

Revising the American Public Health Association's Public Health Code of Ethics

In a recent issue of *JAMA*, Galea and Annas aptly described the critical importance of investing in the chronically underfunded and under-prioritized public health infrastructure in the United States and throughout the world.¹ They recognize the important role of social, political, and economic influences on public health and call for “an ethic to help guide its practice.”^{1(p 656)}

The first Public Health Code of Ethics, developed by the Public Health Leadership Society in the 1990s and adopted by APHA in 2002, represented a major milestone.² For the first time, the largest public health association in the United States publicly stated the ethical expectations of the field, focusing on the ethical obligations of public health organizations. The original authors envisioned it as a living document that would change over time to accommodate and respond to shifts and innovations in the field.

Currently, the code is undergoing revision. In 2015, APHA Executive Director Georges Benjamin, in consultation with the organization's Ethics Section, formed a task force comprising APHA members with expertise in a broad range of science, practice, policy, and teaching activities. The new APHA Ethics Code

Task Force was charged with critically examining the current code, proposing revisions that would address the challenges facing public health organizations and individual scientists and practitioners, and engaging national, state, local, territorial, and tribal public health professionals and organizations in a deliberative process for approval and adoption of the new code. At the 2015 annual meeting in Chicago, Illinois, APHA members took part in well-attended open meetings that resulted in broad-ranging discussions of ethical issues underscoring the need for updated standards in public health.

At least four developments have pressed the need for a new version of the code. First, public health is now practiced by a broader range of scientific and practice fields.³ This diversity has grown as new methods and techniques for researching and acting on human health have evolved, and as public health activities increasingly are carried out around the globe. Second, there has been a rapid expansion of the number of public health training programs and schools in the United States and abroad, about half of which require formal ethics courses.⁴ An updated and expanded ethics code will become an important resource for

the education and guidance of future public health professionals.⁵

The third and fourth developments—global climate change and widening social, economic, and health disparities—have dramatically changed the world in which public health is practiced. These two factors work synergistically with environmental impacts from economic development, urbanization, and the epidemiological connectedness resulting from ease of travel to create health crises in communities worldwide. The epidemiology of infectious diseases is changing as vectors lose their habitat and inhabit different geographic regions. Across the globe, high rates of poverty, sharp increases in income inequality, and thin and fraying social safety nets, among other social and economic determinants, pose significant challenges not only for citizens, communities, and the political systems in which they participate,

but also the field of public health. These issues, both internal and external to the field, have brought renewed ethical urgency to our activities. They raise new and complex ethical dimensions that need to be reflected in the next iteration of the public health code of ethics.

As the Task Force began its work, we recognized the importance of articulating clear standards and obligations for public health organizations as well as individual public health professionals. These standards and obligations, which form the ethic of our field, are based on what we believe to be our field's *raison d'être*. A public health code of ethics must reflect the field's unique moral obligation to ensure the health of populations—as well as individuals—through practices and policies that foster the fair distribution of basic resources and conditions necessary for health, protection of individual and collective rights, and respect for the ecologies in which we live. It also must provide a decision-making framework to aid practitioners in making the difficult choices in our daily work, and in dealing with tensions between multiple and often conflicting values.

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This editorial was accepted March 20, 2016.

Note. *The views expressed here are those of the authors and do not necessarily represent the views of the Presidential Commission for the Study of Bioethical Issues or the federal government.*

doi: 10.2105/AJPH.2016.303208

Adoption by stakeholders of a core set of values articulated in a revised ethics code will reflect a collective decision that public health is best protected and promoted when ethical decisions reflect the values of a “community of common purpose” rather than based solely on the individual’s assessment of what is or is not morally acceptable.^{6,7} The human rights framework that Galea and Annas recommend¹ is an integral part of the broader discussion of multiple values that inform and animate our field. An important goal of the revision process is to articulate the values that drive public health and constitute our common purpose of promoting human flourishing.

The task force is committed to a transparent and representative process to develop a document that reflects the values of the field and that provides practical guidance for promoting and protecting the health of people, communities, and ecosystems in which we live. We look forward to sharing our progress via the Ethics Section Web page, Twitter, and Facebook, as well as an update at the APHA 2016 Annual Meeting in Denver, Colorado. We hope to hear from APHA members and other public health professionals in the coming year. We welcome your input on the important values that undergird our field, how the public health code of ethics is or would be useful to you in your practice, and your feedback on the drafts we share. Please send us your thoughts at ethicscodefeedback@fordham.edu. **AJPH**

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ACKNOWLEDGMENTS

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CONTRIBUTORS

All authors contributed to writing, editing, and approving the content.