Applying the public health code of ethics to the federal workforce

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Abstract: Although the public health code of ethics was published in 2002, it has not been widely disseminated or formally adopted by the two largest public health institutions within the U.S. Public Health Service -- the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). In order to determine the applicability and feasibility of implementing the public health code of ethics within the federal government, this study examines the ethics programs in the two largest public health agencies; how the current ethics programs at these agencies compare with the principles in the public health code of ethics; and where benefits to adopting the code are identified, how barriers to implementing it can be addressed.

Results from this study revealed that both agencies are addressing most of the principles in the code of ethics with their current practices, policies, and ethics activities. CDC officials interviewed for this study had a high degree of familiarity with the code and indicated that it is an integral part of the agency's public health ethics program. The code of ethics is a tool that aligns with the CDC's mission and is well-suited for formal adoption by the agency. The NIH has an ethics program that is appropriately geared toward research ethics. While there would be little benefit from NIH adopting the public health code of ethics agency-wide, NIH should consider the code for the segment of its workforce that designs, manages, and evaluates public health education, campaigns, and research programs. In addition, the Public Health Leadership Society should clarify the rationale for the public health code of ethics, thereby extending its reach.

There is a role for the public health code of ethics in the federal workforce. The CDC should adopt the code for use agency-wide and the NIH should use the code with the segment of its employees doing direct public health outreach and research in communities. In addition, the Public Health Leadership Society should take a more active role in articulating the need for the code and engage in activities that will facilitate wider awareness and use of it.

Links: Linking Service

Subject: Ethics; Public Health Education; Public policy;

Classification: 0394: Ethics; 0500: Public Health Education; 0630: Public policy

Identifier / keyword: Philosophy, religion and theology, Health and environmental sciences, Social sciences, Code of ethics, Federal government, Public health

Number of pages: 121

Publication year: 2010

Degree date: 2010

School code: 0153

Source: DAI-B 72/01, Jul 2011

Place of publication: Ann Arbor

Country of publication: United States

ISBN: 9781124349350