

EDITOR'S CHOICE**Ethics in Public Health**

This month the Journal opens a forum for discussion on ethics in public health research and practice. As argued by James Thomas and his colleagues in their lead editorial, at the crux of public health ethics is "the need to exercise power to ensure the health of populations and at the same time to avoid potential abuses" (p1057). How are we to ensure that all populations benefit from recent advances in treatments, therapies, and technologies? The authors in this month's Health Policy and Ethics Forum review the heightened ethical scrutiny of public health research in the United States, pose challenging questions regarding research collaborations between developed and developing countries, and suggest mechanisms for fostering a culture of ethics in public health that will both engender public trust and reduce health inequities.

Sarah Putney and Sofia Gruskin open the forum by providing background and a thoughtful explanation for the dramatic "shutdowns" of US-based institutions by the federal Office for Human Research Protections and its predecessor, the Office of Protection Against Research Risks (page 1067). Next, Leonard Glantz challenges the public health research community to "closely examine, understand, and try to address the legitimate legal and ethical issues that so concerned [the only 2 courts that have addressed nontherapeutic research with nonconsenting subjects]." (p1073)

In a companion paper, Anna Mastroianni and Jeffrey Kahn provide a lucid overview and critical analysis of *Grimes v Kennedy Krieger Institute, Inc*, a legal case that has "sent shockwaves" through the public health and environmental justice communities (page 1073). Indeed, the Maryland Court of Appeals went so far as to compare the Kennedy Krieger Study (1993–1995), designed to measure the effectiveness of differing levels of lead abatement in housing, to the infamous Tuskegee Syphilis Study (1932–1972), wherein African American men were denied effective treatment in order to assess the natural history of their disease. While some may take issue with this analogy, it is hard to sidestep its

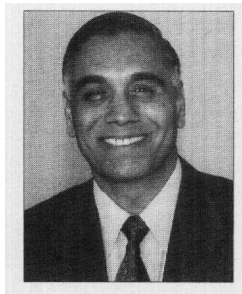
significance. According to Mastroianni and Kahn, "Real exploitation is obviously unacceptable, and perceived exploitation serves to undermine trust in research and researchers." (p1073)

This is true not only in the United States, but throughout the world, as the last 2 forum contributions make clear. Despite the tremendous potential and promise of the so-called "genomic revolution," Tikki Pang warns, "Genomics brings with it complex new ethical, legal, social, and economic implications." (p1077) To combat global inequities in health care and benefit all concerned, he calls for the development of creative and effective research partnerships between the developed and developing world. Leslie London believes that if this goal is to be achieved, it is imperative to recognize the agency of vulnerable groups, communities, and countries in the ethical review process; otherwise, they will remain passively "in need of protection" instead of being the managers of their own health (page 1079).

In the wake of the events of September 11, controversy exists regarding the proposed recommendations in the Model State Emergency Powers Act. The prospect of unprecedented police and public health powers in the face of suspected bioterrorist activities without appropriate checks and balances has raised public fears, for example, that some populations will be quarantined while others receive medical services. In an approval process accelerated in response to these threats, APHA became the first public health organization to adopt the "Principles of Ethical Public Health Practice," published in this issue (page 1058). Although these principles alone cannot ensure the protection of populations or hold agencies accountable for abuses of power, they aim to ensure an ethical basis for public health practice. Public trust will be won only if effective protection is afforded to all. ■

Mohammad N. Akhter, MD, MPH
Executive Director, APHA

Mary E. Northridge, PhD, MPH
Editor-in-Chief

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