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Public Health as Social Justice
Evidence and Arguments

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1. Research Context and Problem

2. Social Justice: What is it?

3. Ongoing Empirical-Ethics Study
1. Research Context and Problem
Public Health is value-laden.

Like all social policy, public health is concerned with **choice** among competing values.
Ethics: a branch of philosophy that involves systematizing and defending concepts of right and wrong, good and bad

- i.e., ethics deals explicitly with values
Medical Ethics  c. ~400 BCE, Hippocrates
  - Gentlemanly honour, etiquette, character

Bioethics  c. ~1960’s/70’s, WWII, civil rights, medical experimentation, technology
  - Respect for autonomy, beneficence, nonmaleficence, justice

Public Health Ethics  c. ~1990’s/2000s

What should be the ethical framework for public health?
Public Health Ethics Theory: Review and Path to Convergence

Lisa M. Lee

Introduction
For over 100 years, the field of contemporary public health has existed to improve the health of communities and populations. As public health practitioners conduct their work — be it focused on preventing transmission of infectious diseases, or prevention of injury, or prevention of and cures for chronic conditions — ethical dimensions arise. Borrowing heavily from the ethical tools developed for research ethics and bioethics, the nascent field of public health ethics soon began to feel the limits of the clinical model and began creating different frameworks to guide its ethical challenges. Several public health ethics frameworks have been introduced since the late 1990s, ranging from extensions of principle-based models to human rights and social justice perspectives to those based on political philosophy. None has coalesced as the framework of choice in the discipline of public health. This paper examines several of the most-known frameworks and practice. Most saliently, clinical medicine has at its core the patient-provider relationship, while public health has at its core the responsibility for the health of the community. Clinicians see patients they know; public health practitioners intervene upon populations of unspecified individuals.1

Other important differences exist between clinical and public health practice. Clinical medicine uses medical interventions to cure or treat existing illness, while public health practice uses primarily non-medical means (with the notable exception of immunization) such as policy and law, sanitation, the built environment, and behavioral health to prevent injury and disease and to promote health and wellness.2 In clinical medicine, a limited number of similarly clinically trained professions (e.g., physicians and nurses) deliver direct care, whereas in public health practice an increasingly diverse group of practitioners round out the effective team, including epidemiologists, stat-
“To discuss the **public** is to raise **political** ideas...”

- Coggon, 2012, p. 44
Western political and moral philosophy largely began with the question ‘What is justice?’ in Plato’s *The Republic* (~380 BCE).

∴ If questions in public health raise political ideas then public health raises questions of justice.
Anthony Downs has observed that our most intractable public problems have two significant characteristics. First, they occur to a relative minority of our population (even though that minority may number millions of people). Second, they result in significant part from arrangements that are providing substantial benefits or advantages to a majority or to a powerful minority of citizens. Thus solving or minimizing these problems requires painful losses, the restructuring of society and the acceptance of new burdens by the most powerful and the most numerous on behalf of the least powerful or the least numerous. As Downs notes, this bleak reality has resulted in recent years in cycles of public attention to such problems as poverty, racial discrimination, poor housing, unemployment or the abandonment of the aged; however, this attention and interest rapidly wane when it becomes clear that solving these problems requires painful costs that the dominant interests in society are unwilling to pay. Our public ethics do not seem to fit our public problems.

It is not sufficiently appreciated that these same bleak realities plague attempts to protect the public’s health. Automobile-related injury and death; tobacco, alcohol and other drug damage; the perils of the workplace; environmental pollution; the inequitable and ineffective distribution of medical care services; the hazards of biomedicine—all of these threats inflict death and disability on a minority of our society at any given time. Further, minimizing or even significantly reducing the death and disability from these perils entails that the majority or powerful minorities accept new burdens or relinquish existing privileges that they presently enjoy. Typically, these new burdens or restrictions involve more stringent controls over these and other hazards of the world.
“...the historic dream of public health...is a dream of **social justice**.”

- Dan Beauchamp, 1976, p. 105

“**Social justice** is the foundation of public health.”

- Krieger and Birn, 1998, p. 1603

“**Social justice** values are deeply rooted in public health practice.”

- Edwards and Davison, 2008, p. 130
“Important values in public health include **a commitment to social justice**…”

- Public Health Agency of Canada, Core Competency Statement
The Significance of Justice

“Whereas the health of an individual may depend on particular susceptibilities or exposures, the health of a population often depends on justice.”

- Dwyer, 2005, p. 463
To claim that we should not pursue any changes...in light of a distributive justice argument is, by its very nature, to take a stand on the distributive justice of the current distribution and structures in the society compared to any of the possible alternative distributions and structures practically available.

- Lamont and Favor, 2014
“…models of justice [furnish a symbolic framework or blueprint with which to think about and react to the problems of the public…”

- Beauchamp, 1976, p. 102

• What counts as an injustice?
• How should injustices be prevented and redressed?
• Which inequalities matter the most?
• What responsibilities do individuals have to prevent or redress injustices?
• What role should public health have in the prevention and amelioration of injustice?
“…finding a suitable normative framework for thinking about public health ethics and policy requires us, in the end to work out which account of justice we should prefer.”

- Wilson, 2009, pg. 190
Philosophical Investigation
“Although the call for social justice is frequently voiced in public health, it is critically important for the field to address major differences in definitions of justice found among the general public.”

- Buchanan, 2008, p. 15
1. Research Context and Problem

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Social Justice:
Conceptual Ambiguity

- ‘Social’ justice
- ‘Distributive’ justice
- ‘Justice’

+ fairness, equality, equity, etc…

Etymology:

- Classical Latin etymon *jūstitia*, meaning fairness, equity
- Attic Greek word *isotes*, typically used to mean both justice and equality
Health equity = unjust differences in health

Health equity relies upon, and requires clarity with respect to, social justice

Health equity is increasingly identified as a principal goal to be achieved through public health policies and activities (Public Health Agency of Canada, 2008; Centers for Disease Control and Prevention, 2013; American Public Health Association, 2014; Canadian Public Health Association, 2014a; World Health Organization, 2014a). In addition to public health’s aim to improve population health, a commitment to health equity requires attention to the distribution of health benefits and burdens among population groups within a country or region. Health equity is most often defined as the absence of socially unjust differences in health. However, what is to be measured in the assessment of health equity and how inequities in health outcomes are to be redressed is among the pressing questions that must be answered if health equity is to serve as a meaningful and consistent ethical guide for measurement and intervention in public health.
Social Injustice: We know it when we see it.
80 wealthiest ($1.9 trillion) = wealth of poorest 3.5 billion

Income Inequality

MAP 3: AVERAGE INDIVIDUAL INCOME, CITY OF TORONTO, Relative to the Toronto CMA, 2005

Census Tract Average Individual Income Relative to the Toronto CMA Average of $40,704 (estimated to 2001 census boundaries)

- **Very High**
  - More than 40% Above
  - 76 Tracts, 15% of City
  - Average = $104,000

- **High**
  - 20% to 40% Above
  - 21 Tracts, 4% of City
  - Average = $53,500

- **Middle Income**
  - 20% Below to 20% Above
  - 152 tracts, 29% of City
  - Average = $39,000

- **Low**
  - 20% to 40% Below
  - 206 Tracts, 40% of City
  - Average = $28,000

- **Very Low**
  - More than 40% Below
  - 67 Census Tracts, 14% of City
  - Average = $22,500

Global Life Expectancy
Age of Death: 100+

92,585 deaths; 254 per day; one every 341 seconds
Age of Death: 75-79

5,410,001 deaths; 14,822 per day; one every 6 seconds
Age of Death: 55-59

2,802,369 deaths; 7,678 per day; one every 11 seconds
Age of Death: 35-39

1,652,503 deaths; 4,527 per day; one every 19 seconds

© Sasi Group, University of Sheffield.
Age of Death: 25-29
1,496,071 deaths; 4,099 per day; one every 21 seconds
Age of Death: 1-4

2,556,272 deaths; 7004 per day; one every 12 seconds
Age of Death: <1

8,142,016 deaths; 22,307 per day; one every 4 seconds
Social Justice: From Abstraction to Reality

We may be able to discern what is patently unjust.

We may be able to achieve universal agreement on a high level abstraction, e.g., ‘everyone should get their fair share.’

As soon as we attempt to outline the tangible, action-guiding implications, no principle is universally preferred relative to all other options.
Social Justice: From Abstraction to Reality

**What** should count as an injustice, and what makes it unjust?

**Why** does injustice exist?

**Who** is responsible for preventing or redressing injustice?

**How** should injustice be prevented or redressed?
“Very crudely, I think we are discussing how the good and bad things in life should be distributed among the members of a human society.”

– Miller, 2003, pg. 1

Classic definition: A society is just if it renders to its various members what is due to them.
Social Justice: Areas of (near) Consensus

• Moral judgements ought to be universalizable and impartial.

• When two individuals have equal status in a relevant respect, they must be treated equally with regard to this respect.

  – “Treat like cases as like” - Aristotle

Social Justice: 
Point of Departure

• Human beings are alike and unalike in myriad ways. Which are morally relevant to justice?

• Most debates over the proper conception of justice, i.e., over who is due what, can be understood as controversies over the question of which cases are equal and which unequal.

- Aristotle, Politics

Cases should be considered/treated equal or unequal...

- According to need
- According to contribution / effort
- According to utility
- According to equality
- According to merit
- According to market forces
- According to desert
- According to entitlement
- According to luck / responsibility
- According to just processes

‘Material’ principles of justice
‘Luck’ Egalitarianism

“…it is bad—unjust or unfair—for some to be worse off than others through no fault or choice of their own.”

- Temkin, 1993, p. 13
Libertarianism

- Need and equality subordinated to liberty and entitlement

- Most conceptions of justice “…wrongly assumes that there is something to be distributed. Most goods…are not up for distribution, or redistribution. They are goods to which particular people already have entitlements, or special claims.”

- Nozick, 1974, p. 149-150
Utilitarianism

The most just outcome or procedure is whatever results in the “greatest good for the greatest number.”

- Bentham, 1789
Utilitarianism

“Public health has strong roots in utilitarianism because of its fundamental focus on collective health.”

- Nixon and Forman, 2008

“Public health is concerned with the broadly utilitarian aim of maximizing the aggregate health of the population.”

- Faden and Powers, 2006

“Public health has long been associated with the utilitarian school of moral philosophy.”

- Buchanan, 2008
Sufficientarianism

“What is important from the moral point of view is not that everyone should have the same but that each should have enough. If everyone had enough, it would be of no moral consequence whether some had more than others.”

- Frankfurt, 1987, p. 21
What are the morally relevant *distribuenda* of social justice?

- Resources (e.g., income, health care)
- Opportunities (e.g., education, vocational)
- Capabilities
- Power
- Health
- Well-being

‘Currency’ of justice
Spheres of Justice
‘Sorts’ of Justice

• **Distributive** justice
• **Procedural** justice
  – What is just does not map on to any pattern of distribution, but rather decision-making procedures
  – “If substantive agreement about justice cannot be achieved, it may still be possible for people to agree about procedures to be followed in resolving their disagreements.” (Miller, 2001, p. 23)
• **Relational** justice
  – Embraces social relations and phenomena such as power, domination, and oppression
The Role of Health Inequalities

Where is the primary locus of evaluation?

- **‘Free-standing’**: Any health inequalities are unjust. (e.g., Culyer and Wagstaff, 1993)

- **‘Derivative’**: Health inequalities are unjust iff they are caused by unjust socially controllable causes. (e.g., Daniels, 2008)

  - Sreenivasan, 2009
The Role of Justice

Is social justice required for the public’s health, rendering it a principal aim of public health (i.e., public health as social justice)?

Or is social justice a constraint on what’s morally permissible in the pursuit of other—prior—public health goals (e.g., improving aggregate health)?
Twin Aim Theory of Social Justice


• Constitutes the only account of justice developed “out of an original concern with questions of justice in public health” (pg. 80)

• Their normative theory is regarded as one of the most significant contributions to the emerging field of public health ethics
Twin Aim Theory of Social Justice

**Basic well-being aim:** requires that social arrangements secure, insofar as possible, the achievement of sufficiency in six dimensions of well-being (health; personal security; attachment; respect; reasoning; self-determination)

- Rejects equality for its own sake; Aims to achieve a decent minimum for the worst off, but still cares about relative inequalities above the level of sufficiency insofar as those inequalities contribute to deprivations in any of the dimensions of well-being
Twin Aim Theory of Social Justice

**Structural fairness aim:** vigilance against systematic patterns of disadvantage

- Threats to a sufficiency of any dimension of well-being is important, but increased moral urgency exists to prevent or mitigate densely woven patterns of systematic disadvantage that might make it difficult or impossible to reach sufficiency.
Social Justice: What is it?

- It is unclear which of the numerous normative considerations are entailed, or ought to be entailed, in public health’s ‘commitment to social justice.’

- Variation within the components of a typical account of justice may have profoundly differential impacts on the public’s health.

- An account of justice ought to be developed that articulates the distinctive normative features of justice in public health/for public health practice.
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“Unfortunately, the philosophical project of generating moral knowledge ultimately displaces morality from the experience in which it is grounded.”

- Hoffmaster, 1992
“These attitudes and values have not been listed as specific core competencies for public health because they are difficult to teach and even harder to assess.”

“Important values in public health include a commitment to social justice…”

- Core Competency Statement, Public Health Agency of Canada
The Role of the Empirical

• It is not enough to provide conceptual or theoretical clarity for core values in public health.

• Engaging those who have contextually rich insights or experiences can inform theoretical accounts about factors that may have practical or normative significance.

• For a conception of social justice to have action-guiding potential, it needs to be compatible with stakeholders’ actual moral perspectives.
To date there has been no empirical investigation into:

1. The perspectives of public health policy-makers, decision-makers, researchers, practitioners, and the public concerning the concept and role of social justice in the context of public health

2. The extent to which emerging philosophical theories of justice in public health are aligned with the perspectives of public health policy-makers, decision-makers, researchers, practitioners, and the public
Research Questions

1. What are public health policy-makers’ perspectives on the concept and role of social justice in the context of their practice?

2. How do public health policy-makers’ perspectives on the concept and role of social justice relate to philosophical discourses on social justice in the context of public health?
Research Design

Data generated from within two central divisions of public health practice:

- Chronic disease prevention
- Public health emergency preparedness and response
“...some might argue that thinking about just responses to disasters is pointless precisely because disasters, by their very nature, tend to overwhelm a society's capacity for rational thought and planning...”

- Jennings and Arras, 2008, pg. 58
“…there must be an ‘escalator clause’ [during public health emergencies]…the greater the threat, the greater the moral force of utilitarianism in making public health decisions.”


“The question, therefore, is whether we should in disaster relief retreat to the utilitarian ethic, making an exception to the ethic of justice that generally prevails in American ethics.”

- Veatch, 2005, pg. 240-241

“…it seems to go without saying that in disaster preparation, prevention, and response, the goal is to maximize human life.”

- Zack, 2006, pg. 8
Research Questions

3. To what extent, if any, do public health policy makers' perspectives differ according to their area of public health practice?
Research Aims

This study aims to be explorative and hypothesis-generating, not hypothesis-testing (as with most qualitative research)

– i.e., aims for understanding rather than prediction
– i.e., does not seek to a priori preclude discussions of distributive, procedural, or relational justice, or related values
Research Methods

• Qualitative, in-depth, semi-structured interviews informed by conceptual and theoretical distinctions/insights

• Purposive sampling of key informants from municipal, provincial, and federal public health organizations that have a role in developing or implementing policy and practice change in the areas of (a) public health emergency preparedness and response and (b) chronic disease prevention

• Toronto, Ontario, Canada

• 20 interviews (10 in chronic disease prevention, 10 in public health emergency preparedness and response)

• Average interview length: 1 hour
Sample Interview Questions

• What would you say is or are the main purposes or goals of public health emergency preparedness and response?

• Tell me about a situation or outcome in your experience of public health emergency preparedness and response that you would say was ‘unjust’?

• If you were to assess the extent to which a policy or practice in your area of work promoted social justice, what do you think we should be measuring (or considering) in that assessment?
Data Analysis

Coding using ‘thematic discourse analysis’:

1. Identify patterns or themes within the data
2. Descriptive themes constructed inductively based on the codes, allowing analysis dimensions to emerge from themes found in the data
3. Analytic themes subsequently constructed in an iterative manner based on descriptive themes and the interpretive framework of the study

Preliminary Data and Emerging Findings
Preliminary Findings

• Social justice is not uniformly interpreted
• Social justice is not uniformly supported as a goal of public health, and is sometimes even seen as detrimental to public health activities and goals
• The concept and role of social justice appears to be interpreted, negotiated, and/or applied distinctly depending on public health context
• Health equity is considered to be a proximal, actionable value that refers to equal access in public health services and programs, but largely neglects determinants of inequities (e.g., poverty, racism, colonialism, etc.)
Social Justice: Role

• “It is really interesting because I don’t think we’ve had a conversation about social justice since I have been here.”

• “I don’t remember ever thinking along those lines.”

• “Nobody talks about social justice...”
Social Justice: Role

“...using the words justice, equity, or fairness is usually as far as that conversation goes. And, in most cases rightly so because it's just, it's too contested and would be very important, but distract almost to an extreme from actually getting things done at all.”

“...If focusing on those ideas would, or would be perceived to take away resources from managing the overall issue, whatever it would be, let's say an epidemic, then it's just, you know, that's just not going to be on the agenda.”
Social Justice: Role

I: “Do you think having conversations about social justice would affect how decisions are made?”

P: “I am not sure uh, Max. I think, I would like to think that, and, and this is probably idealistic to some extent but I would like to think that it’s, it’s science that is the number one consideration um, for whatever, whatever the situation is um, and not, not uh, some kind of social preference for a certain population or subgroup over another group.”
“There's no question that social justice is somewhat important and so is solidarity and all kinds of other things, but saying they're important doesn't say that they take precedence over other things, such as aggregate well-being.”
Social Justice: Role

“I think that public health is actually underscored by social justice. It actually has a moral foundation, and in my opinion, social justice is a moral foundation of public health. It absolutely is. So is it the purview of public health? Yes it is.”

“Public health barely has enough resources to do its core functions, so, and this is my personal view, is that I think it’s foolhardy for public health to go off trying to reduce wage inequities when there’s still outbreaks of measles happening in this province. The bigger picture social justice—that we’re going to solve world poverty—I think if public health people want to do that then they should go work in ministries of finance.”
“My own view is that people in public health like to say they are working on social justice but you know, they might find a rally or they might write a report but after 40 years I don’t think they can really point to much that they have been able to achieve.”
Social Justice: Meanings

- “I think it’s a term that means many different things to different people.”

- “Social justice is used a lot but everyone has a different conception of what it actually means.”

- “For the most part, in local public health, it’s implicit.”

- “To me it’s the same thing as ‘we should all eat locally’; these are normative motherhood statements and I don’t know what they mean in [public health emergency] response.”
Social Justice: Meanings

I: “If you were ‘committed to social justice’ in your practice, what would you want to measure to identify how you’re doing in promoting or achieving it?”

P: “I don’t know {Laughing}, that’s some, Max, actually {Laughter} that’s a mind boggling one {Laughter}....”
Social Justice and Health Equity

- Health equity = quantifiable, objective, directly related to programming, actionable

- Social justice = soft, subjective, determines inequities, requires upstream action, often beyond the scope of public health

- “We talk about equity but we don’t talk about social justice.”
Social Justice and Health Equity

“For some reason equity to me seems almost a little bit more uh, objective or quantifiable or, or more easily described, whereas social justice to me is, is a, is a much broader, softer concept, um, more, but, more, more all encompassing.”

“I think public health can point out challenges related to social justice but I am not sure it can actually solve them. Whereas public health is in a position to deal with equity in terms of access.”
Social Justice and Health Equity

“It’s almost more easy to talk about health equity. It feels more proximal. It feels more neutral. It feels more quantifiable. Whereas moving from the discussion about health equity to unfair and unjust, to talking about social justice, requires that personal confrontation and unpacking about, ‘what are my biases?’ ‘What am I not comfortable with?’ ‘How do I feel about certain things?’ So that’s where I think the conversation needs to deepen on the difference between health equity and social justice…This requires overcoming racism, gender bias, entrenched values and attitudes…yeah, there’s a lot there.”
Social Justice: Need

“The outcome of the decision needs to be fair, in terms of the distribution, and I don’t mean fair as being equal—fair as being proportionate to need, in essence—but also that the procedure was fair and included those individuals in the decision. So I think we need both.”

“At the end of the day public health is a business of need.”

“From a pure public health perspective, right, pure public health perspective the goal should be right to provide to those who need the most first, right?”
“If it's not there every day, it's certainly not going to get taken up disproportionately at a time of an emergency.”

“I think the concept of social justice, well the concept doesn’t change but the application of it by its nature has to change in an emergency.”
Nearly every participant invoked the term ‘utilitarian’; all discussed promoting the greatest good for the greatest number.

“The preparedness and response has to be primarily focused on the health of the population as a whole, ensuring that there’s the most benefit to the most people that your interventions allow.”

“Using your resources to save the most people, simply put. Is that social justice? I would say it is.”

“Our main business, bottom line, save lives.”

“It’s about the, the one that can be saved and, and the greatest good you know?”

“We know that population $x$ isn’t going to be served by our program um, but we have to implement that program for the greater good.”
Analysis and consideration of implications ongoing

Two things are clear:

1. The value of social justice must be articulated in such a way that corresponds to, and is consonant with, practice. This may require context-specific considerations and guidance.

1. The ethical components and implications of social justice are teachable and assessable, and should not be left as “motherhood and apple pie” statements given the importance of social justice to public health.
Thank you!

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