants to be, we can gain clarity on how to navigate moral conflicts. As this piece highlights, the psychological challenges of providing primary care amidst the pandemic can profoundly impact even one’s mostly deeply held convictions about what virtues to embrace. The emotions experienced while caring for patients, including but not limited to frustration, resentment, and helplessness, may be infecting the moral virtues traditionally used to guide our bioethical thinking. In so doing, we would do well to pay close attention to how the moral distress being experienced by healthcare workers across the nation is perhaps precluding the possibility of being a “good” healthcare provider.

In their article, **“Toward an Improved Substance Use Disorder Treatment Landscape in Rhode Island: Barriers, Current Progress, and Next Steps,”** **HANNAN MOSES BRAUN, MD**; **JULIETTE A. HOLTZMAN, LICSW, LCDP**; **CAROLINE WUNSCH, MD**, and **SETH A. CLARK, MD, MPH**, highlight how the evidence-based treatment of substance use disorder

(SUD) is a key issue for social and racial justice. Amongst the medical community, SUDs are still too often viewed as an acute condition as opposed to a chronic and treatable disease. While multiple efficacious interventions exist to reduce SUD-related morbidity and mortality, the authors point out that numerous barriers still prevent broader access for people in Rhode Island, such as the rigid scheduling for methadone dosing. For next steps, the authors underscore the imperative of eliminating policies that penalize ongoing substance use, such as employing punitive urine toxicology testing, and replacing them with harm-reduction practices. Additionally, they emphasize the imperative to diversify the addiction medicine workforce as another path to improving SUD care.

In their article, **“On the Ethics of Mandatory Reporting of Positive Drug Tests in Newborns and Pregnant Parents at the Time of Delivery,”** **JONATHAN SPIEGEL, MD’23**; **GREGORY COHAN, MD’23**; **E. CHRISTINE BROUSSEAU, MD**, and **ELIZABETH TOBIN-TYLER, JD, MA**, analyze the ethics of mandatory drug reporting for pregnant parents and newborns. The opioid epidemic has sparked debate about the optimal way to structure laws, agency policies, and hospital protocols for the mandatory reporting of illicit substances. In Rhode Island, the law mandates that positive drug tests in a pregnant parent or newborn must be reported to the Department of Children, Youth and Families. Given that state intervention is generally perceived by pregnant people as punitive, the authors examine the ethics of Rhode Island’s approach to prenatal substance use from four perspectives: retribution, deterrence, rehabilitation, and incapacitation. Ultimately, the authors conclude that given the potential for the mandatory reporting policy to do more harm than good, resources would be better invested on clinical and community services that support substance using parents and their newborns.

As the articles in this special issue highlight, promoting the health of both individuals and populations can be an ethically complex endeavor. It is our hope that the articles in this issue of the *Rhode Island Medical Journal* will have stimulated the readers’ interest in the moral dilemmas that can arise for physicians and policymakers working at the intersection of clinical medicine and public health.

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