

Evidence-Based Ethical Practice: Role of Health Promotion

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ABSTRACT

This review article discusses the various ethical standards on which community health practice is founded. From autonomy, justice, privacy, paternalism and beneficence, the practice of health promotion is strongly underpinned by ethics. From private practice to community-wide health promotion, this article reminds practitioners of their obligation to uphold ethics in their evidence-based ethical practice. Finally, the article highlights common ethical dilemmas that are common in community health practice and how practitioners can navigate these situations.

Keywords: Ethics, Empowerment, Health Promotion

INTRODUCTION

Public Health is concerned with preventing disease, prolonging life, and promoting Health (Rogers, 2004). Health Promotion is normative and acculturative, making it a culture-informing and deeply value-laden discipline (Grainger & Ozolins, 2015). Modern public health demands that health promotion decisions be evidence-based where there is a conscientious use of current best evidence in making decisions about the care of clients and communities (Luckmann, 2001).

Ethics are useful in Health Promotion as they protect participants and guard against misconduct (Creswell, 2004). Ethics in Healthcare dates back to the times of Hippocrates. Bioethics did not emerge until World War II as it was influenced by the Nazis' medical experiments on camp

prisoners, which heightened concerns about the vulnerability of human subjects in medical research (Coleman, 2008).

The function of ethics is to judge whether specific actions are right or wrong and whether one should take a particular action. Ethics guide evidence-based Health Promotion such that the decisions made are for the benefit of all people. Ethics in Health Promotion involves evaluating and weighing principles and fundamental values to design programs and interventions that can promote Health while minimising infringement on the individual and collective common good (Dupéré, 2012).

Ethics in practice

Lawrence, (2007) articulates a framework of four ethical principles, including autonomy, beneficence, maleficence and justice. The autonomy principle considers respect for personal rights, acceptance of differences, reason and ability to make rational choices, understand one's environment, and act on one's environment. Health Promoters need to create autonomy for individuals, which calls for being an enabler or facilitator rather than an expert or controller (Tannahill, 2008).

Health practitioners must avoid victim blaming and seeing people solely responsible for their ill-health. The capacity of communities needs to be built such that people can freely choose for themselves and be able to direct their own life. Health Promoters hinder clients' autonomy by imposing their solutions to the client's problems, instructing clients on what to do,

dismissing clients' ideas and persuading clients to take on their course of action. It is essential to let communities make an informed decision independently, as professionals should only facilitate the decision-making processes by providing options and allowing communities to exercise their autonomy (Braunack-Mayer & Louise, 2008).

The principle of beneficence relates to doing or promoting good and preventing or avoiding harm. With this principle, the community good is placed before the individual interest. This can be considered a paradox since it focuses on benefits to the community than each participating individual. A significant dilemma is observed during immunisation since its outcome is regarded as beneficial to the community in the long run through obtaining herd immunity, yet it inflicts harm to a single individual.

The World Medical Association developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects. It emphasises respect for all human subjects, protecting their health and rights, and informed consent. Research experiments involving human subjects must be reviewed to ensure that the risks of physical, social and psychological injury are balanced against the potential benefits.

Justice looks at the fair distribution of resources, benefits and risks. Health practitioners need to tackle discrimination during program activities being implemented. This principle also calls for appropriate exclusion and inclusion of participants, no exploitation of participants and fair access to the benefits.

Paternalism involves negotiating community consent through consultation and being open with people about errors without causing public anxiety. It should be acceptable to withhold information from target audiences that might discourage positive behaviours if divulged. However, it is not permitted to exaggerate risks or

distort facts even if this will motivate people to do something good.

Dilemmas in practice

Public Health professionals operate in an ethically complex environment. The most challenging ethical dilemmas arise when two seemingly correct principles conflict (Naidoo & Wills, 2009). Ethical dilemmas are moments when two valid concerns such as privacy and justice, truth and confidentiality or moral offensiveness come into conflict. Some of the most common and complex ethical issues arise when the patient's autonomous decision conflicts with the Health Promoter's beneficent duty to look out for the client's best interests. In these situations, the autonomous choice of the client conflicts with the health practitioner's duty of beneficence. As long as the patient meets the criteria for making an autonomous choice, the health practitioner should respect the client's decisions while trying to convince the patient otherwise.

Health practitioners desire to see their clients and communities adopt a new good behaviour and hence can unwittingly push them towards behaviour change through the use of subtle techniques for motivating change, violating the spirit of negotiation (Rollnick et al., 2010).

A dilemma exists when personal information about an individual client needs to be disclosed, for instance, in a case of stigmatised diseases such as HIV. Health practitioners find themselves at a point where they have the moral obligation to protect the privacy of their patients but also have a duty to society. In cases where revealing patient information is demanded by law, security operatives or family members, the practitioner must ensure that they weigh options and are protected. These situations raise ethical issues pertaining right to information by the family members and the right to privacy of the individual patient. Family members may feel a right to know the health status of the individual family member. However, informing the

family can cause discrimination and isolation towards the individual.

Some health promotion practitioners seek sponsorships and grants from incompatible enterprises. An example is an education project on convicted drunk drivers being sponsored by a brewery company. Such subsidies are unethical as they impinge on truthfulness. As previously reported (Frouhi et al., 2018), there has always been a dilemma with scholars who disputed the link between saturated fats and cardiovascular diseases because the food companies in question had sponsored the study

The drive for circumcision raises ethical concerns, especially among neonates and young children (Gray et al., 2007). Some scholars have argued that it is unethical for neonates to be circumcised for reasons such as reduction of risks towards adult-acquired HIV, for which alternative preventive approaches will be available to today's neonates by the time they reach sexual maturity. While neonates are not sexually active and, therefore, not at risk for sexually transmitted diseases, the benefits of circumcision are far beyond HIV prevention, and thus parental consent is sufficient.

CONCLUSION

Before any ethical judgement is made, there is a need to consider the principles which underpin actions. While there are no absolute answers to ethical decision-making, the way forward is to be clear about which principles are valued most. The ultimate guide to ethical behaviour is self-consciousness. It is imperative to make decisions based on ethical principles and uphold ethics in evidence-based decision-making. Health practitioners should respect the rights, interests and values of individuals in the community and advocate for vulnerable groups.

Conflict of Interest: None

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