"Principlism" and Frameworks in Public Health Ethics

January 2016

Briefing Note

For up-to-date knowledge relating to healthy public policy

How can we perceive and address ethical challenges in public health practice and policy? One way is by using ethical concepts to inform our thinking. One does not have to be a specialist in ethics to do so. This document is part of a series of papers intended to introduce practitioners to some values, principles, theories and approaches that are important in public health ethics.

Introduction

In this paper we will focus on principle-based approaches in public health ethics, comparing some of their features with those of principlism, the well-known and widely-used "four principles" approach in medical ethics.

We will first look at some of the main features of principlism and then with those features in mind we will turn to public health frameworks that rely on principles to see what they have in common as well as how they might differ.

Understanding and recognizing some of principlism's main features can help practitioners to:

- Better situate their own ethical deliberations in public health by seeing both the differences and the similarities between various ethical approaches;
- Identify and make explicit principlist orientations guiding themselves or others in health care or in public health settings, whether in research or practice;
- Having identified those orientations, communicate more effectively; and
- Understand some of the historical context and philosophical orientations that underlie public health ethics.

Public health ethics only began to gain prominence as a distinct field within bioethics around the year 2000 and its proponents have had the task of defining it as distinct from medical ethics due to the distinct nature of public health (e.g., Childress et al., 2002, p. 170; Dawson, 2011, p. 1; Upshur, 2002, p. 101). Indeed, many papers in public health ethics begin by articulating the differences between medical ethics and public health ethics, arguing that the differences between clinical practice and public health practice may require different ethical approaches. The overwhelming emphasis has been upon the differences, partially in reaction to a poor fit between individualistic and autonomy-heavy clinical approaches and the collective and population-level orientation of public health practice (Kass, 2004, p. 235). However, they also have much in common; there is much that public health can and does draw from work that has been done, and from ground that has been broken, in medical ethics.

Since its first appearance in 1979, the "four principles" approach of Tom Beauchamp and James Childress has transformed the way in which medical ethics are understood and practised. This approach is known by various epithets, including the "Georgetown mantra," the "four principles" approach, and "principlism," as we shall call it here;[1] all of these refer to their *Principles of Biomedical Ethics* (Beauchamp & Childress, 1994), now in its seventh edition. The dominance of this approach in medical ethics has had effects beyond the clinical setting: principlism has cast a long shadow over bioethics more generally, including public health ethics.[2]

[1] The norm appears to be to apply the term "principlism" to Beauchamp and Childress's work, and the term "principle-based approach" more widely and generically to other work in practical ethics that applies principles. Principle-based approaches include both the "four principles" approach used in other settings as well as approaches that employ different principles and methods altogether.

[2] Note for clarity: we are aligned with Dawson (2010a) in seeing medical ethics and public health ethics as contained within the larger field of bioethics. We will consistently refer to each of these three using these terms. For a visual representation, see slide #5 in this web presentation: http://www.ncchpp.ca/ftp/2015-ethique-pw1/en/index.htm

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Part one – What is principlism?

Principlism is a normative ethical framework that was designed for practical decision making in health care. Its basic approach is an attempt to bypass intractable disagreements at the level of normative ethical theory and the resulting lack of agreement about how to proceed. Instead, the authors focus on what people generally do agree upon, in the form of general, mid-level principles. They observe that "often little is lost in practical moral decision making by dispensing with general moral theories. The rules and principles shared across these theories typically serve practical judgment more adequately (as starting points) than the theories" (Beauchamp & Childress, 1994, p. 17). They say that this is because "theories are rivals over matters of justification, rationality and method but they often converge on mid-level principles" (Beauchamp & Childress, 1994, p. 102). Due to this general convergence on principles, they call principlism a common-morality approach.

JUSTIFICATION

Simple agreement, however, is not enough. Principlism does not just look at people's actions or beliefs and then declare that the commonly-held values are morally justified. Beauchamp and Childress discuss three models for justifying moral principles: deductive, inductive and coherence-based. **Deductive justification** (top-down) means that an overarching moral theory generates one or more principles that will determine moral decision making.[3] Another approach is **inductive** (bottom-up): this means that principles are generalizations derived from case- or situation-based judgments. The third approach is in-between, relying on strengths drawn from each: it uses the notion of justification by **coherence** among commonly held moral intuitions (i.e., something that is intuitively reasonable, that fits within a person's system of beliefs). This model tests for and produces coherence using a method called **"reflective equilibrium."** Starting with commonly held moral principles, reflective equilibrium subjects them to a back-and-forth process of distillation, refinement, and clarification by testing principles against one another and by refining them with observation and case-based moral judgments.[4] Neither the principles nor the case-based judgments are primary or absolute. Rather, each is subject to change or to replacement, and each is used to hone and test the others. Reflective equilibrium could reveal that what one considered to be a central belief ought to be rejected, based on its not fitting with the rest. In this sense, there is no "foundation," strictly speaking; one could say there is a core. In reflective equilibrium, principles are subject to constant evolution and critical analysis (Beauchamp & Childress, 1994; Marckmann, Schmidt, Sofaer, & Strech, 2015). Principlism depends upon this means of justification, coherence through reflective equilibrium, which is supposed to reflect both common acceptance and rigorous testing and refinement. According to Beauchamp, what justifies moral norms "is that they achieve the objectives of morality, not the fact that they are universally shared across cultures" (Beauchamp, 2007, p. 7).

PRINCIPLES

What are principles, then?[5] Beauchamp and Childress claim that principles are like rules in that they are "normative generalizations that guide actions," but when considered more closely, principles are less specific in content and less restrictive in scope than rules (Beauchamp & Childress, 1994, p. 38). "Principles are general guides that leave considerable room for judgment in specific cases and that provide substantive guidance for the development of more detailed rules and policies" (Beauchamp & Childress, 1994, p. 38).

Through the process of reflective equilibrium, the authors developed four principles: respect for autonomy (individuals' freedom and choice), nonmaleficence (not harming others), beneficence (doing good for others), and justice (broadly understood to include distribution of material and social goods, rights, and terms of cooperation) (Beauchamp, 2007; Beauchamp & Childress, 1994).

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[3] This orientation is often associated with the expression "foundational" when referring to principles. For a discussion of some implications of the metaphor of foundationalism, see Sherwin (1999).

[4] To learn more about reflective equilibrium, see Daniels (1979) for a clear exposition.

[5] For further reading on principles, we recommend Beauchamp (1996, pp. 80-85), in which he clarifies an important difference by distinguishing between principles occupying a foundational role in a theory (they would be unexceptionable, foundational and theory-summarizing) as compared to principles within a coherentist conception (they would be exceptionable/prima facie, and nonfoundational).

agreement upon something that could satisfy these theoretical aspirations. Instead of debating those issues, they focus (and depend) on the mid-level principles where a certain degree of agreement is said to exist already.

Part two – How does principlism relate to principle-based approaches in public health?

In public health, the tools used for applying ethics in practice generally take the form of ethical frameworks. Since about 2001, numerous frameworks have been developed to guide ethical decision making in diverse areas of practice, with early influential examples including Kass (2001), Upshur (2002) and Childress et al. (2002), and with more recent examples including Willison et al. (2012), ten Have, van der Heide, Mackenbach, & de Beaufort (2012), and Marckmann et al. (2015). To date, the field of public health ethics has produced a diversity of frameworks for various purposes, which is a dramatically different landscape from the more monolithic terrain of medical ethics in which principlism dominates.

Frameworks in public health are less all-inclusive than theories and are more modest in their ambitions. Frameworks generally serve as guides, highlighting issues and values that would be relevant in a particular situation, and they encourage deliberation. In contrast to theories, frameworks are tools that are more intended for daily practice.

It is important to note that public health ethics frameworks do not map neatly onto principlism. Some have more and some less in common with principlism. The frameworks that have been developed to date vary considerably.[6] They vary in terms of their underlying philosophical orientations, from a more traditional liberal-based orientation to a more expansive, communitarian or collectivist-based orientation (MacDonald, 2015). They vary in terms of their overall scope, in that some are intended to be applied generally to any situation one might encounter in public health (e.g., Kass, 2001; Marckmann et al., 2015), while others are intended for specific situations like dealing with pandemics (e.g., Thompson, Faith, Gibson, & Upshur, 2006), addressing obesity (e.g., ten Have et al., 2012), or justifying public health interventions that infringe upon autonomy (e.g., Upshur, 2002). Some make their underlying philosophical justification explicit, some make reference to other traditions to hint at their justification, and some simply get on with things and make no such reference at all. Some frameworks are structured around a series of questions, while others are based on a list of principles. Many frameworks provide structured guidance so that anyone using them will have a clear, ordered set of considerations or questions to address so that ethical issues will be highlighted, while others lack such a structured approach and leave users more on their own with a list or a set of considerations to think about and to use.

Regardless of the form that a framework takes, whether a series of questions or a list of principles, values[7] will either be highlighted explicitly or evoked indirectly. In the question-based type of framework, principles and values are still present but only implicitly so, and are contained within the questions themselves. Consider, for example, Kass' question-based framework, which asks, "Is the program implemented fairly?" (Kass, 2001, p. 1780). Clearly, defining "fair" will lead deliberations towards values or principles like distributive justice, social justice/equity, reciprocity, etc. In Marckmann et al.'s (2015) framework, also question-based, one can easily extract values and principles (benefits, harms, autonomy, equity and efficiency) from the five questions, framed as "normative criteria"; there is also a list of procedural principles for a fair process. In short, frameworks that are not explicitly principle-based are still relying on principles for their normative force.

For those who are already familiar with some ethics frameworks for public health, some of their similarities with principlism may be clear. Bearing in mind some of the main features of principlism that we touched upon earlier, we might see that they are, to varying degrees, also found in public health ethics frameworks. Indeed, many of these normative ethical frameworks are:

[6] For some papers characterizing the differences among public health ethics frameworks according to different criteria, we refer the reader to Lee (2012); MacDonald (2015); and to ten Have, de Beaufort, Mackenbach, & van der Heide (2010) for further reading.

[7] For our purposes here, we consider principles to be values expressed in normative language to guide action. They are formulated like "... you should take into account that ...".

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