A Code of Ethics for Public Health

The mandate to ensure and protect the health of the public is an inherently moral one. It carries with it an obligation to care for the well-being of communities, and it implies the possession of an element of power to carry out that mandate. The need to exercise power to ensure the health of populations and, at the same time, to avoid abuses of such power are at the crux of public health ethics.

Until recently, the ethical nature of public health has been implicitly assumed rather than explicitly stated. Increasingly, however, society is demanding explicit attention to ethics. This demand arises from technological advances that create new possibilities and, with them, new ethical dilemmas; new challenges to health, such as the advent of HIV; and abuses of power, such as the Tuskegee study of syphilis.

Medical institutions have been more explicit about the ethical elements of their practice than have public health institutions. However, the concerns of public health are not fully consonant with those of medicine. Thus, we cannot simply translate the principles of medical ethics to public health.

In contrast to medicine, public health is concerned more with populations than with individuals, and more with prevention than with cure. The need to articulate a distinct ethic for public health has been noted by a number of public health professionals and ethicists.1–5

A code of ethics for public health can clarify the distinctive elements of public health and the ethical principles that follow from or respond to those elements. It can make clear to populations and communities the ideals of the public health institutions that serve them, ideals for which the institutions can be held accountable.

THE PROCESS OF WRITING THE CODE

The backgrounds and perspectives of people who identify themselves as public health professionals are as diverse as the multitude of factors affecting the health of populations. Articulating a common ethic for this diverse group is a formidable challenge.

In the spring of 2000, the graduating class of the Public Health Leadership Institute chose writing a code of ethics for public health as a group project. The institute provides advanced leadership training to people who are already in leadership roles in public health. Because the fellows bring a wealth of experience from a wide variety of public health institutions, they are uniquely able to represent diverse perspectives and identify ethical issues common in public health.

At the 2000 meeting of the National Association of City and County Health Officers, the group added a non-institute member (J.C. Thomas) and charted a plan for working toward a code. The plan included receiving a formal charge as the code of ethics working group at the annual meeting of the American Public Health Association (APHA); reviewing codes written by other organizations, particularly those within public health (the American College of Epidemiology and the Society of Public Health Education); and balancing open participation with efficiency in writing the code.

The latter aim was achieved by having a small number of people write an initial code, then inviting feedback on it and each successive version from progressively broader audiences. The audiences reacting to the code drafts were (1) the working group itself; (2) an additional 19 ethicists and representatives from various public health agencies gathered in a meeting at the University for Health Sciences in Kansas City to critique the code; and (3) APHA members (via the APHA Web site, where the code was posted and feedback was solicited, and the 2001 annual meeting).

THE CONTENT OF THE CODE

The consensus reached during the review process was that while people outside the public health establishment might find the code useful, it should be directed to those in traditional public health institutions, including public health departments and schools of public health. Similarly, while people working in public health throughout the world may find the code helpful, it was written with the American public health system in mind. Although touching on aspects of research, the focus of the code is principally on public health practice.

While acknowledging the value of a set of principles for individuals, and the fact that institutional policies are often carried out by individuals, the working group wrote the code for institutions. One reason was the definition of...
The principle of interdependence is the complement to autonomy, a dominant principle in medical ethics. Without denying that individuals have a right to some role in decisions that affect them, a recognition of interdependence serves as a correction to an overly individualistic perspective that is inconsistent with public health’s concern for whole communities. Interdependence is the recognition of the need for collaboration underlies the 12th principle, and the interdependence inherent to ecological systems underlies the 9th principle, which addresses the physical and social environments.

**DISSEMINATION AND ADOPTION OF THE CODE**

For the code to be truly useful it must be broadly disseminated and adopted by public health institutions. Adoption by key national agencies and organizations will imbue the code with a degree of moral authority that will increase both its utility and the likelihood that it will be adopted and used by national, state, and local institutions. On February 26, 2002, the APHA Executive Board formally adopted the code, making APHA the first national organization to do so. This endorsement provides the code of ethics working group with an important tool for talking about adoption with other organizations and agencies, such as the Centers for Disease Control and Prevention, the National Association of City and County Health Officers, the Association of State and Territorial Health Officials, and the Association of Schools of Public Health. Members of these institutions contributed to the creation of the code, which should help with the next step of adoption.

Once a government agency or professional organization adopts the code, it will need to build these ethical principles into its policies and procedures, to the extent that it has not already done so, and train its employees in ways that ensure the implementation of the principles. Schools of public health should teach the code to their students. Since many public health professionals do not have a formal degree in public health, there will also be a need for continuing education or extension courses that include the code of ethics and how to use it.

For each of these tasks there will be a need for new tools. These might include materials for teaching the code, such as case studies illustrating the application of each of the 12 ethical principles; a workbook that helps
an institution consider how it might build the ethical principles into its policies and practices; and an oath to be recited by individuals as they graduate from a school of public health or as they are hired by a public health institution (the code of ethics working group is now considering writing such an oath).

**FUTURE IMPROVEMENTS**

The code of ethics, as it now stands, is the first explicit statement of ethical principles inherent to public health. It is a significant step forward, but it is unlikely to be the last step. Although the code was developed with broad input, we will gain new insights about its strengths and weaknesses as it is implemented. Moreover, as the world changes, public health professionals will become sensitized to new ethical issues. We anticipate, then, a time when the code will need to be updated.

To facilitate this process, the code will be posted on the Web in an interactive format that will welcome comments and will allow people to read others’ comments. A standing committee of the Public Health Leadership Society will actively engage public health professionals and ethicists in the consideration of periodic updates to the code, which will incorporate lessons learned and comments received over time. In the near future, however, the code should prove to be a useful tool in clarifying the values and purposes of the public health profession and enabling it to more often achieve its high ideals.

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