Introduction to Public Health Ethics 3: Frameworks for Public Health Ethics

March 2015

Briefing Note

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

The first document[1] in this series of briefing notes[2] began with the observation that public health practitioners often struggle with ethical decisions in their practice but may not have relevant tools and resources to deal with these challenges. An assumption underlying this third paper is that by providing public health practitioners and decision makers with some guidance about practical public health ethics frameworks, they will be supported in making difficult ethical decisions that are unique to public health practice. In part, the management of ethical challenges will be implicitly or explicitly based on the kind of philosophical perspective one holds in relation to ethical problems in public health and it is important for practitioners to sort out what perspective makes sense to them, so they are guided in their own ethical decision making. The second document in this series[3] presents the major philosophical and theoretical perspectives that provide the basis for ethical decision making in public health and that ground various public health ethics frameworks. The purpose of this paper, the third in the series, is to present, compare and critique selected ethics frameworks for public health, relating these to their theoretical and ethical foundations. A brief discussion about the future of public health ethics concludes the paper.

What kind of frameworks might work for public health ethics?

The term "framework" has been used in a number of ways; we use it here to mean a general guide to decision making or practice that identifies key concepts or ideas that need to be taken into account. A framework can sometimes explicate the relationships among the concepts. Dawson (2010) says that the function of a framework in public health ethics is to provide assistance with deliberation about ethical decision making in particular contexts by making values explicit. While ultimately linked in some way to theory, a framework is "…. 'closer' to the reality of day-to-day decision making in an applied context" (Dawson, 2010, p. 193).

Prior to about the year 2000, most applications of ethics in public health drew on the four basic principles of biomedical ethics – autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 1979) – perhaps with some modification to make them fit the public health issue at hand. Often, the application and modification of these principles made sense for particular public health situations. For example, in 1986 in the early days of the HIV/AIDS epidemic, Bayer, Levine, and Wolf (1986) proposed a framework to guide ethical decision making about screening for HIV. This framework relied upon the four principles identified above but with slight modifications: respect for persons, the harm principle, beneficence (actions done for the benefit of others), and justice served as the basis for seven prerequisites for HIV screening. The application of these principles and prerequisites to decision making about HIV screening continues to be reflected in screening guidelines to this day. The harm principle is central in most public health ethics frameworks. Kass (2001) has argued, however, that when analyzed within a traditional bioethics framework, public health actions are seen as allowable exceptions to ethical principles, if not quite a breach of ethics. Instead, she states that we need public health ethics frameworks that make the values base of public health explicit so that public health actions are justifiable in their own right and in positive terms, not as exceptions to biomedical ethical principles.

Over the past fifteen years, however, a number of authors have proposed frameworks to guide ethical public health practice that are more explicitly grounded in the moral aims of public

1 MacDonald, M. (2014).

2 This series of papers is based upon a previously published book chapter (MacDonald, 2013).

3 MacDonald, M. (2015).

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health and its values. This is based on the argument that ethical decision making in public health requires unique considerations not necessarily relevant to ethical decision making in health care more broadly. Some of these public health ethics frameworks are more practical than others and many are nascent and not fully formed. Despite this development, there is nowhere near a consensus on the most appropriate frameworks for public health ethics, or on whether one framework that can cover every area of public health could or should be developed.

Criteria for selecting, comparing and evaluating frameworks

Despite the lack of consensus on appropriate frameworks for public health, Kenny, Melnychuk and Asada (2006) have identified specific characteristics for judging the adequacy of any public health ethics framework. These characteristics imply both a particular view of public health and a set of values underlying public health ethics, but they are consistent with the view of public health and its underlying values that were discussed in the first two papers in this series, and with the author's own views. To date, however, we have not found any other references identifying criteria for assessing public health ethics frameworks. Accordingly, we draw on these criteria to evaluate the frameworks we have identified for comparison. Naturally, others may disagree.

Kenny et al. (2006) propose that an appropriate public health ethics framework would:

1) Address the tension between public and individual interests;
2) Attend to concepts like the common good and public interest;
3) Clarify the relationship between public health and health care;
4) Identify the central role of the social and economic determinants of health;
5) Recognize the importance of reducing health inequities and attend to the most vulnerable because public health is inherently concerned with social justice.

Categorizing frameworks

A number of authors have identified different categorizations to describe public health ethics frameworks. Lee (2012), for example, reviewed 13 public health ethics frameworks, and categorized them as either *practice-based* or *theory-based*.

Practice-based frameworks emerged from the experiences of practitioners that clinical ethics frameworks were not adequate for addressing the ethical challenges in public health practice. They tend not to be explicit about their theoretical or philosophical underpinnings. Although not explicit, it is possible to infer their philosophical bases from the concepts and principles they espouse. Theory-based frameworks attempt to address the criticism that practice-based frameworks comprise a set of mid-level principles that are too open to interpretation. These frameworks derive from some ethical or other philosophical perspective and their application involves staying true to the underlying philosophy in public health decision making.

Brody, Hermer, Eagen, Bennett, and Avery (2010) have developed another categorization of public health ethical frameworks, defining them as one of *traditional*, *expansive* or *mixed.* Traditional frameworks follow the philosophical orientation of biomedical ethics in prioritizing individuals and placing individual liberty and autonomy as the paramount values. Even though all framework authors acknowledge that the emphasis of public health ethics is on population health, the traditional and some mixed approaches often require considerable justification for any infringement on individual liberty. Despite recognition that there may be some unique features of public health that require a different sort of analysis, traditional public health frameworks nonetheless use biomedical ethical principles as the starting place. They are grounded in the "core problem of liberalism" (Brody et al., 2010, p. 6) which is about how to maintain individual freedom while protecting the health of the community or population. The burden of proof is placed on other principles, which are considered inadequate to trump individual liberty without meeting a specific threshold (Brody et al., 2010).

Expansive frameworks tend to distinguish public health ethics from clinical or biomedical ethics, taking the core values of public health as their starting place. They are generally grounded in theories of social justice, emphasizing the social determinants of health. Situated in a communitarian-like perspective, they do not take as a given the classic liberal tension between the individual and the community or the liberal dilemma about when to prioritize public protection over individual liberty. The starting place is about determining what is best for all of us together. At the same time, individuals and communities are acknowledged to be interdependent; accordingly, a

communitarian would likely see a false dichotomy in separating communities from the individuals of which they are composed. Perhaps most importantly, communitarians view public health as having a positive agenda in society; values or principles related to community, the common good, and solidarity are important in their own right (Brody et al., 2010) and given priority.

A third category is that of mixed frameworks, which contain some of the same principles and foundations of both traditional and expansive approaches. Depending on their orientations and their guiding principles, mixed frameworks vary considerably along the continuum between traditional and expansive approaches (Brody et al., 2010).

For our purposes of analyzing and comparing public health ethics frameworks, we have adopted Brody et al.'s (2010) categorization because Lee (2012) has already conducted an extensive comparison based on the theory versus practice-based distinction and we see no reason to repeat that. We believe that the second categorization may be more helpful in guiding practitioners by explicitly identifying the philosophical and theoretical foundations inherent in the practice-based frameworks, which Lee has not done.

Appendix 1 presents 8 selected frameworks, categorized as traditional, expansive, or mixed. We have selected three traditional frameworks as examples of this type: Childress et al. (2002), Upshur (2002), and Selgelid (2009). The work in the expansive category of framework is generally more recent, and tends to reflect a broad communitarian perspective. As such, we were only able to identify two expansive frameworks: Baylis, Kenny, and Sherwin (2008) and Tannahill (2008). Three mixed frameworks were also selected as examples: Kass (2001), Public Health Leadership Society (2002), and Thompson, Faith, Gibson, and Upshur (2006).

In column 1, the author(s), date of publication, and title of the article or framework are provided; column 2 describes the purpose and audience of the framework. In column 3, there is a description of each framework, identifying the distinct elements and principles that guide action or provide steps in the decision-making process. Column 4 presents the underlying philosophical and theoretical foundations for each framework. Although most of the authors do not explicitly identify the philosophical and theoretical underpinnings, it is possible to infer their foundations by carefully examining their principles and steps. Column 5 provides a brief critique that identifies the strengths and limitations of each framework.

Comparative analysis of the frameworks

The frameworks selected for analysis represent a diverse range of approaches to public health ethics. They vary with respect to their purpose and the public health issue they address, the principles and process guiding ethical analysis, their approach whether traditional, expansive or mixed, their theoretical and philosophical foundations and the extent to which they meet the criteria for an appropriate public health ethics framework as identified by Kenny et al. (2006). We highlight similarities and differences among the frameworks along each of these lines in turn.

Public health issue

Some frameworks focus specifically on a particular public health problem such as environmental hazards, infectious diseases, and pandemic influenza (Selgelid, 2009; Thompson et al., 2006; Upshur, 2002). Others are more general frameworks, intended to apply to a range of public health issues (Baylis et al., 2008; Childress et al., 2002; Kass, 2001; Public Health Leadership Society, 2002; Tannahill, 2008).

Principles and process

At this stage in the development of public health ethics, most frameworks are primarily a collection of principles developed through ethical analysis and thus are practice-based rather than being empirically derived from research that demonstrates their utility in specific situations. One exception is a Canadian framework developed to guide ethical decision making in pandemic planning (Thompson et al., 2006), which has been studied empirically. This broad approach of identifying a set of principles to be considered and specified when facing a decision that may contain ethical issues has been termed *principlism*. Principlism has come under criticism within health care ethics (Beauchamp, 1995; Clouser & Gert, 1990), primarily in relation to its lack of grounding in, or connection to, ethical theory. This criticism may not be entirely fair because, as illustrated in Appendix 1, the underlying theoretical basis is often

implicit and can be identified. Despite criticism, principlism retains appeal in practice as a robust and useful way of helping practitioners think about ethical issues when they do not have training in ethics or philosophy (Upshur, 2002).

Some frameworks clearly distinguish between substantive and procedural principles. This development represents a conceptual clarification across the three categories of frameworks (traditional, mixed, and expansive) and is a practical step forward in helping practitioners to think through, first, the substantive principles that inform decisions and delineate the essence of the ethical question being posed, and second, the processes by which those values can be enacted. Kenny et al. (2006), for example, provide useful definitions of both procedural and substantive values in addition to defining "terminal" values for public health ethics. "A developed public health ethic could assist in identifying the goals of policy and action (the terminal values), the appropriate and fair process for development, implementation and evaluation of the policy (procedural values) and the criteria – values and principles – on which a policy or decision are based (substantive values)" (p. 403). Terminal values, as the goals of policy and action, are congruent with the moral aims of public health as identified, for example, by Powers and Faden (2006) as promoting population health and health equity. Public health ethics frameworks, whatever the category, that do not distinguish between substantive and procedural values could be made more useful for practitioners by making the distinction explicit.

While many of the frameworks identify only principles (e.g., Baylis et al., 2008; Public Health Leadership Society, 2002; Selgelid, 2009), a few offer more practical guidance in that they provide a set of steps with a logical ordering in which some values are prioritized over others (Kass, 2001; Upshur, 2002). These tend to be the mixed frameworks although not exclusively. A few frameworks offer guidance on choosing between values or principles when they conflict (e.g., Childress et al., 2002). One framework is really a professional code of ethics for public health (Public Health Leadership Society, 2002).

Although several frameworks identify some of the same substantive principles (e.g., the harm principle), there is a wide range of principles, both substantive and procedural, reflected. Some frameworks identify only a few principles (e.g., Upshur, 2002) while others identify many (e.g., Thompson et al., 2006). At the same time, there may be other important public health ethical principles that have not made their way into most of these frameworks (e.g., the precautionary principle) but which are being increasingly recognized as important to ethical decision making in public health (Chaudry, 2008; Rosner & Markowitz, 2002). The challenge is that there is no widespread agreement on the principles and the few public health ethics frameworks that have been developed have not been widely debated by the public health community. Kenny et al. (2006) argue that work to date has identified an exhaustive list of principles and propose that we need to identify and justify a core list on which we can agree. Others, like Dawson (2010), argue that we cannot expect to rely on just one framework to meet all of our needs. Moreover, there have been only a few published applications of some of these frameworks (see Appendix 3 for examples of specific applications) and those tend to focus on the example of communicable disease. The field would benefit from more exemplars of framework applications that go beyond this narrow focus to encompass a broader range of public health issues. In particular, exemplars of framework applications of the newer expansive approaches would be particularly helpful.

Comparing traditional, expansive and mixed approaches

As discussed above, traditional frameworks tend to be more firmly grounded in liberal values in which liberty is prioritized over public protection, justice and perhaps even equality or equity. They draw on the four traditional biomedical ethical principles, do not appear to acknowledge the interdependence of individuals and communities, and offer what Kass (2004) calls a negative agenda for public health ethics. That is, principles specific to the population level concerns of public health ethics are not framed in positive terms but rather as permissible violations of autonomy and liberty. At the same time, some argue that it is more likely that these frameworks will achieve the broadest range of acceptance (Bull, Riggs, & Ngochu, 2013) across the public health community and beyond. This remains to be seen.

The expansive frameworks have an explicit concern with values that could be characterized as broadly communitarian even if their authors do not name them as such. For example, Baylis et al. (2008) use language to name and describe their principles that implicitly and explicitly reflect

communitarian and feminist values. Individual freedoms are not privileged over community or population concerns, but are seen to exist in relation to each other in interdependence. Moreover, both expansive frameworks explicitly promote social justice and equity.

Mixed frameworks share principles with both traditional and expansive approaches. Those closer to the traditional end of the continuum might have only one expansive principle, such as the framework by Thompson et al. (2006), which includes the principle of solidarity, also seen in Baylis et al.'s (2008) approach. The remainder of the principles in Thompson et al.'s framework, however, are those shared with the more traditional frameworks. Kass's (2001) framework could be characterized as roughly midway between traditional and expansive, but with a leaning toward the expansive. She has a concern with social justice and equity, acknowledging the positive obligation of public health to intervene when injustice or inequities exist. At the same time, she retains a concern with the classic liberal tension between protecting the public and avoiding violations of individual autonomy. This concern seems to be at odds with her concern about avoiding a negative agenda for public health. The Public Health Leadership Society's work (2002) is also a mixed framework[4] but leans more to the expansive approach in that it takes the community as its starting place, emphasizes the interdependence of the individual and the community, and promotes the empowerment of the disenfranchised.

Philosophical and theoretical foundations

Utilitarianism is a common ethical theory reflected in traditional and some mixed frameworks in the concern with maximizing utility. All reflect public health's consequentialist concern for improving population health. In other words, all the frameworks are either implicitly or explicitly concerned with promoting the health of the population, which, according to Powers and Faden (2006), is one of two moral aims of public health. A few, primarily the mixed and expansive frameworks, also incorporate a focus on promoting health equity, usually framed as reducing health inequities or disparities, which is the second moral aim of public health (Powers & Faden, 2006). Although most of the frameworks are concerned with justice, it is primarily distributive justice – that is, ensuring the benefits and burdens of public health interventions are shared fairly. The exceptions are the expansive frameworks which have an explicit conceptualization of social justice that is distinct from distributive justice in its concern not only with the distribution of material resources but with fairness and mutual obligations in society and an explicit concern with those who experience inequities as a result of unjust social arrangements. Nonetheless, expansive frameworks also recognize the importance of distributive concerns.

Because most frameworks, particularly traditional and mixed, derive from liberalism, it is not surprising that they reflect elements of both utilitarian and contractarian theories. There are some mixed frameworks containing one or more specific principles that reflect a communitarian ethical perspective (e.g., Public Health Leadership Society, 2002; Thompson et al., 2006), but only one of the expansive frameworks (Baylis et al., 2008) could be categorized as primarily communitarian given that it draws heavily on communitarian, feminist, and civic republican concepts and cites key authors in these traditions; however, as noted above, the authors themselves do not refer to their feminist relational framework as communitarian.

Comparison of frameworks on criteria for judging adequacy

Each of the traditional, expansive, and mixed frameworks were assessed for the extent to which they meet the five criteria for judging the adequacy of public health ethics frameworks, as identified above by Kenny et al. (2006). Appendix 2 describes whether and in what ways these criteria are met.

Criterion One states that a public health ethics framework should address the tension between public health and individual interests. All of the traditional frameworks do this explicitly, providing guidance about when public health interests might override individual liberty, autonomy, or some other value (e.g., privacy). In these frameworks, stringent conditions must be in place to warrant violation of individual liberty or autonomy. One mixed

[4] Note that although we use Brody et al.'s (2010) categorization of ethics frameworks as traditional, mixed, and expansive, we do not necessarily agree with their classification of specific frameworks. For example, they identify the Public Health Leadership Society's code of ethics as traditional, but we have classified it as mixed. Appendix 2 outlines the rationale for our own classification of frameworks for each category irrespective of Brody et al.'s classification.

framework (Thompson et al., 2006) does provide some guidance on addressing this tension, but this framework sits very close to the traditional end of the spectrum between traditional and expansive frameworks so this should not be so surprising. The rest of the mixed and the expansive frameworks either do not specifically address this tension, or do so only in part. Because the expansive frameworks tend not to take the classical liberal tension between individual and collective interests as a given, and because this tension is reframed as relational in terms of the interdependence between individual and community, perhaps the authors do not see this tension as a priority. In any case, in these frameworks, the community is the starting place for this discussion.

Criterion Two states that an adequate public health ethics framework should take into account the public interest and the common good. In the traditional frameworks, there is either no or limited attention to the common good specifically, although some concern with the public interest might be inferred through their attention to the harm principle in that restrictions on liberty are justified to prevent harm to others or the public. Both expansive frameworks do attend to the common good, although Baylis et al. (2008) do this more explicitly than does Tannahill (2008). Of the mixed frameworks, only the Public Health Leadership Society's (2002) framework explicitly attends to the common good. Kass's framework does this only partially and not directly whereas Thompson et al. (2006) do not attend to the common good at all.

According to Criterion Three, an adequate framework should clarify the relationship between public health and health care. Among the traditional frameworks, Upshur (2002) does this very explicitly, whereas Childress et al. (2002) do this only in part. Selgelid (2009) does not do this at all. Similarly, two of the three mixed frameworks do not make this clarification and only one of the expansive frameworks does so (Baylis et al., 2008).

Criterion Four specifies that an appropriate public health ethics framework should attend to the social determinants of health. None of the traditional frameworks share this concern, nor does the Thompson et al. (2006) mixed framework, which as noted previously, is very close to the traditional frameworks. The remainder of the mixed frameworks and the expansive frameworks do share this characteristic very explicitly.

Finally, Criterion Five says that an adequate public health ethics framework should recognize the importance of reducing health inequities and attending to the most vulnerable populations. As might be expected, the expansive frameworks strongly and explicitly share this characteristic as do two of the three mixed frameworks. Neither the traditional frameworks nor the more traditional Thompson et al. (2006) mixed framework are explicitly concerned with reducing health inequities or with prioritizing disadvantaged or marginalized populations to reduce unfair disparities in health.

Overall, the conclusion that can be drawn is that the expansive and some of the mixed frameworks are most likely to have more or even most of the characteristics that demonstrate the adequacy and appropriateness of public health ethics frameworks, according to the criteria set out by Kenny et al. (2006). As previously noted, there is no consensus on a normative framework for public health ethics (Wilson, 2009) despite the development of diverse frameworks. The selection of a framework will be determined, in part, by the practitioner's own philosophical orientation – even if not explicitly acknowledged – as well as by the issue at hand and the larger context in which the issue is situated. Although public health practitioners share many of the same aims and values, there are often subtle differences in the values underlying these shared aims. For these reasons, it seems unlikely that there will be agreement any time soon on a common ethical framework for public health because the different frameworks reflect different perspectives on public health and its underlying values. For these reasons, as Wilson (2009) argued, there is no one-size-fits-all normative framework for public health.

Areas for future work in public health ethics

So where are we and where do we go from here? Despite its relative newness, public health ethics has come a long way with extensive theoretical and empirical work being conducted internationally as well as in Canada. Development of the philosophical underpinnings and frameworks to guide practice and decision making has been substantial but the results remain tentative, contradictory, and not always practically useful. Most frameworks remain grounded in a utilitarian or contractarian ethics perspective, with little development of communitarian frameworks, which

arguably may be more in line with the core values and commitments of public health. What work has been done from a communitarian/relational perspective is more theoretical than practical and even the authors of these frameworks acknowledge there is much work yet to be done (Baylis et al., 2008). Thus, further development of communitarian frameworks with practical applications will help to provide guidance to practitioners in making decisions in concrete situations. At the same time, traditional and mixed frameworks would also benefit from further development, particularly to align them more explicitly with the moral aims of public health, and to provide more practical guidance.

Whether one adopts a traditional, expansive or mixed framework, there is a wide range of important public health issues confronting us. These issues demand ethical analysis. In particular, practical applications that go beyond a focus on infectious diseases would be very helpful. For example, Kenny et al. (2006) identify a series of ethical issues yet to be addressed in each of the core functions of public health: health protection, health surveillance, disease and injury prevention, population health assessment, health promotion, and disaster response. Daniels (2011) proposes a broader bioethics agenda that clearly draws on the work and thinking being done in public health ethics. He argues that the equity agenda, which is on the public health agenda, be taken up by bioethics more broadly. If this is the case, we may see less of a deep divide between the commitments of public health and health care. Daniels proposes the need to focus on equity in three key areas: (1) health inequalities between different social groups and the policies needed to reduce them; (2) intergenerational equity in the context of rapid societal aging; and (3) issues of equity raised by international health inequalities.

Wikler and Brock (2007) provide a much longer list of ethical issues that require focus in the future. These include: defining societal versus individual responsibility for health; the relationship between health and human rights at the population level; priority setting in public health; cost-effectiveness analysis and its seeming inability to take equity into consideration;[5] the relationship between health and economic development; ethics in emergency humanitarian interventions; environmental justice and equity; population genetics; global aging; global health equity; the social determinants of population health; research ethics and social justice; the practice implications of a population perspective; and health system reform. For each of these, the authors identify key ethical questions but observe that ethical analysis related to most of these questions has been limited to date. More than a laundry list, these issues provide a useful agenda for further research and development in the field of public health ethics.

In 2004, Nancy Kass suggested that the future of public health ethics would focus on public health research ethics, global ethics and environmental justice. With respect to research ethics, recent work in Canada has begun to tackle the question of whether the criteria for judging the ethics of research, as reflected in the Tri-Council Policy Statement: *Ethical Conduct for Research Involving Humans* (known as TCPS 2) (http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/), fully takes the concerns of population and public health into account. Public Health Ontario (2012) has also developed a framework, using a public health lens, which is intended to guide public health researchers and reviewers in planning for and evaluating the ethical conduct of public health research. The framework draws on, among other things, Kass' (2001) public health ethics framework.

In addition, the Government of Canada's Panel on the Responsible Conduct of Research (http://www.rcr.ethics.gc.ca/eng/srcr-scrr/tor-cdr/) has established an expert committee to advise on issues specific to the ethics of population and public health research. The goal of the panel is to add guidance specific to these issues to the Tri-Council Policy Statement. The panel has acknowledged that although TCPS 2 represents a significant revision of the original 1998 edition of the TCPS, it does not yet address issues specific to research in the fields of population and public health. The aims of this committee are to identify key ethics issues in these fields of research, help craft ethics guidance in response to these issues, and advise how such guidance could best be integrated into TCPS 2. The work is ongoing.

[5] For more information on this subject, see Rozworski (2014) et Rozworski & Bellefleur (2013).

The issues of global ethics and environmental justice are other areas for future development in public health ethics that many believe is urgently required and may actually contribute to the reduction of health inequities both within nation states and globally (Benatar, Daar, & Singer, 2003). In the global context of rapid advances in science and technology, growing health inequities, increasing levels of extreme poverty, inequities in the patterns of health care expenditures across the globe, and population growth with its attendant increase in overconsumption and environmental degradation, Benatar et al. argue convincingly for the importance of global health ethics that takes environmental justice into consideration. They make very clear the ethical challenges for which solutions are essential to prevent massive rebellion and violence from those disenfranchised groups that are systematically excluded from the benefits that others have achieved or who may systematically experience the negative consequences of environmental degradation.

Conclusion

There is emerging agreement that an ethics to guide decision making in public health will be distinct from the ethics that guides health care decision making more generally. Such an ethics should be grounded in the values and principles unique to public health. To date, there is no consensus on a normative framework for public health ethics, but considerable progress has been made in the development of frameworks that do take into account the unique values base and moral aims of public health. There is unlikely to be a single framework to guide public health ethical decision making; rather, the specific public health issue, the unique context, and the philosophical orientation of those involved will determine which framework might be most appropriate in a given set of circumstances. There is still much work to be done in this field, including: greater explication of those frameworks that do not currently provide much detailed guidance in their application; the development of concrete exemplar cases for available public health ethics frameworks applied to a much broader range of public health problems than have been addressed to date; more ethical analysis of the many public health issues that have not yet been addressed in any significant way; and attention to emerging and potential crises in public health, particularly in the areas of global ethics and environmental justice.

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