

Letters to the Editor



Ethics and Schools of Public Health

The recent paper by Coughlin et al., "Ethics Instruction at Schools of Public Health in the United States," is a good start at exploring a very important issue for professional training.¹ However, there are several issues that need to be presented to complete the discussion of ethics and its teaching.

1. There are several ways of integrating ethics within the overall training program in a school of public health. For example, ethics instruction can be divided into formal and informal categories, with the recognition that there is a certain degree of overlap between the two. The formal approaches are differentiated by a clear intent to transfer knowledge or the importance of ethics in a systematic way. The informal approaches involve interactions in which there may be no intent for such transfer, but transfer occurs indirectly.

2. Coughlin et al. investigated formal approaches to the extent that this can be done with a survey. The last question in their survey, dealing with "activities outside of formal courses," is also a formal component according to the definition offered and according to the examples provided by the authors of research projects, seminars, and conferences.

3. It was surprising in the Coughlin et al. paper that the professional background of faculty who were reported to teach ethics did not include international health or health systems. Moreover, the notion of international health research ethics was neither explored nor mentioned. The recent debate on US-funded research in the developing world makes it clear that research ethics and the application of ethical guidelines in other countries should be of concern to future researchers.² Similarly, the issue of applying ethics to global health problems needs to be underscored.³

4. Further exploration of the formal sector will require additional tools such as direct observation, site visits, and in-depth review of curriculum content. The informal aspects will require focus group discussions with faculty, students, and research staff, as well as in-depth interviews with key representatives of the various communities of people in a school of public health.

5. The premise is that the informal sector is often more important than the formal sector in forming the attitudes and opinions of young professionals. Thus, knowledge of the principles and theories of ethics and ethical regulations is transmitted by the courses, but how these elements are viewed and dealt with is often influenced by what the health professional experiences in the academic setting.

6. The general stress on ethics within a school is important in setting precedence. Ethical guidelines for student behavior, examination processes, and other regulations need to be explained in terms of moral commitment as well. The role that ethics plays in the academic environment, as defined by the importance allocated to it by all departments and courses, is also critical. Departments other than the formal teaching departments may play a role in making an ethical value base explicit to the academic enterprise.

7. Learning from the behavior of research staff members is also important. Their attitudes toward ethical regulations and their efforts in complying with and documenting these regulations will influence trainees. If ethical regulations are seen as an impediment or unnecessary burden on the researcher, then this needs to be viewed as a message to the trainee.

8. The attitude of an advisor or mentor is even more influential for the student. The mentor can either help develop a keen interest in the area of ethics or send a message that it is not worth the time. Analogous to medical student teaching, person-to-person interactions often have a stronger influence than formal course work.

Needless to say, it is critical that a formal public health ethics curriculum be developed and implemented in schools of public health in the United States; this letter supports that call. In addition, however, it is as important to develop a public health culture, especially a research culture, that is seen as actively supporting an ethical value base for its conduct and success. □

Adnan A. Hyder, MD, PhD, MPH

Requests for reprints should be sent to Adnan A. Hyder, Department of International Health, School of Public Health, Johns Hopkins University, 615 N Wolfe St, Suite E-8132, Baltimore, MD 21205 (e-mail: ahyder@jhsph.edu).

References

1. Coughlin SS, Katz WH, Mattison DR. Ethics instruction at schools of public health in the United States. *Am J Public Health.* 1999;89:768-770.
2. Lurie P, Wolfe SM. Unethical trials of interventions to reduce perinatal transmission of the human immunodeficiency virus in developing countries. *N Engl J Med.* 1997;337:853-855.
3. Taylor CE, Cutts F, Taylor ME. Ethical dilemmas in current planning for polio eradication. *Am J Public Health.* 1997;87:922-925.

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