

# Exploring a New Ethics Fields for Health Policy Analysis: Challenges for Ethicists and Policy Makers

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redefine THE POSSIBLE.

# The Challenge of a Health Policy Ethics

- Barriers to effective knowledge translation between ethicists and policy makers do exist
- More basic problem - **Too often, ethicists do not produce knowledge worthy of translation/exchange**
- This presentation addresses some of the chief deficiencies of bioethics from the standpoint of policy analysis and offers some thoughts on breaking down barriers to KT/KE

# Liberal Bioethics

- Research Ethics – Shaped largely by the Nuremberg trials. Focuses on constraining the use of individuals as means for the pursuit of collective scientific or technological ends
- Clinical Ethics – Shaped by the unique demands of clinical practice. Emphasis on personal autonomy and relationships with health care professionals

# The Limits of Liberal Bioethics

Kenny and Giacomini. “Wanted: A New Ethics Field for Health Policy Analysis”. *Health Care Analysis*. vol 13, no 4, December 2005

Conceptual tools of clinical and research ethics are insufficient to tackle health policy issues:

- Clinical ethics places too great an emphasis on individual autonomy
- Principles such as beneficence and non-maleficence are mere platitudes when extended to the policy sphere

# Development of Health Policy Ethics

1. We should develop a full set of ethical principles and complementary ethical theories germane to public policy per se
2. We must understand better how explicit attention to ethical concerns affects policy dynamics
3. We require new policy and ethical analytic approaches that contribute to constructive (not obstructive) policy making
4. we need indicators of robust, high quality ethical analysis for the purpose public policy making

# The Ethical Context of Policy Making

Clinical and research ethics have developed sophisticated understandings of the ethical contexts inhabited by health care practitioners and researchers.

Unfortunately, when bioethicists have turned to policy issues, they have rarely been sensitive to the special ethical context policy makers inhabit.

As a result, ethicists often fail to recognize duties and constraints unique to policy makers.

# “Ought Implies Can”

In academic ethics, it is generally accepted that a person cannot have an ethical duty to perform an action beyond their capabilities. This is known as “ought implies can”.

A promising way to begin to unpack the ethical context of policy makers is to understand their unique role in governance, with particular emphasis on their power.

Policymakers have substantially more power to affect system wide change than do practitioners or patients. This power, however, is limited by the particulars of their appointments and organizations. Their power to affect substantive changes in social structures is also significantly more limited than that of lawmakers.

This varying level of power will be particularly important for understanding the obligations of policy makers under the principle of justice, which tends to prescribe reforms to the distribution of goods (such as access to care) in order to remedy social inequalities.

It is important to understand that the context policy makers operate in is neither static nor universal. The context will vary across time, across organizations and across regions.

The only way to truly understand these contexts is for ethicists to engage directly with policy makers working in their area. Relationships must be developed and maintained.

# Grounding Ethical Inquiry in Relevant Policy Questions

Too often, bioethicists are guilty of playing the role of scholarly critic, selectively responding to theoretically interesting dilemmas.

While interesting, too often these issues are simply not relevant to the very real dilemmas faced by policy makers.

The result is an enormous volume of “applied ethics” literature that will never be applied in the real world.

# Simple Solutions

The answer to this problem is simple: Bioethicists should resist the temptation to focus on problems of pure theoretical interest, and thus address only a peer audience, and instead ought to begin each new inquiry with a concrete policy problem.

How should ethicists identify these problems?

Again, the obvious answer is increased communication and contact with policy makers. Leave the comfort zone of bioethics conferences and attend events like CAHSPR.

# Ethics and Evidence Based Policy Making

In an evidence based policy environment, perhaps the most basic barrier to KT/KE is simply this:

**Ethics are not Evidence**

If evidence based policy making is too conceived too narrowly, Ethics will be marginalized.

Many Health Service Researchers have already pointed out that there is not always a clear distinction between facts and values and that values often affect the interpretation of what counts as good or bad evidence

What I want to highlight is that Ethics are, whether consciously or not, one of the chief criteria we use to evaluate evidence

So long as the role of Ethics in policy making is obfuscated, they are open to both marginalization and abuse

# Ethically Informed, Evidence Based Policy Making

The role of ethics in evidence based decision making must be brought into the light if we are to insure that ethical theory is being used responsibly.

Ethics, when done right, ought to help us navigate and weigh evidence for policy options, rather than function below the surface and interfere with evaluation of the quality of evidence.

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