

PUBLIC HEALTH NURSING PRACTICE AND ETHICAL CHALLENGES

Every nurse, regardless of his or her specialty, encounters ethical challenges. However, public health nurses may face unique challenges in their distinct focus on the health of the population in addition to individuals.

EXAMPLE 1

Nadia is a public health nurse working in the tuberculosis program in a large urban health unit. She has received a referral from the tuberculosis clinic at one of the city hospitals for Mr. John Landry, a 52-year-old single man who has worked in many northern communities as a miner. Mr. Landry came to the city four years ago. Since he has not been able to find a job, he has been living in rooming houses, shelters and sometimes on the street. When he has the funds, he engages in binge drinking. A shelter referred him to the tuberculosis clinic because of his increasing fatigue, a persistent cough lasting more than three weeks with blood-streaked sputum, night sweats and weight loss. He was diagnosed with active pulmonary tuberculosis. The clinic asked Nadia to consult because Mr. Landry is refusing to go into hospital for treatment. He could be treated at home, but since he has no home, hospitalization is considered the best option to prevent the spread of his infection.

Nadia meets with Mr. Landry in the tuberculosis clinic. She listens to him. He tells her that he doesn't want to be cooped up in the hospital. He wants to have his freedom and be able to drink if and when he wants. In her first meeting with Mr. Landry, Nadia assesses the client, seeking his point of view of his situation, but she is also aware of the need to protect the public from his communicable disease. She "wears the face" of public health and the expectation to protect the health of the larger community. This is the role for public health as outlined in provincial health protection law. Some describe this consideration for the larger good or public good as "given in trust" to public health organizations and practitioners.

EXAMPLE 2

Karen and Sean are public health nurses who work in the tobacco prevention program in their health unit. They are currently involved in a review of the strategies and interventions of the program. They are concerned about the smoking rate of

teenaged women, which is significantly higher in their community than the national average. They both agree that one of the program's objectives should be to reduce the proportion of teenaged women who smoke daily. However, their views differ on the strategies they should undertake. Sean thinks they should develop a community-wide education campaign using TV and radio. Karen has been approached by teens at the local high school to work with them on developing a peer-led smoking cessation program. Karen believes that working with the teen women will empower them to take action about their own health and is consistent with community development principles. Sean argues that her approach will only reach a small number while his, using a population health approach, will reach all teens in the community.

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INTRODUCTION

Every nurse, regardless of his or her specialty, encounters ethical challenges. However, public health nurses may face unique challenges in their distinct focus on the health of the population in addition to individuals (Haugh & Mildon, 2005; Jeffs, 2004; Williams, 2004). These examples illustrate only two areas of public health nursing practice and show the ethical dimensions that public health nurses may encounter because of the dual focus on the health of the individual and of the population. Public health nurses may experience many other ethical challenges (Oberle & Tenove, 2000). These examples may also be relevant to nurses who deal with similar situations working in other specialties or sectors, such as occupational health or forensic nursing. This *Ethics in Practice* piece will use the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses* (2002), the Community Health Nurses Association of Canada's (CHNAC) *Canadian Community Health Nursing Standards of Practice* (2003) and some suggested public health ethical principles (Upshur, 2002) to examine these ethical challenges.

WHAT IS PUBLIC HEALTH NURSING?

The term *public health nursing* has often been used interchangeably with community health nursing. Currently, the custom in Canada is to use community health nursing as an umbrella term that can include many sectors such as public health, home health or visiting nursing, occupational health, family practice, faith or parish nursing, community rehabilitation and community mental health (CHNAC, 2003; Jeffs, 2004; McKay, 2005; Underwood, 2003). Beginning in April 2006, community health nurses will be able to write national certification examinations, similar to 16 other certified nursing specialties offered by CNA's Certification Program (CNA, 2005). In 2003, CHNAC, the national organization of community health nursing, released standards of practice for community health nurses (2003). These standards are wide-ranging and intended for all community health

nursing sectors, including public health. CHNAC then developed practice competencies that are the foundation for the certification examination (Betker, Goodyear, Mildon & Reiter, 2005).¹

Historically, the two dominant sectors in Canadian community health nursing have been public health nursing and visiting nursing, or home health nursing as it is now identified. The histories of public health nursing and home health nursing are intertwined; while their roots are in municipal governments and charitable health-care organizations respectively, both streams have blended, evolved and changed over time. Both also use primary health care as the framework for nursing practice (CHNAC, 2003; Cook, Dobbyn & Holmes, 2005; McKay, 2005; Mildon, 2004).

DEFINING PUBLIC HEALTH NURSING PRACTICE

Defining public health nursing practice, and indeed public health, is a “work in progress” that varies among the provinces. The Public Health Agency of Canada in collaboration with the Federal/Provincial/Territorial Joint Task Group on Public Health Human Resources has recently developed a draft set of public health workforce core competencies that are common to all public health professionals, recognizing that several public health disciplines are developing their own specific competencies (Ontario Public Health Association [OPHA], 2005). The core competencies are based on the core functions of the public health system. The Advisory Committee on Population Health recommended that the five main functions of the public health system should be population health assessment, health surveillance, disease and injury prevention, health promotion and health protection (OPHA, 2005; Emerson, 2005).

The CHNAC *Canadian Community Health Nursing Standards of Practice* (2003) defines a public health nurse as a “community health nurse who synthesizes knowledge from public health science, primary health care (including the determinants of health), nursing science, and the theory and knowledge of social sciences to promote, protect, and preserve the health of populations” (p. 3). Several provincial statements also outline public health nursing practice (British Columbia Health Services, 2000; Manitoba Health, 1998; Rafael, Fox, Mildon & O’Donnell, 1998). Throughout these documents, two themes remain consistent: (1) public health nursing is based on the integration of public health sciences and nursing theory; and (2) the conceptualization of public health includes epidemiology, health protection, disease and illness prevention, and more recently, health promotion, community development, attention to the determinants of health, primary health care and population health (Canadian Public Health Association [CPHA], 1990; Rafael et al., 1998; Stamler & Yiu, 2005; Underwood, 2003). In essence, public health nurses combine common nursing skills such as counselling, teaching and advocacy with more specific skills such as community development, health promotion, disease and injury prevention and population health analysis (CPHA, 1990; Rafael et al., 1998).

A public health nurse may begin the day by visiting a new mother to support her in establishing breastfeeding, then attend a community-based coalition promoting the proper use of car-safety restraints for children and end the work day by participating in an agency meeting developing pandemic influenza protocols. The client of a public health nurse may be an individual, a family, a group, a geographic community or the general population. Public health nurses may practice on a one-to-one basis with individual clients; however, the main focus of public health itself is the collective health of the population. These concerns, individual and collective health, are both integral to the public health nurse’s role. “Public health nurses recognize that a community’s health is inextricably linked with the health of its constituent members and is often reflected first in individual and family health experiences” (Rafael et al., 1998, p. 2).

1 For further information please see the following websites: <http://www.communityhealthnursescanada.org/Standards.htm> and http://www.cna-aiic.ca/CNA/nursing/certification/specialties/default_e.aspx (for the list of competencies for the community health nursing certification exam).

It is this duty of protecting and promoting the health of all in society that differentiates public health practitioners from other health professionals. “This mandate to ensure and protect the health of the public is an inherently moral one. It carries with it an obligation to care for the well-being of communities and it implies the possession of an element of power to carry out that mandate” (Thomas, Sage, Dillenberg, & Guillory, 2003, p. 1057). In the wake of 9-11, bio-terrorism, SARS and warnings of an influenza pandemic, there is renewed public attention to the “common good” and the role that public health agencies play in protecting the health of the population, particularly from communicable diseases (Bayer, 2003a; Gostin, 2001; Jennings, Kahn, Mastroianni, & Parker, 2003).

PUBLIC HEALTH ETHICS

Although discussions of ethical issues in health care have been prominent in the last several decades, they have mainly focused on the ethics of caring for individual clients (e.g., Beauchamp & Childress, 2001; Keatings & Smith, 2000; Yeo & Moorehouse, 1996). Since the focus for public health is the population’s well-being, this individualistic perspective is, at best, incomplete; at worst, unhelpful. Recently, however, some attention has been given to ethics and the population focus of public health (Bernheim, 2003; Callahan & Jennings, 2002; Jennings, 2003). Public health practitioners have identified ethical issues that balance harm, risk and benefit to the community or among various groups within a community (Bernheim, 2003). Ethicists have acknowledged the tensions between the collective perspective and individual rights and have recently revisited and revised public health ethical principles and frameworks to guide decision-making (Bernheim, 2003; Gostin, 2003; Jennings, 2003; Kass, 2001; Upshur, 2002). The importance of human rights within public health is also becoming prominent in ethics discussions (see for example, Mann, Gruskin, Grodin, & Annas, 1999).

Gostin (2001) distinguishes three areas of public health ethics that serve as useful guidelines:

1. ethics *of* public health, which are the professional ethics of practitioners acting in a trustworthy manner for the common good;
2. ethics *in* public health, which are the ethical considerations or tradeoffs between the collective good and individual rights; and
3. ethics *for* public health, which are also advocacy ethics considering the value of healthy communities and the interests of populations, particularly the powerless and oppressed (Gostin, 2001, p. 124).

It is the second area of public health ethics that receives the most attention; that is, reconciling the tension between the public’s health and the individual’s rights to privacy, liberty and freedom of movement. In an attempt to provide systematic reflection, Upshur (2002) suggests four ethical principles for public health practitioners to use in ethical decision-making about public health interventions. These are: (1) harm principle; (2) least restrictive or coercive means; (3) reciprocity; and (4) transparency.

Harm principle– Upshur notes that the harm principle, based on the work of John Stuart Mill, is “perhaps the foundational principle for public health ethics in a democratic society as it delineates the justification for a government, or government agency, to take action to restrict the liberty of an individual or group” (2002, p. 102). Mill states that “the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant” (1974, p. 68).

Least Restrictive or Coercive Means – This principle states that “the full force of state authority and power should be reserved for exceptional circumstances” and that “more coercive methods should be applied only when less coercive means have failed” (Upshur, 2002,

p. 102). Thus, there should be education and discussion before an individual is forced to do something she does not wish to do.

Reciprocity – This principle articulates that “society must be prepared to facilitate individuals and communities in their efforts to discharge their duties” (p. 102). This statement could mean that individuals who are isolated because they are quarantined should be compensated for lost income or have food delivered to them, for example.

Transparency – This principle sets out “the manner and context in which decisions are made. All legitimate stakeholders should be involved in the decision-making process, have equal input into deliberations” and the process “should be as clear and accountable as possible.” It “should be free of political interference and coercion or domination by specific interests” (p. 102).

ETHICAL PUBLIC HEALTH NURSING PRACTICE

All nurses strive to provide ethical nursing care. Yet, the duality of the public health nurse’s role – striving for the well-being of individual clients, while remaining focused on the welfare of the population – means that they may face ethical challenges not generally experienced by nurses in other spheres. Public health nurses also face ethical challenges not experienced by many other public health workers, who do not have the same kind of close individual relationship with people in the community.

Nurses caring for individuals, whether within institutions or in the community, have many sources of ethical guidance in addition to the CNA and provincial ethics and standards documents. For example, nursing literature contains numerous articles on the ethical aspects of end-of-life care, informed consent, capacity for decision-making and many other issues. Many nursing texts include sections on ethics that focus on the care of the individual patient (Potter & Perry, 2001), and there are texts devoted entirely to ethics (e.g., Keatings & Smith, 2000; Yeo & Moorehouse, 1996). There is also some

recognition in the literature that nurses in the community face unique challenges (Burcher, 2004; Oberle & Tenove, 2000; Peter, Sweatman & Carlin, 2005). The CHNAC *Canadian Community Health Nursing Standards of Practice* (2003) provides some ethical guidance to nurses working in the community; however, the confluence of public health and home care nursing under the title of “community nursing” can obscure the ethical differences between the two areas of practice. The public health nurse’s primary role is protector of the community (Cook, Dobbyn & Holmes, 2005; Haugh & Mildon, 2005). Continuing dialogue and education are needed to support this role’s unique needs.

CODE OF ETHICS

The CNA *Code of Ethics for Registered Nurses* states that its values “are grounded in the professional nursing relationship with individuals... [and] By upholding these values in practice, nurses earn and maintain the trust of those in their care” (2002, p. 7). When the object of care is an individual, the eight values in the code of ethics can provide a guide for ethical care. The code does state that the scope of nurses’ responsibilities goes beyond the individual “to include families, community and society” (p. 7); however, when the object of care is the community, it is less clear how to apply the code’s values. For example, how does a public health nurse initiate a relationship with a new client? Rafael et al. (1998) point out that, “The extent of a public health nurse’s involvement in any part of the process is mutually determined by both the client and nurse... and is dependent on a trusting relationship between client and nurse” (p. 2). While this is usually unproblematic, what should happen when the individual client sees his or her interests in a way that potentially puts the broader community at risk? Is the nurse ethically bound to state that her loyalty is actually to the community rather than the individual? In most health-care settings, ethical practice includes respecting the autonomy of

the client, even when the nurse does not agree with the decisions the client makes. How should the nurse proceed when the well-being of the community is compromised by decisions made by an individual client about her own health? These questions are prominent in the nurse's handling of the situation presented in Example 1. In the next section, some relevant code of ethics values, and suggested principles used by Upshur (2002) are applied to Example 1 and 2.

EXAMPLE 1 – APPLYING THE CODE OF ETHICS

How can the values of the CNA *Code of Ethics for Registered Nurses* apply to Nadia's situation?

Safe, competent and ethical care

"Nurses value the ability to provide safe, competent and ethical care that allows them to fulfill their ethical and professional obligations to the people they serve" (CNA, 2002, p.8).

Based on the description of this value in the CNA code of ethics, the first question that Nadia must ask is "who is being served?" Professional and ethical responsibilities in this situation differ depending on whether the client is the individual or the population. Nadia must decide who should be served, and how, and be able to explain her choice to herself as well as others. How can she best fulfill her obligations to Mr. Landry and to the population?

Health and well-being

"Nurses value health promotion and well-being and assisting persons to achieve their optimum level of health in situations of normal health, illness, injury, disability or at the end of life" (CNA, 2002, p.8).

Under this value, Nadia will educate the client on treatment of his disease as well as on how to prevent communicable disease given the reality of his living conditions. She will also help him learn about and use the services of other professionals and community agencies that can assist him.

This value also points out the nurse's role in advocating for a better environment for the client so that he has the opportunity to work towards better health. The public health nurse's role makes her aware of societal issues that need to be addressed for the community's health to be optimized. Once again, however, the value seems to assume the individual client is the focus. One explanatory statement of this value says "Nurses must provide care directed first and foremost toward the health and well-being of the person, family or community in their care" (p. 10). Sometimes, however, each type of client may require different ethical stances.

Choice

"Nurses respect and promote the autonomy of persons and help them to express their health needs and values, and also to obtain desired information and services so they can make informed decisions" (CNA, 2002, p.8).

Here Nadia is directed to give Mr. Landry sufficient information to make his own decisions about treatment or, if he is not capable of making a decision, to find the appropriate substitute decision-maker.

The explanation for this value in the code of ethics includes the statement, "Nurses must be committed to building trusting relations as the foundation of meaningful communication recognizing that this takes effort. Such relationships are critical to ensure that a person's choice is understood, expressed and advocated" (p. 11). A trusting relationship is one based on honesty. How should Nadia begin her relationship with Mr. Landry? He did not initiate contact with her; she has been asked by other health-care professionals to intervene. Is she being honest if she attempts to provide him with information about his options, even though she and the health unit have the legal power to place him in the hospital, regardless of whether this is his choice, in order to protect others? Does she simply explain at the onset that his choice is to go to the hospital

voluntarily or involuntarily (presuming these really are the only two options available)? If he decides that he does not wish to go to hospital, but has not been informed of the true limits of his choices, how is this therapeutic relationship based on trust? What will Mr. Landry's response be the next time he is approached by a health-care professional? These issues also surface in the section of this piece which applies the public health ethical principle of "least restrictive or coercive means."

Dignity

"Nurses recognize and respect the inherent worth of each person and advocate for respectful treatment of all persons" (CNA, 2002, p.8).

Mr. Landry wishes to live his life, one that many would find objectionable. Nadia may have to work hard to understand and respect his decisions. This may be especially difficult when his decisions puts her other client – the larger community – at risk. Is there a compromise alternative that she can find? As mentioned in the code of ethics in an explanatory statement, Nadia should attempt to find an alternative that will be acceptable to Mr. Landry. If she must exercise her power over him in regard to hospitalization, she must proceed in a way that preserves Mr. Landry's dignity in the situation.

Justice

"Nurses uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and in promoting social justice" (CNA, 2002, p.8).

The CNA value of justice also states, "Nurses should put forward, and advocate for, the interests of all persons in their care. This includes helping individuals and groups gain access to appropriate care that is of their choosing" (CNA, 2002, p.15).

Mr. Landry, as someone without a permanent address, is among the most vulnerable in terms of access to health care. His health needs may be greater, and the

continuity of his care may be less than for others in the community. Nadia feels uncomfortable that Mr. Landry cannot get treatment in his home like other clients who have homes. As a public health nurse, Nadia must balance his need for resources with those of others in the community. She also has a responsibility to all of the vulnerable in the community and to advocate for health and social services resources for the well-being of the community in general. How can Nadia find a way to balance all of these needs and be true to each of the individuals and groups in her care? How can she provide justice for Mr. Landry when, if he were not homeless, he could most likely remain in the community even with TB? The principles which Upshur (2002) propose for public health practice may provide some further guidance.

EXAMPLE 1 – APPLYING PUBLIC HEALTH ETHICAL PRINCIPLES

Harm principle

Mr. Landry is not being sent to hospital for his own welfare (he is not refusing medication), but for the welfare of others. In this case the restriction of Mr. Landry's freedom is clearly for the prevention of harm to others, so the principle is satisfied. (If, however, his freedom was restricted only for his own benefit rather than the benefit of others, that would be considered paternalistic and a violation of his autonomy).

Least Restrictive or Coercive Means

Here Nadia must ask whether the hospital really is the only alternative. Is there a place in the community where Mr. Landry could be isolated? What is the shortest period of isolation? Education, facilitation, advocacy, collaboration with others, focusing on the client's strengths and wishes, and discussion should precede a drastic restriction of Mr. Landry's freedom. This principle does allow for compulsion under certain conditions and where less restrictive means have failed to achieve appropriate ends.

Nadia could choose to inform Mr. Landry about his choices, but in reality, he does not have autonomy to choose to refuse treatment and hospitalization in this situation. She could explain to him about the risk he poses to others and hope that he will agree to make the “right” choice of going to the hospital. Though she realizes that it is better to convince Mr. Landry to go to the hospital voluntarily, she can also tell him that ultimately he can be placed in hospital if he does not comply.

In nursing, the relationship with the client is central, but can this relationship be founded on trust? Does Nadia explain that she is there to protect others, and thereby, has the power to send him to hospital against his will? Is this role in conflict with a therapeutic trusting relationship? Is she being accountable to the client if she does not tell him this? And what about being accountable to her organization and the health protection mandate given to public health? How does a nurse ethically deal with this?

Reciprocity

Mr. Landry is being asked to give up his way of life, at least temporarily. How can Nadia work, perhaps with other professionals, to make this as easy as possible for him? Is this part of her responsibility as a nurse? Should the rest of the community also have a responsibility to provide an environment for him where he has access to alcohol?

Transparency

In Upshur’s view, this principle applies to policy-making. For Nadia, following this principle on that level could mean that she makes sure that the views of those vulnerable in the community are brought to the table and are considered. In the specific circumstance of Mr. Landry, this principle could mean that others also have a legitimate voice in what happens to him. It also reinforces the need for Nadia to be explicit with him about her role and the options he faces and supports the code’s emphasis on the nurse’s advocacy role (CNA, 2002, p.12 - 14).

Thus, these principles can help Nadia with decisions about community safety and how to protect Mr. Landry once a decision has been made about his isolation. However, the principles do not address her responsibility to establish and maintain a trusting, therapeutic nursing relationship with him.

EXAMPLE 2 – APPLYING THE CODE OF ETHICS

How can the values of the CNA *Code of Ethics for Registered Nurses* apply to Karen and Sean’s situation?

Safe, competent and ethical care

The nurses in this example, Karen and Sean, must assess and decide who are “the people they serve.” In this case, the client is either the group of teens in the local high school (Karen’s view) or all teens in the community (Sean’s). In public health practice, this is often an economic decision – how to use resources most efficiently – but it is also an ethical decision. What will Karen say to the teens if the tobacco program includes the community-wide campaign rather than the teens’ request? Would she be fulfilling her ethical and professional obligation to them?

Health and well-being

While Karen’s position is based on empowerment and community development principles, she also believes that if a client (in this case a small group) asks for assistance, the nurse is adhering to the ethical value of health and well-being by providing it. Sean’s perspective is also grounded in the health and well-being value, since his approach would help people in the broader community to achieve their optimal level of health.

Choice

Karen would argue that she is respecting the choice of the teens, since they have asked for her assistance. However, the teens have not asked for the community education campaign (nor has the community). But Sean could argue that it is the teens’ choice to listen or watch and to decide whether to change

their smoking behaviour. Again, the explanation for this value in the code includes the statement, “Nurses must be committed to building trusting relations as the foundation of meaningful communication, recognizing that building this relationship takes effort. Such relationships are critical to ensure that a person’s choice is understood, expressed and advocated” (p. 11). If the community plan is implemented, how can Karen take into account the concerns of the teens who approached her?

Justice

Applying this value, Karen would argue that she is helping the teens access the care they choose. On the other hand, Sean would argue that in using his strategy, the nurses would be potentially helping more people in the community, and therefore it is more equitable. Perhaps this helps explain why public health nurses feel conflicted – torn between honouring the request of their clients as individuals (in this case the teens) and their commitment to the client as community using the population health approach.

Accountability

“Nurses are answerable for their practice, and they act in a manner consistent with their professional responsibilities and standards of practice” (CNA, 2002, p.8).

Both Karen and Sean are accountable, since they both use public health frameworks, namely, community development and population health. However, to be fully accountable, they must go a step further. Kass (2001) has outlined conditions for an ethical public health program. For example, the program must be shown to work before it is implemented (through research or data from other programs). Karen and Sean must consider the effectiveness of their programs before making a decision. Both of these nurses must also adhere to the CHNAC (2003) standard of accountability, which reminds them that they are accountable to a variety of stakeholders in this situation.

EXAMPLE 2 – APPLYING PUBLIC HEALTH ETHICAL PRINCIPLES

Two of Upshur’s (2002) proposed principles seem especially relevant in this situation:

Least Restrictive or Coercive Means

Health communication campaigns that encourage the adoption of healthy behaviours and discourage unhealthy behaviours are the most common intervention used to promote behaviour change (Bayer, 2003b). Such approaches are viewed as the least coercive of public health strategies using the least restrictive or coercive means principle (Upshur, 2002). Some ethicists argue that health communication campaigns also represent the community’s concern for the health and well-being of its members (Bayer, 2003b). However, sometimes the health messages may stigmatize those at risk. Would messages targeted at teens be perceived as paternalistic? Would they imply that teens need extra protection or that they are “bad” or delinquent if they smoke? Karen and Sean will need to consider these questions in weighing how they will proceed.

Transparency

Ultimately, a decision will have to be made about implementing a smoking cessation program. The principle of transparency can help Karen and Sean remember to include stakeholders in the decision. They can ask themselves whether stakeholders have an equal say. When the decision is made, communication about the process, those involved and the reasoning behind the decision will help the community and the teens understand it. Depending on time or resources available, extensive communication is not always feasible. However, such communication is important, given that, for the most part, public health departments are representatives of local government.

CONCLUSION

Public health nurses play a vital role in protecting the health of the population. They also work with individuals to help them protect and improve their health. In performing both of these roles, nurses have conflicting loyalties and obligations. Both bioethicists and nursing ethicists advocate systematically analyzing ethical issues using principles and decision-making frameworks to organize thinking, aid in decision-making and ultimately enhance practice (Fry, 2000; Jennings, 2003; Silva, Fletcher & Sorrell, 2004). This *Ethics in Practice* piece has added a way of thinking about public health ethics and has outlined some suggested principles for use in public health, as well as values from the CNA code of ethics, to help nurses analyze the complicated and difficult issues they may come across. In a Canadian study on the topic, Oberle and Tenove (2000) suggest that public health nursing ethical issues are “so rooted in context, and so interwoven and complex, that they may not always be amenable to systematic analysis” (p. 435). Thus, there needs to be continuing dialogue, mentoring, discussion and education to support public health nurses in working through the ethical aspects of situations they face everyday.

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<http://www.nursingworld.org/ethics/ecode.htm>

American Public Health Association – *Code of Ethics*
<http://www.apha.org/codeofethics/>

Canadian Nurses Association
<http://cna-nurses.ca>

Canadian Public Health Association
<http://www.cpha.ca>

College of Nurse of Ontario
<http://www.cno.org>

Community Health Nurses Association of Canada
<http://www.communityhealthnursescanada.org>

Community Health Nurses Initiatives Group
<http://chnig.org>

International Council of Nurses
<http://icn-apnetwork.org>

Office of Nursing Policy (Health Canada)
http://www.hc-sc.gc.ca/onp-bpsi/english/index_e.html/

Public Health Agency of Canada
http://www.phac-aspc.gc.ca/new_e.html

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