Analysis Of Public Health Ethics

Public health is a collective good, basically centered around prevention, regularly dependent on government activity for its advancement. These attributes of public health offer ascent to various ethical issues, for example, the adjusting of future health gains against current ones, the support for the country's utilization of coercive forces to improve health, and the ethical establishment of general health. There are additionally some more extensive reasonable and moral difficulties that bear on how such general health ethics issues are tended to.

The main ideas which have been discussed in the given material are the challenges regarding public health ethics. Four different challenges have been mentioned, and they are the following. The first challenge is that in public health the object of concern is populations, not individuals. The second challenge is promoting public health involves a high degree of commitment to the prevention of disease and injury. The third challenge is that achieving good public health results frequently requires government action: many public health measures are coercive or are otherwise backed by the force of law. And, the fourth challenge is that public health has a definite consequentialist orientation. These four distinctive challenges provide public health ethics with its essential structure and orientation.

Under the main rubric, significant questions emerge as to the extent of public health: who is the “public?”. The typical idea is that the public is a discrete unit that relates with state limits: a single nation's population, but in a general view, this idea isn’t always plausible. Transferable illnesses have a method of ignoring the state limits, and preventive measures in a single nation might be purposeless if different nations don't stick to this same pattern. The “Oxford Handbook of Public Health” (Anna C. Mastroianni, Jeffrey P. Kahn, and Nancy E. Kass) furtherly talks about these challenges as well as the “Introduction to Public Health Ethics: Background” (MacDonald, Marjorie. (2014)), where each of these challenges is described in detail in various chapters. John Krebs discussed about these issues in his paper “The importance of public-health ethics” which has been posted on the World Health Organization (https://www.who.int/bulletin/volumes/86/8/08-052431/en/).

Moreover, the other topics discussed in the given material are regarding the five justifications for public health interventions. These five justifications are: Overall Benefit, Collective Action and Efficiency, Fairness in the Distribution of Burdens, The Harm Principle and Paternalism. The initial three justifications for public health policies discuss the idea that some individuals from a population don't have any benefit from the policy. The following two justifications discuss the idea of harm, both to other people and to oneself.

Let’s take fairness and justice of public health into consideration. It is commonly known that third world countries have a lower life expectancy than for example a more developed country; or maybe the fact that when a child’s health is taken into consideration, the adult or guardian makes the choice for the child. What if the parent is anti-vaccination? Does this decision of the parent make it alright for him/her to put their child into harm as well as other children and people around? Where is the fairness in situations like these? Would it be fair if the doctor went against the parent’s will to not vaccinate? Is it fair that the doctor wants to protect the child and others? This is strongly connected to the last two justifications for public health intervention (The Harm

Principle and Paternalism), as well as the strong connection it has with the first challenge of public health ethics which is “that in public health the object of concern is populations, not individuals”. While talking about fairness, where is the fairness that everyone has to pay an equal amount of money to the public health organizations? Wouldn’t it be more fair if every person paid a percentage from their paycheck, meaning if someone earns $1000, they pay 10% of their income, meaning $100 per month, while someone who earn $250 pays 10% as well, but in his situation it equals to $25 per month.

Justice requires public health authorities to make plans and projects with specific consideration regarding the less fortunate part of the public. Reasonable distributions ought to be vital to public health approach and practice, yet they take on specific significance when making arrangements for health crises or when there is outrageous shortage. Health crises compromise the whole community, however the less fortunate people and the disabled are at increased hazard. An inability to act speedily and with equivalent worry for all residents, including the less fortunate people and disabled, typically hurts the entire community by disintegrating open trust and undermining social union. Such behavior is a sign to those who have been affected and to every other person that the fundamental human needs of some people matter less than of some other.