

European Public Health Ethical Network EuroPHEN 2003 - 2006

Shickle D (1), Piribauer F (2), Czabanowska K (3), Loewy EH (4)

1) School of Health and Related Research, Univ. of Sheffield; 2) Centre of applied Epidemiology and Health Policy Vienna; 3) Inst. of Public Health, Jagiellonian Univ. Krakow, Poland; 4) Prof. emeritus. Inst. Bioethics, Univ. of California, Davies, Sacramento

1 Background

Ethical tensions are normal

Tensions exist between the private and public interest when Public Health acts.

A balance is found everywhere in Europe

When health policy is formulated a balance is found for the ethical tradeoffs involved.

Policy formulation in Public Health ranges from

traditional fields like immunization, outbreak control (e.g. for SARS), etc., to

new ones like consumer preferences in health care financing (private, insurance, tax-financed), protection of research subjects, etc...

Where are the ethical balance points ????

European populations may differ substantially in -their preferences, and their perceived tradeoffs.

2 Aim

To derive a framework for producing common approaches to public health policy across the European Union.

This is accomplished by examining concepts of European and universal ethical standards through conducting work in three areas namely

1. public health policy and practice,
2. empirical research on public attitudes,
3. ethical analysis.

3 Method

Among 16 EU countries variance is studied of:

- Public health policy and practice by comparative analysis of the organisational structures and typical processes.

The work was done by local Public Health experts (partners in the project-network)

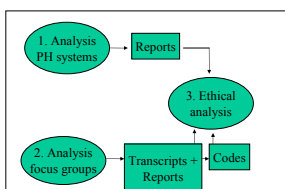
- Ethical attitudes of lay populations by well mixed focus groups discussions. To be comparable the discussions followed a standard topic list in all countries.

The work was managed by a UK based market research company (TRBI), and locally performed throughout the EU by its preferred national partner firms.

6 focus groups in every nation had audio and video taped discussions of 1,5 -2 hours duration each.

All audio tapes were transcribed into the native language, and translated to English. The final English translation was cross-checked with the video tapes by the local partners.

Content - coding of all transcripts was done centrally in the UK (Team of D. Shickle; ATLAS-software), and by one of the authors (Czabanowska ; NUDIST-software).



The ethical analysis, looking for the principles involved, is performed on the findings from the work areas 1 and 2 (see Aim).

4 Results (preliminary)

It is clear that 'public health' as a label is not applied to exactly the same kinds of activities in different EU Member States.

Activities in one country might be considered public health as a branch of medicine, while elsewhere such activities are considered to be a branch of social policy, public policy, school health or preventive medicine.

6 case studies range from traditional fields of practice like immunization, to new ones, like protection of research subjects.

Case study No.2: Communicable Disease Control

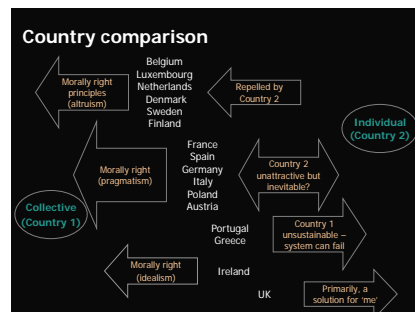
- Epidemics laws exist everywhere
- Variation is found in:
 - Notification, if necessary, without the patient's consent
 - (i) test, (ii) detain, (iii) stop people working and/or (iv) treat someone for certain infectious diseases without their consent?

	INVOLUNTARY TESTING MEDICAL EXAMINATION	INVOLUNTARY ISOLATION	INVOLUNTARY QUARANTINE	RESTRICTED M.O. OF EMPLOYEE ST	INVOLUNTARY TREATMENT
AUSTRIA	X (Only for TB)	✓	-	✓	X (Only for TB)
BELGIUM	-	✓	-	-	✓
DENMARK	✓	✓ (infectious by public)	-	✓	✓
FINLAND	✓	✓	-	✓	✓
GERMANY	✓ (nothing too unusual)	✓	✓	✓	X
GREECE	-	-	-	-	-
HOLLAND	✓ (grey area)	✓	-	✓	✓ (unclear)
ITALY	✓	✓	-	✓	✓ (unclear)
NETHERLANDS	✓	✓	✓	-	X
POLAND	✓	✓	✓	✓	✓
SPAIN	X	X	-	✓	(unclear)
SWEDEN	✓	✓ (infectious by public)	-	-	X
UNITED KINGDOM	✓	✓ (infectious by public)	(unclear)	✓	X

Variation in ethical tradeoffs in Public Health Practice in Communicable Disease Control in 14 EU Countries

96 well mixed lay population focus groups in 16 countries result in 120 hours+ videotaped and analysed discussion on 8 ethical dilemmas

Dilemmas range from collective vs. individualistic models of society, to parental rights in immunization and smacking.



Ethical arguments in relation to focus group nationalities regarding the preferred organisation of society

See more -> www.europhen.int

651 completed pre-discussion questionnaires provide quantitative estimates for preferences to core topics like the importance of community.

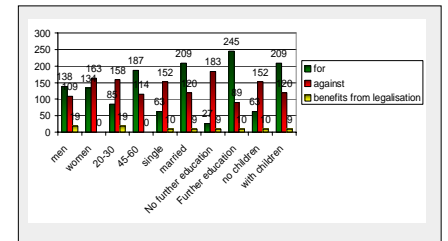
All groups voiced concern of the lost community (the good old times ...). There was great variance in the degree people felt endangered by this loss.



Poland is among the countries where the loss of the old community is felt strongest

A great number of subtopics was debated within the 8 ethical dilemmas. E.g. within the dilemma of "Paternalistic Legislation", legalizing cannabis was one out of 3 subtopics.

Results of Polish focus groups content analysis by the help of NUDIST, a coding software, on one topic of ethical tensions elicited in the 6 focus groups: on "Legalising Cannabis"



Word - coding (classification) from the Polish focus group discussions regarding the pros and cons of legalising cannabis (Paternalistic Legislation)

5 Conclusion

European Policy Makers may take into account differences in ethical preferences among their citizens. The variance in Public Health Service structures and processes may influence the effectiveness of (communicable) disease control and other European Public Health policies.

20+ project (network) partners

Daren Shickle, UK, Univ. of Leeds; Albert Jovel, SP; Tim Cauffield, CAN; Soren Holm, UK, Kevin Kelleher, IRE; Glenn McGee, USA; Andrea Dörries, D; Matti Hayry, UK; Cezary Włodarczyk, PL; Franz Piribauer, A; Christian Munthe, S; Marcel Verweij, NL; Heta Gylling, SF; Godelieve van Heteren, NL; Carlo Petriani, I; Rein Vos, NL; Richard Ashcroft, UK.

Funding

The research project is funded by the European Commission under contract QLRT-2001-02320