2025

A Public Health Ethics Guide for British Columbia

Contributing Organizations

This guide was developed through a participatory research project, conducted collaboratively by researchers at The University of British Columbia (Faculty of Medicine and School of Nursing), Provincial Health Services Authority (Ethics Service, Indigenous Health, British Columbia Centre for Disease Control), First Nations Health Authority, and members of Indigenous, disability, senior, and newcomer communities. This work was supported by the Pacific Public Health Foundation.

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Land Acknowledgement

We begin by acknowledging that public health services are provided on the traditional, ancestral, and unceded territories of First Nations across the territory colonially known as British Columbia (BC), Canada. We offer our acknowledgement, gratitude, and respect to all First Nations communities for their stewardship of these lands since time immemorial. We give thanks for the opportunity to live, work, and support care here. We remain committed to supporting and respecting the values, cultures, and self-determination of BC First Nations, and other First Nations, Métis, and Inuit. We are dedicated to upholding the inherent rights and title of BC First Nations and the rights of First Nations, Métis and Inuit from other homelands who live in BC.

Aaron Nelson Moody, Tawx'sin Yexwulla / Poolx'tun (Squamish / Scottish), lead artist and Melanie Rivers/Tiyaletwet/7mlemelwet (Squamish/Scottish) collaborated on the artwork for this publication's cover

Artwork

The eagle flies high in the sky and has unique perspective over the lands, mountains, forests, rivers, and oceans. These are valuable qualities and medicines of the eagle. When we need to view a problem or challenge from a new angle, we can reflect on eagle perspective. Along with perspective, we borrow the medicines the eagle has to offer of strength and wisdom. The circle in this design represents community and how everyone has their own unique and special place in the circle. Each person has someone beside them for support and people across from them to learn from. No one is higher or lower than another and every one can be seen. Keeping the circle and community in mind is important when making decisions that impact the health and wellbeing of a population. The faces in the circle part of the design represent the people who are impacted by health decisions... the mothers, fathers, sons, daughters, sisters, brothers, nieces, nephews, friends and loved ones. There are five faces to represent the five approaches to ethical analysis utilized in this guide.

PART 1

Introduction

PART 2

Ethical Resolution Process

PART 3

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PART 4

Conclusion & Appendices

Introduction

Welcome

This British Columbia Public Health Ethics Guide is intended for people working in public health on lands colonially known as British Columbia (BC), Canada. The purpose of this guide is to provide an overview of values, principles, and ethical approaches to support public health practice and to outline a structured Ethical Resolution Process to identify and address ethical issues in public health settings. This process is designed to promote consistent, transparent, and equitable decision-making on ethical issues in public health.

How to Use This Guide

This guide and an accompanying online course were developed through a participatory research project, conducted collaboratively by researchers at The University of British Columbia (Faculty of Medicine and School of Nursing), Provincial Health Services Authority (Ethics Service, Indigenous Health, British Columbia Centre for Disease Control), First Nations Health Authority, public health professionals, and members of Indigenous, disability, senior, and newcomer communities. This work was supported by a grant from the Pacific Public Health Foundation.

Please note that this guide supplements, rather than replaces, established public health guidelines, policies, and procedures. This document does not provide legal advice or guidance on how to prevent public health issues.

We invite you to:

- Read the introductory material on Public Health Ethics, Indigenous Health, Values & Principles, and Ethical Dilemmas in Public Health
- Review the Ethical Resolution Process for public health ethical decision making
- Complete the online course to explore how three fictional public health ethics scenarios can be resolved using the Ethical Resolution Process (UBC Continuing Professional Development: *Ethics in Practice: Exploring Public Health Ethics in BC*)
- Download this guide and the Ethical Resolution Process Practice Tool for future reference
- Contact your health authority Ethics Service or Leadership Team for support with ethical decision making

Public Health Ethics

Public health traditionally focuses on the promotion and protection of the health and wellbeing of all people and communities within a society, and the prevention of injury, illness, and premature death.[1,2] Public health is an organized and collaborative effort involving services, programs, and policies.

> "Our health care system is a band-aid. It really is. And taking a population and public health approach means getting to the causes of and often the causes of the causes of the cause. Really and we have to dig down deep."

> "There is the obligation of public health authorities to look at the scientific evidence, to look at the values we say are important like equity and social justice and make strong recommendations about what we are supposed to do."

Equity-deserving Groups

Equity-deserving groups are groups of people that experience significant barriers to accessing resources and opportunities to participate in society.[3] These barriers relate to systemic discrimination based on characteristics such as age, class, disability, ethnicity, gender, Indigeneity, nationality, race, and sexual orientation.[4] People who belong to multiple equity-deserving groups may experience more health disparities and increased barriers to public health services.

We explicitly recognize that Canadian healthcare systems perpetuate racism, ableism, colonial violence, Indigenous-specific racism and discrimination, structural barriers, and social inequities that affect members of equity-deserving groups. In addition, public health ethics practices have historically been limited to western ways of thinking which contribute to ongoing oppression, colonial violence, and health inequities. Ethical public health practices must address systemic oppression in order to ensure all communities and groups have equitable opportunities to achieve the highest attainable standard of health.

> "I've never had trust in public health. Never. So why would I? It's not a system that's ever benefited me. Or my child or people like me."

Public Health Ethics

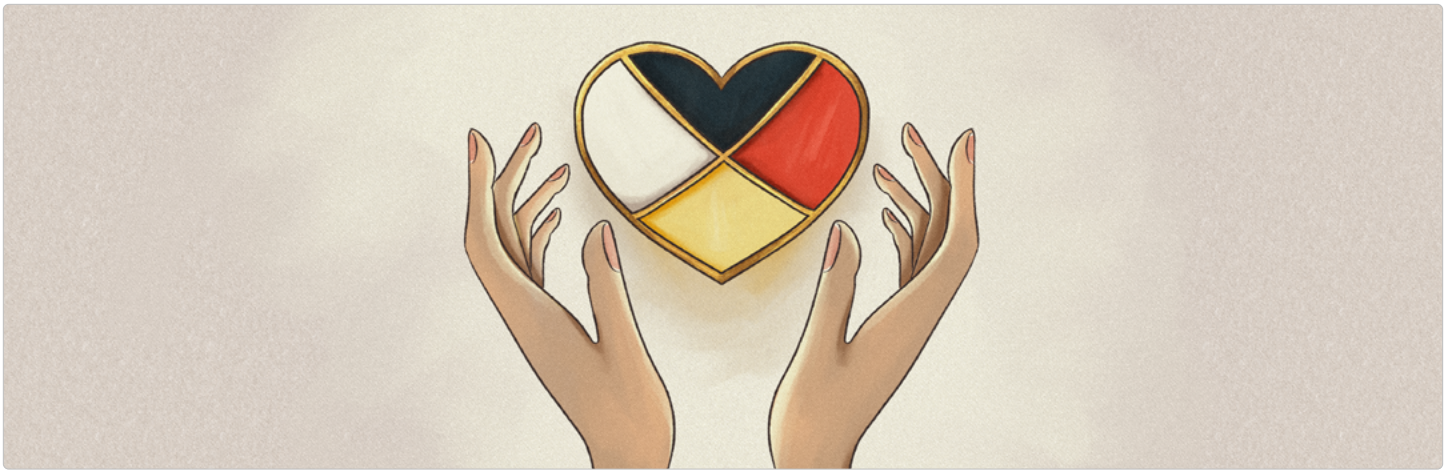
Public health ethics involves applying structured processes to guide public health decisions, actions, policies, and programs in order to reflect public health values and promote equity.[5]

Public health in BC is guided by foundational principles of: truth, rights, and reconciliation; health equity and anti-racism; and systems capacity.[6] Previous approaches to addressing ethical issues in public health have not sufficiently addressed impacts of colonization and structural barriers experienced by members of equity-deserving groups. There has been relatively little guidance available on how to apply public health ethics on a practical level, and even fewer resources on using an equity-focused lens to address ethical issues in public health.

Our Approach

We conducted a qualitative research and knowledge translation project in 2023-2025 to develop this guide for public health professionals in BC.[7] First, we reviewed existing public health ethics resources. Then, we held focus groups and interviews with members of four equity-deserving groups as well as public health professionals in BC. Through this engagement, we gathered feedback on existing approaches to public health ethics and priorities for this guide. Participants from the focus groups and public health leaders provided feedback on initial drafts of the guide. Quotes are highlighted throughout the guide from participants who are members of one or more groups: disability community; seniors; newcomers; First Nations, Inuit, and Métis people (Indigenous people), and public health professionals.

Three fictional scenarios are presented in the guide and accompanying online course. These focus on equity-deserving groups who were identified as having unique needs in relation to public health. They involve public health scenarios related to partner notification, food security, and a school outbreak.



Indigenous Health

When addressing public health issues, it is important to consider the historical and ongoing impacts of colonization and Indigenous-specific racism on Indigenous people. Ethical practice in public health includes ongoing commitment to Truth & Reconciliation, the eradication of Indigenous-specific racism and discrimination, and application of Indigenous Cultural Safety to all services, policies, and processes to address and decrease health inequities for Indigenous Peoples.

Ethical issues in public health affecting Indigenous communities should be addressed in a manner inclusive of Indigenous worldviews. One way to address this is the integration of Wise Practices. Wise Practices are actions situated in locally relevant Indigenous Knowledge and practices, which may be integrated with western best practice approaches.[8] This requires active engagement with Elders, Knowledge Keepers and Indigenous thought leaders who can support understanding of Indigenous worldviews.

First Nations, Inuit, and Métis Knowledges, Worldviews, and Wise Practices must become integral parts of supporting wholistic health and wellbeing within our public health care system. This includes focusing on living well (not just alleviating illness), recognizing the value of Indigenous healing practices, and promoting organizational practices that support taking care of the land and people for future generations.

> **"I often wish that the medical model has got more of what you showed from the Indigenous model. I feel like it's got more compassion, more approachability.**
>
> **You have a duty to be ethical and if that means explaining your reasons. And respecting the other person's decision that you're explaining to, that is very much part of that culture."**

Indigenous Rights

In public health ethics within BC, we recognize the inherent rights of Indigenous Peoples outlined in the following documents:

- United Nations Declaration of the Rights of Indigenous People
- B.C. Declaration on the Rights of Indigenous Peoples Act

We also commit to implementing the mandated national and provincial commitments within:

- Truth and Reconciliation Commission of Canada Report: Calls to Action
- National Inquiry into Missing and Murdered Indigenous Women and Girls: Calls for Justice
- In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care
- British Columbia Cultural Safety and Humility Standard

These foundational documents recognize and define universal Indigenous rights and Indigenous human rights, including the Indigenous right to health.

Specific rights recognized within these documents include the rights to:

- The highest attainable standard of physical and mental health
- Access healthcare without discrimination
- Be actively involved in developing health programs
- Access traditional medicines and maintain traditional health practices

We recognize the distinct cultures, self-determination, rights and title of First Nations Peoples on the lands on which BC is situated and which we serve, as well as the individual and collective Rights of First Nations, Inuit, and Métis. We recognize the commitment to upholding First Nations rights and title rights, eradicating Indigenous-specific racism and discrimination, and hardwiring cultural safety and humility throughout public institutions, programs, and services.

Values and Principles

Personal values are an individual's deeply held beliefs about what is important and what is right. These may be influenced by social, cultural, and personal factors. Collective values are beliefs shared by members of a group, organization, culture, or society. There are aspirational values (the kind of world we aim to build) as well as relational values (how we engage with each other). Principles can be understood as rules or standards that guide the ways in which we practice. These principles are grounded in aspirational and relational values.

Some values and principles may be highly relevant to certain public health issues and less applicable to others. Clarifying the values and principles that are most important in a situation and balancing different perspectives can help in resolving issues ethically.

The values and principles presented below are relevant to ethical practice in public health. Some of these values and principles come from traditional public health practices and others are drawn from consultation with members of equity-deserving groups and public health professionals in BC as part of our research study.[7] This list is not exhaustive, but includes values and principles central to equity-focused public health ethics. In the accompanying online course, we show how these values and principles can be applied in public health ethics scenarios.

Aspirational Values

The kind of world we aim to build

Relational Values

How we engage with one another

Practice Principles

Standards that guide our actions in public health practice

Aspirational Values

The kind of world we aim to build

> "I think it's just making sure people are, being held accountable to what is already legislated around cultural safety and humility"

> "When you stop dehumanizing or purposefully humanize people you listen to them and you then hear them"

> "Justice is about reducing the gatekeeping, justice is about reducing the barrier."

> "Wholistic wellness is also important and should be embedded into attitude and polices"

Aspirational Values	Definitions
Humanization	Valuing a person because of their innate worth as a human being and honouring their dignity, worldviews, and lived/living experiences
Cultural Humility	A life-long process of self-reflection and self-critique. It is foundational to achieving a culturally safe environment. Cultural humility begins with an in-depth examination of our own assumptions, beliefs and privilege embedded in our own understanding and practice.
Indigenous Cultural Safety	The outcome of addressing power imbalances related to colonialism, building safety, and partnering to support wholistic wellbeing that is relevant to a person's cultural values[9]
Justice	Treating people, communities, and populations fairly, without favouritism or discrimination
Stewardship	Responsible management and allocation of resources to ensure sustainability
Wholistic wellbeing	Multidimensional (e.g., physical, mental, emotional, social/relational, spiritual) health and flourishing of a person, community, or population

Relational Values

How we engage with one another

> "You need to respect the person for being who they are. Treat them as that."

> "Humility and acknowledging where we went wrong."

> "Solidarity...how do we work together as a population and a group and not just think about ourselves [in] individual ways."

Relational Values	Definitions
Accountability	Accepting responsibility for one's actions, and responsibilities one may have to redress the actions of one's ancestors and communities
Humility	Acknowledgement of personal limitations and willingness to learn from others
Inclusivity	Providing equitable opportunities for meaningful engagement with diverse individuals and groups, such that everyone is respected, valued, and supported to contribute
Integrity	Being honest and upholding values and principles through decisions and actions
Respect	Regard for the worth, rights, self-determination, characteristics, abilities, feelings, beliefs, wishes, and traditions of others
Solidarity	Unity, mutual support, and allyship among individuals and communities
Trust	Confidence that an individual or organization will reliably act in ways that benefit and protect people, communities, and populations

Practice Principles

Standards that guide our actions in public health practice

> "You need to also have that model of being consistent…If it's a rule that's being followed…it needs to be applied in a consistent approach."

> "Transparency is important to me because it's easier to understand someone's point of view when you know what has led them to make this decision."

> "The idea is that we don't treat everyone the same. The idea is that folks who are in groups that have historically or currently not been treated fairly need more support in order to be treated properly in order for reparations, in order for it to narrow the gap."

Practice Principles	Definitions
Accessible	Easily reached or obtained
Effective	Produces an intended result within a reasonable amount of time
Equitable	Fair and unbiased distribution of risks, benefits, resources, and support
Harm principle	A person's freedom can only be limited to prevent harm to others
Least restrictive means	Approach that minimizes limitations on individual freedom
Proportional	Response that is appropriate given the level of risk or harm
Reasonable	Rational, evidence-based, feasible, and free of bias
Reciprocal	Duty to minimize negative effects of burdens taken on by individuals or communities for the public good
Sustainable	Able to be maintained
Transparent	Open, honest, and communicative
Utilitarian	A positive balance of overall benefits and harms

Ethical Dilemmas in Public Health

We encounter ethical dilemmas in public health when values and/or principles come into conflict. Ethical dilemmas can also arise when none of the available options seem acceptable. Often, trade-offs are required in resolving ethical issues, particularly when resources are scarce.

You may have an ethical issue if you are asking[10]:

- What should we do?
- What is the right thing to do?
- What is the best thing to do?
- What is most important?
- How do we resolve conflict when there is disagreement about how to act?
- How do we distribute scarce resources and services fairly?

People and communities hold different values around what is important and right. We must strive to understand these differences and take them into account in public health decision making.

Sometimes, not all values can be upheld when resolving an ethical dilemma. The ethical concept of "what is the right" does not suggest a universal answer. Instead, when we encounter an ethical dilemma, we systematically work through a process to determine the best (e.g., least harmful) way forward, guided by values and principles.

We explore three scenarios in the online course in which ethical dilemmas arise:

Partner Notification

A public health nurse and medical health officer (MHO) work with a client who has syphilis to make decisions about partner notification. The ethical dilemma surrounds how to balance respect for the client's choices with safety of the client's partner.

Food Security

Public health staff work with a municipality to align initiatives to address food insecurity with community needs. The ethical dilemma in this scenario stems from proposed actions likely to cause greater inequities in access to food and nutrition services.

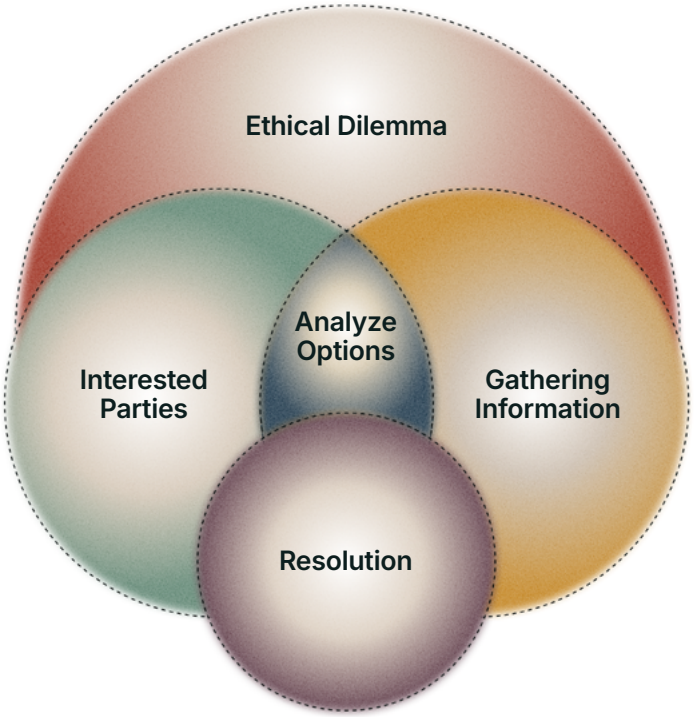
School Outbreak

Public health and school officials respond to an outbreak of a vaccine-preventable disease in an elementary school in which many parents have not provided proof of vaccination. This ethical dilemma concerns how to balance minimizing harm with promoting equity and trust among families.

Ethical Resolution Process

Ethical Resolution Process

When facing an ethical dilemma in public health, determining what should be done can be challenging. Having a standardized process to address ethical dilemmas can support procedural justice (fair process) and ethical resolutions that are aligned with public health values and principles. The Ethical Resolution Process described below can be applied to public health decision making at many levels, from front-line practice to provincial policy.

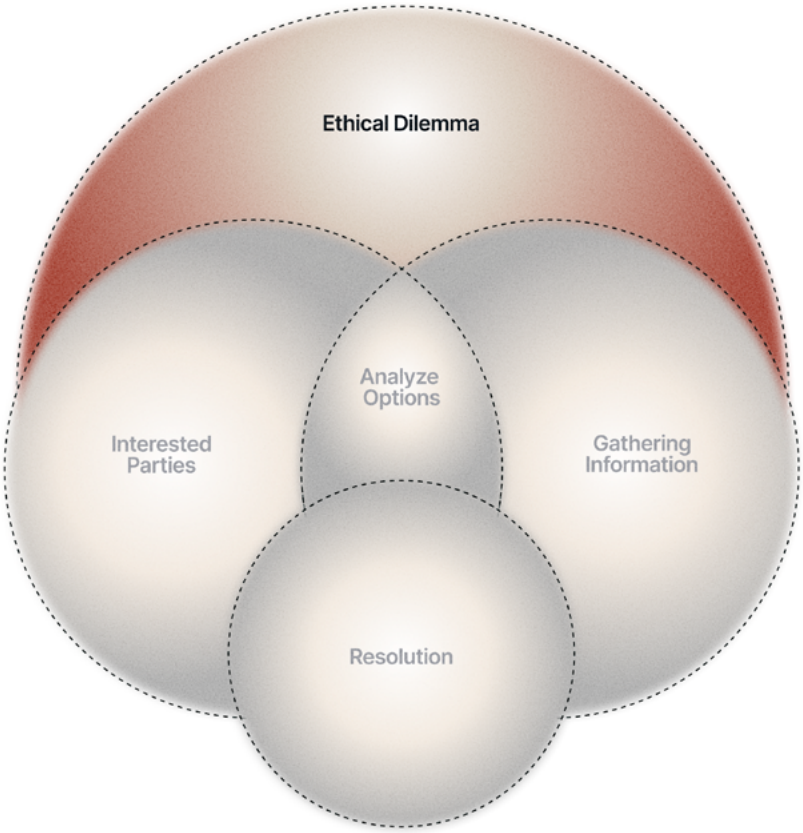


Ethical Resolution Process[10]:

- Describe the **ethical dilemma**
- Identify **interested parties**
- **Gather information** to understand and resolve the ethical dilemma
- Identify and **analyze options**
- Choose, justify, implement, and evaluate an ethical **resolution**

While there are five different components outlined to guide us through the Ethical Resolution Process, it should be noted that the process is often **iterative**. This means that we may move back and forth between components, rather than taking each step in sequence. For example, after gathering some information, we may understand the ethical dilemma differently or learn about additional interested parties who should be included. If an ethically justifiable option is not feasible, we may need to gather more information or identify and analyze modified options before selecting a resolution.

Together, these five components can guide us through the complexities of resolving ethical dilemmas in public health.



Ethical Dilemma

In order to initiate an Ethical Resolution Process, the ethical dilemma should first be described in relation to relevant values and principles.

Ethical dilemmas emerge when values and/or principles come into conflict or tension and we do not know what to do or people disagree about the right thing to do.

If the issue you are dealing with relates to uncertainty about the best course of action, it is likely an ethical dilemma. It can be helpful to state the issue as a question asking what should be done (e.g., Should we...?).

- **Partner Notification:** Should a person be informed about their potential exposure to syphilis without consent from their sexual partner?
- **Food Security:** Should public health officials proceed with implementing a proposed food security program that may not meet the needs of members of equity-deserving groups?
- **School Outbreak:** How should public health and school officials respond to the outbreak in order to limit transmission, protect children at higher risk from complications of infections due to disability, minimize disruptions to education, and promote equity and trust among families?

When describing the ethical dilemma, the values and principles that are coming into conflict to create the dilemma should be identified. For example, the value of respect may conflict with the value of stewardship when resources are not distributed according to the needs of specific equity-deserving groups.

Partner Notification

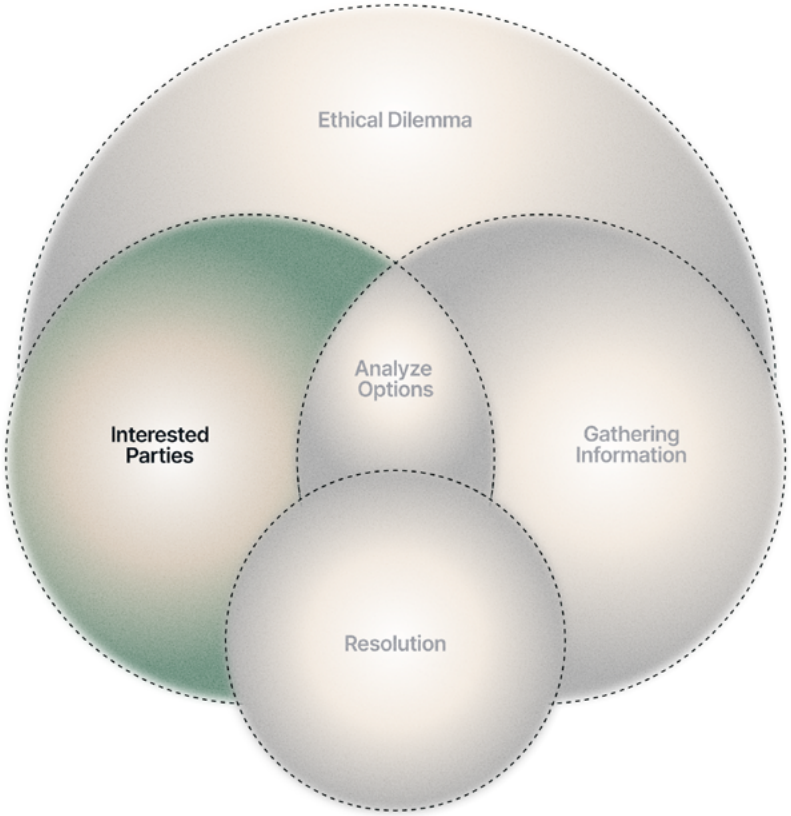
Humanization, respect, trust, and wholistic wellbeing for the client with syphilis may be in conflict with upholding the same values for their partner. Maintaining the trust of the person with syphilis may be in conflict with a proportional, reasonable, and utilitarian response to preventing the spread of syphilis.

Food Security

A reasonable and sustainable response may conflict with accessibility, inclusivity, Indigenous cultural safety, and wholistic wellbeing. Accountability and humility when working with members of equity-deserving groups may be in conflict with accountability to funders. Public health officials, funders, and members of equity-deserving groups disagree about what good stewardship of resources means.

School Outbreak

Building trust with and demonstrating respect for families whose children do not have documentation of vaccination may conflict with upholding these same values with children who are vaccinated and for those with disabilities. Effectiveness may be in tension with the harm principle, least restrictive means, proportionality, and utilitarianism.



Interested Parties

People or groups who are closely affected by ethical dilemmas and their resolutions are referred to as interested parties. Interested parties may include communities, clients, and members of equity-deserving groups. Public health professionals, administrators, and leaders may also be interested parties.

Interested parties usually have the most to gain and the most to lose in a given situation. They bring important perspectives, particularly about values and context. Therefore, they should be engaged throughout the Ethical Resolution Process, unless this is not possible.

> "I find with people with disabilities, it's either we don't get a choice, or the choice is made for us. And I find they forget that the disability doesn't define us."

When we encounter an ethical dilemma, care should be taken to identify all potential interested parties so that they can be invited to contribute to the Ethical Resolution Process. Particular attention should be paid to ensuring members of equity-deserving groups who may be disproportionately impacted by a public health issue are included.

When First Nations, Inuit and/or Métis communities are affected by the ethical dilemma, the appropriate First Nations, Inuit, and/or Métis leaders should be invited to participate.

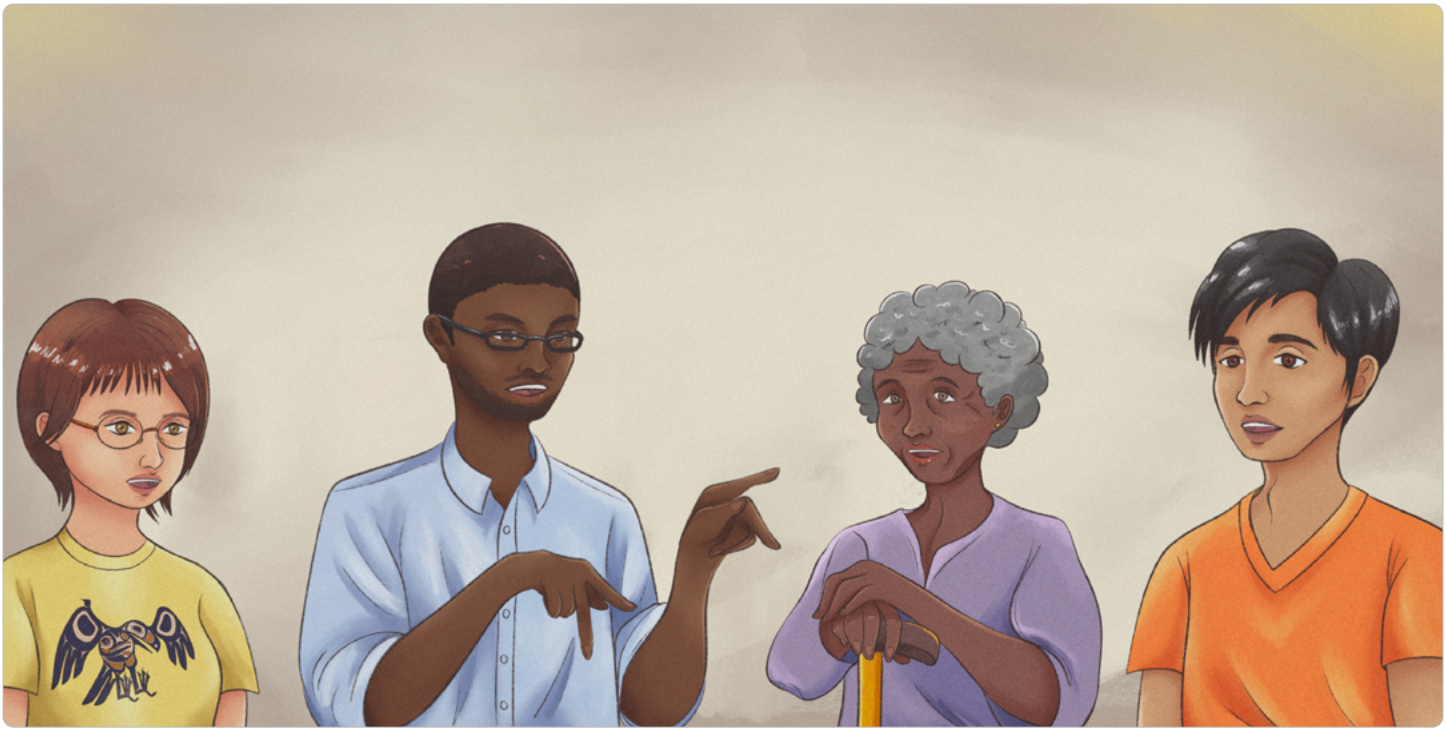
Jean, First Nations Elder, a character from Scenario 2: Food Security

Engagement

Well-facilitated engagement can bring parties together to work toward an ethical resolution. Engagement may occur in multiple forms, including one-on-one conversations, meetings, emails, and surveys. Interested parties should be engaged in inclusive, collaborative, transparent, respectful, and culturally safe discussions when addressing ethical dilemmas.

> **"It takes a lot more resources to ensure that their voices are being heard. And they're often you know hard to reach for different reasons. It's definitely really important to actively be doing the work. And be the ones like, doing that, right? It can't be on those people to figure out how to advocate for themselves. Yeah, so I guess there just has to be a lot of preparatory kind of learning and unlearning in knowing, oh, like to even begin with, you know, oh, these groups exist and then there's these intersectionalities, and do we have the partnerships in place."**

Confidentiality should be carefully maintained and consent sought for sharing information among interested parties as ethical dilemmas are resolved. Public health professionals play important roles in developing strong relationships, practicing good communication, and maintaining engagement with all interested parties.



Left to right: Marie, Marc, Lucy, and Jim. Members of equity-deserving groups from Scenario 2: Food Security

Attention should also be given to reducing barriers to engagement; for example, providing transportation assistance, accommodating schedules, and offering multiple options for engagement (e.g., phone call, email, meeting at convenient locations).

Power and Privilege

When engaging with interested parties, particularly members of equity-deserving groups, it is important to address and minimize power differentials, harmful biases that perpetuate discrimination and stigma, and structural barriers within healthcare systems.

Power and privilege can affect engagement among interested parties in three areas:

- Personal: Recognize each individual's social location, power, and privilege
- Professional: Understand how professional roles contribute to power and privilege
- Process: Centre the voices of those with the least power and privilege (e.g., clients and communities) to address and minimize power imbalances during engagement with interested parties

Facilitation

Effective facilitation of meetings among interested parties can be supported through the following strategies:

Ensuring the leader of the meeting brings[11–13]:

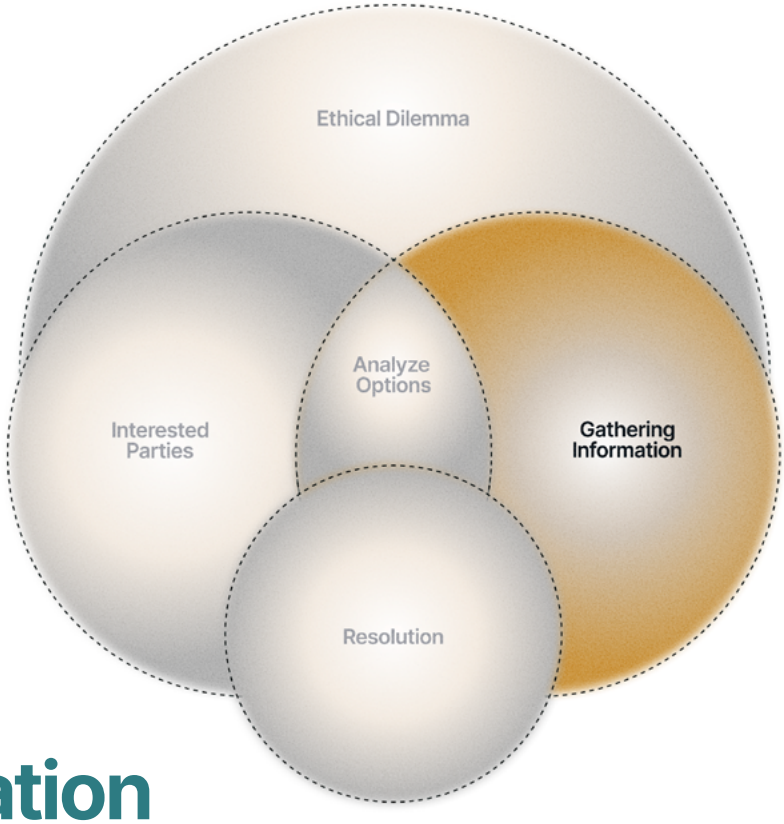
- Respect and humility
- Patient/family/community-centered approach
- Strong facilitation, trust-building, and communication skills
- Understanding of potential power imbalances and levels of trust in public health
- A solid understanding of the ethical dilemma and the Ethical Resolution Process

Preparing interested parties for the meeting[11,14]:

- Clearly communicating the reason for the meeting
- Asking what each interested party wants to raise in the meeting
- Asking how interested parties can be supported to participate
- Asking if additional interested parties should be included

During the meeting[12,13]:

- Presenting a clear structure for the meeting
- Clarifying roles and objectives
- Providing education about the Ethical Resolution Process
- Ensuring all interested parties are able to contribute (e.g., those with the least power and privilege are actively and meaningfully included)
- Identifying points of consensus and disagreement
- Clearly communicating conclusions and next steps



Gathering Information

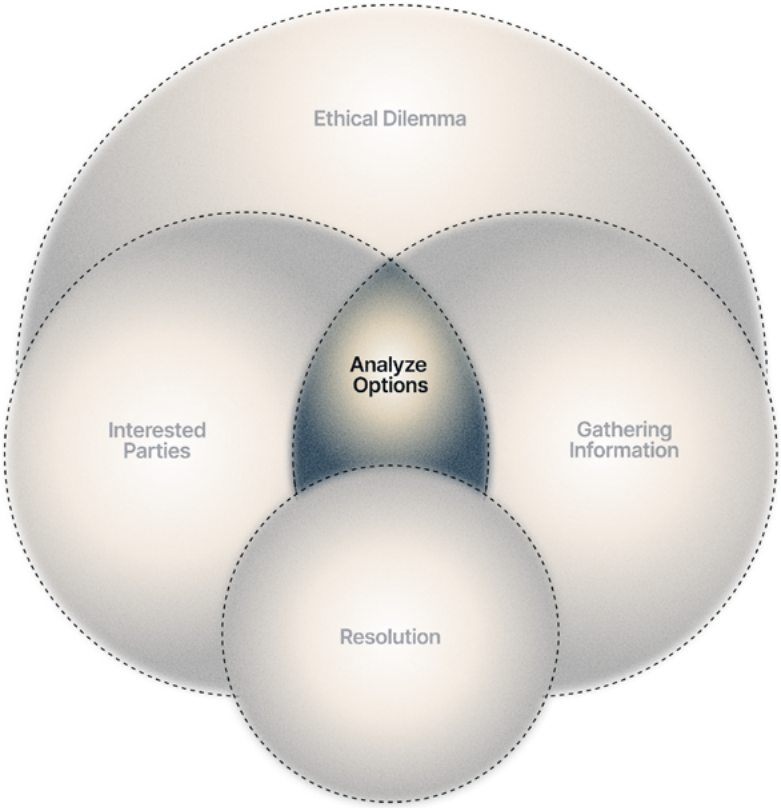
Once an ethical dilemma and interested parties have been identified, we can gather the additional information needed to support an ethical resolution. Information may be needed about many topics, such as patient/community concerns, medical conditions, emerging outbreaks, and resource and environmental considerations. Information sources can include scientific literature, clinical records, public health data, Indigenous Worldviews, interested parties, health-care professionals, administrators, and leaders. It is important to consider biases about what forms of evidence are prioritized and to be inclusive of diverse forms of knowledge.

The information gathered helps inform potential options for a resolution. Additional information may be gathered as options are analyzed.

Interested parties should work together to gather needed information. The amount of information that can realistically be obtained may depend on time available. Some ethical dilemmas may need to be resolved within the day, while others will unfold over weeks or months. Different kinds of information are needed to address different ethical dilemmas.

The following questions may be helpful in identifying what information is needed:

- What social factors, economic factors, cultural factors, facts, and evidence should be considered?
- What resources are available (e.g., financial, environmental, human resources)?
- What do interested parties hope to get from the resolution?
- What biases and assumptions need to be addressed?
- What laws, rights (e.g., basic human rights, Indigenous-specific rights) organizational values, guidelines, policies and procedures are relevant?



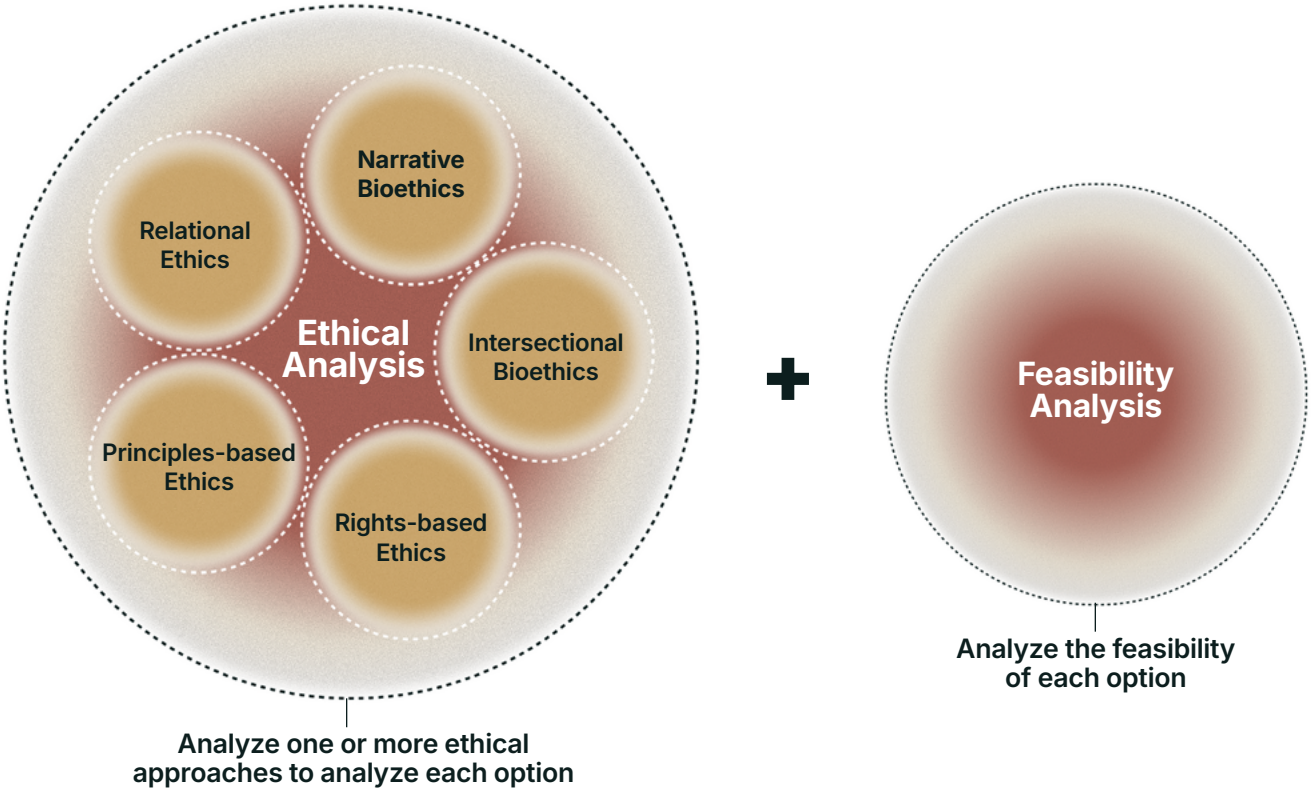
Options

After gathering information, we identify options for resolving the dilemma. Next, we analyze options using one or more approaches to ethical reasoning to determine whether they are ethically acceptable and feasible.

Identify Options

When identifying options, encourage interested parties to put all ideas on the table. Innovative ethical resolutions may be found through open and inclusive engagement. If possible, identify more than two options, as this can assist in forming rationale.

Analyze Options



No single ethical approach can be applied to resolve all ethical issues in public health. Multiple established and emerging approaches create a diverse toolkit to respond to ethical dilemmas. These approaches include, but are not limited to: relational ethics, narrative ethics, intersectional bioethics, rights-based approaches, and principles-based approaches. See Part 3 for detailed descriptions of these approaches to ethical reasoning.

The ethical approach or approaches selected are informed by the nature of the ethical dilemma, interested parties, setting, and other factors. In some situations, a single approach to analysis may be most appropriate. In other situations, multiple approaches may be applied to determine which options are ethically acceptable.

An ethically acceptable option is one that is justified based on analysis using an appropriate ethical approach. For example, the justification may demonstrate how the resolution fits within the narrative of the patient, family, or community (**narrative approach**); how human rights and/or Indigenous-specific rights are best upheld (**rights-based approach**); or how the public health principles are best balanced (**principles-based approach**).

> **"If we're engaging with municipalities, they often say a very different thing than people who will be using the service. How can we reconcile that?"**

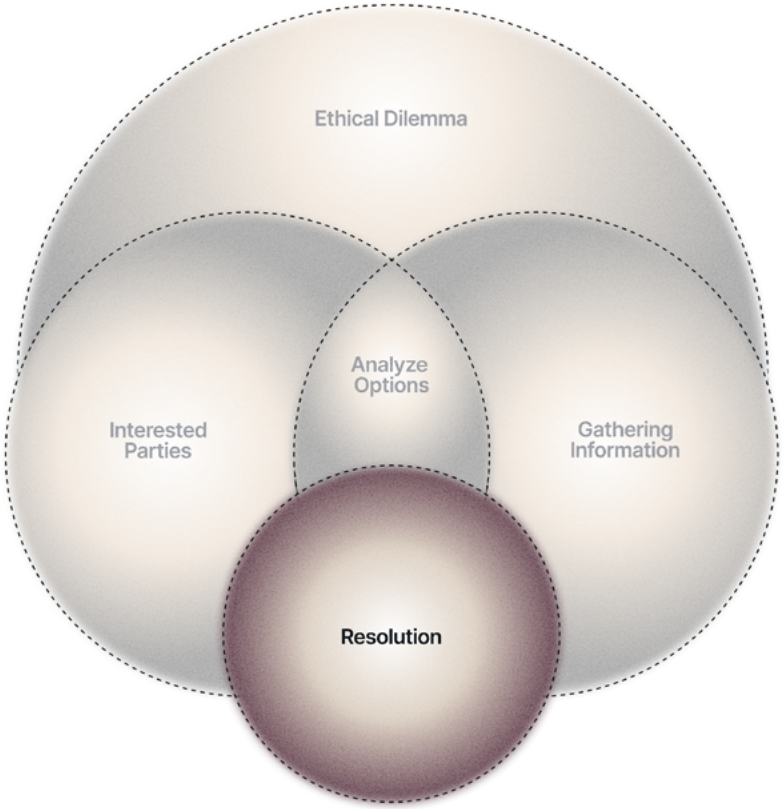
Feasibility Analysis

Options should also be analyzed in terms of feasibility. This means evaluating whether the resources necessary to implement an option are available. These may include healthcare, community, or other resources. We may need to gather additional information in order to evaluate feasibility.

If an ethically acceptable option is not feasible as proposed, it may be possible to modify the option to improve feasibility. If an option is modified, the ethical analysis may need to be reviewed.

The following questions can guide the feasibility analysis of each option.

- Which options can realistically be implemented?
- Are all the resources necessary to safely implement options available?
- If all the necessary resources are not available to implement a specific option, can the option be modified to enhance feasibility while still resolving the dilemma in an ethically acceptable manner?



Resolution

Resolution involves the selection, justification, implementation, and evaluation of an ethically acceptable option.

Choose a Resolution

Ideally, the analysis of options leads to at least one ethically acceptable and feasible option that is satisfactory to all interested parties. If multiple options are ethically acceptable and feasible, the interested parties most affected by the ethical dilemma (e.g., client, community) should choose one resolution from those options.

Consensus

While the goal is to reach consensus on a mutually agreeable resolution, this may not always be possible. If no ethically acceptable and feasible options are satisfactory to all interested parties, public health professionals should engage in transparent and culturally safe discussions with other interested parties (e.g., clients, members of equity-deserving groups) about available options and limitations.

If a resolution that is satisfactory to all interested parties cannot be reached, it may be necessary to engage in additional consultation; for example, with regional health authorities, public health organizations, governments, Indigenous leaders, and organizations representing equity-deserving groups. Information from additional consultations and discussions should be clearly documented. Once a decision is made, any interested parties who are not in agreement should be informed of both the decision and any opportunities to review or appeal the resolution.

> **"Because this person holds a powerful position there is a greater need for honest communication, actions, intentions, and ethics, especially when vulnerable groups may be harmed. These pillars build and support trust and are foundational."**

Document the Ethical Justification

The rationale for selecting the resolution should be clearly documented, including documentation of the interested parties who were involved in the process and any consensus or disagreement about the resolution. See the Practice Tool: Ethical Resolution Process Summary on page 44.

The following questions may guide documentation of the ethical justification:

- What was the resolution?
- Was there consensus among interested parties about the resolution?
- How was it determined that the resolution was ethically acceptable and feasible?

Implement the Resolution

Several factors should be considered when implementing the resolution:

- How can the interested parties be kept at the centre of the resolution process?
- How can trust and relationships be nurtured through this process?
- How can public health values and principles be upheld in implementing the resolution?

Communication

It is ethically important to communicate the resolution to interested parties and general public (when appropriate), which also serves to promote trust in public health. As public health interventions may change or be adapted based on emerging evidence and experiences, communication about potential uncertainties must be conveyed.[15]

> **"If public health wants to elicit a strong response you are going to have to prioritize truthful, accurate, scientific information in a way that every person can identify with on a personal level."**

Communication about ethical issues in public health should provide information about the issue and appropriate action.[16] Public health messaging should use plain language and be tailored to specific audiences.[17] Consider these principles for effective health communication from the World Health Organization: accessible; actionable; credible and trusted; relevant, timely; and understandable.[18]

> **"One of the ways to avoid getting boxed in is to start any public health discussion with the fact that the parameters of science are always changing. And, so this is what we know today. Doesn't mean we can't take action, but it does mean that ethics in that context is different."**

Health authority communications teams may be available to support communication about public health decisions. It is important to consider:

- Who is best positioned to communicate information about the resolution?
- How can information be communicated to interested parties so that it is accessible and culturally appropriate?
- How can information be communicated to interested parties in a manner that is timely and promotes transparency and trust?

Evaluate the Resolution

It is important to evaluate the outcomes and implications of the resolution. It may be appropriate to hold a meeting with interested parties as part of the evaluation process or to gather feedback via emails, surveys, or meetings.

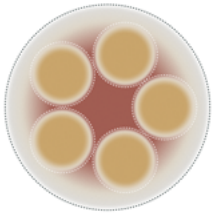
There should be a plan for who will conduct the evaluation, at what time, and with what measures. Documentation of the evaluation is important for informing future practice and policy.

> **"I think it's important in all decision-making…the actual reflection on the decision we've made and what's happened and what the implications of it are, and then the commitment to coming back and revisiting the decision if it's necessary."**

The following questions can guide evaluation of ethical resolutions:

- Was the resolution facilitated in a manner consistent with values of the interested parties?
- Were the actual outcomes of the resolution the same as the anticipated outcomes (e.g., were potential harms effectively mitigated)?
- Was the resolution appealed or reviewed?
- What can be learned from this process to inform future practice?
- Should any changes to policies or procedures be made as a result of this process?

Approaches to Ethical Analysis



Five approaches to ethical analysis are described below. These are applied to specific public health scenarios in the online course.

Relational Ethics

Relational ethics focuses on the ways we interact and connect with individuals and communities.[19,20] Relational ethics in public health focuses on how relationships within communities are connected with social, political, and environmental conditions and how these factors impact health outcomes. This involves seeing people and communities within their social contexts, rather than isolation.[21]

A relational ethics approach recognizes the importance of engagement, trust, accountability, solidarity, respect, collective wellbeing, and the environment when working with individuals and communities, especially those who have experienced barriers and discrimination.[19–22]

The following themes can be applied in a relational ethical analysis within public health.

- **Engagement** is the process of building, maintaining, and strengthening relationships with interested parties and working collectively to resolve public health ethical dilemmas.[19,20] Building trust in public health and demonstrating accountability are both integral to engagement in relational ethics.[20,22,23]
- **Solidarity** affirms our interdependence and need for mutualistic care to achieve good health.[21,22,24] Public health professionals can support solidarity through respecting for diversity and differences in worldviews, values, beliefs, knowledges, experiences, and choices and through minimizing power differentials while working alongside equity-deserving groups.
- **Collective wellbeing** involves accounting for the multidimensional (e.g., physical, mental, emotional, social/relational, spiritual) health of communities and populations. This includes recognizing mutual responsibility; the shared obligations of individuals, communities, public health professionals, and policy makers to achieve equitable health outcomes.[21,22]
- **Environments** are addressed as constantly evolving spaces in which people, communities, and populations are in relationship with health professionals and healthcare systems. These spaces are shaped by personal relationships, healthcare experiences, resources, policies, politics, and society at large.[19] Public health professionals can address systemic and structural barriers in environments to promote equity and social justice through transparent and inclusive practices.

In public health, where policies and interventions impact entire populations, this approach is particularly relevant, as ethical dilemmas often arise at the intersection of collective wellbeing, health equity, and institutional barriers.[23–25] Relational ethics are upheld through meaningful engagement with communities and populations to understand their needs, maintain and develop respectful relationships, demonstrate solidarity, support collective wellbeing, and account for how the environment shapes the health of a community or population.[19,22]

The following questions can guide a relational ethics analysis:

- Which options will build, maintain, and/or strengthen relationships to promote trust and accountability?
- Which options best support solidarity through addressing and minimizing power differentials?
- Which options demonstrate respect for values, beliefs, knowledges, experiences, and choices of the interested parties?
- Which options support collective wellbeing and health equity?
- Which options address systemic and structural barriers through transparent and inclusive practices?

A relational ethical analysis can be helpful when determining which option best supports relationships, trust, and solidarity with communities. As an example, when public health and school officials are determining the best way to address an outbreak, a relational ethics approach can help determine which option best supports public health's relationship with interested parties (such as parents) through engagement, trust, accountability, solidarity, respect, collective wellbeing, and addressing systemic and structural barriers within the environment.

Narrative Ethics

Narrative ethics recognizes the role and importance of stories in understanding multiple viewpoints about an ethical issue. Narratives help us appreciate the ways others see the world, organize information, connect values to actions, and develop potential resolutions to ethical dilemmas.[26]

Narrative ethics provides a foundation for empathic listening, reflection, discussion, and decision making.[27] This approach can promote inclusivity and responsiveness to complex human experiences in the Ethical Resolution Process. Members of the broader community may be included in order to understand the diverse needs and perspectives of those often underrepresented in public health decision-making (e.g., members of equity-deserving groups).

Narratives go beyond informing ethical decisions; rather, exploring the narrative itself is the method of resolving ethical dilemmas.[28] This involves a process of looking backward to see how the interested parties arrived at this place in their stories, sideways to understand social and political influences, and forward to understand possibilities for resolution.[29]

Montello provides four elements of stories to structure the application of a narrative ethics approach.[30]

When applying Montello's elements in public health, the focus is on understanding the core elements of voice, character, plot, and resolution through listening to a series of stories that build on each other. Once the plot of a story is understood, ways to address the rupture in that story (i.e., the ethical dilemma) can more easily be identified.

- **Voice** refers to who is telling the story and whose perspectives are being heard. In public health, we look for voices that are missing as we listen to multiple stories.[27] For example, while we hear some community members telling their stories of public health experiences, we may be missing the voices of members of key equity-deserving groups.
- **Character** focuses on who the story belongs to, which may or may not be who is telling the story. We consider who is at the centre of the stories we hear and whether any characters are missing from the overall narrative. For example, there may be people or communities whose roles in the narrative have not been shared but who are affected by a public health issue.
- **Plot** reveals the expectations that are created in a story and the value systems people draw on to make decisions. Stories about ethical dilemmas in public health typically involve a rupture to the expected plot of a story (e.g., and unanticipated and upsetting event). As we listen to stories, we look for unmet expectations, surprises, and ruptures to gain insight into possible ways forward that align with the values of affected people, communities, and populations.
- **Resolution** is the process of moving from dissonance to consonance (e.g., from conflict to agreement).[30] When applying narrative ethics in public health, the resolution should work to move multiple stories from places of dissonance to consonance. An ethical resolution is one that aligns well with what matters most to the interested parties, representing the best path forward through a challenging situation.

The following questions can guide a narrative ethical analysis:

- Whose voices have been heard and whose are missing? Are all characters central to the narratives represented?
- What rupture has occurred in the plot of this narrative?
- Which options best account for what matters most to the interested parties?
- Which options account for the context of past events (e.g., how interested parties have enacted their values in the past) as well as current social and political influences?
- Which options best address ruptures in the plot to move toward an ethical resolution?

A narrative ethical analysis can be helpful when interested parties hold different viewpoints. For example, this approach could be applied in analyzing whether to proceed with partner notification without the consent of a client with syphilis. Narrative ethics can support understanding the impact of this resolution on the wellbeing of each of the interested parties.

Intersectional Bioethics

Crenshaw developed the concept of intersectionality to describe the complex and cumulative effects of experiencing multiple, intersecting forms of discrimination (e.g., racism and sexism and ableism).[31] Intersectional approaches have been identified by multiple Canadian public health organizations as an integral part of equitable, ethical public health responses.[6,32–34] Intersectional bioethics is an approach to ethical reasoning focused on promoting social justice through understanding and addressing health inequities that are rooted in systemic oppression.[35,36]

This involves analyzing complex ethical dilemmas in healthcare in terms of:

- **Social position**: Recognizing the multiple, intersecting identities of all interested parties. To understand how people and communities are affected by institutional, social, and political structures, we must understand their social positions (e.g., race, class, gender, ability).[37–39]
- **Systems**: Taking a systems approach, focusing on how power and oppression are enacted in health systems.[35,37–39] Based on social position, people possess varying amounts of power and experience different forms of oppression (e.g., discrimination). From this information, we can see where there are power differences, who has more privilege, and who experiences more oppression and disadvantage within healthcare relationships and systems.[38,39]
- **Inequities**: Connecting social positions at the individual level with power and oppression at the systems level to make inequities and health disparities visible.[35,36] Understanding the source of inequities provides important information about how to resolve ethical issues.
- **Biases and assumptions**: Reflecting on our own privilege and worldviews.[35] This helps us to understand and challenge biases, assumptions, and discrimination.[38] Approaching this work with humility allows us to acknowledge limitations in our own understanding and be open to learning from others.
- **Social justice**: Supporting social justice.[35,36] Meaningful community engagement and collaboration with members of equity-deserving groups can support solidarity in reaching resolutions to complex ethical dilemmas.[35,36]

The following questions can guide an intersectional bioethics analysis:

- Which options account for the multiple, intersecting identities of the interested parties?
- Which options address power differences among interested parties, and specifically between equity-deserving groups and health systems?
- Which options address existing inequities and health disparities without creating new inequities or harms?
- Which options account for biases, assumptions and discrimination?
- Which options promote social justice by addressing systemic issues and supporting health equity within the current context?

An intersectional bioethics analysis can be helpful in determining the best approach to resolving an ethical dilemma that involves people who experience multiple forms of marginalization (e.g., due to race, class, and gender). For example, this approach could be used in analyzing how public health professionals should respond to a proposed food security program that may not meet the needs of equity-deserving groups. Intersectional bioethics helps us consider how social systems (e.g., government, public health) impact the food security of people who are members of multiple equity-deserving groups (e.g., newcomers with disabilities).

Rights-based Approaches

Rights-based approaches focus on the ethical responsibility to recognize and fulfill our shared commitments to all human beings. Human rights are grounded in societal agreements (e.g., through legislation, code, or policy) on what each person is entitled to as a human being.[40] Upholding human rights is an important part of ethical public health practice. Human rights challenges may arise in public health when individual rights (e.g., autonomy, privacy) come into tension with population needs (e.g., disease control).[33,34,41]

When rights-based ethics is applied in public health, we focus on understanding and addressing the determinants of health.[42–44] Importantly, fulfillment of human rights is a minimum standard that must then be built upon to achieve health and flourishing.

Rights-based ethics are based on rights of individuals that are agreed to by governments; for example, in international human rights documents.[44] Emphasis is placed both on those who hold rights and those who have a duty to uphold them.[44] In other words, "everyone's rights are considered and everyone's responsibilities are accounted for."[44(p13)] According to human rights agreements, governments must ensure availability, accessibility, acceptability, and quality of the resources to attain good health.[42]

The following human rights agreements are important to a rights-based ethics approach within healthcare in BC:

- **Right to the enjoyment of the highest attainable standard of physical and mental health** (1946 Constitution of the World Health Organization).[45] This right includes access to healthcare, but is connected to other human rights, such as rights to safe drinking water, safe food, adequate housing, healthy working conditions, non-discrimination, accessibility of health services, privacy, access to information, dignity, and life.[45]
- **Right to be free from discrimination in public services, facilities, and accommodations** (BC Human Rights Code).[46] This right is protected on the grounds of Indigenous identity, race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, and age.[46]

Indigenous rights-based approaches can be guided by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).[47,48] This is a summary of key articles in UNDRIP:

- ***Article 3.*** Right to self-determination.
- ***Article 21.*** Right to improvement of economic and social conditions, including health.
- ***Article 23.*** Right to determine and develop priorities and strategies for exercising their right to development, in particular, in developing and determining health, housing, and other economic and social programs affecting them, and as far as possible, to administer such programs through their own institutions.
- ***Article 24.*** Rights to traditional medicines, to maintain Indigenous health practices, to access all social and health services, and to enjoy the highest attainable standard of physical and mental health.

The following questions can guide a rights-based ethical approach:

- Have access to resources, services, skills, and knowledge increased?
- Are people better protected from unfair treatment (e.g., discrimination)? Have power dynamics changed?
- Have changes been made to policy and/or practice? Has change been made at multiple levels?
- Have responsibility-holders been responsive, responsible and accountable to rights-holders?
- Has sustainable change been created?

A rights-based approach can be helpful when ethical issues involve human rights or Indigenous-specific rights. For example, this approach could help address the issue of whether public health professionals proceed with implementing a food security program that poses barriers to members of equity-deserving groups. Rights-based ethics can support resolutions that uphold the right to reach the highest attainable standard of health and to access services and support without discrimination.

Principles-based Approaches

A principles-based approach to public health ethics involves weighing and balancing ethical values and principles, while also considering the social, political, and economic factors that influence health.[49] The four principles of biomedical ethics (i.e., autonomy, beneficence, nonmaleficence, and justice) are sometimes applied in public health, but are often not sufficient, as they were developed to support clinical ethical decision making. Principles that are central to public health ethics include: accessible, effective, equitable, harm principle, least restrictive means, proportional, reasonable, reciprocal, sustainable, transparent, and utilitarian. Please see the Values and Principles section of this guide for definitions of values and principles central to public health ethics.

Applying a principles-based ethical analysis in public health requires a structured approach to clarifying, prioritizing, and justifying possible courses of action, such that public health values and principles are upheld in a balanced manner.[50] Ideal ethical resolutions align with all public health values and principles, but some circumstances require that trade-offs among values and principles be made. Upholding some values or principles may be essential to an ethical resolution, while upholding others may be deemed less important. A principles-based ethical analysis involves balancing the values and principles important to the interested parties and justifying choices to prioritize certain values and principles over others in a specific situation.

The following questions can guide a principles-based ethical analysis:

- What values and principles are important to each of the interested parties?
- Which of these values and principles are essential, meaning that they cannot be compromised in reaching a resolution?
- Which of these values and principles are upheld by each proposed option for resolution? Which are in conflict?
- If all values and principles cannot be upheld in resolving the ethical dilemma, how should they be balanced (e.g., what trade-offs should be made)? What is the justification for prioritizing specific values and/or principles over others?
- Which options provides the best balance of values and principles for resolving the ethical dilemma?

A principles-based ethical analysis can be helpful when the dilemma involves conflicts between different interested parties' principles and values. For example, this approach could help public health professionals and school officials determine the best option for working with parents who insist their children should be able to attend school during an outbreak without providing proof of vaccination. Principles-based ethics can help identify an option that will best uphold the values and principles most important to each interested party (e.g., effective, least restrictive means, reasonable, and sustainable).

Conclusion & Appendices

Conclusion

Thank you for your interest in public health ethics in British Columbia.

Practice Tool: Ethical Resolution Process Summary

The Practice Tool below can be used to summarize the process of resolving an ethical dilemma in public health, to support transparency and communication.

Sample Public Health Ethics Scenarios

The two appendices include fictional scenarios and summaries demonstrating how the ethical resolutions process can be applied.

Continuing Professional Development

For a more in-depth exploration of how to apply the Ethical Resolution Process to the three scenarios contained in this guide, we welcome you to take our online course through UBC Professional Development (UBC CPD): *Ethics in Practice: Exploring Public Health Ethics in BC*

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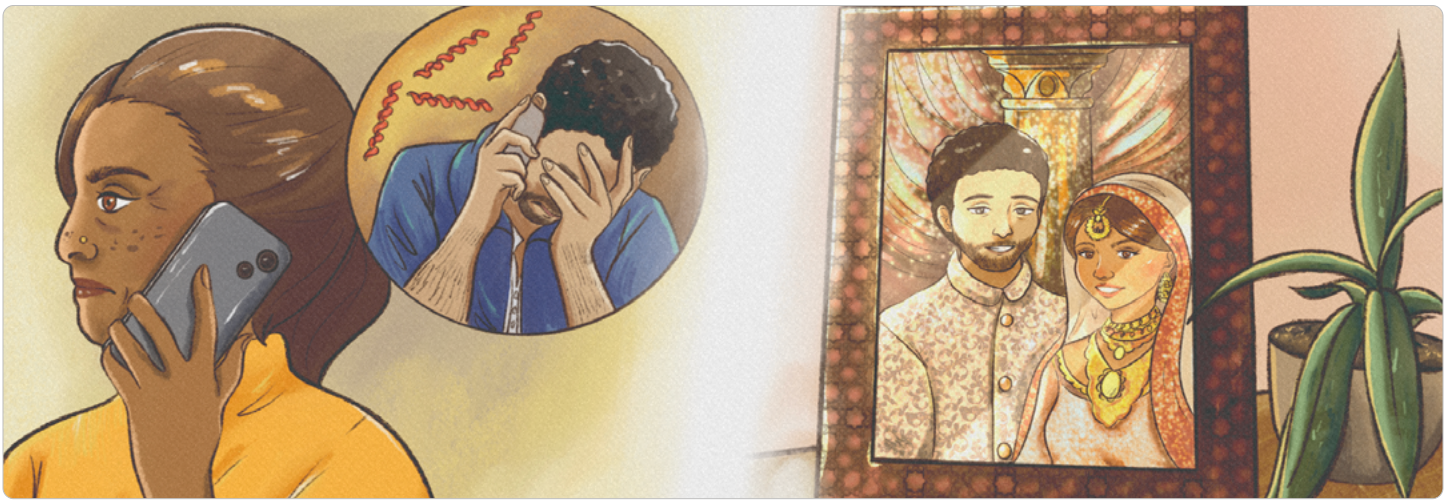
Practice Tool: Ethical Resolution Process Summary

Ethical Dilemma	
State the **ethical dilemma** as a question.	
Identify relevant **values and principles**	
Interested Parties	
Who are the **interested parties**? Which parties were engaged. Which were not engaged?	
Information	
What **information** is central to the analysis?	
Options	
Which **options** were considered?	
Summarize the **ethical analysis** of the options considered.	
Describe the **feasibility** of the options considered.	

Resolution	
Describe the **resolution**.	
Describe the **ethical justification** for the resolution.	
Was there **consensus** about the resolution?	
How was the resolution **implemented**?	
What are the key considerations for **communication**?	
What were the key findings from the **evaluation**?	

Appendix A: Partner Notification



Mandeep, a public health nurse, is assigned to phone Sohail. Sohail is a 29-year old newcomer to Canada who has been living in Canada for the past 2 years. He has been diagnosed with early latent syphilis. Sohail is already scheduled for treatment, so Mandeep's primary task is to discuss partner notification. Sohail's sexual contacts from the last three months need to be informed, tested, and treated.

Mandeep introduces herself and confirms she is speaking with the right person. Sohail consents to discussing his diagnosis. In their conversation, Sohail shares that in the last three months, he has had sexual contact with his wife (Priya), and eight men he met through an app. However, he does not have contact information for most of his male partners. He does not believe Priya is sexually active with any other partners. He has not talked with Priya about his other sexual partners.

Sohail initially states that he will inform Priya of her potential exposure to syphilis so that she can get tested and treated. Mandeep later follows up with Sohail who says he has not told Priya that she should get tested for syphilis. Mandeep asks Sohail if it is ok for her to notify Priya. Sohail does not provide consent. Sohail tells Mandeep that he is afraid of what will happen if Priya learns that he has been having sex with men and that she has been exposed to syphilis. He values being honest with her and cares deeply about her wellbeing, but is worried about the impacts on his relationship and reputation. The situation is particularly delicate as Sohail and Priya are currently trying to get pregnant, adding another layer of urgency to the need for her testing and treatment. Sohail is concerned that disclosing this information to Priya could lead to social ostracism and significant conflict with Priya, their family, and religious community. This could affect his ability to provide for his family and integrate into Canada.

Partner notification is a secondary prevention process that involves notifying sexual partners that may have been exposed to a reportable sexually transmitted infection or blood borne infection. This process is important for minimizing the impact and spread of infection. The partner notification process is intended to encourage people to seek care in a manner that respects confidentiality and promotes trust in public health.

However, in certain circumstances, the BC Public Health Act grants Medical Health Officers (MHOs) the authority to act without consent from the initially diagnosed person. Such circumstances include life-threatening situations, cases where partners face serious health risks if left uninformed, and instances where the diagnosed individual is unable or unwilling to notify partners themselves. When this occurs, the MHO typically works through the person's care team, such as the public health nurse, rather than conducting the notifications personally. This approach ensures that sexual contacts are notified about their potential exposure to reportable infections like syphilis and can access testing and treatment, while still respecting the needs and circumstances of the person first diagnosed (also referred to as 'an index case' in epidemiology).

Mandeep is concerned for Priya's health. Since Priya and Sohail are actively trying to become pregnant, there are additional concerns about the risk of transmission to a fetus.

The resolution to this scenario is summarized below, using the Ethical Resolution Process Summary Practice Tool. For an in-depth exploration of how to apply the Ethical Resolution Process to this scenario, we welcome you to take our online course (UBC CPD).

Ethical Resolution Process Summary: Partner Notification Scenario

Ethical Dilemma	
State the **ethical dilemma** as a question.	Should Priya be informed of her potential exposure to syphilis without Sohail's consent?
Identify relevant **values and principles**	Humanization, respect, trust, and wholistic wellbeing for Sohail may be in conflict with upholding the same values for Priya. Maintaining Sohail's trust may be in conflict with a proportional, reasonable, and utilitarian response aimed at preventing the spread of syphilis.
Interested Parties	
Who are the **interested parties**? Which parties were engaged. Which were not engaged?	The interested parties include Sohail, Priya, and Mandeep and the MHO. Mandeep engaged with Sohail and the MHO. Priya has not been contacted.
Information	
What **information** is central to the analysis?	If Sohail's family members and community become aware of his syphilis infection or male sexual partners, he and Priya could face ostracization, impacting their wholistic wellbeing. Priya and Sohail are trying to become pregnant. A particular concern is the risk of congenital syphilis due to transmission to a fetus. Congenital syphilis can be a debilitating and life-threatening infection. If Priya is not treated, Sohail could be re-infected through sexual contact with her in the future. Additionally, he would then potentially infect any future sexual partners he may have. Mandeep and the MHO are available to support Sohail in making decisions about partner notification. Anonymous notification options are available. Potential stigma, biases and assumptions related to Sohail's cultural and religious community, race, newcomer status, sexual activity, and relationship with Priya should be considered.

Information	
What **information** is central to the analysis?	In BC, the Public Health Act can support MHOs to notify sexual contacts of their potential exposure to reportable infections like syphilis without the consent of the person with the first diagnosed case. This is a rare last resort, as the goal is to engage with individuals to find a collaborative path forward.
Options	
Which **options** were considered?	**Option A:** Sohail notifies Priya himself. **Option B:** Sohail and Mandeep notify Priya together. **Option C:** The MHO decides Priya will be notified without Sohail's consent.
Summarize the **ethical analysis** of the options considered.	**Narrative ethics analysis** A narrative ethics analysis can be helpful when interested parties hold different viewpoints. In this scenario, it can be applied in analyzing whether to proceed with partner notification without the consent of a client with syphilis. Narrative ethics can support understanding of the impact of this resolution on the wellbeing of each interested party. • The key characters were Sohail, Mandeep, the MHO, and Priya. Priya's voice was missing from the story. • A rupture occured in Sohail's story when he was diagnosed with syphilis. There are implications for Priya's health and a risk of congenital syphilis if Priya becomes pregnant. • At this point, Sohail wants to find a way to support Priya's wholistic wellbeing and sustain healthy relationships with his family and community. This is supported through Option A and Option B. • Mandeep wants to maintain trust and respectful relationships with Sohail and Priya. This is best supported through Option A or Option B. • It matters to Mandeep and the MHO that Sohail and Priya are tested and treated for syphilis. This best supported through Option B and Option C. • We can presume that Priya would want to be informed of health risk, which is supported by all options. • Options A and B are aligned with previous actions of Mandeep and the MHO, in the form of standard practices for consent-based partner notification. Option C is consistent with actions taken as a last resort in the absence of consent.

Options	
Summarize the **ethical analysis** of the options considered.	• Options A and B are best suited to supporting Sohail's relationship with Priya, but depend on Sohail's willingness to share his syphilis status with Priya. • With Option B, Mandeep can provide information and answer questions to help Priya make a plan to move forward.
Describe the **feasibility** of the options considered.	Resources are available to realistically and safely implement all of these options.
Resolution	
Describe the **resolution**.	Option B: Sohail and Mandeep will notify Priya together.
Describe the **ethical justification** for the resolution.	Consent-based partner notification is consistent with standard practices and best fits with Sohail's values and past practices of being honest with Priya and supporting her wholistic wellbeing. This process allows Mandeep to maintain a good relationship with Sohail and helps Sohail support Priya's wholistic wellbeing.
Was there **consensus** about the resolution?	Through engaging in a narrative ethical analysis, Mandeep, Sohail, and the MHO have reached consensus that Sohail and Mandeep should notify Priya together about her exposure to syphilis.
How was the resolution **implemented**?	Mandeep centres Sohail and Priya in the partner notification process, focusing on the importance of addressing immediate health risks and approaches to disclosure that can minimize relational conflict.
What are the key considerations for **communication**?	Mandeep, who has a relationship with Sohail, is well-suited to work with Sohail on partner notification. Information should be tailored to Sohail and to Priya and their identities and life experiences.
What were the key findings from the **evaluation**?	Priya was notified of her exposure to syphilis and treated. Trust was maintained with Sohail.

Appendix B: Food Security

Food insecurity is increasing in BC. Public health nurses, Mary and Jun Lo, are concerned about a spike in food insecurity in their region, leading to malnutrition and associated health issues. Mary and Jun Lo have tried offering nutrition education programs, but they have not been well-attended. They are particularly concerned about seniors, newcomers, Indigenous people, people who are Deaf/hard of hearing, and people with disabilities.

The provincial government recently announced partnership funding to address food insecurity. The municipality within this region is awarded funding for a proposal to open a new food bank in the basement of the police station. The municipality will cover the costs of the space and the province will provide a set amount of funding for additional expenses (e.g., staffing, food). Mary and Jun Lo are directed to facilitate implementation of the proposal. They welcome new resources to address food insecurity. However, they are concerned that the proposed food bank will not adequality address the complex health issues related to food insecurity they are seeing in this community.

Mary and Jun Lo talk with community members and learn that community leaders have not been consulted about this proposal. Several people report barriers to accessing healthy food and social and health services in general. These relate to income, transportation, language, Indigenous Cultural Safety, limited service hours, and spaces being inaccessible for people with limited mobility. People also express shame about food insecurity and share past experiences of stigma and discrimination when accessing public health services.

Mary and Jun Lo feel conflicted on how to proceed. They need to work collaboratively with the municipality and want community members to benefit from these new funds. They are also aware the proposed plan to open a food bank in the basement of the police station may help some people but not meet the needs of others.

The resolution to this scenario is summarized below, using the Ethical Resolution Process Summary Practice Tool. For an in-depth exploration of how to apply the Ethical Resolution Process to this scenario, we welcome you to take our online course (UBC CPD).

Ethical Resolution Process Summary: Food Security Scenario

Ethical Dilemma	
State the **ethical dilemma** as a question.	How should public health nurses proceed with implementing a proposed food security program that may not meet the needs of their clients?
Identify relevant **values and principles**	The proposed response to food insecurity may support good stewardship and sustainability, but conflict with upholding Indigenous Cultural Safety, humility, inclusivity, and accessibility. Solidarity and accountability to community members, including members of equity-deserving groups, may be in conflict with accountability to funders.
Interested Parties	
Who are the **interested parties**? Which parties were engaged. Which were not engaged?	The interested parties include seniors, newcomers, Indigenous people, people who are Deaf/hard of hearing, people with disabilities, public health nurses Mary and Jun Lo, the local First Nation, municipal officials, and provincial funders. All parties were engaged.
Information	
What **information** is central to the analysis?	Food insecurity is influenced by many economic, geographic, social, and environmental factors. Community organizations have cautioned that food banks are often a “band-aid solution” that do not work for many groups. They express frustration that they were not consulted earlier in the process and call for improved collaboration. Members of equity-deserving groups face barriers to accessing food banks and similar services, including physical inaccessibility, language barriers, and stigma. New provincial funding has been awarded to support a food bank located in the police station. Existing public health resources have traditionally been used to provide nutrition workshops. Community organizations that have ongoing relationships with those experiencing food insecurity have suggested ideas for community-driven programs (e.g., community kitchens).

Information	
What **information** is central to the analysis?	Community members want to have an ongoing role in deciding how to steward resources to ensure access to healthy and culturally relevant foods. Community organizations want to support the development of sustainable, community-driven solutions for food security. The local First Nation wants Nation-governed responses to address food insecurity. Attention should be given to the impacts of colonialism on access to traditional foods among Indigenous people and to culturally important foods for newcomers.
Options	
Which **options** were considered?	**Option A:** Open the food bank in the police station. Mary and Jun Lo provide nutrition service outreach at the food bank and community organizations. **Option B:** Propose an alternate food bank delivery program, providing standard food box delivery based on household size. Mary and Jun Lo provide nutrition service outreach and enroll people in the food box delivery program at community organizations. **Option C:** Deliver a collaborative program designed by community organizations (e.g., Senior Centre, Friendship Centre, health centre, adult education centre). Host community kitchen programs and food pantries (small food banks) at community sites that are physically- and transit-accessible. Mary and Jun Lo support community organization staff during community kitchens.
Summarize the **ethical analysis** of the options considered.	**Intersectional bioethics analysis** An intersectional bioethics analysis can be helpful in determining the best approach to resolving an ethical dilemma that involves systems serving people who experience multiple forms of marginalization (e.g., due to race, class, and gender). In this scenario, intersectional bioethics helps us consider how social systems (e.g., government, public health) impact the food security of people who are members of multiple equity-deserving groups (e.g., newcomers with disabilities).

Options	
Summarize the **ethical analysis** of the options considered.	• Option A does not meet the accessibility needs of members of equity-deserving groups. It also does not address biases, structural barriers, and power differences. It provides the greatest amount of food and supports choice in food selection; however, it may be inaccessible to the people experiencing the greatest health disparities. • Option B allows people to access the food delivery program with low barriers, addressing barriers related to transportation and service hours. Power differences between service providers and recipients remain and people are unable to choose their own food. While a lower-barrier food box delivery program could meet the needs of many community members, it is limited to people who have a fixed address. • Option C gives power to members of equity-deserving groups in designing and delivering programming. Community members have choice in where to access programming and in food selection. It is low-barrier, accessible, sustainable, and designed for cultural relevance. **Rights-based ethics analysis** A rights-based approach can be helpful when ethical issues involve human rights or Indigenous-specific rights. In this scenario, it can guide decision-making about how public health professionals should proceed with implementing a food security program that poses barriers to members of equity-deserving groups. • Option A increases sustainable food and education resources for some community members; however, others will continue to experience barriers. It offers the least protection against unfair treatment and power is held by public health and municipal officials. The rights to the highest attainable standard of health is supported through access to food and nutrition programming. • Option B increases access food but not nutrition services. It protects against unfair treatment but continues to give power to public health and municipal officials. This option supports the right to the highest attainable standard of health and the right to be free of discrimination (accessible services).

Options	
Summarize the **ethical analysis** of the options considered.	• Option C increases access to culturally relevant food and nutrition services. It is best designed to ensure fair treatment, by delivering services in spaces that members of equity-deserving groups have identified as welcoming. Power is shared between public health and community organizations serving equity-deserving groups. Option C upholds the right to the highest attainable standard of health, the right to be free of discrimination (accessible services), and the Indigenous-specific rights to improve economic and social conditions, to maintain Indigenous health practice, and to develop and administer health programs.
Describe the **feasibility** of the options considered.	All options can be realistically implemented. Option A carries safety concerns due to the lack of accessibility of the food bank in the police station basement. Option B can be implemented safely in terms of accessibility, but cultural relevance and Indigenous Cultural Safety are not addressed. Option C can be safely implemented in terms of accessibility, cultural relevance, and Indigenous Cultural Safety.
Resolution	
Describe the **resolution**.	**Option C:** Deliver a collaborative program designed by community organizations (e.g., Senior Centre, Friendship Centre, health centre, adult education centre) which includes accessible community kitchen programs and food pantries.
Describe the **ethical justification** for the resolution.	Option C ensures people with multiple, intersecting identities can access culturally relevant food and nutrition services from inclusive and accessible locations. Power is shared between interested parties. Human rights (to the highest attainable standard of health, to freedom from discrimination) and Indigenous-specific rights (to improve economic and social conditions, to maintain Indigenous health practices, to develop and administer health programs) are supported.
Was there **consensus** about the resolution?	All interested parties agreed that this plan best meets the immediate needs of people experiencing food insecurity in the community.
How was the resolution **implemented**?	Mary and Jun Lo collaborated with all parties to implement, sustain, and evaluate the programs.

Resolution	
What are the key considerations for **communication**?	Mary and Jun Lo were best situated to communicate with interested parties, ensuring information is translated and provided in accessible formats to meet community needs.
What were the key findings from the **evaluation**?	Resources were stewarded well via sustainable community programs to help people experiencing food insecurity. Mary and Jun Lo connected with more people through community organizations and demonstrated accountability to and solidarity with the local First Nation and members of equity-deserving groups. Members of equity-deserving groups reported feeling comfortable accessing food and nutrition services, indicating that accessibility, humility, and inclusivity had been addressed. In the future, collaborative processes should be embedded in program and funding design.

References

1. Canadian Public Health Association. What is public health? Accessed October 17, 2024. https://www.cpha.ca/what-public-health
2. American Public Health Association. What is public health? 2024. Accessed October 17, 2024. https://www.apha.org/what-is-public-health
3. Government of Canada. Glossary – Young Canada Works. August 10, 2022. Accessed October 17, 2024. https://www.canada.ca/en/canadian-heritage/services/funding/young-canada-works/glossary.html
4. Canadian Centre for Diversity and Inclusion. *Glossary of Terms*: A Reference Tool.; 2022. https://ccdi.ca/media/3150/ccdi-glossary-of-terms-eng.pdf
5. CDC Office of Science. Public Health Ethics. 2022. Accessed October 17, 2024. https://www.cdc.gov/os/integrity/phethics/index.htm
6. BC Ministry of Health. *British Columbia's Population and Public Health Framework: Strengthening Public Health*. BC Ministry of Health; 2024. https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/public-health/pph-framework/bc_population_and_public_health_framework.pdf
7. Virani A, Macevicius C, Jegathesan T, et al. Equity in public health ethics: a community-engaged, empirical study of values, principles and practices. *J Public Health*. Published online 2025. doi:10.1093/pubmed/fdaf126
8. Wesley-Esquimaux C, Calliou B. *Best Practices in Aboriginal Community Development: A Literature Review and Wise Practices Approach*. The Banff Centre; 2010:1-38.
9. Ramsden I. Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu. Victoria University of Wellington Wellington; 2002.
10. Clark DBA, Virani A, Jegathesan T, Olmos Pérez A, Preto N. *Provincial Health Services Authority Ethical Practice Guide.*; 2025. http://www.phsa.ca/our-services/programs-services/ethics-service#Resource
11. Craig SL, Eaton AD, Belitzky M, Kates LE, Dimitropoulos G, Tobin J. Empowering the team: A social work model of interprofessional collaboration in hospitals. *Journal of Interprofessional Education & Practice*. 2020;19:100327. doi:10.1016/j.xjep.2020.100327
12. van Dongen JJJ, Habets IGJ, Beurskens A, van Bokhoven MA. Successful participation of patients in interprofessional team meetings: A qualitative study. *Health Expect*. 2017;20(4):724-733. doi:10.1111/hex.12511
13. Walter JK, Arnold RM, Curley MAQ, Feudtner C. Teamwork When Conducting Family Meetings: Concepts, Terminology, and the Importance of Team-Team Practices. *J Pain Symptom Manage*. 2019;58(2):336-343. doi:10.1016/j.jpainsymman.2019.04.030

14. Palliative Care Australia. An Overview to Family Meetings and Difficult Conversations - Paediatric Palliative Care. Accessed September 25, 2024. https://paediatricpalliativecare.org.au/resource/an-overview-to-family-meetings-and-difficult-conversations/

15. Lowe AE, Voo TC, Lee LM, et al. Uncertainty, scarcity and transparency: Public health ethics and risk communication in a pandemic. *Lancet Reg Health Am*. 2022;16:100374. doi:10.1016/j.lana.2022.100374

16. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Brecher RW, Copes R. EOH Fundamentals: *Risk Communication*. Queens' Printer for Ontario; 2016.

17. Public Health Communications Collaborative. Strategies for developing culturally driven public health communications. 2023. https://publichealthcollaborative.org/communication-tools/strategies-for-developing-culturally-driven-public-health-communications/

18. World Health Organization. WHO strategic communications framework for effective communications. Published online 2017. https://www.who.int/docs/default-source/documents/communicating-for-health/communication-framework.pdf

19. Bergum V. Relational ethics for health care. In: Storch JL, Rodney P, Starzomski R, eds. Toward a Moral Horizon: *Nursing Ethics for Leadership and Practice*. 2nd ed. 2013:127-142.

20. Moore J, Engel J, Prentice D. Relational ethics in everyday practice. *Canadian Oncology Nursing Journal / Revue canadienne de soins infirmiers en oncologie*. 2014;24(1):31-34. Accessed September 18, 2025. https://canadianoncologynursingjournal.com/index.php/conj/article/view/86

21. Baylis F, Kenny NP, Sherwin S. A relational account of public health ethics. *Public Health Ethics*. 2008;1(3):196-209. doi:10.1093/phe/phn025

22. Jeffrey DI. Relational ethical approaches to the COVID-19 pandemic. *Journal of Medical Ethics*. 2020;46(8):495-498. doi:10.1136/medethics-2020-106264

23. Pauly B, Revai T, Marcellus L, Martin W, Easton K, MacDonald M. "The health equity curse": ethical tensions in promoting health equity. *BMC Public Health*. 2021;21(1):1567. doi:10.1186/s12889-021-11594-y

24. Jennings B. Relational Ethics for Public Health: Interpreting Solidarity and Care. *Health Care Anal*. 2019;27(1):4-12. doi:10.1007/s10728-018-0363-0

25. Smith KA, Stajduhar K. Using relational ethics to approach equity in palliative care. *Palliat Care*. 2024;18:26323524241293820. doi:10.1177/26323524241293820

26. Brody H, Clark M. Narrative ethics: A narrative. *The Hastings Center Report*. 2014;44(1):S7-S11.

27. Barrett DH, Ortmann LW, Larson SA, eds. *Narrative Ethics in Public Health: The Value of Stories*. Vol 7. Springer International Publishing; 2022. doi:10.1007/978-3-030-92080-7

28. Baldwin C. Narrative ethics. In: *Encyclopedia of Global Bioethics*. Springer; 2015:1-10. https://doi.org/10.1007/978-3-319-05544-2_302-1

29. Lindemann H. When stories go wrong. *Hastings Center Report*. 2014;44(s1):S28-S31. doi:10.1002/hast.266

30. Montello M. Narrative ethics. *The Hastings Center Report*. 2014;44(1):S2-S6.

31. Crenshaw K. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*. 1989;(1). https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

32. National Collaborating Centre for Determinants of Health. *Let's Talk: Intersectionality*. NCCDH, St. Francis Xavier University; 2022. https://nccdh.ca/images/uploads/comments/NCCDH_Lets-Talk-Intersectionality_EN.pdf

33. Government of Canada. Public health ethics framework: A guide for use in response to the COVID-19 pandemic in Canada. 2022. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse/ethics-framework-guide-use-response-covid-19-pandemic.html

34. Canadian Public Health Association. Public health: A conceptual framework. Published online 2017. https://www.cpha.ca/sites/default/files/uploads/policy/ph-framework/phcf_e.pdf

35. Brünig L, Kahrass H, Salloch S. The concept of intersectionality in bioethics: a systematic review. BMC Med Ethics. 2024;25:64. doi:10.1186/s12910-024-01057-5

36. Grzanka PR, Brian JD, Shim JK. My bioethics will be intersectional or it will be [bleep]. *The American Journal of Bioethics*. 2016;16(4):27-29. doi:10.1080/15265161.2016.1145289

37. Bowleg L. The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. *Am J Public Health*. 2012;102(7):1267-1273. doi:10.2105/AJPH.2012.300750

38. Faissner M, Brünig L, Gaillard AS, Jieman AT, Gather J, Hempeler C. Intersectionality as a tool for clinical ethics consultation in mental healthcare. *Philos Ethics Humanit Med*. 2024;19:6. doi:10.1186/s13010-024-00156-w

39. Koh BD. Intersectional ethics: a pedagogical heuristic for ethical deliberation. *Social Work Education*. 2024;43(1):46-59. doi:10.1080/02615479.2022.2069746

40. Peel M. Human rights and medical ethics. *J R Soc Med*. 2005;98(4):171-173.

41. Public Health Agency of Canada. Core competencies for public health in Canada. Published online 2008. https://www.canada.ca/content/dam/phac-aspc/documents/services/public-health-practice/skills-online/core-competencies-public-health-canada/cc-manual-eng090407.pdf

42. Meier BM, Gable L, Getgen JE, London L. Rights-based approaches to public health systems. In: Beracochea E, Weinstein C, Evans DP, eds. *Rights-Based Approaches to Public Health*. Springer; 2010:19-30. Accessed August 8, 2024. https://www.springerpub.com/rights-based-approaches-to-public-health-9780826105691.html

43. Nixon S, Forman L. Exploring synergies between human rights and public health ethics: A whole greater than the sum of its parts. *BMC International Health and Human Rights*. 2008;8(1):2. doi:10.1186/1472-698X-8-2

44. Beracochea E, Evans DP, Weinstein C. Introduction: Why do rights-based approaches ro health matter? In: Beracochea E, Weinstein C, Evans DP, eds. *Rights-Based Approaches to Public Health*. Springer; 2010:3-18. Accessed August 8, 2024. https://www.springerpub.com/rights-based-approaches-to-public-health-9780826105691.html

45. Office of the United Nations High Commissioner for Human Rights. *The Right to Health: Fact Sheet No. 31.*; 2008. http://www.ohchr.org/Documents/Publications/Factsheet31.pdf

46. BC Human Rights Tribunal. Human rights: Services, facilities, accommodations. BC Human Rights Tribunal. 2024. Accessed September 22, 2024. https://www.bchrt.bc.ca/human-rights-duties/services/

47. United Nations. United Nations declaration on the rights of Indigenous Peoples. Published online 2007. https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

48. British Columbia. *Declaration on the Rights of Indigenous Peoples Act.*; 2019. Accessed August 8, 2024. https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19044

49. Dawson A. Resetting the parameters: Public health as the foundation for public health ethics. In: Dawson A, ed. *Public Health Ethics: Key Concepts and Issues in Policy and Practice*. Cambridge University Press; 2011.

50. Upshur REG. Principles for the justification of public health intervention. *Can J Public Health*. 2002;93(2):101-103. doi:10.1007/BF03404547sites/19/2018/11/UNDRIP_E_web.pdf