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INTERNATIONAL CONFERENCE - DOCTORAL PROGRAMS IN PUBLIC HEALTH AND SOCIAL SCIENCE

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Abstract

Public health efforts, while crucially important, are also critically underfunded. Clearly a global phenomenon, this is the essential conflict between health needs of populations and limited resources of public health agencies and governments. Ethics in public health is **"**A systematic process to clarify, prioritize, and justify possible courses [approaches] of public health action based on ethical principles, values and beliefs of stakeholders, and scientific and other information" (CDC - USA)[1]. Even more succinctly stated, "what we, as a society, do collectively to assure the conditions for people to be healthy." Laws and ethical principles "establish parameters" for public health. The parent disciplines of public health on the one hand and ethics on the other requires a harmonization between these two disciplines. Public health traditionally has been informed by scientific and medical empirical evidence (or the use of the precautionary principle when evidence is scant or lacking), i.e., the logic of scientific process and discovery. Ethics is informed by the logic of *reason* (and virtue) in deciding what *ought* to be done based on bioethical principles, including, but not limited to, attention to beneficence and justice. Public health ethics differs from clinical ethics primarily in the tension between individual autonomy and rights vs. a Utilitarian-Consequentialist-based approach that considers benefits for *populations*. Much of the tension and conflict in the recent Covid-19 pandemic, for example, was/is specifically tied to this conflict and a misunderstanding of the role of public health and governmental experts in crafting policies to keep *populations* (citizens) safe and healthy. In our homes when we become ill with an infectious disease, we might isolate/separate ourselves from our loved ones in order to prevent their infection and suffering. Somehow this critically does not inform/encourage a portion of our population to similarly protect our neighbors. This is where the professional duty of educational components in public health is critical.

The European Union, in particular, demonstrated recently that *coordinated* efforts among diverse nations and partners *do*, at times, have both the will and the moral capacity to address critical dilemmas including the twin public health emergencies of pandemic and war. This occurred even though the conflicts between resources and need persisted (and remain today). Additionally, particularly for vaccination programs, the conflict between autonomy and public health consequentialism also persists. Yet, the phenomenon of a horrific war encouraged a blossoming of empathy for neighbors more distant than normally encountered.

Limited and strained resources, however, remain a fundamental issue that has been exacerbated by both emergencies. How might doctoral program include strategies in pedagogies to prepare student to enter the field of public health while simultaneously dealing with resource issues? Firstly, students should be made to understand that nearly every issue in public health involves an ethical dilemma (What *should* be done, given limited resources - prioritize). Students need to become aware that there will always be disagreement between stakeholders on priorities (who gets funded and at what level and why). It is also important to have doctoral students understand that there will be at times uncertainty in the existing science/medicine. This is particularly true for novel, emerging threats like infectious disease (e.g. Covid-19) where data was scarce in the early days of emergence. Finally, triage for deciding how to disperse resources must include attention to justice and fair resource allocation.

Secondly, doctoral students and faculty might benefit enormously from collaborations, including those that are international. Domestic collaborations might include interfaith efforts to help craft and deliver public health information in churches, synagogues, and mosques. Community, NGOs, and religious sources *may* have better trust relationships with local populations. Internationally, collaborations might include both research and learning opportunities that should be fully supported by administrators during graduate work. These include various EU initiatives, but also the American Fulbright scholar and student exchange programs.[2,3] Not only is funding provided for the initial exchange and collaboration, but many of these exchanges result in multi-year public health projects funded by governments in cooperation with each other. In addition, public health doctoral programs can formally request Fulbright visiting scholars to either teach or perform research at their host without cost to the host institution.

Public health professionals operate under the *moral imperative* (respect for human dignity*)* to ensure and protect the public's health. Creative solutions to critical resource needs depend on creative and novel collaborations.

References

1. Public Health Ethics: Global Cases, Practice, and Context - Public Health Ethics: Cases Spanning the Globe - NCBI Bookshelf (nih.gov)
2. Foreign Fulbright Program - Apply (fulbrightonline.org)
3. https://foreign.fulbrightonline.org/apply

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