

Immediate Postpartum LARC: A Holistic Ethical Approach

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Centers for Disease Control and Prevention**

**Presentation to the
Immediate Postpartum LARC Learning Community**

April 23, 2015



Presentation Outline

- ❑ **What we do**
 - Overview of CDC Public Health Ethics Unit
 - Recent initiatives
- ❑ **Public health ethics**
 - Values and decision making
 - Stakeholder analysis
 - Comparison with clinical ethics
- ❑ **Reproductive health (RH) and LARC**
 - Situating RH
 - LARC advantages and disadvantages
 - LARC and justice
 - LARC and autonomy, Informed consent
- ❑ **Justifying public health decisions**

PUBLIC HEALTH ETHICS AT CDC

CDC Public Health Ethics Infrastructure

- **Public Health Ethics Unit**
 - Drue Barrett, Lead
 - Leonard Ortmann, Senior Ethics Consultant
- **CDC Public Health Ethics Committee**
 - Center Public Health Ethics Leads



Focus of Activities

- ❑ **Development of ethics guidance on specific program areas**
- ❑ **Development of capacity of CDC staff to address ethical issues**
 - Training
 - Consultation service
 - Ethics Desk in Emergency Operations Center
- ❑ **Development of training materials for local and state public health professionals**
- ❑ **Website:**
<http://www.cdc.gov/od/science/integrity/phethics/>



Public Health Ethics Training for Local Health Departments



GOOD DECISION MAKING IN REAL TIME: PUBLIC HEALTH ETHICS TRAINING FOR LOCAL HEALTH DEPARTMENTS

Facilitator's Manual

Developed by the
Public Health Ethics Unit
Office of Scientific Integrity
Office of the Associate Director for Science
Office of the Director
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services

August 1, 2012

Department of Health and Human Services
Centers for Disease Control and Prevention



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<http://www.cdc.gov/od/science/integrity/phethics/trainingmaterials.htm>

Case Repository

- ❑ **Emergency Preparedness: Impact of Regulatory Compliance and Resource Allocation Decisions on Laboratory Capacity**
- ❑ **Ensuring Biosafety/Biosecurity during a Public Health Emergency**
- ❑ **Short-course Zidovudine Compared to What? A Trial to Prevent Mother-to-Infant HIV Transmission**
- ❑ **Unsafe Injections: Duty to Warn?**
- ❑ **Use of Restraint and Physical Force by First Responders: Duty to Investigate and Educate?**

<http://www.cdc.gov/od/science/integrity/phethics/trainingmaterials.htm>

Global Public Health Ethics: A Casebook

Section 1: Introduction to Public Health Ethics

Section 2: Topics in Public Health Ethics

- Resource allocation and priority setting
- Disease and injury prevention and control
- Chronic disease prevention and health promotion
- Environmental and occupational health
- Vulnerable populations
- International collaboration
- Public health research

PUBLIC HEALTH ETHICS

Values versus Rules

□ Example

- Value: truth telling
- Rules: to censor lying, perjury, falsifying data, reneging on promises or contracts

□ **Ethical rules: standards to foster and maintain values by setting parameters of acceptable and unacceptable behavior**

- Laws are enforceable, punishable rules

□ **Values: things we consider important, are committed to, and give meaning to our lives**

- Values exhibit a variable range of commitment
- People prioritize values contextually in relation to each other
- Every decision implies a value prioritization

Compliance versus Decision-Making

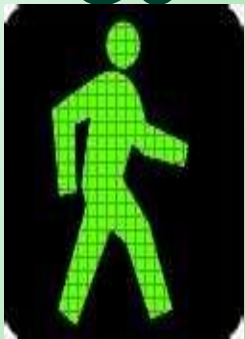


Compliance determination:
distinguishes right from wrong on the basis of rules or standards

Good versus bad

- Rules define parameters
- Simple binary operation
- Ambiguous parameters
- Conflicting rules
- Problematic prioritization
- Legal rules: blunt instruments
- Law creates order
- Removes discretionary power

Go



Ethical decision making in practice:
chooses the alternative that optimally realizes for the given context the relevant values

Best of good options

- Determine various parameters
- Shift to value focus
- Solicit stakeholder values
- Integrate values to design alternative course of action
- Contextually prioritize values
- Make decision regarding implementation

Stakeholder Analysis: A Holistic Approach

- ❑ Consider interests, values, and moral claims of all stakeholders
- ❑ May involve community engagement or consultation
- ❑ Gain insight into one's own value assumptions
- ❑ Identify potential areas of tension
- ❑ Inclusiveness and procedural justice gets buy-in



Which Child Safety Seat is Best?

(All meet minimum safety and product standards)



Most economical
\$40
OK ease of use
Acceptable safety



Most user-friendly
\$231
A snap to use
Good safety



Most reliable
\$494
A pain to use
Excellent safety

It Depends

- ❑ **Seldom is there an unqualified, absolute best**
- ❑ **Determining best will depend on:**
 - Stakeholder values
 - Local circumstances and context
- ❑ **Every decision implies a certain value prioritization**
 - Often tacit, especially with homogenous decision-making body
- ❑ **Ethical analysis makes tacit values explicit**
 - Helps make decisions more transparent
 - Makes clear what trade-offs were necessary
 - Useful for justifying decisions, policies, recommendations

Public Health

Core Values and Commitments

- ❑ **Health** –protect and promote health, prevent disease, affirm human right to resources necessary for health
- ❑ **Community** –collaboration, building trust, health equity, **interdependence**
- ❑ **Evidence-based Action** – translate best available scientific knowledge into public health interventions



12 Principles of the Ethical Practice of Public Health

1. Target prevention strategies that addresses root causes
2. Respect rights of community members
3. Give community stakeholders a fair hearing
4. Achieve health equity
5. Base programs on the right information
6. Gain community consent to implementations
7. Respond to health problems in a timely manner
8. Display cultural competence in implementing interventions
9. Intervene to that enhance the physical and social environment.
10. Maintain data confidentiality
11. Ensure professional competence of public health practitioners
12. Establish collaborations to build trust

Belmont Principles: Research, Medicine, Bioethics



- **Respect for Persons** (autonomy)
 - **Choice**, informed consent, voluntary participation in research, privacy and confidentiality protection, human rights, special protection for those with limited autonomy
- **Beneficence** (doing good)
 - Non-maleficence or avoiding harm
 - Utilitarian analysis, maximizing net benefit over risks/harms
- **Justice** (fairness, due process)
 - Distributing benefits and burdens in an equitable manner
 - Inclusive, transparent procedures

Clinical Ethics versus Public Health Ethics

Clinical Ethics Focus/Tendency	Public Health Ethics Focus/Tendency
Treatment	Prevention
Clinicians making medical interventions	Wide array of intervention types
'Authority' based on doctor/profession	Authority based on police powers
Law, more of an adversary than an ally	Law/policy, a key tool of the profession
Fiduciary relation to patient	Public stewardship
Individual patients	Populations and communities
Individual benefit and harm	Greatest net social good
Justice focus largely on access to care	Social justice and health equity primary
Individual informed consent	Community consent and engagement
Individual autonomy	Relational autonomy, solidarity, Interdependence

RH AND LARC

The Place of RH in Ethics



- ❑ **Pregnancy as hybrid state**
 - Between the individual and social
 - Implies a sexual if not a social relation with a partner
 - Indicates female anatomy designed for nurturing another
 - Infant depends on care
 - Can limit personal autonomy and social opportunity
- ❑ **RH ethics a hybrid between medical ethics and public health ethics**

Ethical Considerations

□ Tensions between the individual and the public

- Birthright, who's in the family, in the tribe?
- 3rd party controversies over moral/legal status of fetus
- Infant as symbol of the continuity of social life
- Care “takes a village” versus parental responsibility

□ Choice, autonomy, opportunity

- Of geese and ganders, moral asymmetry regarding the burden of care, autonomy, and opportunity
- Contraceptives as mitigators and equalizers that open up choices and opportunities

Utilitarian Analysis

Weighing advantages and disadvantages

Net benefit over harms

Greatest good for the greatest number



LARC Advantages

- ❑ **Assists sexual spontaneity**
- ❑ **Safe**
- ❑ **Confers long-term protection**
- ❑ **More effective than other methods**
- ❑ **Decreases unwanted pregnancies**
 - May as a consequence avoid a number of health harms and social disadvantages



For many of the advantages and disadvantages of LARC, this presentation is indebted to:

Higgins, Jenny A. Celebration meets caution: LARC's boons potential busts, and the benefits of a reproductive justice approach. **Contraception**. 89 (2014) 237–241.

Disadvantages of LARC Focus

❑ LARC no magic bullet

- Tendency to focus on individual clinical perspective
- Social factors equally important
- Contraception availability only one of many factors in preventing unwanted pregnancy

❑ Obscures other approaches

- Missed opportunities for dialogue
- Offering LARC as first option:
 - May offend religious persons
 - May arouse suspicions as to motive or agenda (cp. Initial polio campaign in Nigeria)



LARC Disadvantages: Justice Concerns

❑ Backlash from woman of color

- Long history of reproductive injustices
 - Dorothy Roberts: Killing the Black Body
- Sickle cell and the specter of eugenics in the 1970's
 - Linus Pauling accused of genocide for recommending that carriers of genetic disease such as sickle cell anemia not procreate
 - Wariness of compulsory screening for sickle cell trait
 - Inferiority stigma associated with carriers of sickle cell hemoglobin
- Norplant in the 1990's
 - Mandating Norplant as a condition to receive welfare
 - Norplant or jail time for using drugs during pregnancy
 - Disproportionately affected low-income women of color

LARC Disadvantages: Informed Consent Concerns

- ❑ **Autonomy demands voluntary participation**
 - Involves knowledge and consent
- ❑ **Compromised consent**
 - Coercion
 - Pseudo-choices: Either Norplant or jail or no welfare
 - Undue incentives for cooperation or participation
 - Vulnerability
 - Prisoner status
 - Extreme poverty
 - Low education
 - Minority status
 - Impaired autonomy due to illness, age, mental condition

Polling Question:

Has your department created an informed consent form for immediate postpartum contraception?

Yes

No

I don't know

Informed Consent: A Form or a Process?

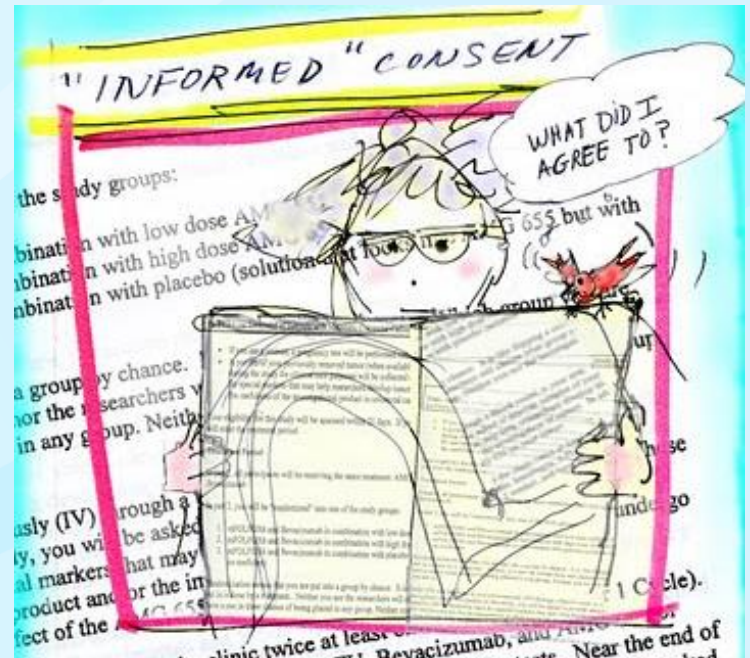
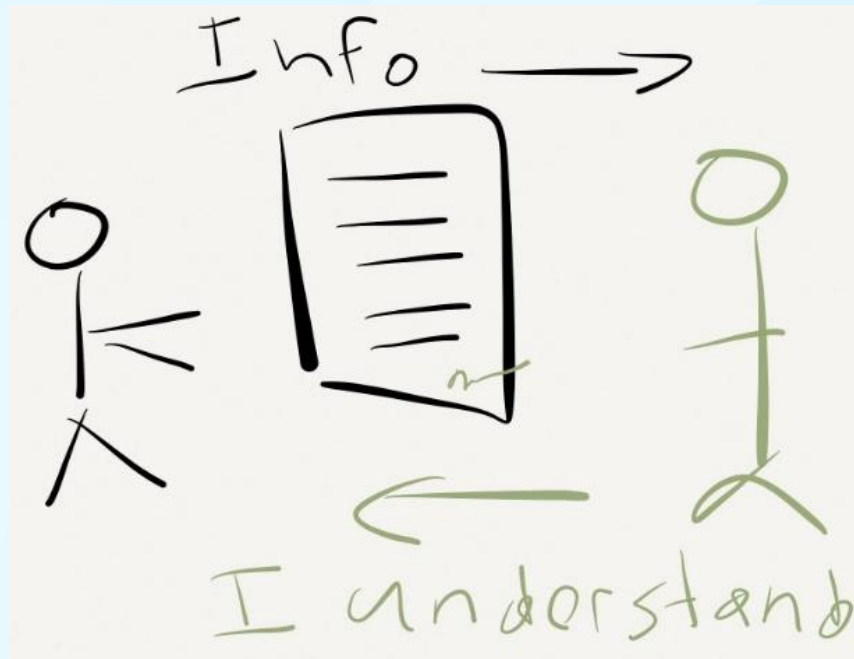


Image on left available at: <http://dict.space.4goo.net/dict?q=consent>; image on right available at: http://cancerissofunny.blogspot.kr/2010_10_01_archive.html

Polling Question:

Has your department created guidelines regarding the timing of consent for immediate postpartum contraception, for example, whether it must precede delivery or involve counseling?

Yes

No

I don't know

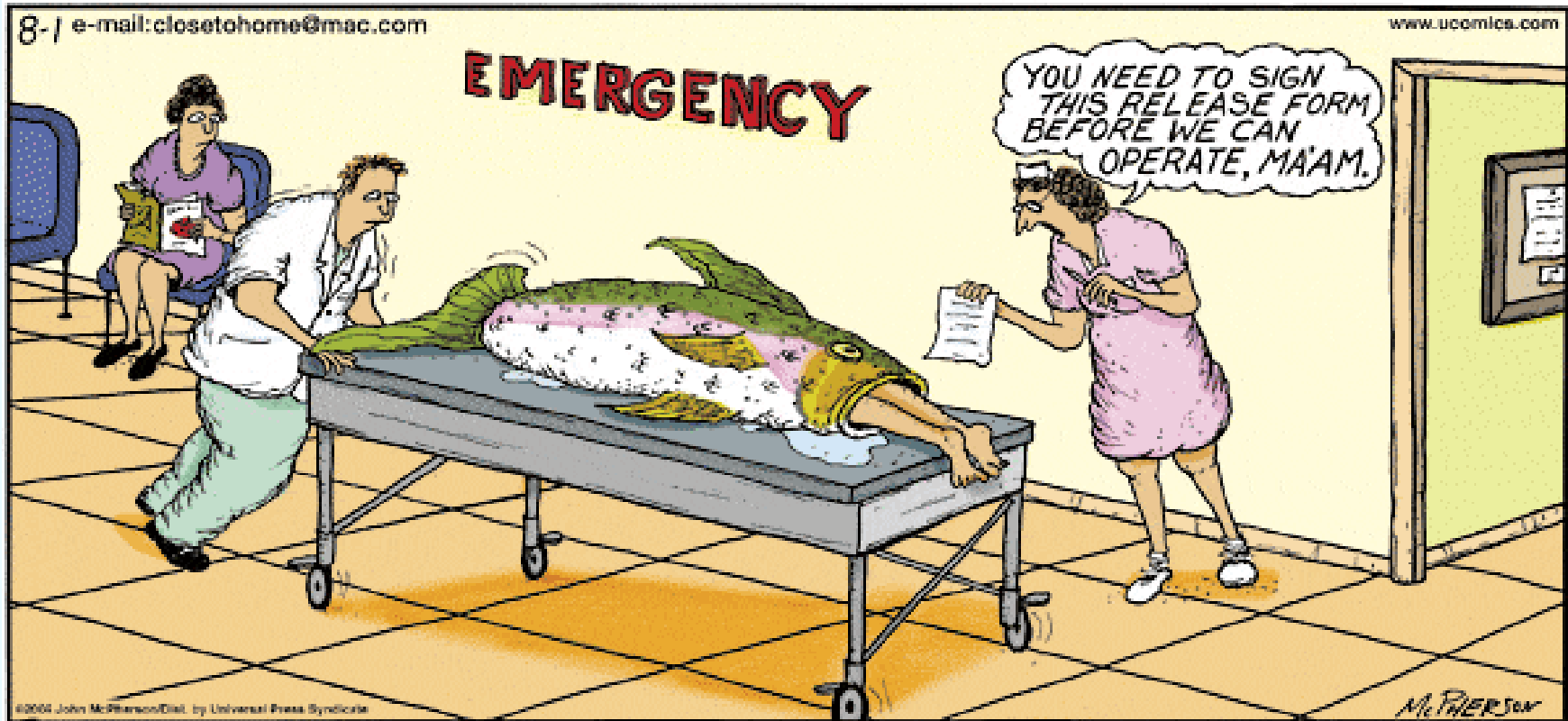
Timing and Coercion

CLOSE TO HOME

BY JOHN MCPHERSON

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Justifying Public Health Action

- **Effectiveness:** will the public health goal likely be accomplished?
- **Proportionality:** will benefits outweigh infringed moral claims?
- **Necessity:** is infringement necessary to achieve PH goal?
- **Least infringement:** are least restrictive means employed?
- **Utilitarian analysis:** all things considered, will the proposed intervention optimize net benefits over harms, resulting in the greatest good for the greatest number while not unduly burdening any particular group?
- **Public justification:**
 - Was the decision process fair, inclusive, transparent?
 - Have stakeholder values been considered?
 - Were tradeoffs between values reasonable?

Public Health Ethics Unit

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

