

Summary report for VHPO stream of discussion on ethics.

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On October 1st 2008, Views of Health Promotion Online (VHPO) launched a stream to discuss Ethics in Health Promotion, with a particular focus on preparing the ground for a health promotion Code of Ethics (CoE). This stream has now come to a conclusion, and the following is a brief summary of the content of the discussion. The stream was managed by Sussy Nchogu, Kenya, and Torill Bull, Norway, who are both members of IUHPE Student and Early Career Network (ISECN)¹.

The following questions opened the dialogue as a point of departure for discussion:

“Do we need an ethical code? What would distinguish a health promotion code from codes for other professions? What should the content be? Should it be short, long, specific, general? What format? What level of detail? How do we ensure that the code is globally applicable? What are the challenges of creating a global code? How can we handle those challenges?”

A total of 24 posts were made by 12 different participants from Africa, Europe, Middle East, Oceania and North America. The following is a summary statement for the whole discussion: **Health promoters face ethical dilemmas daily, and there is a wish for a health promotion Code of Ethics.**

The discussion will be summarized under the following headings:

- Identified ethical dilemmas for health promoters
- The nature of a health promotion Code of Ethics
- Challenges in making a health promotion Code of Ethics
- Practical ideas

Identified ethical dilemmas

1. There is an empowerment-related conflict between bottom-up and top-down approaches
2. There is an ethical dilemma when we consult communities to engage them in identifying desired interventions and we have no funding to do the interventions that communities suggest. In such situations we are raising hopes only to disappoint them.
3. Funding is often tied up to tangible results due to preferences of the funders. This makes it difficult to prioritize the areas desired by the communities we are working in.
4. It is an ethical dilemma that financial inequalities give health promoters unequal opportunities to participate in health promotion activities such as research and conferences.
5. It is a dilemma when we do health education and the structural opportunities necessary for behaviour change are not available. This is particularly so in very poor communities.
6. When targeting general groups in stead of specific groups, we may end up increasing the inequalities we aim at reducing, because the strongest groups are better able to take part in and benefit from our initiatives.

¹ Sussy Nchogu (Kenya), Elisha Riggs (Australia), and Torill Bull (Norway) form the Ethics Working Group of ISECN. Working through literature studies, interviews and a global survey, the working group aims to present the IUHPE Board of Trustees with a draft for a ‘Health Promotion Code of Ethics’, given that the global health promotion community expresses the need for such a code.

The nature of a HP Code of Ethics

1. A health promotion Code of Ethics should distinguish health promotion from other fields, though some areas of other codes might to some degree overlap with the HP Code of Ethics.
2. We need to define common ground for all the participants within health promotions – be it different professions or other groups.
3. The SOPHE Code of Ethics from the field of public health education might be a useful inspiration and an example for developing a HP Code of Ethics.
4. A health promotion Code of Ethics should preferably be ‘brief but all inclusive’, even if that is difficult. Having a memorable code makes it more realistic to implement.
5. A health promotion Code of Ethics could have two parts – a brief essence of an easy format, and more detail at the next level.
6. A health promotion Code of Ethics should reflect as a health promotion priority to work with the most vulnerable.
7. A health promotion challenge is to prioritize scarce resources: the communities must do the prioritizing if we are to work in an empowering manner. This should be reflected in a health promotion Code of Ethics.
8. The realities of power often place the influence over funding and money in other hands than the health promoters’. We must see the limitations in political, cultural and financial contexts in which we work, not all factors are under our control. How can this be reflected in a health promotion Code of Ethics?
9. Long term effects of project implementations are hard to foresee. Should our ethical focus be on intentions or on outcomes? Should our ethical focus be on daily actions or on long term impact? Should this be reflected in a Code of Ethics?
10. Health promotion is about promoting equity
11. Health promotion is about building capacity and empowerment
12. Health promotion could benefit from a ‘deontological code’ rather than from a detailed Code of Ethics.

Challenges in making a health promotion Code of Ethics

1. We have choices between degrees of good or degrees of bad, not clear-cut choices between good and bad.
2. Can we define principles of priority within health promotion – what are ‘the best goods’ and ‘the worse bads’?
3. We can agree to do good and not to inflict harm (as in the Hippocratic oath) – but what is ‘good’?
4. How explicit can a health promotion code be when what is culturally appropriate varies on a global basis? It is a challenge to make a code that is globally applicable due to cultural differences.
5. There might be conflicting areas in specific professional codes of the professions health promoters belong to, and a health promotion Code of Ethics. How should such dilemmas be solved? (Example – are youth empowered when one needs consent from their parents before school surveys are carried out? This might be a conflict between empowerment as a health promotion value and general research ethical guidelines for informed consent). On the other hand, discovering areas of conflict might lead to very useful insights and discussions, highlighting ‘hot’ ethical issues.

Practical ideas

1. Compile examples of ethical dilemmas and make a code to help solve similar dilemmas.
2. One could have a centralized 'ethical review board' keeping a record of ethically sound/successful projects and lessons learned, to accumulate ethical learning. The problem might be to identify what is ethically sound or successful.
3. Make a survey with a multicultural sample, collecting inputs for a globally acceptable health promotion Code of Ethics.

Conclusions

The majority of participants in this stream of discussion expressed a felt need for a Code of Ethics to guide health promoters in ethical dilemmas, which were commonly experienced. Several ideas for content and form of a Code of Ethics were expressed, as well as challenges in developing such a code. One of the suggested ways forward was to make a survey with a multicultural sample, collecting inputs for a globally acceptable health promotion Code of Ethics. Such a survey is now being implemented by the Ethics Working Group within IUHPE Student and Early Career Network (ISECN).