

Law and ethics in public health

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Abstract— Programs for public health practitioners in the field, due to the profession is so dispersed in its work—from employment in private managed care organizations and clinics. The main purpose of this study is to analysis the relationship between law and ethics with public healthcare performance. The present study used a quantitative research design, specifically the descriptive survey design. This is because such design accurately and objectively describes the characteristics of a situation or phenomenon being investigated in a given study. It provides a description of the variables in a particular situation and, sometimes, the relationship among these variables rather than focusing on the cause-and effect relationships. Thus, this study used a questionnaire which was developed from previous research in order to measure the relationships among the investigated variables. This study was carried out in different healthcare centers located in Erbil, the total of 81 participants participated in this study. The researcher developed research hypothesis as follow; there is a positive and significant relationship between law and healthcare performance in Erbil. The finding of this study showed that the value of beta for law and ethics factor is .749 with the P-value .000 this means that the law and ethics will have positive and significant influence on healthcare performance; accordingly the main research hypothesis is supported.

Keywords— law, ethics, health, public health, performance.

I. INTRODUCTION

Public health legislation should clearly set out the mandate, powers and responsibilities of the government and of public health officials. This not only ensures that public health officials have the powers they need; it also helps to ensure that governments remain accountable for the discharge of their statutory duties and functions (Burwell, 2015). The responsibilities of regional, local and city councils should be explicitly set out in legislation. However, countries that have devolved public health functions to regional and local levels should ensure that national coordination is not jeopardized, and that the availability, accessibility and

quality of public health services are not thereby compromised. Public health legislation should establish clear mechanisms for coordinating the activities of different levels of government during public health emergencies (Raghupathi & Raghupathi, 2014). Ethics is the philosophical study of the moral value of human conduct and the rules that govern it. The practical manifestations of ethics relates to codes of normative behavior for society and an awareness of issues within society that have moral importance. Ethics have been particularly associated with specific groups in society that are deemed to have societal responsibility. Professions are among such groups. What is certain is that professions have a prestigious, powerful and trusted place in society and both the public and the law expect high standards of conduct, especially where society allows self-regulation. The purpose of this code of ethics is to serve as a guide to conduct Health Service Extension program. It contains standards of ethical behavior for Health Extension workers in fulfilling their duties and responsibilities (Claxton, et al. 2015).

Far less attention has been paid to ethics from a public health perspective than from a medical perspective. The initial impetus behind the development of medical ethics came in response to the discovery of the atrocities carried out in the name of clinical experimentation in Nazi concentration camps. Subsequently, ethics extended into the field of clinical care, patient rights and, in particular, the concept of patient autonomy. By contrast, public health has been somewhat neglected by ethics, despite the fact that health practice faces a variety of ethical challenges, including potential conflicts of interest, whether involving individuals, groups or society as a whole (what was once referred to as “the common good”) (Magill, et al. 2014). This neglect may to a degree have been concealed by the habitual recourse to utilitarianism when it comes to establishing priorities and designing collective health interventions, but it has surely also reflected the continuing influence on the public health movement of the traditions of enlightened despotism. However, over recent years we have seen the start of initiatives designed to make up for lost time, and to promote the application of ethics to a range of

areas within public health, and the application of ethics to professional practice. While these initiatives have had little impact on the public health sphere at either an academic or a professional level in Spain, they nonetheless provide a good basis for making up some of the lost ground (Makary & Daniel, 2016).

II. LITERATURE REVIEW

The public health functions of government cover a wide range of activities. In considering public health law reform, governments need to consider the way in which these functions can best be supported by legislation. It is important for public health laws to explicitly set out the mandate, powers and responsibilities of government, and of public health officials. This not only ensures that health ministries and public health officials have the powers they need, but also helps to ensure that they remain accountable for the discharge of their statutory duties and functions. It also ensures that health ministries do not overlook critical functions or responsibilities or adopt an unduly narrow definition of public health (Visser, et al. 2014).

In some countries, public health legislation includes statutory principles that are intended to provide guidance to those who administer the legislation. For example, Victoria's Public Health and Wellbeing Act, discussed above, provides that decisions about public health interventions, and the use of resources to promote and protect public health, should be evidence-based. However, when faced with a serious public health threat, "lack of full scientific certainty should not be used as a reason for postponing measures to prevent or control the public health risk". Balancing the need to act on the basis of evidence with the need to prevent significant threats to public health is an important function of government. In order to ensure accountability, members of the public should have access to reliable information about risks to public health and the opportunity to participate in the development of policies and program (Norrie, 2017).

Having set out some of the arguments to the effect that some aspects of public health provide a justification for a distinctive approach which is separate from the general domain of bioethics, and before addressing – in Idefonso Hernández's text – a set of case studies of "public health issues", we will now seek to define in broad terms what "a specific, individual ethical analysis" might consist of. A basic classification could fall into one of two categories: the insistence that bioethical principles can be applied to public health practice, with greater or lesser adaptations – which, if true, would mean there would be no need to extend this section – and attempts to extend, revise or replace the

existing bioethical framework (Thirunavukarasu & Velmurugan, 2018). Together with those texts which advocate a specific approach, it should also be noted that there are the views of well-known supporters of the principles approach, and these are presented before the attempts to refute them (Wassif & D'Cruz, 2017).

Law can be an effective tool to achieve the goal of improved health for the population. Law, regulation, and litigation, like other public health prevention strategies, intervene at a variety of levels, each designed to secure safer and healthier populations. First, government interventions are aimed at individual behavior through education (e.g., health communication campaigns), incentives and disincentives (e.g., taxing and spending powers), and deterrence (e.g., civil and criminal penalties for risky behaviors). Second, the law regulates the agents of behavior change by requiring safer product design (e.g., safety standards and indirect regulation through the tort system) (Belal, 2018).

Public health practitioners at all levels of practice reported that they must confront numerous ethical choices, both explicitly and implicitly, in their professional roles every day. They often feel ill-prepared to make the "ethical trade-offs" and perceive a need for more education and support to make these decisions. The major ethical issues raised by practitioners can be grouped under four headings: 1) Public - private partnerships and collaboration in general; 2) The allocation of scarce resources, setting priorities, and choosing among different groups and health needs; 3) The collection and use of data and information; and 4) Politics and relationships with other government officials and legislative bodies (Barber, 2017). Numerous ethical issues relating to the collection, use, and dissemination of data emerged during focus group discussions. One concern focused on the potential risk for imprecision and inaccuracy in data assessment and reporting, particularly given the power of data to secure funding, drive agendas, and appear in publications. Although many practitioners in governmental public health organizations have backgrounds in medicine and nursing, their knowledge about treating individual patients in an ethically appropriate manner may not easily transfer to public health settings. The primary value public health officials identified was population benefit or utility, although there was some discussion about whether a utilitarian perspective was just the default position in the absence of other clearly stated value. Participants also identified the following public health values or principles in the focus group discussions, both when asked directly and when discussing particular topics:

social justice, “do no harm” and prevent harm, truth telling, and respect for individuals. ” In addition, building and maintaining trust with the communities they served, which included promise-keeping, was a high priority and, indeed, was a thread throughout the discussions (Moulin, et al. 2017).

Just as public health is broad in its scope, the range of ethical issues in the field is uncommonly wide, encompassing ethics in public health as well as the ethics of public health. If ethics is understood to be a search for those values, virtues, and principles necessary for people to live together in peace, mutual respect, and justice, then there are few issues in public health that do not admit of an ethical perspective (London, 2017). To begin to map the scope of this broad terrain, 4 general categories of such issues should be noted: health promotion and disease prevention, risk reduction, epidemiological and other forms of public health research, and structural and socioeconomic disparities in health status. Programs designed to promote health and prevent disease and injury raise questions about the responsibility of individuals to live healthy lives; about the government’s role in creating an environment in which individuals are able to exercise their health related responsibility; about the role of government in coercing or influencing health-related behavior or in developing

educational programs; about the use of incentives, economic or otherwise, to promote good health; and about the relative importance for society of pursuing good health, particularly in a culture that prizes autonomy and does not always look fondly on government intervention (Cheruvath, 2018).

III. METHODOLOGY

The present study used a quantitative research design, specifically the descriptive survey design. This is because such design accurately and objectively describes the characteristics of a situation or phenomenon being investigated in a given study. It provides a description of the variables in a particular situation and, sometimes, the relationship among these variables rather than focusing on the cause-and effect relationships. Thus, this study used a questionnaire which was developed from previous research in order to measure the relationships among the investigated variables. This study was carried out in different healthcare centers located in Erbil, the total of 81 participants participated in this study. The researcher developed research hypothesis as follow; there is a positive and significant relationship between law and healthcare performance in Erbil.

Analysis

Table.1: Reliability Analysis

Variables	Cronbach alpha	Number of question
Law and ethics	.787	11
Healthcare performance	.744	11

The reliability analysis as seen in the table -1- It was found that the alpha value for law and ethics was .787 and this value is higher than .70 this reveals that all eleven questions are reliable to be used to measure law and ethics, and the

alpha value for healthcare performance was .744 and this value is higher than .70 this reveals that all eleven questions are reliable to be used to measure healthcare performance.

Table.2: Correlational analysis

Law and ethics	Healthcare performance	
	Pearson Correlation	.721**
	Sig. (2-tailed)	.000
	N	81

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation between independent variables and a dependent variable can be seen in the table -2-. The value for Pearson correlation between law and ethics and

healthcare performance = .721**, this reveals that there is a significant and positive relationships between law and ethics with healthcare performance.

Table.3: Regression Test

Model		Unstandardized coefficients		Standardized	t	Sig.
		B	Std. error	Beta		
1	Constant	0.611	.15		.874	.458
	Law and ethics	.756	.09	.749	23.451	.000

Dependent variable: Healthcare performance

The researcher used a simple regression test to find the relationship between law and ethics with healthcare performance. The result showed that the value of beta for law and ethics factor is .749 with the P-value .000 this means that the law and ethics will have positive and significant influence on healthcare performance; accordingly the main research hypothesis is supported.

IV. CONCLUSION

Programs for public health practitioners in the field, due to the profession is so dispersed in its work—from employment in private managed care organizations and clinics to international nongovernmental organizations and federal, state, and local agencies—it is difficult to know where to begin with this in-service ethics education effort. Perhaps state departments of health would be as good a place as any to start. And university graduate schools of public health should do more to reach out to the practice community and support the development of in-service ethics programs. The finding of this study showed that the value of beta for law and ethics factor is .749 with the P-value .000 this means that the law and ethics will have positive and significant influence on healthcare performance; accordingly the main research hypothesis is supported.

REFERENCES

- [1] Burwell, S. M. (2015). Setting value-based payment goals—HHS efforts to improve US health care. *N Engl J Med*, 372(10), 897-899.
- [2] Raghupathi, W., & Raghupathi, V. (2014). Big data analytics in healthcare: promise and potential. *Health information science and systems*, 2(1), 3-14
- [3] Claxton, K., Martin, S., Soares, M., Rice, N., Spackman, E., Hinde, S., ... & Sculpher, M. (2015). Methods for the estimation of the National Institute for Health and Care Excellence cost-effectiveness threshold. *Health technology assessment (Winchester, England)*, 19(14), 1-10
- [4] Magill, S. S., Edwards, J. R., Bamberg, W., Beldavs, Z. G., Dumyati, G., Kainer, M. A., ... & Ray, S. M. (2014). Multistate point-prevalence survey of health care-associated infections. *New England Journal of Medicine*, 370(13), 1198-1208.
- [5] Makary, M. A., & Daniel, M. (2016). Medical error—the third leading cause of death in the US. *Bmj*, 353, i2139.
- [6] Visser, S. N., Danielson, M. L., Bitsko, R. H., Holbrook, J. R., Kogan, M. D., Ghandour, R. M., ... & Blumberg, S. J. (2014). Trends in the parent-report of health care provider-diagnosed and medicated attention-deficit/hyperactivity disorder: United States, 2003–2011. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 34-46.
- [7] Norrie, A. (2017). Criminal Law and Ethics: Beyond Normative Assertion and Its Critique. *The Modern Law Review*, 80(5), 955-973.
- [8] Thirunavukarasu, M. R., & Velmurugan, A. (2018). Knowledge regarding law and ethics among nurses at a tertiary care hospital in rural India. *International Journal Of Community Medicine And Public Health*, 5(9), 3882-3886.
- [9] Wassif, H. S., & D'Cruz, L. (2017). How the vision of a clinician and an educator brought the MA Dental Law and Ethics course to life. *British dental journal*, 223(6), 447.
- [10] Belal, Y. (2018). Islamic Law, Truth, Ethics: Fatwa and Jurisprudence of the Revolution. *Comparative Studies of South Asia, Africa and the Middle East*, 38(1), 107-121.
- [11] Barber, C. (2017). Healthcare law and ethics, 11: restraint and surveillance within care homes (2/2). *British Journal of Healthcare Assistants*, 11(3), 136-139.
- [12] Moulin, C., Muñoz Sastre, M. T., Sorum, P. C., & Mullet, E. (2017). A Mapping of the Positions of French Evangelicals, Catholics, and Atheists Regarding Induced Abortion. *Journal of Medical Law and Ethics*, 5(2), 105-114.

- [13] London, A. J. (2017). Equipoise in research: integrating ethics and science in human research. *Jama*, 317(5), 525-526.
- [14] Cheruvalath, R. (2018). Internet Neutrality: A Battle Between Law and Ethics. *International Journal for the Semiotics of Law-Revue internationale de Sémiotique juridique*, 31(1), 145-153.
- [15] Boatright, J. R. (2017). Ethics and corporate governance: Justifying the role of shareholder. *The Blackwell Guide to Business Ethics*, 38-60.
- [16] Kim, E. (2017). A Study on the Law and Policies Related to the Education to People Engaged in Clinical Trials: Focusing on the Suggestions of Improvement Measures to Overcome Its Limitations. *Asia Pacific J. Health L. & Ethics*, 11, 49.
- [17] Walker, K. F., & Thornton, J. G. (2018). Ethics in Medicine. In *Medicolegal Issues in Obstetrics and Gynaecology* (pp. 3-8). Springer, Cham.
- [18] Werner, P., & Doron, I. (2017). Alzheimer's disease and the law: positive and negative consequences of structural stigma and labeling in the legal system. *Aging & mental health*, 21(11), 1206-1213.