THEORITICAL BASIS OF ETHICS IN PUBLIC HEALTH AND ITS APPLICATION TO AIDS CONTROL

Dissertation submitted to the Jawaharlal Nehru University in partial fulfillment of the requirements for the award of the degree of

MASTER OF PHILOSOPHY

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CERTIFICATE

This dissertation entitled THEORETICAL BASIS OF ETHICS IN PUBLIC HEALTH AND ITS APPLICATION TO AIDS CONTROL is submitted in partial fulfillment of six credits for the award of the degree of MASTER OF PHILOSOPHY (M.Phil.) of this University. This dissertation has not been submitted for the award of any other degree of this university or any other university and is my original work.

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We recommend that this dissertation be placed before the examiners for evaluation.

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INTRODUCTION

Perceiving the vastness of the scope and content of activities in the field of public health practice, it is a difficult task in bringing about an ethical analysis of the important public health activities as ethical guidelines are somewhat easy to formulate but difficult to be practiced. However, this kind of analysis can help the fraternity of public health to understand the implications of proposed interventions, policy proposals, research initiatives and programs in public health practice from the perspective of ethics. For this a framework for public health ethics is required in order to recognize the multiple moral issues which arises for planners, managers and health care providers and as well finding the appropriate means to resolve the ethical dilemmas.

By and large, *Public health ethics* is an emerging discipline, which is in the on going process of getting formalized within the wider domain of Public Health. To explore more on this, one needs to look at the sources which help in giving shape to the ethical explorations made in the field of public health and by drawing the strings of general principles from these sources into an ethical structure of public health. *D.L. Weed* and *R.E.McKeown* have talked at length about the sources of public health ethics. 'Ethics in epidemiology and public health has emerged from several sources: most obvious is the discipline of bioethics, with its theories, methods, case studies, and familiar textbooks. Bioethics has primarily been focused upon medical ethics and research ethics

and only recently has turned its attention to public health. Another source of scholarship is philosophical ethics. Philosophical ethics provides a rich lode from which to mine theories and concepts and to observe intellectual trends. A third source for ethics in epidemiology and public health is not so closely connected to bioethics nor philosophical ethics.[1] This source centers on the competing values and obligations that form the core of professional practice in public health. The core principles of concepts like social justice, equity, and human rights can seen to be used frequently for resolving the moral problems underlying practices of public health. Comprehensively at different periods in the history of emergence of public health, the political philosophical schools of thought have influenced the functioning of this social entity. Even the field of bioethics, which is formulated to resolve the ethical problems arising in biomedical research, and the clinical practice later on, formed the basis for helping public health discourse to understand the ethical confusions emerging in its practice of prevention and treatment interventions at population level. Thus, it becomes necessary for developing an understanding of the basic propositions that each of these disciplines practice, which undeniably carries significant implications for ethical analysis in public health.

This study is based on the systematic review of articles and case studies from different journals and books related to political theories, ethical frameworks in public health and ethical issues in AIDS control.

[1] R.E Mc Keown and D.L Weed., "Ethics in epidemiology and public health I. Technical terms", *Journal of Epidemiology and Community Health*, December 2001, vol.55, no. 12, pp.855-857.

Chapterization

This study is compiled into three chapters.

Chapter 1 presents a discussion of the nature of ethics as a discipline and its main theoretical traditions from the perspective of political philosophy. The ideological principles of different schools of political thought –Liberal, Communitarian, Marxist and Feminist -are discussed. This discussion attempts to draw from the respective political ideologies about their understanding of liberty of the individual, the state's role in achieving the public good and the nature of justice delivery systems.

Chapter 2 gives an overview of the efforts made in developing public health ethics. Section one of this chapter will be looking into the historical development of public health through bringing out the links with the traditions of political philosophy at different time settings. Following this section, the possibility of synergy between clinical practice which possesses the tool of bioethics and public health practice is being explored. In the last section, the already available frameworks on ethics in public health are examined for their basic propositions and the additional dimensions that each one adds to our understanding. Further on I will be using the different ethical perspectives to see how they can help in solving the contentious moral issues in public health practice, specifically of disease control programmes.

Chapter 3 is an exploration of the main ethical issues in AIDS control programmes and understanding them by applying the framework for ethics in public health in the previous chapter. Before undertaking this exercise, the general perspective of public health on AIDS control programmes will be presented in brief as AIDS is considered to be a public health problem.

The last chapter is the conclusion, which summarizes the three chapters and links them together.

CHAPTER-1

THE THEORITICAL BASIS OF 'ETHICS'

For comprehending the intricacies of contemporary political theory the starting point is the classical tradition. In acknowledging the tradition of political theory reinterpretation of the classics in political theory is an important exercise. Political theory reflects upon political phenomena and actual political behavior by subjecting them to philosophical or ethical criteria. It considers the question of the best political order, addressing namely the ideal form of life that an individual should lead within a larger community.[2] Political philosophy can be considered to be a part of normative political theory, which is primarily concerned with providing a theoretical or foundational basis for establishing the interrelationships between concepts.

Philosophers often use the theoretical tradition to understand the concepts and terms used in a political argument and analysis like the meaning of freedom, justice, democracy, equality, liberty, rights. An understanding of these terms is important for it helps us to know the way they have been employed, distinguish between their definition and usage in a structure of argument .We see, then, that normative political theories as one of the theories of morality attempt to identify and justify basic moral principles and to derive from them guidance for what we ought to do and how people ought to behave in a particular society or

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[2] Subrata Mukherjee and Sushila Ramaswamy, *A History of Political Thought: Plato to Marx*, Prentice –Hall of India Private Ltd., New Delhi, May 2004,p.vii.

group. The different ethical theories provide different basic principles for deciding what is right or wrong what should be done or avoided.[3]

One such ethical theory is the normative political theory that as a perspective, setting standards or forms of conduct tells us how things ought to be and not merely describing events or facts telling us how things are. Since we are looking at the ethical structure of a particular system like public health, the normative ethical principles will help in assessing and justifying behavior and actions. The normative ethical approach in a way develops the practical and beneficial bases for any social system for promoting societal values or virtues in that system.

The Nature of Ethics

Ethics is primarily a part of the quest for truth and the motive for studying it is the desire for knowledge. In this respect, in order to know the truth about things, ethics aims at finding out the rightness and wrongness of human conduct. In spite of the teaching of Socrates that knowledge is virtue, it is commonly recognized that a mere knowledge of ethical principles is not sufficient to keep anyone on the path of virtue. It is the example of good men's lives and the training of practical experience that are likely to be more effective

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[3] Dan E. Beauchamp and Bonnie Steinbock, *New Ethics for the Public's Health*, Oxford University Press, Oxford, 1999, p.4.

influences in producing good conduct. [4] *William Lillie* finds that the chief value of ethics is not in the guidance it gives in particular cases, but in the development of outlook of purpose in dealing with moral matters generally. He defines 'ethics' as the "normative science of the conduct of human beings living in societies-a science which judges this conduct to be right or wrong, or in some similar way. At the outset, he explains that "the human conduct is a collective name for voluntary actions. Voluntary action is an action that a man could have done differently if he had so chosen." These actions include both willed and also those actions where there may be no conscious process of willing at all.

The word *ethics* is widely used in the sphere of Philosophy as principles or explanations of morality concerned with the beliefs of particular groups of people about right and wrong. The systems of value and custom instantiated in the lives of particular groups of human beings are described as ethics of these groups. [5] The ethical system of any social and political arrangements seek to find general moral principles to understand and solve the problems of social life, as well as guiding us to find remedies to various social and political crises.

The ethical theory is basically divided roughly into two kinds. The *Normative/Prescriptive ethical theory* is a perspective, for it sets standards or forms of conduct and does not describe facts or events. It is a 'rational

[4] Lillie William, *Introduction to ethics*, University Paperbacks, Methuen, London, 1984, p.18.
[5] *Concise Routledge Encyclopedia of philosophy*, Routledge, London, 2000,pp.256-257.

approach' that aims at making a normative statement, which is concerned with what 'ought to be' or 'should be'.[6] The normative approach seeks to determine and prescribe values for the fulfillment of a definite condition or purpose. Whereas *Empirical/Descriptive theory* adopts a 'pragmatic approach', which describes reality and constructs explanations on the basis of facts collected. An empirical statement is concerned with a situation which can be observed by our senses and verified by repeated observation and whose accuracy can be tested. On the other hand, a normative statement tends to express preference for a particular type of order as dictated by a sense of duty or universal need or by commitment to a moral principle or ideal.[7] It is very important to look into the interfacing between these two approaches as many a times 'description' of laws and conditions largely created or adopted by human society are followed by 'prescription 'for the achievement of some specific goals, such as health and stability. Moreover, empirical approach can render immense help in examining the grounds of a normative argument arising in any disciplines.

Normative ethical theory has two branches: *Deontological* ethical theory and *Teleological/Consequentialist* ethical theory. As a branch of normative ethics, in the *DEONTOLOGICAL* ethical system morality comes about from a rational agent's recognition of its duties/ right toward others. This theory contends that 'goodness' resides in our ability to recognize and keep moral obligations; the

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[6]Subrata Mukherjee and Sushila Ramaswamy, no. 1,pp.vii-viii.

[7] O.P.Gauba, *An Introduction to Political Theory*, fourth edition, Macmillan India Limited, 2003,pp.80-83.

consequences of our actions are of only secondary concern.[8] Whereas *TELELOGICAL* theory believes that rightness or wrongness of actions is determined by their good/bad consequences. It also holds that events can be explained and evaluation is possible only by considering the ends towards which they are directed.[9] It is commonly said that the consequentialist views are based on the 'good' rather than on the 'right', which is generally claimed to be the locus of moral obligations in deontological theory.

In other words, Deontological ethics is based on 'theory of conduct', which is the study of right and wrong, of obligation and permissions, of duty. These theories of conduct propose standards of morality or moral codes or rules. Teleological/consequntialist ethics is based on 'theory of value', which looks at what things are deemed to be valuable. Suppose certain things are intrinsically good or are more valuable than other things that are also intrinsically good. Here one needs to answer the big question i.e. what would this imply about how we should live our lives. *Henry Sidgwick* has distinguished between these two basic terms of moral evaluation. He says, "*Good* as an evaluative conception is viewed as a fundamental term used to express approval in a wide range of contexts by projecting human interests onto reality; *Right* as an imperative conception is viewed to hold that we are subject to certain

[8] www.wikipedia.org/wiki/Deontological _ethics

[9] Paul Adams, *Encyclopedia of Philosophy*, vol.6, Macmillan Ltd., London, 1967.

obligations whatever our wants/desires."[10] Conseqentialist and deontological ethical theories are substantiated clearly in the philosophical tradition of classical political theory.

With the information to understand the nature of ethics and branches of normative ethics, it is important to explore further the deontological and teleological/coseqentialist theories through political philosophy inquiry. This analysis will be taken into view to apply the discussed philosophical perspectives in understanding the ethical issues in public health practice. . The *'philosophical approach'* embedded in classical political theory is concerned with the clarification of concepts used in a particular discipline. This approach aims at evolving standards of right and wrong, the good and the just, and to appraise or prescribe the existing institutions, policies and practices in the light of these standards[11] Its themes are generally concerned with moral reasoning dwelled on the logic of bases of knowledge on political obligations. These moral obligations are product of conceptions such as of individual and collective rights, freedom, justice and equality, which are an indispensable part of political institutions and activities.

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[10] It can be further understood that in general something is 'right' if its morally obligatory, whereas it is morally 'good' if its worth having or doing and enhances the life of others. For instance, acts are often held to be right or wrong in respect of the action performed, but morally good or bad in virtue of their motive.[for details see in Concise Encyclopedia of Philosophy, no.4.]

[11] O.P. Gauba, no.6, pp.83-85.

In this context of discussing the philosophical approach in relation to political theory, it is necessary to know the nature of the political process that propounds a universal social phenomenon. In the words of *David Easton*, "every society provides some mechanisms, however, rudimentary they may be, for authoritatively resolving differences about the ends that are to be pursued, that is, for deciding who is to get what there is of desirable things. An authoritative allocation of some values is unavoidable."[12] This observation has added a new dimension to the nature of political process by bringing in the element of authoritativeness in the process of conflict-resolution at a public level. By 'allocation of values' he means distribution of public goods by society to various individuals or groups, which is accomplished through policy. Such a policy mechanism, which consists of a web of decisions. A policy based on decisions is authoritative when the people to whom it is intended to apply or who are affected by it consider they must or ought to obey it.

Thus, this kind of insight on political process intertwined with philosophical approach can provide a method for describing and analyzing the major ethical ideas invoked in discussions of public health discourse, including policy and programmes. The political process based on ethos of authoritative allocation of values is not an independent process but takes place within the larger arena of social process which arises from conflicting demands of various sections of society and conflict of priorities at policy decision level.

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[12]D.Easton, *A Framework for Political Analysis*, Second Edition, University of Chicago Press, Chicago, 1979.

Insight into Political Ideologies: from Philosophical Approach

Any political situation is a dimension of the social process arising from conflicting demands and interests of various sections of society. In such a dilemmatic position, there is a need to answer the questions like what is the nature of conflict and what is the outcome of this process. These questions can be answered by taking different ideological positions. Of these, *Liberal, Marxist, Communitarian and Feminist views* appears to be particularly important. For public health these political ideologies in their deliberations use diverse philosophical approach as to address the conceptions like that of liberty, justice, freedom and the theories of rights.

Knowing the varied approaches is important while looking into the ethical issues in public health development. The ideological principles based on certain value conceptions will help in understanding and analyzing the defining values of Public Health practice, values that differ in morally different ways from values that define clinical practice.

1.   Liberal Tradition of Political Philosophy

Liberalism is the ideology of the industrialized West and is sometimes portrayed as a *meta-ideology*[13] that is capable of embracing a broad range of

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[13] The term *meta-ideology* means a higher order ideology that lays down the grounds on which ideology debate can take place. Andrew Heywood, *Politics*, second edition, Palgrave, NewYork, 2003, pp.43-44.

values and beliefs. Although liberalism did not emerge as a developed political creed until the early nineteenth century, distinctively liberal theories and principles had been gradually developed during the previous 300 years. Liberalism was the product of the breakdown of feudalism and the growth of a market or capitalist society.

Historically, in its earliest form, liberalism was a political doctrine. By the early nineteenth century distinctively liberal economic creed had developed that extolled the virtues of Laissez-faire capitalism and condemned all forms of government interventions. This became the centerpiece of *CLASSICAL LIBERALISM* or 19th century liberalism. From the late nineteenth century onwards, however a form of *SOCIAL/MODERN LIBERALISM* or 20th century liberalism emerged that looked more favorable on welfare reform and economic intervention. The contemporary liberal ideology, which is addressed as NEO-LIBERALISM stands for, an updated version of classical liberalism, which seeks to restore maximum individual development and denounces the welfare state.[14]

Streams of Liberal Thought

The Classical liberal theory developed in two main directions *INDIVIDUALISM* and *UTILITARIANISM*. Classical liberalism is also called

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[14] Andrew Heywood. 2003. pp.43-44.

'NEGATIVE LIBERALISM' because it contemplates a negative role of the state in the sphere of mutual interaction of individuals.[15]

Individualism focused on the individual as a rational creature. It required that the individual's dignity; independent existence and judgement should be given full recognition while making public policy and decisions. It means no individual shall be made to suffer in order to benefit any larger unit of society. This philosophy of individualism regarded each individual as a self-subsistent unit and society as a collection of self-contained and self-willed units. John Locke, Adam Smith, J.J.Rosseau and Thomas Hobbes are the early exponents of individualism. The contemporary liberal-individualists include Robert Nozick, F.A.Hayek and Milton Friedman [they have also been called Libertarian thinkers] who are the supporters of the classical liberal principles. The early liberal –individualists interpreted 'liberty' as the removal of all constraints that had been imposed upon the individual against his will. This 'atomist' view of society [16] is underpinned by a belief in negative liberty meaning non-interference or 'absence of restraints' in the personality development of an individual.

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[15] O.P.Gauba, no.6, pp.26-29.

[16] The term 'Atomism' means the belief that society is made of a collection of largely self-sufficient individuals who owe little or nothing to each other. The negative liberal believes that the essence of man is that he is an autonomous being who is joined together to others by a bond of mechanical unity as an end in itself. Andrew Heywood, no. 13, 2003, p.45

This libertarian view regarded 'State' as negative and preferred a theory of non-interference in the affairs of individual. Rather it viewed the liberty of the individual and the authority of the state as antithetical by declaring that freedom of individual could be secured by limiting the sphere of state action. The classical liberals viewed state as a human institution, created by man based upon voluntary transactions between them .It was created for certain specific purposes like law and order, peace, security of life and property. The guiding principle was 'maximum possible freedom and minimum state action'.[17] They believed that the state, if it is to be legitimate, must ultimately rest on the consent of the governed. And conversely if the state violates the contract, the people have not only a right but also a duty to resist it. This perspective of the state was strengthened by the 'theory of social contract'.

The main exponents of this theory are Hobbes, Locke and Rousseau. Some later thinkers supporting this theory are John Rawls, Robert Nozick and Immanuel Kant. According to this theory, the state is not a natural institution, but an artificial device or instrument invented by men for their mutual benefit; it is intended to serve the interests of all individuals or all sections of society; hence it is an expression of 'common will'. The exponents of this theory hold the idea that whatever the origin of society, the relation between the individual

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[17] R.C Vermani. An *Introduction to Political Theory*, Getanjali Publishing House, New Delhi, pp.178-179.

The early individualist- liberals associated *justice'* with the synthesis of

liberty, equality and law that can be realized through the social contract .It is

particularly concerned with substantive liberty[19] for which it seeks to

accommodate the principles of equality and fraternity in the wider framework

of liberty. This perspective is chiefly represented by modern individualist-

liberal John Rawls work '*A Theory of Justice'*.

According to Rawls, the problem of justice consists in ensuring a just

distribution of 'primary goods' which include rights and liberties, powers and

opportunities, income and so on. These 'all social values are to be distributed

equally unless an unequal distribution of any, or all, of these values is to

everyone's advantage'.[20]

He has described his theory as a theory of fairness based on principles of pure

procedural justice. It means once certain principles of justice are unanimously

accepted, the distribution resulting from their application will be necessarily

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[18] Willmoore Kendall, "*Social Contract*" in *International Encyclopedia of the Social Sciences*, vol.13-14, in David L.Sills, The Macmillan Company and the Free Press,NewYork,1968.

[19] 'Justice as a substantive moral category commonly referred to as social or distributive justice. This form of justice means an justice in the distribution or allocation of wealth, rights, honours and other benefits and duties.' For details see in [John Bell &Erik Schokkaert, "Interdisciplinary theory and research in justice", in Klaus R. Scherer(ed.) *Justice:interdisciplinary perspectives*,Cambridge University Press,NewYork,1992,pp.239-240.

[20]John Rawls, *A theory of justice*, Oxford University Press, Oxford, 1971,p.62.

just. Regarding the role of justice in social cooperation he stated that, 'justice is the first virtue of social institutions. If laws and institutions are unjust, they must be reformed or abolished. The rights secured by justice are not subject to political bargaining or to calculus of social interests. An injustice is tolerable only when it is necessary to avoid an even greater injustice.'[21] The principles of social justice are required firstly, to provide a way of assigning rights and duties in the basic institutions of society. Secondly, they define the appropriate distribution of the benefits and burdens of social cooperation as society is marked by conflict of interests and identity of interests.[22] He has made procedural justice as an instrument of meeting the requirements of social justice.

Utilitarianism stands for 'greatest happiness of the greatest number' where interest of the few may be sacrificed in the interest of the collectivity. Happiness is defined as the balance of pleasure over pain derived from various goods and services, acts and policies. The primary function of utilitarianism was on the process of action designed to satisfy given wants of individuals i.e., on goal attainment. Since this conception was "teleological", in the sense that

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[21] ibid, pp.3-4.

[22] '*Conflict of interests*' arises since persons are different as to how the greater benefits produced by their collaboration are distributed to pursue their ends. '*Identity of interests*' arises since social cooperation makes possible a better life for all than each mere to live solely by his own efforts'[for details see in,J.Rawls,no.19]

the behavior was conceived as purposive, it required some normative reference beyond the desirability of being satisfied.[23]

Founder of the Utilitarian school of thought, Jeremy Bentham, has observed that human behavior is guided by an urge to obtain pleasure and avoid pain. The first thing to note about utilitarian tradition is its emphasis on the likely consequences of whatever is under consideration. Actions, policies, motives and so forth are all judged to be right or wrong, good or bad in terms of their expected consequences. Thus, utilitarianism is a form of 'consequentialism'.

Utilitarianism is a suggested theoretical framework for morality, based on quantitative maximization of some utility for society. It is both a *theory of the good* and a *theory of the right*. As the theory of the good, utilitarianism is *welfarist*, holding that the good is whatever yields the greatest utility- utility being defined as pleasure, preference-satisfaction or in reference to an objective list of values. As a theory of the right, utilitarianism is *consequentialist*, holding that the right act is that which yields the net utility. People have innate moral sensitivity to others.[24] According to a utilitarian view on the notion of *justice*, the 'public utility is the sole origin of justice'. The utilitarian theory valued justice as the most privileged of social utilities claiming that the moral act or just policy is that which produces greatest happiness for the members of

[23]Talcott Parsons, "Utilitarinism: The Sociological Thought", in David Sills, *International Encyclopedia of the social sciences* ,vol.16,The Macmillan Company and The Free Press,1968,pp.229-300.
[24] In *www.wikipedia.org/wiki/Utilitarinism*

society. In its radical form, it holds the view that the maximization of social welfare is the proper objective of justice.

Positively, justice was concerned with those rights without which security of all men would be in jeopardy. Thus, rejecting the doctrine of natural rights, which had been advanced by early liberals, Bentham proposed a *'legal theory of rights'*. This theory states that rights are not absolute or inherent in man, they are artificial in the sense they are determined by and secured by the State. He held that all rights are held by law which itself is based on utility. For the Utilitarians like James Mills, Bentham and David Hume, *State* is a law-making body devised by man to satisfy his desires and reflect his will.

In spite of the fact that the State is an instrument to promote the happiness of the individual, the character of the State remains negative. Believing that the individual is endowed with the faculty of 'reason', which enables him to find what is most conducive to his interests', classical utilitarians advocated *the policy of Laissez-faire individualism*. This policy regards State a 'necessary evil': it is evil because it imposes regulations and restricts the freedom of the individual, yet it is necessary because, without its regulation, the freedom of the individual cannot be safeguarded.

Modern/Social Democratic Liberalism

A thoroughgoing revision of liberalism, which started in the fag end of nineteenth century, revealed that liberalism couldn't be placed permanently on

the narrow foundations of individualism. The new outlook that believed that central to liberal philosophy is the idea of general good (against the individual good) or common well-being which is capable of being shared by everyone flourished in the first half of twentieth century in England when welfare State services were introduced.

Modern/social liberalism born out of recognition that industrial capitalism had merely generated new forms of injustice and left the mass of the population subject to the vagaries of the market who were forced to live under constant insecurity.[25] It was John Stuart Mill who sought to modify Utilitarianism and the principle of laissez-faire, which paved the way for the theory of Welfare State. He also introduced the conception of 'positive liberty' and consequent transition from negative liberalism to positive liberalism. This tradition was further developed by T.H.Green, L.T.Hobhouse and Harold.J.Laski.

The positive liberals associate *liberty* with society, rights, equality, socio-economic conditions and justice. It is linked to personal development and the flourishing of the individual: that is, the ability of the individual to gain fulfillment and achieve self-realization. This view provided the basis for social or welfare liberalism. This is characterized by the recognition that State

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[25] R.C.Vermani, no.16, p.221.

intervention, particularly in the form of social welfare, can enlarge liberty by safeguarding individuals from the social evils that blight individual existence.[26]

Regarding freedom of action, J.S.Mill drew a distinction between two types of action of men: 'self-regarding actions' whose effect was confined to the individual himself; and 'other-regarding actions' which affected others. He advocated complete freedom of conduct for the individual in the sphere of self-regarding actions unless he was proceeding on a self-destructive path due to ignorance. However, in the sphere of other-regarding actions he conceded the right of the community to coerce the individual if his conduct was prejudicial to its welfare.[27] This distinction shows Mill's effort to define a sphere where an individual's behavior could be regulated in the interests of the community.

The *social welfare theory of rights* postulates equal treatment of all citizens in the matter of securing their rights. T.H.Green holds that since rights exist within a social system, the recognizing authority in the matter of rights is not the State, but the moral consciousness of the community. Therefore man can pursue his moral end and attain self-realization only in a social community, not in social isolation. Laski, like T.H.Green in his book 'A Grammar of Politics' regarded 'rights are the conditions of social life without which no man can seek to be himself at his best. The rights of men are subservient to the common good, it is his duty to contribute to the common welfare. The privileges of some

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[26]Andrew Heywood, no.13, pp. 45-46.
[27] O.P.Gauba, no.6, p. 318.

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must give way before the rights of all'. His theory of rights seeks to evolve a synthesis of individual rights with common welfare believing that rights are conditions of social welfare.

Thus the positive liberals' perspective on rights seeks to achieve the objectives of individual liberty and social justice together. The social-democratic viewpoint on the *instrumentality of the State* insisted on a positive role of the State in securing welfare of its citizens, particularly of the weak and vulnerable sections. Laski, making an observation on the liberal theory of the State, seeks to transform the capitalist State by the democratization of economic power that is by ensuring larger public control over vital instruments of production and distribution and establishing a democratic State increasingly concerned with the welfare of its citizens. J.S. Mill regarded the State, as a product of human will and not based upon self-interest. While in the political sphere, he proved himself to be a strong supporter of constitutional and representative government, in the economic sphere he showed socialist leanings and laid the foundations of the 'welfare state'.

Liberal Notion of Common Good

The classical idea of common good was associated with the good of the community. Liberalism in its early phase dropped the idea of community and believed only in the good of the individual. Classical liberals like Bentham, Locke and Adam Smith gave the doctrine that the good of the individual could

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be secured only by leaving him alone to pursue his own happiness in his own way so that it did not interfere with the happiness of others.[28]

However, J.J. Rousseau an exponent of social contract theory equated common good with *general will*. In his opinion, man realizes his freedom by submitting his particular will to the direction of the general will.[29] Others like, T.H.Green, Laski held the view that the individual is a social being and he comes to acquire his capacities by being a part of the larger social whole. To be a free, rational and moral person is to live in accordance with the common good, which supplies the criterion for individual rights, which the State should pursue. Thus the question on rights, justice and freedom are relevant so far as they promote the common good.

The liberal-egalitarian principle of common good has been further supplemented by John Rawls in his book *A theory of Justice*. According to him, the essence of common good lies in the distribution of primary goods, which demands that these goods should be distributed equally unless inequalities in the distribution of goods are so arranged as to the advantage of the least favored.[30] Hence, the liberal notion of common good regard freedom as a

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[28] R.C.Vermani, ,no.16, pp.349-340.

[29] 'General will can be understood as to consisting of the genuine interests of a collective body, equivalent to the common good; the will of all provided each person acts selflessly. When an individual is motivated by his momentary self-interest, he is acting against the general will. It is called his 'actual will'. On the contrary, when he decides to act in the common interest, i.e, according to the general will, he is acting on his 'real will'. Rousseau in: Andrew Heywood, no.13, 2003, pp.74-75.

[30] 'J. Rawls has explained 'primary goods' are of two types a) social goods such as income, wealth, opportunities, power, rights, liberty etc., which are distributed directly by the social institutions, b)

precondition of common good because freedom of choice is needed precisely for people to find out what is valuable in their life rather than imposed by State. *Neo-liberalism or Libertarianism* stands for a contemporary version of classical liberal theory, which seeks to restore laissez faire individualism and withdrawal of the welfare state. The state is again to be limited to a police force, a court system and a military of some kind. Economic, cultural, social, moral and moral and other responsibilities belong to the individuals. The chief exponents of Neo-liberalism include F.A.Hayek, Milton Friedman and Robert Nozick. Drawing on basic tenets of classical liberal political economy i.e., free-market regulations on individual choices and freedom and defence of individual rights they proclaimed the need to 'roll back the frontiers of the state'. The state's economic role should be confined to two functions: the maintenance of a stable means of exchange and the promotion of competition through controls on monopoly power, price fixing and so on. Such ideas are widely seen to be advanced through the process of Globalization. The interconnectedness that lies at the heart of globalization is invariably linked to the extension of market exchange and commercial practices.

2. The Marxist Tradition of Political Philosophy

As a theoretical system, Marxism has constructed the principal alternative to the liberal rationalism that has dominated western culture and intellectual inquiry in the modern world. As a political force, in the form of international

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natural goods like health, intelligence, imagination, natural talent which are affected by social institutions but are not directly distributed.'[for detail see in: John Rawls, no.19,pp.92-93.]

communist movement, Marxism has also been seen as the major enemy of western capitalism, at least in the period of 1917-1991.[31]

In short, Marxism may be defined as a set of political and economic principles founded by Karl Marx and Friedrich Engel's in order to lay scientific foundations of socialism. It seeks to understand the problems of human society through historical analysis. Classical Marxism holds that human history moves towards its goal of human freedom through revolutionary destruction of inherent contradictions in the capitalist society, culminating in the emergence of a socialist society. The contemporary Marxist thought, known as Neo-Marxism is based on two themes: looking at the problems of alienation and ways to human emancipation and importance of analyzing the deep structures of human societies, especially their modes of production.

The Marxist perspective believes that *State* came into existence at a particular stage of historical development as a product of class struggle. The classical Marxists viewed state as an instrument of the dominant class involving exploitation and suppression. They defined it as an embodiment of social injustice, as it can try to keep the class struggle in check by resolving the conflicts and bringing harmony among classes but it cannot end the class struggle.

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[31] Andrew Heywood, no.13, pp. 52-53.

However, the Neo-Marxists consider that the state enjoys a high degree of autonomy and independence in the way in which it operates as a class state. Antonio Gramsci, a neo-Marxist was first to concede the relative autonomy of the state, in the tradition of Marxist thought which was later on taken into consideration by other contemporary Marxists. He pointed out to the two elements embedded in the form of structure of domination in the culture of capitalist society: a) the 'structures of coercion' which belonged to the realm of political society or the State, b) the 'structures of legitimization' which belonged to the realm of civil society which consisted of family, school, church etc. These institutions familiarized the individuals with the rules of behavior and inculcated a natural defense to the authority of the ruling class.

While the 'state' exercised the direct domination or command through the institution of juridical government, the 'civil society' exercised hegemony through out society, which represented a web of beliefs, institutions and social relationships. Capitalist society largely depends upon the efficiency of these institutions for its stability. It's only when civil society fails to prevent dissent that the political structure is required to resort to coercion. Both, classical and contemporary kinds of Marxism analyze the question of justice and injustice in the context of the working class. The struggle against capitalist injustice will take the form of a struggle between the dominant working classes that gives justifications for a conflict resolved society with an independent political structure.

When we come to Marxism we find that there is no precise theory of rights. Marx's views on rights have been associated with property and expose the hollowness of the bourgeoisie structure of rights. This showed that economic inequalities led to political inequalities. As a result the working class will never become a part of government in spite of being in the majority and their rights will remain hollow. Marx and Engels realized that the so-called 'rights of man' had nothing to offer to the common man so long as society was sharply divided into antagonistic classes. These rights are designed to serve the interests of a particular class. Marxism claimed that although equality of rights is a necessary condition for social justice, by itself equality is not sufficient. Marxist position is that where economic disparities are substantial, the law cannot protect or punish equally. The commitment to equality of rights in a class-divided society carries with it a mandate for continuous social reconstruction.

According to *George G. Brenkert*, Marx characterizes his notion of freedom in terms of human emancipation or human freedom. In Marx's eyes freedom requires not only lack of social coercion, but also a life of self-development within concrete, rational and harmonious relationship to other persons. Thus, his freedom is social, positive and collective. 'As such, Marx's ethics of freedom is an ethics of virtue by which people ought to live. The development of one's powers and talents is important for Marx's ethics of freedom.'[32]

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[32] George, G.Brenkert, *Marx's ethics of freedom*, Routledge and Kegan Paul, London, 1983,pp.87-88.

Marx's account of freedom requires the harmonious cooperation and association of one individual with others-it requires the community. He refers to 'community' as simply a collection of people living together with various social, historical and economic bonds, which involves treating others as a necessary part or aspect of one's own nature. His view of community concerns the overcoming of antagonism and separation between individual interests, which lies in the self-realization of individuals that their lives as particular beings reflect and are essentially part of, a larger social and rational order.

3. Communitarian Tradition of Political Philosophy

In response to the political frameworks postulated by both socialist and liberal thinkers, a group of thinkers, known as communitarians have recently posed an alternative basis for political analysis. Skeptical of what they perceive to be the unbridled individualism and the free market embraced by classical liberals on one hand and the bureaucratic state reflected in both welfare liberalism and state socialism on the other hand, the communitarians put the 'community' at the heart of their political theory instead.[33]

Communitarianism rejects the notion of universal ethical truths based on reason as sought by utilitarianism and Kantian ethics in insisting on the individual as the focal point of moral concern. Instead communitarians maintain that their

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[33]Arneil Barbara, *Politics and feminism*, Blackwell, Oxford, March 1999.

moral thinking has its source in historical traditions of particular communities. *Communities* are not simply collections of individuals who inhabit the same geographical region. Rather they are composed of people who share customs, institutions and values. These provide the starting point from which attempts to solve ethical problems must begin. Perhaps the most important feature of communitarian ethics is its idea of a 'common good'. Whereas utilitarianism seeks to promote the welfare of all individuals taken together, communitarianism looks to the shared values, ideals, and goals of a community.[34] .

Basically the communitarian stand on ethical traditions and political philosophy emerged in the second half of twentieth century as an ethical and political response to liberal democracy in the west. The earlier indications of communitarianism are found in the political thought of Aristotle, J.J.Rousseau, G.W.F.Hegel and T.H.Green. Its contemporary exponents are Alasdair MacIntyre, Michael Walzer, Michael Sandel and Charles Taylor. They emphasize the necessity of attending to the community along with individual liberty and equality because they feel that the value of the community is not sufficiently recognized in the liberal-individualistic theories of politics. Thus, a communitarian perspective makes a consistent attempt to redefine the relationship between the individual and the community.

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[34] Dan E. Beauchamp and B. Steinbock.B, no.2, pp.21-22.

The basic tenets of communitarian perspective can be discussed as follows: firstly, communitarians believe that the 'self' or the individual is not free but 'embedded' or 'situated' in the existing social practices and cultural traditions. They call it as the 'situated self'. Thus, the liberal notion of 'self' is challenged by communitarians on the basis of relationships between the self and its ends and its relationships to others. From its inception, liberal theory has argued that the self is completely independent of others. It means an individual can exist first as a self who then chooses the purposes or ends for his /her individual life.

Communitarians in response to this asserted that the self or the identity of an individual is not detached from one's aims, purposes and attachments in terms of its relationship to others in the community in which it develops. Rather the self is created by the relationship. For MacIntyre, one's identity or notion of self is thus not independent of one's own purpose, but constituted by it. Secondly, Communitarian commitment to *justice* as a public good and civic virtue is based on the thought of Aristotle and Hegel. MacIyntre in 'After *Virtue'* writes that 'justice' is to be found in a community whose primary bond is a shared understanding both of the good for man and the good for the community.'[35] The delivery system of justice in a political structure of society owes communal provision of security and welfare to all the members of a community.

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[35] O.P. Gauba,no.6, p.412.

Thirdly, Communitarians have a tendency to look towards the family, cultural system of communities and local neighborhoods for the service of needs. They hold the growth of corporate economy and the bureaucratic state as responsible for erosion of those intermediate forms of communities that at times sustained a vital public life. Thus, social institutions cannot be seen as mere means to ends chosen by individuals. Rather they are expressions of continuity in society, in the absence of which the life of the individual loses meaning.

Fourthly, the notion of *Common good* requires the individual to pursue his goals, aims and purposes within the structure of the society, and to look for his good as part of the good of the society. Charles Taylor in *'Philosophical Papers'* attacked the liberal conception of 'atomistic' individuals and argued that if human beings want their genuine development, they must first acknowledge that they are situated in a society. They can realize their good only through cooperation in the pursuit of the common good. All the communitarian thinkers have a similar line of thinking regarding the notion of common good. They believe that individual freedom and well being though geared by the self-interest motivations of individuals can be exercised into possibilities within the community in which they share values and norms.[36]

Once the dependence of the human beings on society is recognized, the task of *State* becomes the common good of the society as a whole and not to protect

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[36] O P.Gauba, no.6, p.412.

the rights of the individuals alone. The task of State action is to adopt a conception of common good that provides a standard by which peoples' preferences are to be evaluated and adjusting itself to the people's preferences. Communitarians believe that if the State treats individuals as disconnected beings and lets them loose to realize their rights, the result would be social disintegration and moral disaster. Such disaster has already become visible in modern liberal states as evident in the prevalence of crime and violence and the breakdown of the family.

Thus, Communitarians endorse the political legitimacy of the State with the politics of common good, which is tied up with the community practices and traditions in which everyone is encouraged to participate. However, Communitarians share with modern –social welfare liberals the view that the markets need to be controlled and regulated by the state in order to protect people. Where liberals tend to think solely in terms of harms and benefits to individuals and to insist that individuals determine their own goods and ends, Communitarians stress goods that are held or enjoyed in common: clean water and air, the environment, education and the public's health and safety.[37] These goods cannot be achieved by individual effort alone but must be obtained by collective action and new institutions. Moreover, such new institutions and collective good not only promote the common good but can also strengthen the allegiance of individuals to the community.

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[37] Dan E.Beauchamp and B. Steinbock, no.2, pp.22-23.

Communitarianism is a perspective on ethics and political philosophy that emphasizes the psycho-social and ethical importance of belonging to communities and which holds that the possibilities for justifying ethical judgments are determined by the fact that the ethical reasoning must proceed within the context of a community's traditions and cultural understandings.[38] Thus the success of communitarianism as an ethical theory depends upon whether an account of ethical reasoning can be developed that emphasizes the importance of social roles and cultural values in the justification of moral judgments.

4. Feminist Tradition of Political Philosophy

Unlike traditional political theories and ideologies, feminism provides a way of looking at the world that sees women's situation and the inequalities between men and women as central political issues. As such it provides a fundamental challenge to dominant assumptions about the scope and nature of politics. Beyond this, there is enormous disagreement between various strands of feminist thought as to the nature, causes and cure for women's inequality, oppression or subordination. Feminism is certainly not a unified ideology but contains many competing strands.[39] These have frequently been identified as 'liberal', 'Marxist', 'radical' and 'socialist' feminisms.

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[38] Concise Routledge Encyclopedia of Philosophy, no.4,p.155.
[39] V.Bryson , 'Feminism', chapter 9, in Bill Kaemilicia [ed.],*Contemporary political philosophy*, Oxford Publication, London, 1999, pp.192-193.

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The early era of feminism and primary feminist movements is often called the *'first-wave feminism'*. Feminism after about 1960 is called *'second-wave feminism'*. Feminism is not associated with any particular group, practice or historical event. Its basis is the political awareness that there are uneven power structures between groups, along with the belief that something should be done about it. While generally providing a critique of social relationships, many proponents of feminism also focus on analyzing gender inequality and the promotion of women's rights interests and issues. *Joan Callahan* while making a distinction between feminine and feminist perspectives, pointed out that, in contrast to feminine perspectives which emphasizes the inclusion of women's experience and focus on feminine virtues like compassion, care and nurturance, feminist perspectives "take women to be in an oppressed position vis-à-vis men, and they focus on that position and structures that have contributed to women's oppression".[40] He recognized that a feminist perspective has three features: " a recognition that women as a group have been and are oppressed; an account of the source or sources of that oppression; and suggestions for how the oppression of women can be overcome".[41]

The four feminist traditions differ in their viewpoints on what they claim to be the roots of women's oppression, and what each view claims to be the appropriate means for removing women's oppression. To start with *LIBERAL*

[40]Joan C. Callahan, "Feminism and Reproductive Technologies", *Journal of Clinical Ethics*, Spring, vol.5, no.1, 1994 pp.75-85.

[41] Ibid.

feminism, often termed as 'equal rights' feminism, asserts that women are rational beings like men, and that they should therefore have the same legal and political rights, and the equality to compete equally with men in politics and paid employment. They believe that the roots of women's oppression can be found in those cultural constraints that hinder women from competing in the public world. The liberal feminists manifest an optimistic condition for the elimination of women's oppression by proclaiming an *'ethic of equality'* which asserts that there is no difference between men and women, in any of the qualities and capacities that count in our basic human nature.[42] Thus, they encouraged the reform of social institutions of all kinds while affirming the human rights to which each person is entitled. To fulfill it means a close and careful working out of range of equalities, generally, equality of opportunity, equality of representation, equality of condition and equality of freedoms.

However, the ethical tasks of liberal feminism would be to develop the form of these equalities, to challenge any resistance to their presence within institutions and to keep a close check on the progress of equality for women. A second feminist tradition, *MARXIST feminism.* It began analyzing women situation from a class-based perspective. It finds the roots of women's oppression in the classed nature of society and private property. It postulates that full equality will be achieved by replacement of the capitalist economic system with a socialist system because in capitalist societies the individual's capacities,

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[42] Susan Frank Parsons, *The Ethics of Gender*, Blackwell Publishers, Oxford, pp. 26-27,2002.

interests and needs are shaped by class relationships which give rise to economic inequality, dependence and unhealthy social relationships between men and women. *'Comparable worth'* is a concept of great importance to Marxist feminists. It attempts to equalize the structure of the workplace for men and women by proposing the idea of 'equal pay for equal work' and to eliminate the sexual division of labor by attracting equal amounts of men and women to all kinds of occupations.[43]

A third feminist tradition is the *RADICAL feminism*. Radical feminists argue that the patriarchal domination of women by men is both the most basic form of power in society and one that has its roots in such apparently private areas of life as the family and sexual relationships. Radical feminism emerged simultaneously within liberal feminist and working class feminist discussions. They believed that society is an oppressive patriarchy, which primarily oppresses women. Thus they seek to abolish this system of patriarchy and its institutions like family. It is interesting to note here that unlike both Liberal and Marxist feminism, which is concerned with the division between public and private spheres, Radical feminists, rejects the distinction between these two spheres.

A fourth feminist tradition is related to *SOCIALIST feminism*, which seeks to combine this radical feminist perspective with Marxist class analysis by

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[43] In *www.wikipedia/wiki/Marxist_feminism*

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exploring the interrelationship between capitalism and patriarchy. Socialist feminists argue that liberation can only be achieved by working to end both economic and cultural sources of women's oppression. Socialist feminism has its roots in the much earlier tradition of *communitarian socialism* chiefly derived from the Saint-Simonian movement in France in early nineteenth century. They advocated a system of communal living that would take the burden of child rearing away from the individual and place it on the community. Alongside these changes in family life went changes in the cooperative organization of household work and childcare.[44]

The socialist feminists are asserting a massive revamping of the entire system of social relations for elimination of women's oppression mostly by bringing in restructuring of family in term of its activities. Social feminism argues that that the sexual and procreative activity within the family structure is constrained both by technological and social conditions. Thus, sexual and procreative freedom requires developments in both technology and social organization, which cannot be achieved by, isolated individuals in the absence of a reordering of society.

With regard to the feminist perspective on *'justice'*, the different feminist traditions though approaching the issue of women's oppression from its own angle of justifications, calls for the critique of the prevalent theories of justice

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[44] Olive Banks, *Faces of Feminism*, Martin Robertson, Oxford, pp.8-9, 1981.

based upon 'male dominance' and 'women's devaluation'. *Carol Gilligan's* research in the psychology of moral development asserted that women and girls have a morally "different voice" that leads to an expression of an *ethic of care* as opposed to the traditional *ethic of justice*. According to her, the different notions of morality arise from different kinds of responsibilities of men and women. She exposed the exclusion of women and all that is represented by feminity from the traditional political theory and expounds on the assertion that an ethic of care, as opposed to an ethic of justice, revolves around "responsibility and relationships rather than rights and rules, is tied to concrete circumstances rather than being formal and abstract, and is best described as activity rather than a set of principles."[45]

The aforementioned proposition gives an understanding that whereas the ethics of justice are concerned with learning moral principles, solving problems by seeking ethical principles that have universal applicability and attending to rights, the ethics of care is concerned with developing moral dispositions, seeking responses that are appropriate to particular case and attending to responsibilities and relations. Thus the question of justice should not only concern itself with redistribution of domestic labor patterns and a breakdown in the sharp distinction between public and private life but should also integrate with the ethics of care based on concerns of mothering and caring activities.

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[45] Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development*, Cambridge, Massachusetts: Harvard University Press, 1982.

Thus within the feminist perspectives, it can be affirmed that Liberal, Marxist and Socialist feminist views upheld mothering and caring activities rooted in sexual and procreative relationships as a part of the realm of private life within which women are subordinated. They suggested social changes in this regard by bringing in restructuring of social order and changes in familial relations. On the other hand, the Radical feminists held women's reproductive roles and responsibilities, as well as the institution of compulsory heterosexuality as the fundamental causes of women subordination. Therefore they proposed the elimination of mothering and caring activities, as they serve the functioning of a patriarchal social order.

The above discussed different philosophical theories-liberalism, communitrianism, Marxism and feminism-provides insights into the ethical deliberations reflected in discussions on individual rights, principles of delivery of justice in terms of allocation of public goods, the collective deliberations and the position given to the State [political system] over the control of public goods and setting priorities in fulfilling the collective interests. With the ethical principles propounded in these philosophical views, an attempt will be made in the next chapter to understand the ethical analysis of public health practice in terms of its historical development and the moral questions that arise during any public health action. The public health action includes both health policy issues and health programs concerning with implementation, health care coverage and health promotion.

CHAPTER 2

DEVELOPMENT OF PUBLIC HEALTH ETHICS

Public Health is an area of public policy and practice that has deep social roots entrenched in the dominant political philosophy of the time. Therefore, in the section one of this chapter I will be tracing historically the development of public health through demonstrating the links with the political philosophy traditions. In the present times, public health ethics is becoming important because of the contentious issues involved in public health practice. Bioethics and human rights have developed in the last five decades and are playing a role in defining public health ethics today. In section two of the chapter, I will be analyzing the frameworks for ethics in public health available in existing literature by using the political philosophy debates that underlie thinking in public health. I conclude the chapter with the framework that I will be using for the present to see how ethics can assist in resolving the disputable issues in public health and especially in disease control programmes.

Introducing the Practice of Public Health

In thinking about the application of general principles of political philosophy and bioethics to locate and understand ethical problems in public health. It is

important first to know what we mean by public health and it's content. Definitions of public health vary widely with changing times. C.E.A. Winslow defined Public health as, "the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort".[46] His definition summarizes the philosophy of public health. The very term public health evokes several different images among the general public and those dedicated to its improvement by its practice. By and large, common to most of the definitions is a sense of the 'collective action for sustained population- wide health improvement'. This definition emphasizes the hallmarks of public health practice: the focus on actions and interventions that need collective [collaborative or organized] actions; sustainability [i.e. the need to embed policies within supportive systems]; and the goals of public health [improving the population's health and the reduction of health inequalities].[47]

From this succinct definition of public health we can infer the main point of reference, which will be useful for us when discussing the ethical issues in public health practice. This point of reference refers to the "*population*" or "*community*" approach adopted as a perspective by public health practice. This approach is built on the communal and contingent bases of knowledge, and on the practical and contingent approaches to promoting the common

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[46] K.Park, *The textbook of preventive and social medicine*, Banarasidas Bhanot Publishers, Jabalpur, 16th edition, 2000,p. 7.

[47] Robert Beaglehole, et al. "Public Health in the new era: improving health through collective action", *The Lancet*, vol. 363, June 19, 2004, p. 2084.

good and social justice. *Dan Beauchamp* in propounding further on population/ community approach, viewed public health as a kind of Communitarianism, so long as this is understood as a practical, rather than theoretical, philosophy [48]. Here it becomes clear about how the morality-based philosophy seeks to expand the scope of organized community approaches used by the public health agencies to resolve health problems as a group in a liberal democratic society.

However, this pragmatic perspective that public health follows in its activities has its basis secured in the philosophy of *'common good'* and *'social justice'*. A discussion on these two conceptual moral concerns will be helpful in simultaneously undertaking the exercise of incorporating the philosophical views of political traditions wherever necessary in understanding the moral values and ideas underlining the public health practice. At present, I will be delineating in brief the impact of philosophy of social justice on public health. This will help us in understanding the basic characterization of principle of justice, while discussing the four principles of bioethics later in this section. It is vital to recognize the social justice orientation of public health because of the moral conflicts and confrontations that is developed during the allocation of social benefits and burdens to each according to their needs in a population of a society. The philosophy of social justice grounded in the ideology of state welfarism argues that

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[48]Dan, E. Beauchamp and Bonnie Steinbock [eds.], *New Ethics for the Public's Health*, Oxford University Press, New York, 1999, p. viii.

significant factors within society like social class distinctions, heredity, ethnicism and racism impede the fair distribution of benefits and burdens. Collective action is necessary to neutralize or overcome those impediments.

In the case of public health, the goal of extending the potential benefits to all groups in the society, especially when the burden of disease and ill health within the society is unequally distributed is largely based on the principles of social justice. A perspective of social justice argues that public health is properly a public matter and that its results in terms of death, disease, health and well being reflect the decisions and actions that a society makes, for good or for ill. [49] The underlying principles of social justice are mainly drawn from the Rawlsian theory of justice delineating a fair distribution of basic liberties and all social values to everyone's advantage. The moral problems underlying the mechanism of justice arises at the level of policy decisions, to be made on allocation of available resources to all the groups in a population, but its requirement is felt intensely in identifying the persons or the group whose needs are urgent to be fulfilled.

Social Roots of Public Health

The emergence of public health as a societal approach institutionalized to protecting and promoting health of populations as a whole and not individuals was a consequence of a variety of contextual factors enmeshed

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[49] Bernard, J.Turnock, "What is public health", chapter-1 in Public *Health-what it is and how it works,* An Aspen publication, Maryland, 2001, pp.14-15.

in the political and economic stands of its times. The growth of public health and the related research- based discipline, epidemiology, were linked to the emergence of the 19th century social reform movements in Europe, particularly in England.[50] The historical development of public health as a public utility took grounding within a liberal framework entangled with the post-Enlightenment ethos and the nascent capitalist venture in modern times.

Notably there have been two strands responsible for facilitating the growth of public health. Firstly, the *post-Enlightenment period* of reason and scientific empiricism, in 18th and 19th century Europe. It is here that the classical liberal philosophy developed which contributed to a great extent in fostering individualism i.e., encouraging the growth of individual self-development to sustain ownself without the help of other outside agencies, including the state. During this period, Industrial revolution had reached a new high in England, which led to growth in industries and urban centers. This spurred on the emergence of economic liberalism resting on the principle of Laissez-faire. It advocated individual initiative and control of enterprise and reduction of government intervention in economic matters to the least. This economic scenario helped in promoting the Capitalist system of production in the era of industrial growth.

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[0] Jennie Popay and Gareth Williams, "Public health and lay knowledge", *Social Science and Medicine*, rol. 42, no.5, 1996, pp: 759-768.

In fact, the development of industrial capitalism led to a rapid deterioration of the living and working conditions of millions of people in England- and it is precisely in this situation that one can locate the origins of public health and the rise of epidemiology as the basic science of public health. The public health movement grew out of a utilitarian tradition. A major founder of public health was Edwin Chadwick, a follower of Jeremy Bentham argued for developing ways of calculating the well-being of the population as a whole against its individual members, and considers that overall well-being may force the sacrifice of the well-being of some individuals.[51]

The Utilitarian tradition of maximizing happiness and well being of maximum number of people was given a special prominence in the period of Industrial growth in order to ensure the fulfillment of basic social utilities of the population. The Public's health care emerged as one of the important social utilities that was given much emphasis by the propagators of capitalist enterprises. One needs to clarify here that considering public health as a utility, was in fact a consequence of the specific needs necessitated by the dominant classical liberal position with political and economic conditions that it generated. By adopting the utilitarian position of maximizing principle to achieve better health for the working class population, public health activity ensured well being of the affected population. It was here one

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[51] Sholom Glouberman, "Ethics and Public Health", Chapter 6, in *Public Health Administration Principles for Population Based Management* by Lloyd F. Novick and Glen P.Mays[eds], An Aspe publication, Maryland, 2001.

can see that the utilitarian principle forms the appropriate guiding force for the public health practice in its policy decisions and program implementations.

But the practice of collective action based on the theory of general good is in reality being overridden by the individualistic values and preferences abided by liberal theorists. With the politically viable strategy in favor of limited social reforms of the working class population, in the larger interests of the capitalist state placed sanitary reforms and providing better housing conditions under the larger picture of social and economic reform. It is clear from the above-mentioned factors that the public health movement and its subsequent development into a separate discipline, was a response to the development of industrial capitalism in the long run, and hence its enthusiastic reception by the classical liberals.

This social reform movement with the increasing strength of the labor movement and the empiricist investigatory ventures undertaken by statisticians like Charles Booth and the various Royal Commissions appointed in Great Britain, helped in beginning of the welfare developments there. It got a thrust with the consolidation of nation states all over Europe in the post-world war two era, which envisaged a radical change in the perception of the role of the state. The idea of welfare state, which perceived the needs of its citizens as entitlements by virtue of their membership of a

community had not yet been theoretically established. But the history of social reform in Britain between 1830-1914 reflects the changing attitudes to the role of state intervention in certain matters of its citizens. To put it briefly, the welfare provisions including the social and economic security services were conceived within the broad liberal framework. Though the rise of modern welfare state was based upon ideas of rational and bureaucratic management of the population's problems, it was clearly with the motive to preserve the capitalist order.

The growing trend of greater state intervention and paternalism vis-a-vis the citizens and the increasing use of empirical approaches and statistical measurements to report morbidity and mortality data, provided a huge impetus to the emergence of public health as a distinct discipline. Thus by this perspective, public health itself can be viewed as the beginning of a modern, rational approach to protecting and preserving the public's health by using the rational problem solving methods and having supreme confidence in the ability of science and the employment of scientific techniques to deal with public health problems. In that sense, a shift was beginning to take place in the concept and orientation of public health, a shift of attention from the environment to the individual.[52]

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[52]George Rosen, "Historical trends and future prospects in public health", in *Medical History and Medical Care*, MD Publications, New York, 1958.

Hence, one can say that before the initiation of the Sanitary Reform Movement, there existed possibilities for a broader kind of public health to have emerged. The important links between the health of a population and the social and economic condition of their living were drawn and preventive action was formulated in this direction – addressing the issues of economic conditions, politics, conditions of work, environmental factors- all in the context of the needs of a capitalist society. However, the emergence of the Germ Theory of disease causation and bacteriological discoveries represents a narrowing down in the scope of public health practices. This theory was responsible for the heavy emphasis of clinical medicine on the curative aspect of health care, sidelining its preventive and promotive aspects. This resulted in further constriction in the scope of public health as the focus of health care for population shifted from environmental and social causes of disease to exclusively individual-centric biomedical ones.

Synergy between Clinical Practice and Public Health Practice: An Insight through Philosophical Ethics

Bioethics emerged in respond to resolving ethical problems in the field of clinical research on human subjects. In the discipline of clinical practice the biomedical principles were given prime importance in dealing with moral problems in doctor-patient relationship. Even though these principles cannot be used directly for analyzing and decision-making on moral issues arising

in public health, they can provide a supporting base for understanding ethical implications for practices in public health. With arising of such a paradigm shift in the liberal social thought immediately after 1945 brought into fore a major ethical dilemma in health policy and public health administration involving the struggle between philosophical and analytic frameworks focussed on the individual and those frameworks focussed on populations.[53]

These philosophical frameworks stem from two value sets which appear to be incompatible in their views. They are the Utilitarian (or Teleological) and Deontological perspectives. We have earlier discussed the basic philosophical views that these perspectives count upon while looking into conceptions of liberty, justice, rights and state interventions. These two philosophical value positions form the basis for planning of health services and discussions of health policy to address the ethical ideas that are invoked in public health discourse. Though the utilitarian and deontological value conceptions seem differing to each other in their philosophical traditions, it can be argued here that in order to bring the ethical principles of these perspectives into effective practice needs 'synergism' between them.

The modern public health practices have gone beyond displaying the long tradition of limiting the 'rights of the few' for the 'good of the many' based

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[53] ibid, pp.156-157.

on the utilitarian ethics of 'maximizing value'. In the long run of its implementing preventive interventions in society, it seeks to utilize the deontological ethic of 'moral imperatives' practiced by clinical practitioners in the medical profession to form ethical guidelines for their own professionals and health workers. These imperatives based on maxims like 'don't lie', 'don't kill', etc influentially demands that the moral agent never treat other people as mere means to ends, but rather as ends in themselves.[54] This value position is practiced at individual level, without creating any ripple of actions at population level. Yet both are found to be useful for making decisions in health services.

To have a more clear understanding on this, it is important to shortly discuss the relationship between public health and biomedicine, as the former is based on a collective principle while the latter is more an offshoot of deontological ethical perspective placing a focus on each individual as an end in himself/herself. Thus, in other words, on one side of the interpretation of general ethical principles is the deontological perspective of ethics, which forms the dominant professional logic of clinical services, stressing on treatment and prevention at individual level. On other side of this interpretation is the utilitarian perspective of promoting maximum good to maximum number of people in a society at mass level which was the dominant professional logic of public health services.

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[54]U. Schuklenk, "Protecting the vulnerable: testing time for clinical research ethics", *Social Science and Medicine*, vol. 51, no.6, 2000, pp.971-972.

Medicine and public health are two complementary and interacting approaches for promoting and protecting health. Yet they can and must also be differentiated because in several important ways they are not the same.[55] Public health, in ideal terms, is a much broader and inclusive concept than biomedicine, in the context of the question of health of a population. The fundamental differences involved in their perspectives i.e., the population emphasis of public health, which contrasts with the essentially individual focus of medical care. Yet there are certainly points of convergence and difference in their broader perspectives which can be drawn from the available frameworks or views, which have discussed the ethical principles in public health.

Bioethics as a field of inquiry and academic discipline emerged to help medical professionals and health care workers to make decisions when moral issues arose in clinical research and practice. The principle based approach to bioethics developed by Dan Beauchamp and Childress in the 1970's is currently used globally in the field of medical research and practice. This approach to medical ethics is based on four principles. They are:

1. *Autonomy* of individual patients to decide about the clinical interventions for themselves. Medical confidentiality and informed consent of individuals for participating in any research and in deciding the management of their

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[55] Jonathan, M Mann, "Medicine and public health, ethics and human rights", Chapter 30, in *Health and Human Rights* by Sofia Gruskin etal. (eds.), Routledge, New York,1999.

medical care become important elements in application of this principle in the field of medicine.

2. *Beneficence* implies providing maximum benefits from clinical interventions to each patient. It is the moral obligation of every individual doctor to perform their duty to treat their patients to the best of their ability, in order to produce net benefits for each patient over risk of causing harm to them.

3. *Non-maleficence* implies that clinical interventions must have only minimum negative impact on individual patients with a net benefit of outcomes. This principle has also become the primary basis for medical research with human subjects.

4. *Justice*: In clinical practice and research, it is the moral obligation of medical care providers to ensure fair means of performing and delivering treatment to their patients and to practice equitable distribution of benefits of services to each, according to their need.[56]

Frameworks Available for Ethics in Public Health

Jonathan Mann highlights the long-standing absence of an ethics of public health while delineating the relationships among medicine, public health, human rights and ethics in response to a rapidly occurring series of events, experiences and struggles against disease epidemics across the world. In his

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[56] Rannan Gillon, "Medical ethics: four principles plus attention to scope", *British Medical Journal*, vol.309, 1994,pp.184-188.

discussion on the possibility of developing an ethical structure and language for public health, he initially explores the connections between medicine and public health as two complementary and interacting approaches for promoting and protecting health. In exploring this relationship he argues that though public health professionals may draw upon medical ethics for guidance to their work, the ethics of their profession have yet to be articulated.

He discusses the reasons for inaction in part of traditional public health for not directly dealing with societal or contextual factors responsible for impact of certain risk behaviors on health of population. The central problem is of lacking a coherent conceptual framework, a consistent vocabulary, and consensus about nature of change in societal processes. Thus, to have an ethical structure of its own, public health as a profession needs clarity about its roles and responsibilities. He considered evaluation of two preconditions for developing an ethical framework for public health. Firstly, Public health in making efforts to realize its core values must respond directly to the societal causes of health and disease. Secondly, another precondition was the adoption of a human rights framework for identifying and analyzing social determinants of health status of all the individuals in a society, and its application on policy decisions and implementation of disease control programmes.

As a form of guidance for public health efforts, human rights propositions can provide coherence and clarity required to carry out its roles and responsibilities toward protection of health and safety of individuals and populations. At this point Mann thinks, an ethics of public health can emerge. Public health professionals feel requirement for ethical analysis when they are faced with the challenge to balance the goals of promoting and protecting the public's health on one hand, ensuring that human rights and respect for dignity are not violated, on the other. Involving themselves in this exercise of analyzing ethical issues, Mann proposes that public health persons can apply the principles enunciated for bioethics i.e. respect for autonomy, beneficence, non-maleficence and justice by placing them in a framework incorporating the societal context as a primary focus.

Dan Beauchamp himself has done what Mann recommended and has gone beyond mere adaptation of his principles of bioethics to explicitly identify the principles of public health ethics.[57] At the outset he considered public health as a 'perspective'. As a perspective, public health uses population or community approach to expand the scope of community health institutions and programmes within the social democratic society. He made an argument that 'unlike modern applied ethics, with roots in utilitarian or contract theory, public health is a pragmatic, somewhat eclectic, approach to real-life problems.' This kind of approach he asserted, is deeply influenced by the

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[57] Dan, E. Beauchamp and Bonnie Steinbock, op.cit, no.3.

Communitarian value structure, so long as it is considered a practical philosophy. Probably, all the ethical theories have something to contribute to the understanding of complex moral issues. Though Utilitarian and Kantian moral theory have been dominant in both moral thinking and public policy, however, it is the communitarian moral theory, which is particularly appropriate as an approach to public health policy.

Thus, public health to accomplish its task of facing health problems at the population level, uses community based approaches to resolve those problems and promote the principles of social justice and common good. He justifies the use of population /community perspective in public health on the basis of these two principles by stating that, 'everything in public health ethics begins with the population perspective and with the effort to measure and improve the health status of populations.' By using the concept 'population' perspective he meant the effort to understand the occurrence of disease from a group or community perspective by seeking its justification in legal decisions, in constitutional debates about the state's regulatory powers, and the scope and purpose of democratic government over the individual citizen and the control of markets. But the point he made is that the public health must pay careful attention to the larger horizon of community and its projection on common good. This is so, as the collective needs of the community are neglected for a long time from the constitutional tradition of a democratic society.

Strengthening public health must include not only the practical task of improving aggregate welfare, it also should involve the task of reacquainting the public with its republican and Communitarian heritage and encouraging citizens to share in practical group schemes and to promote a wide welfare, of which their welfare is only a part. This is how the common/public good must be understood in the constitutional tradition of a democratic state. He explains that this thrust on public's health has never meant that the state's power to protect health and safety is unlimited. However, the primacy of the public or the common good over private interests and the use of the powers of legislation to regulate the economic development and protect as well as promote the health and safety of the community is central to the thought of democratic tradition.[58] If public health is used as a language exclusively within the dominant discourse of political individualism, relying either on the harm principle or a narrow paternalism justified on grounds of self-protection then there is a sign of danger. This danger arises due to ignoring of communitarian language of public health. In this sense, we are weakening the public health commitments of shared values to each other to face the threat of death and disease in solidarity.

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[58] Beuchamp explained that in a political individualistic tradition where the state is given no legitimate role in restricting the personal conduct, which is voluntary and has no consequences for others is anti-paternalistic in nature. In this kind of society market-justice norms take precedence over norms of distributive justice. With much reluctance shown to paternalistic involvement in protecting health and safety of both individuals and community, what has been ignored is what he calls the communitarian language of public health.[for details see in, 'Community: the neglected tradition of public health', in Dan ,E Beauchamp and Bonnie Steinbock ,op.cit,no.3.]

He has made attempts to show the implications of a public health commitment to protect and preserve human life. The central implication is that public health action should not be narrowly understood as an instrumental or technical activity. It should be rather perceived as a way of doing justice, a way of asserting the priority and value of all human life. Unless collective burdens are accepted, forces of social structure will prevent a fair distribution of the ends such as health protection or minimum standards of income. This necessitates a completely new health ethic, which challenges and confronts the norms of market-justice. This new health ethic is what he called as 'public health ethic'. [59] It is a fundamental critique of market-justice and the ethics of individualism as it unjustly protects powerful interests and majorities from the burdens of prevention. In other words, public health ethic is a counter-ethic to market-justice and the ethics of individualism as these are applied to the health problems of the public. He described the several key implications of this new health ethic. Its within the clash of interests between social justice and market justice models that one can see the emergence of public health paternalism.

Beauchamp's principles for public health ethic are- controlling the hazards of this world, to prevent death and disability, through organized collective action, shared equally by all except where unequal burdens result in

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[59] Dan, E.Beauchamp , "Public health as social justice", in Dan.E.Beauchamp and B.Steinbock,op.cit,no.3.

increased protection of everyone's health and especially potential victims of death and disability.

Firstly, is the focus on the identification and control of the hazards of this world rather than focusing on the behavioral defects of those individuals damaged by these hazards. This implies that public health interventions in ensuring provision of maximum welfare services to the majority of individuals in a population considers the broader structural elements of society responsible for causes of death and disability, leaving the determination of behavioral failures of individuals up to individual. Secondly, to prevent death and disability by minimizing the occurrence of damaging exposures. Prevention is considered as a logical consequence of the ethical goal of minimizing the number of persons suffering from hazards. Beauchamp suggested prevention as a set of priority rules for restructuring market rules in order to maximally protect the public. Thus, creating rules to strengthen the public attention against environmental hazards is a teleological approach.

Thirdly, public health should aim at control of hazards and minimization of death and disability in society by undertaking collective action through government or non-government agencies that is obligatory or non-voluntary in nature. Beauchamp gave the reasons for encouraging collective action. As the market model with individualistic ethics inherent in it encourages

attention to the individual behavior and is inattentive to the social preconditions of that behavior, he asserts that market or voluntary action inadequately provide public goods. From the perspective of philosophical ethics, the modern liberal school of thought believes that individuals can achieve the required goods by exercising their freedom of choice depending on their self-interest. Against this viewpoint entrenched in the normative structure of market-justice, Communitarians argue that public goods which are universal in their impact, affect everyone equally. Therefore this kind of good cannot be-withheld from those individuals in a community who choose not to support these services. Further, they state firmly that public goods cannot be achieved by individual effort alone, but must be obtained through collective action with the help of various institutions to strengthen the individual's obligation to community.

Beauchamp's final principle of public health ethic is that all persons are equally responsible for sharing the burdens as well as benefits of protection and prevention against the death and disability. This inclination towards social justice demands assurance that all persons share equally the costs of collective action through legitimate mechanisms of social and public policy. This principle emphasizes on the regulatory role of the State agency in securing the welfare benefits for all its citizens through mechanisms of justice. The paternalistic orientation for public health services is supported by modern welfare liberals and communitarians emphasizing on the State's

role. However, the liberals focus on state's responsiveness towards each individual citizen without restricting their particular will. Communitarians require the state to give attention on general will of the groups in a community for achieving common good goals, but the state action make efforts to regulate the individual behavior with the help of community interests.

Daniel Callahan and Bruce Jennings described the scope of public health ethics in the context of health promotion and disease prevention, risk reduction, epidemiological and other forms of public health research, and structural and socioeconomic disparities in health status. These categories of public health activities show the presence of ethical tensions between value conceptions produced mainly by the predominant orientation of civil liberties and individual autonomy that one finds in bioethics and utilitarian, paternalistic and communitarian orientations that have marked the field of public health.

They regard a human rights framework, which has been given serious consideration in public health by J. Mann, as one of the potential paths of synthesis among the conflicting ethical perspectives. In an effort to forge a strong relationship between discipline of ethics and public health profession, they have looked at the application of different existing ethical perspectives in the pluralistic society to public health practices. These four types of

ethical analysis are- applied ethics, professional ethics, critical ethics and advocacy ethics. *Professional ethics* when applied to public health entails identifying the central values and standards of the profession. For example, protection and promotion of the health of all members of society and building up a body of ethical standards and principles that would protect the trust and legitimacy the profession should maintain.

Applied ethics seeks to devise general principles that can be applied to real-world examples of professional conduct or decision-making.[60] This approach develops a perspective to draw from general ethical theories rather than from knowledge base of professions. *Advocacy ethics* applied to public health, this ethical perspective shows the cause of support for those social goals and reforms that public health professionals believe will enhance general health and well-being among those least advantaged in society. For example, strong advocacy for human rights movement worldwide exerted an important influence on public health. *Critical ethics* is historically informed and practically oriented toward specific real world problems of public health.[61] This perspective has much in common with egalitarian and human rights discourse of advocacy ethics in public health. This perspective suggests for discussion of ethics and public health policy to be genuinely the public's endeavors and not the advocacy of powerful interests of few individuals on

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[60] Daniel Callahan and Bruce Jennings, "Ethics and public health: forging a strong relationship", *American Journal of Public Health*, vol. 92, no. 2, Feb 2002,p.172.

[61] Ibid.

behalf of needy clients. It holds that public health practice grows out of efforts to champion communities as places of mutual respect and support, thereby strengthening health promoting behaviors among their individual members.

They hold that moral problems in public health are not only the result of behavior of certain disease organisms/ particular individuals. They are also the result of institutional arrangements and prevailing structures of social power and cultural systems. However, a rich discourse on ethics and public health cannot be advanced without relating it to the background values of the general society, and the particular communities, in which it will be carried out.[62]

Nancy E Kass proposed a 6-step framework for ethical analysis of public health programmes to resolve the moral problems that the field of public health usually faces in its activities. This framework is premised upon propositions that- 'public health should reduce morbidity or mortality; data must substantiate that a programme will reduce morbidity or mortality; burdens of programmes must be identified and minimized; programmes must be implemented fairly and must, at times, minimize pre-existing social injustices; fair procedures must be used to balance the benefits and burdens of a programme.'

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[62]Ibid.

According to her, this framework should be used as an analytical tool to help public health professionals consider the ethical implications of health care interventions, policy and research plans, and programmes. The important reflections from this proposed framework is discussed at present. Public health goals expressed in terms of health improvement must be addressed in form of its consequences i.e. reduction of mortality and morbidity. For example, an HIV screening programme should have as its ultimate goal a few incident cases of HIV, not simply that a certain proposition of individuals will get agree to be tested. Any programme of public health cannot claim success if mortality and morbidity rates remain unchanged. This argument shows that public health practice must apply the teleological perspective for achieving its goals.

She identified risks to privacy and confidentiality, risks to liberty and self-determination and risks to justice as common burdens or harms public health faces in the programme interventions. These burdens pose threats to autonomy due to the paternalistic orientation of public health interventions that restricts the liberties of few individuals to protect other citizens' health. For example, 'partner notification programmes and DOT for tuberculosis are designed primarily to protect citizens from the health threats posed by

others.'[63] It is ethically required by the public health persons to minimize the burdens or harms by modifying the programme, while not actually reducing the programmes efficacy. This ethical imperative of minimizing burdens in the context of extensive benefits indicates the obligation of public health professionals to ensure net benefits with minimum harms for all the citizens.

In order to achieve the goal of fair distribution of existing benefits and burdens in implementation of programmes among the population, public health adopts the principles of procedural justice systems. This justice model requires a society to engage in a democratic process to determine which public health functions it wants its government to maintain, recognizing that some infringements of liberty and other burdens are unavoidable. Such a process being judicially fair for most of the standards corresponds to the basic tenet of perspective of critical ethics i.e. any burdensome programme should be preceded by public hearings and must not result in decisions based solely on the will of the majority.

She suggested that ' an ethics analysis must always be conducted, both because bringing truth, fairness, and respect to our work is right in itself and also because, from a more utilitarian perspective, public health work will be more effective'.[64]

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[63] Nancy, E Kass , "An ethics framework for public health", *American Journal of Public Health*, vol.91, no.11,2001,p.1782
[64]Ibid.

John Porter **and** *Jessica Ogden* has presented their views on the ethical implications of the DOTS [Directly Observed Therapy Short Course] approach in TB control programme. Their opinion on ethical considerations in public health programmes is very much in line with Nancy Kass's views on it. They postulated ethics as a prime criterion when formulating and implementing a public health TB programme. Although the four principles of bioethics do not provide working rules for public health practices, yet, they too propose that these principles can help public health practitioners to make decisions on moral problems arising at their work such as, a prioritizing between problems, interventions and drug regimens.

However, they suggest a few propositions for ethical analysis in public health, when carrying out any control interventions. [65] Firstly, the need to bring together the biomedical and socio-political values and perspectives i.e. they are arguing for the importance of ethical perspectives of political philosophy in achieving the targets of public health interventions. Secondly, mere discussion on philosophical ethics is not enough. In the case of public health this teleological perspective means that only an ideological basis of decision-making is not enough in a discipline, outcomes are important i.e. to meet the objectives of interventions in public health programmes. Thirdly,

[65] J A Ogden and John, D H Porter , "Public health, ethics and Tuberculosis", *The Indian Journal of Tuberculosis*, vol. 46, no.3, January 1999.pp.3-9.

ethics that requires people to treat each other as ends and not merely as means, needs to be put into practice. This ethical perspective requires that public health interventions ensure patients are not abused in the process of reaching the targets and their rights are respected through out this process. Fourthly, the patients and the health care providers should form a 'care relationship' in which a balance is maintained between autonomy of patients and beneficence and non-maleficence of health care providers, leading to net benefits for the individual patients with minimum harms. However, this relationship will get destroyed if the power equation between them is skewed.

At the time of case-detecting approach, one can see the impact of social stigma that the disease carries. It can delay treatment seeking in few groups of individuals in a population. From the application of ethical perspective, this means looking at autonomy of people with TB within their community, the balance between beneficence and non-maleficence, and finally whether they are being treated justly or not.

Ritu Priya and *KK Singh* in discussing the ethical aspects of TB control programme, propose an ethical framework for public health in general and TB control programme in particular by bringing together the conception of Utilitarian and Deontological perspectives in practical terms in a common framework and further incorporating two other kinds of ethic that have been

proposed in the health services i.e. the 'ethics of care' and 'ethics of cooperation'. They viewed the ethic of caring as a response to the abstract discourse of rights and justice, which allows bureaucratization of services in dealing with human suffering. This ethic includes the practice of equity, non-discrimination, a sympathetic and responsible attitude towards the suffering of the patients and a relationship of trust. This implies a transparency in decision-making and implementation.

They state that the practice of caring beyond the clinical care to individuals on one hand and bureaucratic services structured by the larger good on the other requires cooperation between public health and civil society. Caring health care providers could act as a bridge between the public service programmes with a utilitarian basis and civil society initiatives that could supplement it with resources for the fewer number requiring additional inputs. Its here they proposed that the ethics of cooperation becomes important in a work culture. Thus, the 'caring' and 'cooperation' discourse is not mutually exclusive or conceptually opposed to rights and justice discourses, but their complimentarity in practice is the ideal public health needs to strive for. Accountability to the wider community has to be a cornerstone of any programme espousing these ethics. [66]

[66] Ritu Priya and K K Singh, "Ethical aspects of the Tuberculosis program", *Health Administrator*, vol.XV, no. 1-2, pp.156-158.

They have also suggested that, when applying the principles of these ethical perspectives into a specific context like public health, ethical decisions have to take into account the local epidemiological conditions, the existing health services, and the social, economic and cultural context. This brings foreword the question raised about the universal value of ethics and human rights versus contextualizing them in local situations. They propose that while ethical principles are generally universal applicable, translating them into action requires a considerations of the specific context.

Examining the frameworks available for analyzing the ethical considerations in public health practice and its programmes, has given some clear understanding on the relationship between the disciplines of ethics and public health. This insight into various studies will help in developing a framework 0that I would use at present to look upon how ethical perspectives can help in resolving the debatable issues in public health and especially in disease control programmes.

As practices of public health are communal in nature, it is concerned with the well being of the community as a whole and not just the well being of any single individual. As discussed public health always aims at achieving its goals at the level of population or community and not at the level of individual behavior. Thus, an important precondition of this framework would be that the public health activities using the utilitarian value

conception of 'maximum good for the maximum number' as its central professional ethical standard, should adopt a vocabulary based on communitarian ethos. It's the community based communitarian ethics which identifies the necessity of attending the shared interests and purposes of community along with respecting the individual rights and responsibilities. Therefore, a communitarian language of public health will help it in fulfilling its commitment to ensure health and safety of all citizens in a population.

Another precondition of this framework is to move beyond the perspectives of professional ethics and look more closely into how the social ethics rooted in societal level practices can assist public health in finding solutions for its moral problems. The social virtues like responsibility, justice, cooperation, trust, and caring are embodied in any form of human relationship. In a profession like public health, the virtues of human relationship were not given strong orientations as emphasized in clinical practice. However, the perspective of social ethics should suggest ways for applying these moral dimensions entrenched in social practices to reinforce the public health commitment of ensuring the utility of common good for all. In the context of a health services delivery system, the ethic of care and ethic of cooperation have an important place, especially in carrying out the preventive interventions under any disease control programmes.

The ethics of caring gained momentum with the revival of feminist movement in 1970's. It was considered as a moral and a social responsibility forming a basis for entitlements to bring social change. Moreover, the ethic of care developed in response to the feminist challenges to the increasing authorization of human suffering in the liberal welfare state and its services at the backdrop of the discourse of rights and justice.[67] Public health as a collective social enterprise should put into practice this ethic of caring relationship as a social responsibility of civil society agencies for the well being of fellow community members. In fulfilling these collective responsibilities, the moral responsibility of individual should not be given less importance. Individual's acceptance of responsibility, that of commitment, care, concern and of choice is something socially structured and realized.

Therefore, ethic of caring as a part of common good availed by those in need of care, also demands 'cooperation' among all agencies involved in public health action- including public health providers, both health workers and professionals, users, civil society and the government. "Cooperation through out a health care system can produce better outcomes and much greater value for individuals and for society. Such cooperation requires agreement across disciplinary, professional and organizational lines about the fundamental ethical principles that should guide all decisions in a truly integrated system of

[67] Chiara Saraceno and Arnlaug Leira, "Care: actors, relationships and contexts", chapter 3, in *Contested Concepts in Gender and Social Politics* by B.Hobson et al, Cheltanham: Edward Elgar Publishing Limited, 2002.

health care delivery."[68] Public health should, hence, facilitate the outcomes of ethic of cooperation, which can be helpful for the agencies of caring to meet the health needs of those people suffering from disease. Such outcomes will assist public health to reach its goal of reducing the burden of mortality and morbidity.

Thus, the discourse of public health in its practice of ethical analysis of its moral issues should take into consideration the value conceptions of Utilitarian, deontological, Communitarian perspectives from the discipline of philosophical ethics and as well incorporating the values of caring, responsibility and cooperation drawn from the discipline of social ethics in its framework.

The frameworks proposing the ethical implications on issues related to Tuberculosis control programme would be useful not only for understanding the essential propositions that these frameworks can provide on public health interventions. But most importantly, these available frameworks on ethical aspects in TB control activities will definitely be of enormous help in our discussion on ethical issues in AIDS control strategies. Some parallel strands can be drawn between these two diseases. These strands are- firstly, both are strongly determined by the socio-economic contexts and secondly, these two diseases have social stigma and discrimination attached to their social meanings among the groups in the population. Hence, TB and AIDS are

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[68] Tavistock Group, "A shared statement of ethical principles for those who shape and give health care", *British Medical Journal*, Vol. 318, 1999, pp. 249-251.

considered to be social diseases. Thirdly, ethical problems arise in responding to their treatment procedures, as not all people have equal access to health care services. These ethical burdens are the resultant of confrontation between needs of society and maintaining the respect for rights and privacy of the individuals.

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CHAPTER 3

AN ETHICAL PERSPECTIVE ON AIDS CONTROL

STRATEGY

In any disease control programme, moral problems with its multiple dimensions are clearly evident in its implementation procedures. Considering AIDS as a public health problem, it becomes an ethical responsibility for public health personnel and public policy makers to examine the moral concerns of the problem emerging in the context of deciding on control measures for HIV infection and AIDS disease. Thus, in the first section of the chapter, I will be presenting the general perspective of public health on AIDS control efforts. The following section will be analyzing the broader moral problems emerging in the interventions of HIV infection and AIDS, to see how the available frameworks on public health ethics based on philosophical traditions and public health needs will help to resolve the moral problems in AIDS control.

Public Health Perspective on AIDS Control

Formulation of any strategy for disease control is based upon comprehending of the complexity of factors involved in occurrence of disease and its spread. This scientific epidemiological profile of any chronic disease tends to be cited in the paradigm of clinical practice. Rhetorically, programmes for disease

control often tend to emphasize a biomedical approach to prevention, diagnosis and treatment, tending to ignore the social determinants of health and disease. The prioritization of disease control programmes for budget allocation clearly shows the larger chunk of funds pouring into AIDS control than provided to other frequently occurring communicable diseases in the population. This corresponds to the hype created in the public by considering the epidemic of AIDS as a 'threat' to the population. It is the political process of the society, which declared AIDS as a public health problem. Taking up this task of political commitment, public health agencies planned out preventive and control interventions at population level. Its foremost preventive goal is to reduce high risks within the population to prevent harm to individuals. Another preventive intervention of public health is to prevent discrimination and stigmatization faced by those affected by AIDS.

It is necessary to look at AIDS in perspective because of the fears, denial, attitudes, concerns and overreactions between the social classes across the community and also within the individuals suffering from AIDS. Therefore it becomes inevitable for public health agency to adopt a 'holistic perspective' for responding to the challenges facing HIV infection and AIDS i.e. how to respond to the societal determinants of vulnerability of population involving personal behaviors of individuals. A public health approach based on science of epidemiology is distinguished by its holistic character dealing with the total

population in all its relevant dimensions.[69] Hence, a holistic public health perspective is based upon an epidemiological approach with social processes incorporated within its scientific analysis.[70]

The principles of this perspective of public health involve consideration of a societal level response for executing strategies for disease control. By adopting this response public health enterprise considers the planned programme as one component of a larger process in a society; considering prevention and treatment strategies to be part of an integrated whole as treatment and early diagnosis is often the primary felt need in any disease control programme. The need to develop comprehensive management systems to evaluate various optional interventions, availability of technologies and drugs, exclusion and inclusion of categories of patients and accessibility to the available health care delivery systems. This point of discussion on the holistic approach of public health corresponds to Jonathan Mann's suggestion on integrating a societal dimension in the assessment of pattern of vulnerability to HIV infection. This analysis must consider the larger societal contextual factors such as political, social, cultural and economic considerations to influence individual behavior and decision-making.[71]

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[69] Debabar Banerji, *Combating AIDS as a public health problem in India*, Voluntary Health Association of India and Nucleus For Health Policies and Programmes, New Delhi, 1992,p.7.

[70] Ritu Priya. *Between exaggeration and denial: minimizing suffering from HIV infection and AIDS in India*, Swasthya Panchayat Lokayan, Coalition for Environment and Development, Centre for the Study of Developing Societies and Centre of Social Medicine and Community Health, January 2004.
[71] Jonathan, M Mann, "Human rights and AIDS: the future of the pandemic", chapter 15, in *Health and Human Rights* by Sofia Gruskin etal. (eds.), Routledge, New York,1999,p.218-219.

Like Mann, Nancy Krieger and Elizabeth Fee emphasized the need to go beyond the individual determinants of behavior to look at how social relationships of class, race and gender affect people's living conditions and influences individual choices of risk behaviors.[72] Their study on the historical constructions on AIDS epidemic is showing the requirement for a collective approach to AIDS prevention against the inadequacies of individualistic perspective of the biomedical models in dealing with AIDS.

Control Measures for HIV Infections and AIDS

For a disease control programme like that of AIDS, its necessary to recognize the natural history of HIV and AIDS at both individual and population levels through a holistic perspective of practical importance. Knowing the nature of the causative agent which enters the human body and its final outcome i.e. the disease and determining its links with the multiple social factors is important for prevention of transmission of HIV and treatment of persons diagnosed with AIDS. Any intervention process has to take into the consideration of the history of the economic, cultural and demographic processes within the community.

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[72] Nancy Krieger and Elizabeth Fee, "Understanding AIDS historical interpretations and the limits of biomedical individualism', *American Journal of Public Health*, vol. 83, no. 10, Oct 2003, pp.1477-1486.

Because AIDS is pre-eminently found to be a behaviorally transmitted disease, preventive interventions of AIDS control measures aim at risk reduction in HIV spread through promotion of safe behaviors within populations. In the absence of proper medication of HIV infection, transmission of this infection can only be interrupted through modifications in social behavior.[73] Thus the implications for prevention of HIV can be related to the outcomes responsible for risky behaviors causing vulnerability of different sections of population to HIV infection.

Individual Behavior Vs Social Context

A public debate about the HIV transmitted behavior is based on the proposition that risk behavior can be an outcome of individual choice or such behavior results from influences of social context on them. Such a debate can be examined and resolved with the views of ethical perspectives of political philosophy. The ethical perspective based on the ideology of liberal individualism argues that AIDS is a consequence of individual behavior based upon his or her rational choice to choose the behavior according to their own self-interest.[74] This can be associated with Kantian theory of rational choice

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[73] Ronald Bayer and Gostin Lawrence, "AIDS and Ethics", chapter 11, in *International Encyclopedia of AIDS*, by Digumanti Bhaskara Rao, vol. 4, part 1, Discovery Publishing House, 2000.
[74] N. Bajos, "Social factors and the process of risk constr uction in HIV sexual transmission", *AIDS Care*, 1997, vol.9, no.2, pp.227-237.

asserting that 'persons are end in themselves and not merely as means to other ends.'[75]

On the contrary, the constructivist approach emerging from the communitarian and modern welfare liberal ideology considers that the process of risk taking behavior occur in relation with other people in a given social context. Individual acts within a framework of constraints, which are determined by the effects of socialization process, the structure of the contextual situation and the power dynamics of sexual relationships. This approach considers the individualistic ideology of biomedical model as reductionist because they put primacy on disease etiology and disease mechanisms that fall within the domain of medical intervention, and view social factors leading to disease as being secondary. By adopting the notion of the abstract individual from liberal political and economic theory, the biomedical model considers individuals free to choose health behaviors. It gives little place for understanding how behaviors are related to social conditions and how communities shape lives of individuals.[76]

With these two perspectives, a view on risk behaviors can be helpful in examining the programmatic response to AIDS control. At the individual behavior level, the interventions may involve awareness-building efforts,

[75] *Concise Routledge Encyclopedia of Philosophy*, Routledge, London, 2000,p.433.

[76] Nancy Krieger and Elizabeth Fee, no.4, pp.1481-1482.

counseling on safer sexual practices, providing emotional and psychosocial support and health education. At the population level, behavior change can be made possible by giving attention to the basic conditions resulting from the structural forces of society. It involves economic, socio-cultural and political factors relevant to HIV and AIDS prevention. They create conditions like poverty, income disparity, social norms regarding gender roles and taboo about sexuality, lack of resources for preventive programmes and governmental interference with free flow of complete information and lack of concern about HIV/AIDS.[77]

Aiming to change social norms which play a central role in the maintenance of social behaviors can prove to be an effective strategy for AIDS control to bring about sustained societal level behavior change. But changing social norms embedded in societal context also present barriers to altering social behaviors. The alternative response is to create conditions for addressing changes in the behaviors of individuals at risk for acquiring and transmitting HIV.

Ethically the preventive interventions of control programmes for AIDS need to take into account the local epidemiological condition with the existing economic, social and cultural context of groups at high risk for attaining lower transmission risks and delaying the manifestation of HIV infection into AIDS. If the control programme considers risk behaviors as arising from individual

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[77] Jonathan, M. Mann, no.3, p.220.

choice, without examining the societal conditions that shapes their behavior, the resultant would be 'victim-blaming'. This implies it has put the responsibility entirely upon the individual and not touching upon social factors which influences behavior. Hence, by carrying out the preventive measures at individual level without bringing changes in social conditions which are determining factors of vulnerability of society to HIV, does not serve the programme's inherent logic of common good based on the principle of collective beneficence.

For instance, it is not the migration as a social process contributing to vulnerability to HIV. Rather it is their correlative factors i.e. the living and working conditions of migrants which make them vulnerable to HIV. In the case of single male migration there is a greater chance of vulnerability to HIV among these group leading to extra –marital sexual activity. One of the reasons can be long absence from their spouses. Hence, in this context of applying the preventive interventions on lowering risk of HIV in migrant population, the control programme should create better social conditions for their living so that they can bring their family with them.

Issue of Stigma

'The boycott of two HIV positive school children in Kollam district, reported in the local press on March 6th 2003, has brought into focus the ignorance that pervades even a literate state like Kerala about the disease. Tests revealed that

the children Bency and Benson born to parents who had contracted HIV virus during blood transfusions in a local hospital were also stricken with HIV. Because of their seropositive status, they failed to get admissions to continue studies in any school as parents of other kids refused to send their wards to school until HIV stricken children continued to be on the rolls.'[78]

'Lucy R D'Souza Vs State of Goa, 1990: The state of Goa, Daman and Diu Public Health Act (1985) empowered the state government to isolate persons found to be HIV positive and on such conditions may be prescribed for AIDS. Also such persons could be kept in institutions prescribed by State. However, the provision was impugned in writ petition filed in Bombay High Court on the ground that it was violative of certain rights under the constitution. The court held that isolation, undoubtedly, has several severe consequences. It is an invasion upon the liberty of a person. It can also lead to social ostracization. But in such matters individual rights have to be balanced against the public interest.'[79]

From these two case studies it can be generalized that the general public and the policy makers associates the social image of AIDS with the sense of fear, stigma and denial. A major part of this common image is due to the overwhelming estimates and projections of the number of HIV infected persons

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[78] www.hindu.com/2003/03/06/stories/2003030603691300.htm.

[79] Lawyers Collective: HIV/AIDS unit, Mumbai. [This case study taken from their compilation of resource materials on HIV/AIDS related legal and ethical issues]

as well AIDS cases as portrayed by public health experts through the medium of mass communication. The public health establishment wanted to generate panic and fear so that the policy makers and the general public acknowledge the seriousness of the problem and take action.[80] Moreover, when people, as individuals, groups or societies, are confronted with a frightening or intolerable situation, the response can be to flee or escape from it; to control it by inactivating or destroying it, or its cause; to deny it; or to displace the fear it engenders such that its impact is minimized or eliminated. Thus, the immediate measures taken to achieve this can include stigmatization, scapegoating and discrimination.[81]

The surveillance system for HIV started with the identified high-risk groups like that of commercial sex workers, professional blood donors, MSM (male to male sex), and injection drug users. So, data collected showed AIDS to be exclusively their disease. Based on surveillance data, the intervention of control programmes continues to target the specific high-risk groups. By identifying AIDS with these socially marginalized groups considered at high risk have added to its negative image and to the victimatization of HIV infected persons. Along the way it has reduced the perception of the risk that persons other than high-risk groups face.

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[80] Ritu Priya, "AIDS, public health and panic reaction" [Part 1], *National Medical Journal of India*, vol. 7,no.5, 1994, pp.235-240.

[81] M A, Somerville and N Gilmore, "Stigmatization, scapegoating and discrimination in sexually transmitted diseases: overcoming 'them' and ' us", *Social Science and Medicine*, vol.39, no. 9, 1994, pp.1339-1338.

However, the control programme placing emphasis on members of high risk groups rather than on various high risk conditions which leads to greater chances of getting individuals infected by HIV across social, economic and cultural context of society. This has resulted in targeting certain sub-groups labeled 'at high risk' in population. 'Its not enough to identify that homosexuals or prostitutes or drug addicts form the high risk groups; it is also necessary to understand the social processes which lead to the formation of such groups, and the process by which those groups become vulnerable to the disease.[82]

This exclusionistic perspective of AIDS control though justified on the grounds of utilitarian construction of beneficence might lead to coercion in the name of larger good. It implies violation of the principle of non-maleficence because social stigma results when certain groups of population are assumed to be the ones who according to *Nancy Kass* carry the risk of HIV. She argues that HIV screening tests cannot be implemented only in poor or minority communities without strong justifications.[83]

By targeting a certain group in a population means putting the major responsibility of spreading the infection on its members. It stigmatizes the specific groups. Hence, in recognizing the vulnerability of specific groups to

[82] Debabar Banerji, no. 1,p.9.
[83] Nancy, E Kass, "An ethics framework for public health", *American Journal of Public Health*, vol.91, no.11,2001, pp.1780-1781.

HIV, the programme should attempt to address their risk behaviors from individual and larger societal context.

Rights of HIV /AIDS Patients Vs Paternalism

Around the world, public health interventions are usually carried out in large measures through policies and programmes implemented by or with support from the State. These interventions are often targeted to one set of individuals to protect the other citizens' health from the threat posed by the former. However, the State regulatory power expressed through the public measures to restrict those behaviors that pose a risk of HIV transmission, overruns the individual patient's right to informed consent, respect for their privacy and confidentiality.

'The Supreme Court's ruling in 23rd September 1998 in the "AIDS patient marriage right suspension case", raises deeper ethical questions regarding derecognizing marriages of HIV positive people as a means to protect those who are not infected. In this broader view, the right to marry, which is a constitutive part of one's right to life guaranteed by Article 21 of Constitution of India, cannot be denied to HIV positives. The Public Interest Litigation that has triggered interest in the court's judgement raised questions about the legal

status of marriages where the informed consent of partners form the basis of union with HIV positive persons'.[84]

'The Indian Government clearly mandates voluntary testing as appropriate public health strategy in dealing with HIV/AIDS. On the other hand, the State governments of Goa and Andhra Pradesh particularly favour mandatory pre-marital testing for HIV. The provision requiring couples entering the wedlock to disclose their HIV/AIDS status generate considerable public debate as mandatory testing often breaches the issues of consent and confidentiality of a person's HIV status. A single antibody test for HIV like ELISA does not serve the purpose of preventing the prospective spouse from getting infected as false positivity is likely to occur with one blood test.'[85]

This implies flouting of the principle of autonomy of individuals forced into HIV screening, which is ethically unacceptable. Drawn from Nancy Kass's framework on various potential burdens, which a programme faces, risks to confidentiality and privacy especially in data collection activities can be considered one of the burdens of the public health programmes. This violates the principle of non-maleficence as social harms result form contact tracing

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[84]The Hindu, *Rights of AIDS Patients*, Delhi Edition, March 1, 2001.
[85] www.lawyerscollective.org/lc-hiv-aids/positive-dialogue/newsletters-15.htm.

activity, when confidentiality protections fail and individuals can feel wronged by virtue of the violation of their privacy.[86]

Access to Services

It is the ethical imperative of health care delivery systems to ensure that all persons needing treatment and diagnostic tests should be able to get it. This broadly implies ensuring the option of treatment regimens be available to the maximum who is in need of it. The point Ritu Priya and KK Singh make in discussing ethics in TB control programme is that the programme should examine the various treatment options available for their suitability to extend the benefit to a maximum through rational options of regimens which lie in the drugs to be used and their administration and flexibility in treatment choices.[87]

So, prioritizing of the available treatment options for people with HIV infection and AIDS is a matter of ethical concern for AIDS control. In a resource poor social setting the moral problem arises in the context of determining which treatment regimen can bring higher efficacy at the mass level in terms of cost, safety and coverage dimensions. Whether ARV therapy alone or comprehensive supportive treatment of Opportunistic infections along with

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[86] Nancy, E Kass, no.15.pp.1779-1780. ·
[87] Ritu Priya and K. K. Singh, "Ethical aspects of the Tuberculosis program", *Health Administrator*, vol.XV, no. 1-2, pp.156-158.

psychosocial care and support, nutrition will be more effective in strengthening the immune systems of infected persons.

Therefore, proper assessment and preference of the rationality of use of therapies- ARV therapy Vs Supportive therapy- in terms of accessibility to services in the given social context needs ethical justifications in AIDS control programme. If ARV provision is up-scaled in a hurry without adequate inputs for other components of comprehensive health care services, irrational practice will get formalized and established instead of instituting rational and safe management of HIV infection. This will limit the beneficial impact of ARV therapy itself and may even prove counterproductive if adequate systems of rational delivery are not put in place.[88] Thus, HIV infection and period of progression to disease requires long-term supportive and preventive measures to reinforce the immune systems and avoid the stress factors to set in. This comprehensive care system must be able to assess when ARVs are to be started with monitoring of the entire process. Because once ARV therapy is started it requires continuous monitoring for side effects and resistance with appropriate change of drugs.

Given the high costs of ARV drugs with greater chances of side effects and resistance, will the already overburdened general health services in a low

[88] Ritu Priya, "Health services and HIV treatment: complex issues and options", *Economic and Political Weekly*, Dec 13, 2003, pp. 5227-5232.

income setting be able to handle the provision of ARVs to patients who need it. This may lead to exclusion of patients by categories. Hence, it is required that AIDS control programmes incorporate the ethical dimensions of caring in establishing a long term care system to deliver range of services to HIV infected and AIDS patients.

Such a system demands continuum of care from family to community to hospital by forming a network of cooperation among themselves to provide support and care to HIV positive persons. The opportunities for cooperation are needed at the time of delivering the health care services. The call for involvement of community agencies in this delivery system is a requirement to fulfill the ethical responsibility of health care organizations, i.e., the responsibility of health systems to the good of the society as a whole. Cooperation with each other and those served is imperative for those working within the healthcare delivery system to produce optimal outcomes and value for individuals and society.[89]

It can be said that the ethical obligations in care giving relationships place a claim on the social cooperation of all by mobilizing people in community to accept an obligation to care or recognize the social responsibility for care for one another adequately, are fundamental to civil society. Another obligation to

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[89] Tavistock Group, "*A shared statement of ethical principles for those who shape and give health care*", *British Medical Journal*, vol. 318, 1999, pp.249-251.

provide care emphasize on putting respect for human dignity and independence at the center of social paradigm to accept the social practices and laws that protect and treat the weak and the most vulnerable from domination, exploitation, or neglect.[90] Thus, the various agencies of care and support activities must be committed to respect the autonomy of positive patients by adhering to their respective social responsibilities.

AIDS control efforts in the current era of globalization have been showing both positive and negative implications. The use of the language of 'human rights' centrally in the discourse of AIDS control interventions is a boon for its prevention strategies by adding the societal dimension to our public health practices. Human rights discourse has indeed emphasized the need for identifying the societal preconditions for HIV vulnerability in order to bring transformation the population level. However, the stigma and the violation of the rights of the affected groups despite putting claims on the pursuit of human rights endeavors reflects the negative image of the AIDS control programmes.

The ethical responses to the prevention and treatment of the AIDS disease need to be viewed in the context of emergence of an agreement against the use of coercive interventions, and promptly upholding the individual rights and their safety. What is required is a holistic move towards creation of a comprehensive management system for AIDS control. This kind of a system will follow an

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[90] WHO 2002, 'Ethical choices in long-term care: what does justice require?', World Health Organization, Geneva.

integrated approach in the contextual settings by incorporating the activities not only of medical care providers, but also of other external social agencies functioning in our society toward the affected individuals.

CONCLUSION

Public health today grapples with issues abounding with ethical dilemmas and political commitments. The need of ethical principles was realized in the discourse of public health when there were no methods available in the hands of public health professionals to resolve the moral problems that emerged at the level of programmes and policy plans. It was in this difficult situation, the need for ethical guidelines for public health practice was given a serious thought for describing and analyzing the major ethical ideas invoked in discussions of public health policy and disease programmes. Yet the development of public health ethics as a discipline within the profession of public health at its infancy. It is a complex exercise to build an ethical structure for public health until there is an clear understanding of its core values given its population/community based perspective and its interest in performing collective actions and interventions for societal welfare.

This study presents an understanding of how the major ethical theories entrenched in the discipline of political philosophy as well as the principles of bioethics and the ethics of clinical practice assist in examining the ethical issues arising in the activities of public health. The delineation of ideologies of different schools of political thought on the concepts of liberty, delivery of justice, individual rights, common good and role of the State though differed in their views, but in some value judgements they overlapped with each other.

However, three major ideological perspectives made its claims ascertained in the professional logic of public health practice. They are the Utilitarian, Modern welfare liberal and Communitarian perspectives, which take a opposing, stand with the liberal individualistic perspective dominant in profession of medicine.

Their ethical implications for the public health actions become clear by looking at the available frameworks on public health ethics put forth by academicians. The commonalities in their stated propositions emphasizes on the need for public health to acquire knowledge on the effect of societal determinants on the decisions that individuals make about their health in order to serve their goals of doing justice and ensuring common good based on a population perspective. Our analysis of from these frameworks found that is a need for public health ethics to incorporate the utilitarian ethics of maximizing larger good, communitarian ethics of reinforcing individual obligation to community and the feminist ethics of caring with social virtues of responsibility, cooperation, and compassion in its framework.

Here an attempt is being made to apply the principles from the available frameworks wherever relevant to understand the important ethical issues emerging in AIDS control programme. These issues are basically questioned keeping in mind the holistic approach of public health, which tries to determine the state of health of the individual within its community. It is basically through

the use of communitarian and liberal individualistic perspectives of political philosophy that an ethical implication for prevention and treatment of HIV and AIDS is debated in AIDS control. Several ethical issues have been discussed in relation to AIDS control strategies-for instance determining the outcomes of risk behavior vulnerable to HIV i.e whether the programme should blame the victim for his or her own choice or it should look at them as victims of social context; identification of specific groups at risk for drawing up a strategy for control of AIDS, i.e are targeted interventions complying with the programme's aim of serving the larger good or are they increasing stigma; have the projections of overwhelming estimates generated panic and increased stigma; how should the programme's prioritization of treatment regimens in a poor resource setting of overloaded general health services; whether the paternalistic implications for control measures will be able to respect the basic rights of infected individuals like that of privacy and confidentiality or does it breach these rights to attend maximum benefits for larger number in population.

These ethical issues publicly debated, is a matter of concern for public health. For ethical basis of public health it is important to discuss the implications of ethics in AIDS control programme.

Implications for AIDS Control

1. The multiple determinants of social context should be the primary focus for AIDS control to assess the vulnerability pattern of HIV infection in a population. Just merely looking into the behavioral change in an individual without considering the impact of society on health of the individual does not justify the public health purpose of achieving maximum benefits for all its citizens.

2. Public health in its strategy to carry out targeted interventions for AIDS control should not focus high risk groups alone. It should also focus on other equally vulnerable individual who does not fall into these categories, but carry the greater chances of risk to HIV prevention. Thus, public health needs to keep a check on coercive impact of targeting approach.

3. It should consider prevention and treatment strategies to AIDS control as part of an integrated whole and not prioritize the regimens without considering the profile of the local epidemiological setting where strategies need to be implemented.

4. It needs to develop a comprehensive health care system to ensure rational management of HIV infection cases and not just merely providing ARV therapy alone. The long term care needed for AIDS persons must give supportive therapies along with drugs.

5. It should protect the confidentiality of information which can bring harm to individual or community, if declared in public.

Hence, the ethical principles of public health are not a new system of health ethics and it can be contextualized within the theoretical paradigms of utilitarian, communitarian and feminist ethics. It follows from the basic characteristics of public health like its focus on collective actions rather than on individual action, and its population based perspective toward health improvements and reduction in mortality and morbidity. Thus, ethics inevitably forms the core value of public health practice because of its fundamental nature of aiming to find out whether the specific human behavior or action is right or wrong in a social system. Even more significant is to look at the contributions of its theories in shaping the ethical basis of public health requiring to determine whether the presumed goods of promoting and preventing disease justify constraints on individual rights, and to balance the individual values with community values and well being. This new ethical paradigm will be requiring thinking about and responding discreetly to the public's health problems, as primarily looking at them as collective problems of the entire society and simultaneously not interfering with the individual's rights and dignity.

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