Health Law and Ethics

Ethics Instruction at Schools of Public Health in the United States

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ABSTRACT

Objectives. A survey of US schools of public health was undertaken in 1996 and 1997 to obtain a general picture of public health ethics curricula.

Methods. An explanatory letter with a list of questions for discussion was sent to the deans of the accredited US schools of public health. The deans were asked that at least 1 individual at their school who "is most knowledgeable about ethics curricula" review the list of questions and complete an ethics survey contact form.

Results. Ethics instruction was required for all students at only 1 (4%) of the 24 schools surveyed, while 7 schools required ethics instruction for some students. Two of the schools had no ethics courses. Ethics instruction was required for all MPH students at 9 (38%) of the schools and for all doctoral students at 4 (17%) of the schools. Most of the schools (19 of 24, or 79%) offered short courses, seminar series, or invited lectures on ethical topics, and 23 (96%) included lectures on ethics topics in other courses such as health law.

Conclusions. Training programs at US schools of public health vary greatly in how much attention is given to ethics instruction. Model curricula in public health ethics should be developed to help fill this gap. (Am J Public Health.1999;89:768-770)

There has been increasing interest in developing curricula on public health ethics and providing instruction on ethics and scientific integrity to students enrolled in public health training programs. 1-6 The Council on Education for Public Health criteria for graduate schools of public health (amended in October 1993) emphasize public health values, concepts, and ethics, although the council does not have specific requirements for ethics instruction. Instruction in health care ethics is an accreditation requirement for graduate training programs in health care administration. Another important recent development has been the National Institutes of Health mandate for extramural research training programs to provide instruction on scientific integrity and ethical principles in research to trainees.1 However, relatively little is known about the extent of instruction on public health ethics and the emphasis that is currently placed on ethics and scientific integrity at schools of public health and other institutions that train public health professionals.3,7-9

The Association of Schools of Public Health Education Committee undertook a national survey of schools of public health in the United States in early 1996 to determine how they addressed ethical issues in public health. The purpose was to provide a general picture of what presently existed in the way of public health ethics curricula.

Methods

The survey was initiated in January 1996 by sending an explanatory letter with a list of questions for discussion to the deans of the accredited US schools of public health. The letter asked the deans to have at least 1 individual at their school who "is most knowledgeable about ethics curricula" review the list of questions and complete an ethics survey contact form. Reminders with a second copy of the ethics survey contact form were sent to the deans at the end of January 1996. The questions for discussion with the identified contact person(s) were as follows:

- What ethics courses, graduate degree programs, or continuing professional education are currently being offered?
- Who teaches the course, and what is the teacher's professional background?
- Which department or program offers the course?
- Is the course required or is it an elective?
- · Which students take the course and how many or what proportion of them take it?
- Is instruction in ethics part of the core curriculum required for all candidates for the master of public health degree?
- Is ethics instruction required for all doctoral students?
- Is there instruction in personal or professional ethics (e.g., sexual harassment, discrimination, cheating in school, and cultural differences in ethical standards)?
- Is there instruction in research ethics or scientific integrity (e.g., data ownership, authorship, and scientific fraud)?

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- Is there faculty training or professional development in ethics topics?
- Are there perceived gaps in the current ethics curricula?
- Are short courses, seminar series, or invited lectures on ethics topics offered?
- Are lectures on ethics topics included in other courses such as health law, etc.?
- Are there future plans to develop course work or programs in public health ethics?
- Are there activities that take place outside formal courses that focus on ethics issues?

Information was obtained from roughly half of the schools through telephone interviews conducted by 2 of us (S.S.C. and W.H.K.) or from detailed written responses provided by the contact person.

Results

Interviews were completed for 24 of 28 (86%) of the schools. Of the completed interviews, 13 of 24 (54%) were completed in the winter of 1996 and the remainder (11 of 24, or 46%) were completed in the fall of 1997.

Information was obtained about a large number of ethics courses, graduate degree programs, and continuing professional education currently being offered (results not shown). The professional background of the faculty members who taught these ethics courses included bioethics, biostatistics, environmental health sciences, epidemiology, geriatrics, health behavior and health promotion, health care administration, health services management, health policy, health law, medicine, philosophy, political science, psychology, sociology, and theology.

The department or program that offered these courses included behavioral science or health behavior (3 of 24 surveyed schools); biostatistics (1 school); community health studies (2 schools); epidemiology (3 schools); health management, health services administration, or health policy (14 schools); health law or ethics (2 schools); sociomedical science (1 school); or all of the divisions of the school (1 school).

Instruction on ethics was required for all students at only 1 (4%) of the 24 schools surveyed. An additional 7 schools required ethics instruction for some students. Fourteen schools (58%) offered elective courses on ethics but required no ethics course. Two schools (8%) had no ethics courses.

Additional findings from the survey are presented in Table 1. Most of the schools surveyed (18 of 24, or 75%) offered some instruction in personal or professional ethics (e.g., sexual harassment, discrimination, cheating

TABLE 1—Findings From Association of Schools of Public Health Survey on Ethics Instruction Sent to Schools of Public Health (n = 24), 1996-1997

	<u>Yes</u> n (%)	No n (%)	Unsure n (%)
Is instruction in ethics part of the core			
curriculum required for all MPH students?	9 (38)	14 (58)	1 (4)
Is ethics instruction required for all doctoral students?	4 (17)	20 (83)	0 (0)
Is there instruction in personal or professional ethics?	18 (75)	6 (25)	0 (0)
Is there instruction in research ethics or scientific integrity?	22 (92)	2 (8)	0 (0)
Is there faculty training in ethical topics?	9 (38)	15 (63)	0 (0)
Are there perceived gaps in the current ethics curricula?	20 (83)	4 (17)	0 (0)
Are short courses, seminar series, or invited lectures	` ,	• •	` '
on ethical topics offered?	19 (79)	5 (21)	0 (0)
Are lectures on ethics topics included in other courses?	23 (96)	1 (4)	0 (0)
Are there future plans to develop course work or	` ,	• ,	` '
programs in public health ethics?	16 ^a (67)	7 (28)	1 (4)
Are there activities outside of formal courses that	` ,	• ,	` '
focus on ethical issues?	17 (71)	6 (25)	1 (4)

Note. MPH = master's in public health.

in school, and cultural differences in ethical standards). There was instruction in research ethics or scientific integrity (e.g., data ownership, authorship, and scientific fraud) at 22 (92%) of the schools.

Only 9 (38%) of the schools offered faculty training or professional development in ethics. This included invited lectures and seminars on various topics, a monthly lunchtime discussion group, a 1day short course on ethical issues in research and public health, and training and education offered to faculty, at special conferences of their choosing and as part of their own career development.

There were perceived gaps in the ethics curricula at 20 (83%) of the schools. These gaps included the ethics of health policy, scientific integrity, sexual harassment and personal ethics, ethics and epidemiology, and conflicts of interest in industry and in environmental science.

Most of the schools (19 of 24, or 79%) offered short courses, seminar series, or invited lectures on ethical topics, and most (23 of 24, or 96%) included lectures on ethics topics in other courses such as health law (Table 1). Examples of the latter included lectures on ethics in a course on health maintenance organizations and managed care, discussion of the ethics of AIDS in an AIDS epidemiology course, sessions on ethics in a course on principles of public health, lectures on research ethics in an advanced methods course in epidemiology, and discussion of the ethics of biomonitoring and genetic susceptibility in an environmental health course.

At most of the schools (17 of 24, or 71%) there were activities that took place outside of formal courses on ethics issues.

These included student independent research projects on applied ethics, student seminars, nondegree bioethics instruction offered through a university extension, a regional bioethics forum, ethics case conferences, and community settings for class projects and field training that provide opportunities to focus on "real world" ethical issues.

Discussion

The results of this national survey provide information about the extent of formal instruction in public health ethics and scientific integrity at US schools of public health during a period of increased interest in the ethics of public health research and practice. Although these findings indicate that many schools of public health were, at the time of the survey, offering such courses, at least on an elective basis, some graduate programs in public health do not offer or require such instruction.

With respect to the limitations of this survey, course work and degree requirements are evolving at some schools, and information obtained in 1996 and 1997 may be out of date. Information about ethics instruction may have also been misreported or hard to categorize at some schools. This survey collected only limited information about the content or methods of instruction. It also provided no information about ethics instruction at medical schools, which train about 20% of the public health graduates in the United States (written communication, Suzanne Dandoy, December 1997).

In 1974, Bluestone carried out a survey of the extent and nature of instruction in

alncludes 6 schools for which the response was "possibly."

medical and social ethics by sending a letter and brief questionnaire to the deans of 19 schools of public health in the United States.8 Results obtained from 15 responding schools indicated that the majority did not offer any studies of the ethical basis of public health practice. Some schools expressed doubt that such a topic could be taught.8 Others felt that the topic (the ethics of public health programs) was already covered in other courses.

In the mid-1990s, Rossignol and Goodmonson undertook a national survey to assess the priority placed on the instruction of ethical issues in graduate epidemiology curricula by professors of epidemiology in schools of public health in the United States. The responses from 101 faculty members (79% of those queried) indicated that 86% believed that education concerning ethical issues in epidemiological research should be included in the curriculum. Only 3 respondents (3%) had taught an ethics course during the past 2 years, although 60 (66%) of the faculty members who had taught a class during this period indicated that they had included at least some discussion of ethical issues in epidemiology in their course material. The topics most frequently included concerned the protection of human subjects, clinical trials, screening programs, and use or abuse of data.9

The rationale for teaching ethics to public health students has been previously outlined. 1,2,4,6 Curricula in public health ethics are designed not to improve the moral character of students but rather to provide them with the conceptual abilities and decisionmaking skills they will need to deal successfully with ethical issues in their own research and practice. 1 The cognitive aspects of ethics

that can be taught include identification of the ethical commitments of public health research and practice, recognition of ethical issues and problems, critical reflection on one's personal values and obligations as a public health professional, knowledge of central concepts such as the elements of informed consent, and the application of concepts and methods for ethical decision-making to actual cases in public health ethics. 1,8,10,11 Nevertheless, some caution is warranted in projecting the potential benefits of instruction in public health ethics. 12,13 Improvements in knowledge and cognitive skills do not necessarily translate into desirable behavioral change.

In summary, the results of the reported survey indicated that training programs at US schools of public health varied greatly in how much attention they gave to ethics instruction. Ethics curricula also varied in their form and content. Although innovation and creativity in training programs are desirable, there were at the time of the study, and are now, no national standards for adequate instruction in public health ethics. Model curricula in public health ethics should be developed to help fill this gap. 1

Contributors

All 3 authors contributed to the conception and design of the study, analysis and interpretation of the data, and writing of the paper.

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