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Health Promotion Ethics: Navigating the Complex Terrain

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In the realm of public health, health promotion has emerged as a pivotal force, aiming to enhance well-being and prevent illness through a myriad of interventions. Over the past few decades, health promotion has evolved into an integral component of public health practices. The World Health Organization defines health promotion as "the process of enabling people to increase control over and improve their health. It extends beyond a focus on individual behavior to encompass a broad spectrum of social and environmental interventions."

Health promotion interventions invariably raise ethical issues because they seek to influence people's views and lifestyles. These interventions are often initiated, funded, and influenced by government agencies or powerful public or private organizations. The objective of health promotion efforts is to ensure that individuals have access to the tools and strategies needed to achieve the highest level of well-being possible. These efforts address environmental obstacles to human health, such as pollution, the marketing of harmful products, and economic disparities. Thus, health promotion is not confined to a single discipline; rather, it involves collaboration among individuals, healthcare providers, and institutions working together to create a positive environment for health and to achieve health goals.

Ethics and morals both concern precepts or principles that govern or should govern people's voluntary behavior, specifically determining what is considered right or wrong, particularly when it could impact others. In literature, the terms "ethical" and "moral" are often used interchangeably, yet they represent distinct concepts. The term "ethics" is derived from the Greek word "ethos," signifying customs, conduct, or character, while "moral" comes from the Latin word "mores," originally referring to doing something based on custom or habit.

The fundamental distinction between ethics and morals lies in the fact that ethics primarily pertains to guiding principles and is more philosophical, whereas morals are more practical and subject to variation based on the social, cultural context, and what is perceived as the "norm."

Codes of Ethics: Guiding Lights in Professional Practice

At the core of any profession lies a set of principles that govern the actions of its practitioners. In the domain of health promotion, codes of ethics act as guiding beacons, furnishing guidelines that align professional conduct with the overarching goals of the field concerning individuals and society. As outlined in the Ottawa Charter, three overarching strategies—enabling, mediating, and advocating—have been delineated to address public health issues, bringing the ethical implications of these strategies into sharp focus.

Codes of ethics play a pivotal role in providing guidelines for professionals, directing their actions in alignment with the goals and purposes of the profession in relation to both individuals and society.

The Ottawa Charter has identified three broad strategies—enabling, mediating, and advocating—to tackle public health problems. These strategies are designed to make the healthy choice the easy choice and the unhealthy choice more challenging. They seek to influence individuals to alter their health-related behavior, encompassing actions such as quitting smoking, increasing exercise, adopting a healthy diet, practicing safe sex, wearing helmets, and more. Health promotion, therefore, aims to enhance health by modifying health-related behavior or lifestyle (Green & Tones, 2010). Despite its potential to significantly transform people's lifestyles, it is undeniable that health promotion carries inherent ethical implications. While bioethics has made a substantial impact on clinical medicine and medical technology, its

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influence on public health and health promotion, specifically, is considered somewhat less significant. Consequently, it is imperative for health promotion practitioners to comprehend 'codes of ethics' in their practice to guide decision-making.

The fundamental ethical principles highlighted in the Nuremberg Code, Helsinki Declaration, and Belmont Report—primarily autonomy, non-maleficence, beneficence, and justice—often serve as useful starting points for ethical judgment and policy evaluation.

Ethical Implications in Health Promotion

Autonomy: The Foundation of Informed Choice
The ethical principle of autonomy takes center stage in health promotion, embodying the essence of informed consent and respecting individual choices. However, the application of autonomy in health promotion is nuanced, given the wide array of interventions, ranging from information provision to coercion. Balancing individual autonomy with community autonomy becomes pivotal, especially when identifying and rectifying public health issues.

Informed Consent: Empowering Through Information
In health promotion, informed consent becomes a process, empowering individuals to make autonomous decisions regarding their participation in activities geared towards enhancing their health. While not all health-promotion activities necessitate formal informed consent, integrating the principles of informed decision-making is crucial.

Confidentiality: Safeguarding Privacy in Small Communities
Confidentiality, a cornerstone in healthcare ethics, assumes a crucial role in health promotion settings, particularly in small communities. Negotiating the intimate nature of these communities, health professionals must navigate potential breaches of confidentiality to uphold the trust of those they serve.

Veracity: Striking a Balance in Information Dissemination
The principle of veracity, devotion to the truth, becomes a touchstone in health promotion activities. The challenge lies in presenting information truthfully while considering the persuasive nature of health education. Striking a balance becomes imperative, raising questions about the limits of veracity and ethical considerations in shaping societal behaviors.

Non-Maleficence: Mitigating Harm in Health Promotion
The ethical principle of non-maleficence is paramount in health promotion, urging practitioners to foresee and minimize potential harms. Whether intentional or inadvertent, harm caused by health promotion activities must be considered and mitigated to uphold the ethical imperative of doing no harm.

Beneficence: Maximizing Good in Individual and Community Health
Beneficence, the ethical mandate to "do good," extends to both individual and community health in health-promotion settings. Striking a delicate balance between individual autonomy and societal well-being, health professionals navigate the ethical complexities of laws designed to protect individuals from the consequences of their actions.

Justice: Ensuring Fairness in Health Promotion
Justice, a cornerstone of health promotion ethics, encompasses the broader concept of social justice. Striving to equalize benefits across society, health promotion practitioners grapple with competing perspectives on merit and equality. Achieving justice in health promotion involves addressing underlying societal issues contributing to health disparities.

Cultural Competence: Tailoring Ethics to Diverse Communities
Recognizing the diversity inherent in health promotion settings, cultural competence becomes a linchpin. Health promotion interventions must be culturally competent, integrating factors such as race, ethnicity, language, gender, socioeconomic status, and more. Tailoring ethical principles to suit the unique attributes of each community ensures the efficacy and appropriateness of health promotion endeavors.

The Way Forward: Towards a Holistic Health Promotion Ethics

While medical ethics has long been explicit, the ethical dimensions of public health and health promotion have been assumed rather than explicitly articulated. A separate decision-making framework is imperative to navigate the distinctive challenges of health promotion. The proposed framework, as put forth by Carter and others, emphasizes the iterative relationship between evidence and ethics, recognizing the unique attributes of each health promotion setting.

As health promotion gains prominence in the public health arena, the ethical considerations embedded in its endeavors become increasingly complex. The delicate balance between individual autonomy, community well-being, and societal justice requires nuanced ethical reflections. Health promotion practitioners must tread carefully, guided by a comprehensive understanding of moral principles, cultural competence, and a robust ethical framework, to ensure that the pursuit of better health aligns seamlessly with ethical imperatives.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 30th– 05th Jan 2024 (01st Week)

RDHS	Dengue Fever		Dysentery		Encephali		Enteric		Food Poison-		Leptospirosis		Typhus		V. Hep.		H. Rabi.		Chickenpox		Meningitis		Leishmania-		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	299	299	0	0	0	0	1	1	3	3	9	9	0	0	0	0	0	0	9	9	0	0	0	0	**84**	**100**
Gampaha	146	146	1	1	0	0	0	0	0	0	6	6	0	0	0	0	0	0	1	1	4	4	1	1	**79**	**93**
Kalutara	77	77	0	0	0	0	0	0	0	0	15	15	0	0	0	0	0	0	12	12	3	3	0	0	**67**	**100**
Kandy	237	237	1	1	0	0	0	0	0	0	4	4	1	1	0	0	0	0	11	11	0	0	1	1	**96**	**100**
Matale	40	40	0	0	0	0	0	0	2	2	7	7	0	0	0	0	0	0	0	0	0	0	2	2	**69**	**100**
NuwaraEliya	19	19	0	0	0	0	0	0	0	0	6	6	0	0	0	0	0	0	3	3	0	0	0	0	**92**	**100**
Galle	107	107	3	3	1	1	1	1	4	4	36	36	3	3	1	1	0	0	13	13	0	0	0	0	**78**	**100**
Hambantota	38	38	0	0	0	0	0	0	0	0	31	31	0	0	0	0	0	0	4	4	0	0	9	9	**79**	**100**
Matara	46	46	1	1	1	1	0	0	0	0	10	10	0	0	0	0	0	0	7	7	19	19	1	1	**88**	**100**
Jaffna	623	623	2	2	0	0	0	0	1	1	3	3	29	29	0	0	0	0	8	8	0	0	0	0	**93**	**93**
Kilinochchi	29	29	0	0	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0	1	1	0	0	**100**	**100**
Mannar	53	53	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1	0	0	**100**	**100**
Vavuniya	20	20	0	0	0	0	0	0	0	0	6	6	0	0	0	0	0	0	1	1	1	1	0	0	**75**	**100**
Mullaitivu	25	25	0	0	0	0	0	0	1	1	6	6	0	0	0	0	0	0	0	0	0	0	0	0	**67**	**100**
Batticaloa	142	142	9	9	0	0	0	0	0	0	2	2	0	0	0	0	0	0	2	2	3	3	0	0	**100**	**100**
Ampara	11	11	0	0	1	1	0	0	0	0	16	16	0	0	0	0	0	0	7	7	1	1	0	0	**29**	**100**
Trincomalee	42	42	1	1	0	0	0	0	0	0	4	4	0	0	0	0	0	0	1	1	2	2	0	0	**67**	**100**
Kurunegala	155	155	0	0	1	1	0	0	0	0	27	27	0	0	0	0	0	0	14	14	11	11	9	9	**79**	**100**
Puttalam	90	90	0	0	0	0	0	0	0	0	16	16	0	0	0	0	0	0	2	2	1	1	1	1	**46**	**100**
Anuradhapur	28	28	0	0	0	0	0	0	0	0	23	23	3	3	1	1	0	0	3	3	1	1	13	13	**87**	**100**
Polonnaruwa	21	21	1	1	0	0	0	0	0	0	20	20	0	0	0	0	0	0	9	9	0	0	5	5	**78**	**100**
Badulla	111	111	1	1	1	1	0	0	1	1	18	18	1	1	0	0	0	0	11	11	0	0	0	0	**94**	**100**
Monaragala	42	42	0	0	0	0	0	0	0	0	48	48	0	0	0	0	0	0	1	1	4	4	1	1	**82**	**100**
Ratnapura	76	76	3	3	0	0	0	0	1	1	47	47	1	1	0	0	0	0	4	4	1	1	1	1	**80**	**100**
Kegalle	112	112	0	0	1	1	0	0	0	0	19	19	1	1	0	0	0	0	20	20	3	3	1	1	**91**	**100**
Kalmune	67	67	2	2	0	0	0	0	0	0	5	5	1	1	0	0	0	0	3	3	2	2	0	0	**85**	**100**
SRILANKA	**2656**	**2656**	**25**	**25**	**6**	**6**	**2**	**2**	**14**	**14**	**386**	**386**	**40**	**40**	**2**	**2**	**0**	**0**	**146**	**146**	**58**	**58**	**45**	**45**	**80**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 05th Jan, 2024 Total number of reporting units 358 Number of reporting units data provided for the current week: 354 **C****-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

30th– 05th Jan 2024 (01st Week)

Disease	No. of Cases by Province									Number of cases during current week in 2024	Number of cases during same week in 2023	Total number of cases to date in 2024	Total number of cases to date in 2023	Difference between the number of cases to date in 2024 & 2023
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	01	01	00	00	00	00	00	01	00	02	03	02	03	-33.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	01	00	01	01	00	02	00	00	00	05	02	05	02	150 %
Measles	13	02	06	01	01	02	01	00	01	27	00	27	00	0 %
Rubella	00	01	00	00	00	00	00	00	00	01	00	01	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tuberculosis	74	28	15	11	11	02	07	04	11	163	49	163	49	232.6%

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

NA = Not Available

Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.

It is provided free by the MOH office / Public Health Inspectors.

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