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Framework of Values to Support Ethical Analysis of Public Health Actions

Québec

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Summary

The literature in public health ethics and other key documents exhibit a wide variety of values that offer many potential guides for assessing or orienting action. Among these many values, which ones are most relevant for conducting ethical analysis of public health actions? And are they valid for all public health interventions, or only some? How are these values defined?

This *Framework of Values to Support Ethical Analysis of Public Health Actions* was produced precisely to address these questions, some of which were clearly expressed by members of the Table de coordination nationale de santé publique (TCNSP) [A public health coordination body for Québec]. The values proposed here were selected based on not only research reported in the public health ethics literature, but also the experience of the Comité d'éthique de santé publique (CESP) [public health ethics committee], as well as the committee's discussions with the members of the TCNSP. These values, in our view, appear to be the most appropriate ones for analyzing public health projects.

For practical purposes, the values are presented in three categories, thus making them easier understand and to relate to one another. In our view, this categorization reflects the spontaneous reasoning of public health professionals and managers. Indeed, their actions are based on values that are associated with the aims of public health, values that reflect the quality of professional and institutional practice, and other values found in society. These three categories are not watertight. The categorization is simply a convention, as the values that fall under one or another category are all present in our society.

For each value, the document proposes a brief definition followed by an illustration of potential challenges to putting the value into practice. The idea is to lay the groundwork for a vocabulary that can be understood the same way by all parties, thus serving as a basis for dialogue.

The purpose of the framework, then, is to shed light and thereby support reflection on the values that are most often raised by public health interventions. It also aims to promote clearer communication between public health actors and with the groups concerned by measures that are underpinned by these values. The framework is intended as a complementary tool for ethical review processes such as that of the CESP, which is by no means limited to determining the values at hand or to listing the values presented in the framework. This document should thus be understood as tying in with other works by the CESP and its staff, and especially the proposal of an ethical review process for public health actions.

> "…la visée de l'éthique est de conduire à une décision réfléchie et délibérée plutôt que mécanique, après avoir interrogé les automatismes, après avoir sondé ses propres assises et après avoir pris en considération le sens partagé. […] cette décision doit aussi être justifiable, l'individu devant être en mesure de répondre de sa décision aux autres."[1]
>
> (Boisvert et al., 2003)

1 Introduction

Integrating ethics into public health practice first of all entails recognizing that this practice and its societal context are characterized by values that influence intervention choices and contribute to establishing their legitimacy and acceptability. It also means adopting tools that will help identify the underlying values of a given project, understand their meanings, and integrate this value component into the various choices involved in the project's development, implementation or evaluation.

This document is one of the tools complementing the CESP's work, and is intended to support the integration of ethics into public health practice. The purpose of the document is to set forth a basic common vocabulary—a glossary—of the main values that can be raised by public health interventions.

[1] … the purpose of ethics is to lead to a thoughtful and deliberate rather than a mechanical decision, after having questioned one's reflexes, examined one's own assumptions, and taken into account the shared meanings involved. […] the decision must also be justifiable, i.e., one should be able to answer for it to others. *[Translation]*

This document was produced at the request of the members of the TCNSP, who wished to take stock of the values that can drive and guide public health practice. The framework takes into account the principles proposed in the 2003 *Cadre de référence en gestion des risques pour la santé dans le réseau québécois de la santé publique* [*framework for the management of health risk in the Québec public health network*] (Institut national de santé publique du Québec, 2003), thus making this document a valuable reference for public health practice at large. The document is intended for public health directors as well as managers and professionals in the field.

The framework was developed drawing on several sources: the values identified in the public health ethics literature, in the *Cadre de référence en gestion des risqué* (CRGR) [reference framework for risk management] (INSPQ, 2003), in the *Programme national de santé publique 2003-2012* (PNSP) [*Québec's public health program 2003-2012*] (MSSS, 2004), from the experience of the CESP, and from discussions between the committee chair and staff with members of the TCNSP as well as with the participants at a workshop of Québec's *directeurs de la santé publique* [medical officers of health] in September 2013.

The framework is organized as follows. We begin by proposing definitions of the concepts of value, principle and norm. Next, we outline the components of the CESP's ethical review process. A more detailed presentation of this process will be provided in a separate text (forthcoming). Finally, we present the selected values, which are grouped according to whether they are associated with the mission or aims of public health, relate to professional and institutional practice in this sector, or are simply recognized as important in society. For each value, a definition is provided, along with an illustration of a challenge related to understanding the concept or taking it into account in conjunction with other values found in public health.

The values and other notions defined in this document have, in many cases, been extensively studied from different angles and have been the subject of numerous debates. Their respective definitions are not univocal, and the distinctions between certain concepts are not always watertight. Given the purpose of this document, our objective is to set forth a definition of each notion that is clear enough to be significant, but without holding it up as definitive and impervious to added nuance.

1.1 The notions of value, principle and norm

The notions of value, principle and norm all contribute to the regulation of human activity, i.e., the striving to maintain social cohesion and to enable people to live together in harmony. This regulation is carried out via different modes characterized, among other things, by individuals' degree of autonomy in choosing their actions (Boisvert et al., 2003). Most of these modes (law, ethics, morals, and customs) prescribe the conduct to adopt in the form of norms or implicit or explicit rules. In routine situations, they are often so strongly ingrained that people apply them automatically, without thinking.

Ethics differs from these modes of regulation by its requirement to consciously decide how to act, i.e., the exercise of judgment in a given situation. This highlights the reflective dimension of ethics, in other words the pondering of rules beyond their mechanical application, in light of the values at hand. Such reflection is especially valuable when situations are non-customary or involve policies or programs that will affect a large swath of the population—or even the population at large—and will help define new ways of living together.

Building on this widely accepted conception of applied ethics, we propose the following definitions of the notions of value, norm and principle.

Value

From an ethical standpoint, a value is what inspires, motivates and guides our decisions and actions in our dealings with others. It is the end toward which a given decision or action strives, and is verbally expressed as the reason for and meaning of the action in question (Legault, 1999). As such, values play a central role in justifying our decisions and our actions toward others, especially when they can lead to undesirable consequences. Deliberating values allows decision makers to have a shared understanding of these values' meaning and to clarify how the values will be achieved by a given decision (e.g., greater equity, greater respect of privacy, etc.).

Principle

The notion of principle is similar to that of value; what sets it apart is that it gives a value a more categorical quality. The notion of principle most often structures practice and reflection by providing dominant or leading benchmarks (Létourneau, 2010). For example, bioethics traditionally proposes four principles on which reflection hinges (autonomy, beneficence, non-maleficence and justice). Thus understood, the concept of ethical principle refers to a guideline for acting and for resolving decision-making dilemmas; it usually denotes strong moral positioning that is certainly legitimate, but that can obscure the complexity of the situations under consideration and the diversity of the values in play.

Norm

A norm is a specific rule of conduct that determines an expected (prescribed or permitted) or prohibited (banned) behaviour within a group. The prescription or proscription can be informal or formal, in other words, adopted by the reference group (usual ways of doing things) or codified in administrative, scientific, legal and other texts. In most cases, some form of sanction is associated with non-compliance with the norm.

A norm is moral in character, as it establishes conduct that is judged as being morally preferable. This is not the same as a norm that statistically describes a phenomenon independent of such judgment (for example, “working a day shift is the norm for most people”); this norm is strictly descriptive in nature and points to something commonplace and consistent with the statistical average.

The possible links between these three notions can be illustrated as follows: let us suppose that respect for life is one value that guides our actions, in a general sense. For some people, this value may be held up as a categorical principle, i.e., the sanctity of human life. This principle gives rise to a strict moral rule, “Thou shalt not kill,” which in turn breaks down into more specific rules enshrined in legislation, for example the criminal code. For its part, ethical reflection on the meaning and scope of the value of respect for life, along with other societal values including autonomy, quality of life and compassion, offers a springboard for reflection on various issues. An example would be end-of-life care; this reflection could give rise to a new set of ethical and legal rules, in this case regarding assisted dying, which take into account the context in which the value is raised. Ethical reflection can thus sometimes nuance the categorical nature of a principle and lead to an evolution in rules of conduct.

In the context of the framework set forth here, as well as in our description of the ethical review process, we prefer to speak in terms of values rather than principles, in order to show that we do not consider any of the values to be dominant or to outrank any others. The relative importance of each value involved in the interventions under consideration, and sometimes in the ends pursued, is determined by ethical reflection on the situation at hand.

1.2 Values and the ethical review process

As mentioned earlier, integrating ethics into professional judgment means, among other things, taking into account the values in play in order to be able to choose the most suitable course of action in a given situation. Determining the values raised by a given public health measure is most useful when it is part of a proper examination process that can determine the meaning and scope of the values and norms involved, then put them in order of importance within their particular context with a view to guiding decision making. This is why the CESP has adopted an ethical review process with different phases aimed at:

- Taking ownership of the project under review, in other words understanding its different components and how they relate to one another (purposes, goals and expected outcomes, means under consideration, targeted groups, context, etc.);
- Clarifying the values involved and any tensions existing between them or between these values and various applicable norms (be they administrative, ethical, scientific, legal, or other) and naming the ethical issues;
- Analyzing the meaning and scope of these values and norms for the groups concerned and establishing which of the values should be given priority in the context at hand;
- Guiding choices of action in accordance with the value(s) selected, clarifying the justifications for these choices, and assessing the consequences, while striving to minimize negative consequences.

Decision making that incorporates an ethical perspective results in a reasoned decision, in terms of values as well as other more conventional considerations (scientific, legal, etc.).

The review process serves as a practical way to approach a situation so as to be able to identify the ethical concerns that it might raise. It involves a reflective approach in that the process provides critical distance from "ready-made" responses originating from a mechanistic application of rules or principles, as it questions the norms and values at hand. To insist on a reflective approach is to insist that judgment be exercised in full awareness of the elements that shape our way of thinking and the consequences of decisions for the individuals concerned and, more broadly speaking, for the public.

Accordingly, the CESP prefers not to fix in advance the values to be considered when examining a given project. This approach has the advantage of emphasizing that values are not restricted to a limited number established a priori and in a vacuum, and nor do they follow any predetermined hierarchy. Determining the values at hand requires ownership of a particular situation, in a context of dialogue between people from different backgrounds.

The ethical review process of the CESP is essentially deliberative in nature. The process of identifying and ordering the values concerned benefits from the contribution of different points of view. In the absence of an official deliberative context with the participation of people from different backgrounds, such as the CESP, professionals who wish to incorporate ethical analysis into their work are encouraged to consider remarks made by people with views diverging from their own; for example, these may be professionals from other disciplines, decision makers in the community, or members of the public who are concerned by a project.

When taking values into account in examining public health measures, and especially when incorporating the use of a framework such as the one set forth here, the following aspects should be considered:

- The values' meanings must be transparent and shared by all parties involved, which may entail adapting their definitions, depending on the situation examined;
- The values should serve as guides and not as prescriptions;
- No value is absolute, i.e., none invariably outranks any other; the weight assigned to each value may differ depending on the situation under examination;
- Ethical review of values with a view to making a decision or carrying out an action requires flexibility and judgment, as is the case for professional judgment;
- The values are to be used to stimulate discussion and debate on the orientations or measures to adopt, including those associated with risk management;
- Examining values entails a search for balance between different interests and concerns, as well as the indispensable weighing of diverse priorities.

1.3 The use of the framework of values: to clarify thinking and foster dialogue

In ethics, deliberative processes such as that of the CESP are dialogical, i.e., they are based on communication between the agents concerned. Naturally, the chief tool for this process is language. However, it has often been observed that words that are ascribed different meanings can lead to misunderstandings with significant consequences, for example:

- False consensus: different agents agree on a statement without checking to see whether they all give it the same meaning or scope;
- False disagreement: different agents disagree on a statement because it fails to adequately express a meaning which, worded differently, would have been agreed upon by all concerned.

The idea here, then, is to promote fruitful discussion by proposing a common basic vocabulary by which to talk about the main values that can be raised by public health interventions. The intent of the definitions provided in this document is to support the clearest possible communication, with a view to informing decision making and intervention choices on the basis of transparent and coherent justifications. These definitions may be subject to discussion; in fact, it is even beneficial to discuss them in order to help

establish a common vocabulary, based on which individuals can then add nuances and details specific to the context in which they find themselves.

1.4 Structure of the framework

As mentioned earlier, the proposed values were selected from among a large set of values identified in the public health ethics literature, as well as the two reference documents known as the CRGR and the PNSP. The values were chosen based on the experience of the CESP and discussions with the members of the TCNSP, especially in the context of a workshop held with public health directors in September 2013. We have retained the values which, in our view, appear best suited to analyzing public health proposals, including those in the areas of assessment and risk management.

Practically speaking, the values selected for this framework have been grouped into three categories: values associated with the aims of public health, values associated with professional (or institutional) practice, and values that are present in society and that relate to public health matters. The categories are not so much conceptual as they are operational.

They appear, in our view, to reflect the most spontaneous reflective process for the moral agents that are public health professionals and managers. These agents first and foremost develop public health proposals based on values that reflect the aims of public health. These agents also strive to ensure the quality of planned actions by implementing values associated with their professional and institutional expertise. Finally, they reflect on public health proposals in light of societal values that are not directly or fully taken into account in the first two phases of the reflective process, in other words, in the first two categories of values.

Given that all of the selected values are present in our society, putting them into these categories is a practical choice in order to make them easier to understand and to relate to one another.

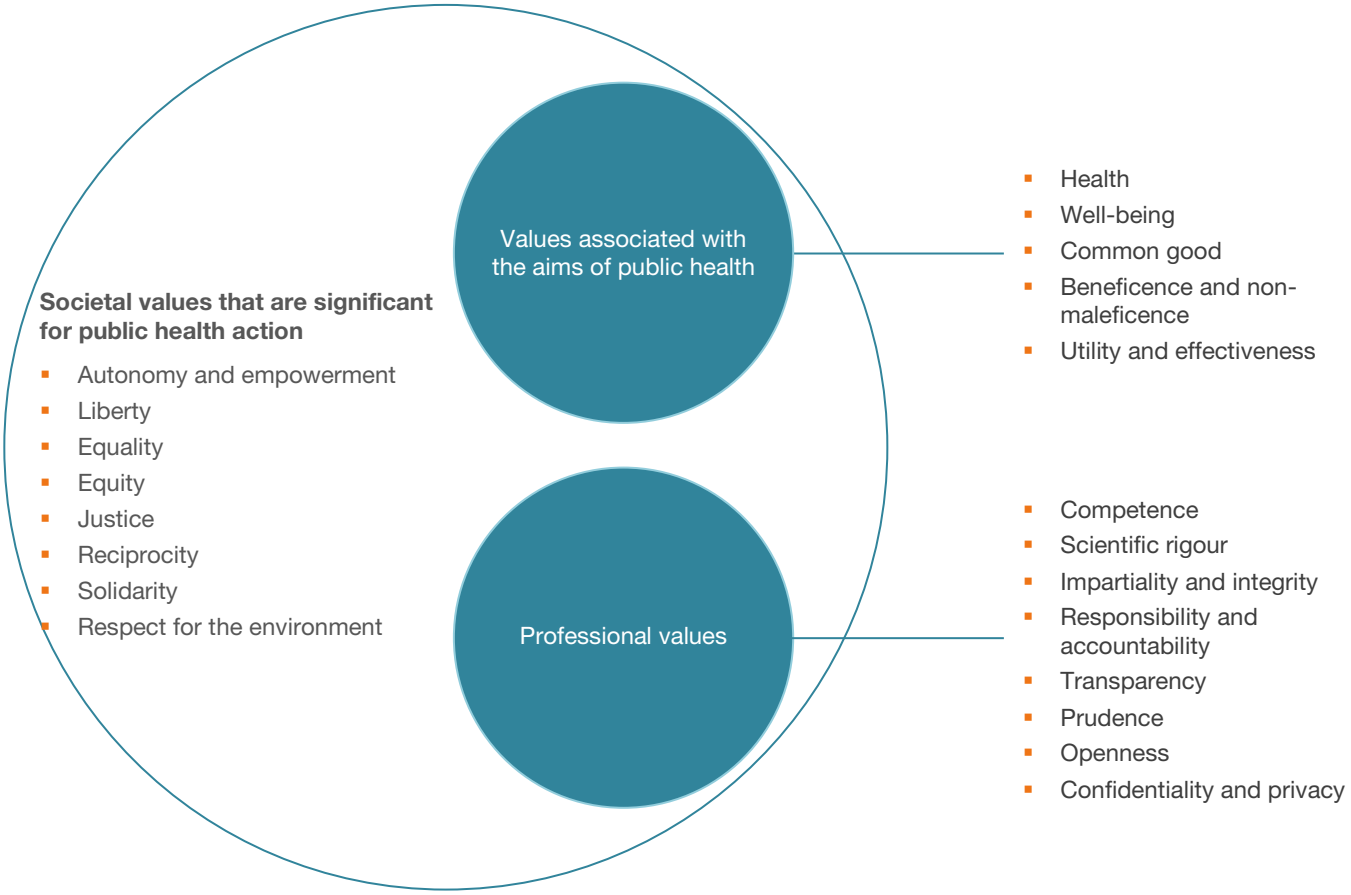
This choice of categorization is practice-based and reflects the spontaneous, reflective approach of public health professionals and managers. These agents think about their projects based on values that reflect the aims of public health, values that convey the quality of their professional and institutional expertise, and societal values that the project brings into play.

That said, the categories are not watertight. On the contrary, professional values and values associated with public health are subsets of values found in our society (see Figure 1).

The categorization is a convention, in that certain values could be placed in one or another category. Hence, even if privacy may be a value found in society, confidentiality, a corollary value, is so important as a guidepost of professional practice that we have chosen to combine the two values under the latter category (see Figure 1). Within each category, the values are presented in a logical order that does not imply any hierarchy of importance; the category simply offers a way to group together notions that are rooted in similar or complementary motivations, for example competence, scientific rigour, and integrity.

The framework thus serves as a large repository of possible meanings. Although already fairly extensive, the framework makes no claim to exhaustiveness and requires that one be open to the different viewpoints that help develop reflection.

Figure 1 **Values selected to support ethical analysis in public health**



2 Values associated with the aims of public health

If the state tasks public health authorities with improving and protecting the health of the population by acting on various determinants, it is because health is recognized as vital to the development and flourishing of people and communities, i.e., to their well-being.

These aims are guided by the values of beneficence and non-maleficence, the common good, and utility and effectiveness. Also worth mentioning is equity, another core value in public health.

The improvement (including the protection) of public health is the foremost aim of public health—the very heart of its mission. Accordingly, the health of the population stands as the key reference point in inspiring, driving and guiding decisions and actions in line with various public health determinants.

The CRGR also reflects this priority by establishing the role of public health professionals and managers as being to inform and promote actions conducive to protecting human health. It is to this end that these actors contribute to risk evaluation and management in the context of the partnerships they initiate or to which they contribute.

On a related note, one of the main challenges of public health is to contribute to reducing health inequalities, including social inequalities, in this activity sector. The value of equity is thus central to public health. We have chosen to define this value under the category of the values found in society, in order to better highlight the distinctions and overlaps between equity, equality and justice. The same goes for the notion of empowerment, which is best understood when presented together with autonomy.

Although the definitions of the values presented in this framework are not always mutually exclusive, several values associated with the aims of public health are especially characterized by interrelationships and overlaps. For example, the relationship between health and well-being is a two-way relationship: while health is most often seen as an important and even essential component of well-being, individuals' overall balance can also affect their health. Although these two values may be overlapping in the sense that health can be seen as a component of well-being, achieving one value does not automatically presuppose achieving the other. The same is true of the relationship between health and the common good. Even if health is viewed as playing a part in the common good, meeting a health goal does not automatically mean that the value of the common good is achieved in the situation under examination.

2.1 Health

Traditionally, two definitions of health are put forward. The first is the absence of diseases, infirmities, pathologies or disorders. This definition, a cornerstone of the biomedical conception of health, refers to the typical normal functioning of the species and to individuals' physiological balance in relation to their environment.

This conception is often criticized in favour of a more substantive definition. For example, following on the *Ottawa Charter*, the *Act respecting health services and social services* (AHSSS) (RSQ, chapter S-4.2) views health as "the physical, mental and social capacity of persons to act in their community and to carry out the roles they intend to assume in a manner which is acceptable to themselves and to the groups to which they belong." This definition posits health as individuals' ability to accomplish their goals and to flourish; it has a multidimensional quality that may include physical, psychological and emotional, social and spiritual dimensions.

Challenge

Given that their chief purpose is to improve the health of the population, public health professionals and institutions often, as a reflex, assume that health is a priority over all other individual and social preferences. In this context, it becomes difficult to envision that health may not come first when it enters into tension with other values, such as autonomy or liberty.

Moreover, the importance assigned to health can lead to considering it as an end in itself rather than as a resource, a means to live a fulfilled life. On this subject, Callahan warns that health, sought for its own sake, risks becoming an insatiable quest leading to endless investments and anxiety (Callahan, 1990). This quest can in turn give rise to a "healthist" discourse, i.e., "la promesse d'une espérance de santé optimale jusqu'à un âge avancé, tant sur le plan physique que mental. […] la vision d'un corps en santé, perfectible à volonté, […], défiant la maladie et la mort." ["the promise of optimal health expectancy extending into old age, both physically and mentally. … the vision of a healthy body that can be enhanced at will, [...] defying disease and death"] (Fraser & Vignaux, 2013) [translation]. Health in this context becomes a duty to oneself and to society, taking on a normative quality supported by scientific arguments that lead to judging personal conduct in light of its impact on health—both that of the individual and that of the population.

2.2 Well-being

Well-being can be defined as a psychological state, a sense of overall balance encompassing social, mental, emotional, spiritual and physical dimensions. It can also be understood as the achievement of goals that individuals set for themselves, and for which health is a contributing factor. Well-being, then, is associated with the realization of the potential available to and desired by an individual; it suggests the idea of a life that is "going well." This idea can denote a person's interests, benefit, good, happiness, quality of life, or flourishing (Angner, 2008).

The state of well-being can be measured subjectively—in reference to experiences and the satisfaction of desires and preferences—or objectively—according to a list of characteristics, circumstances or positions deemed good or bad irrespective of the individual concerned (Angner, 2008).

Challenge

It remains difficult to give a univocal definition of well-being. The weight ascribed to different components of well-being may vary from one person and one culture to another, making it challenging to place the key

characteristics of well-being in any set order. This likely explains why well-being tends to be measured via individual perception thereof. One person, for example, may have a negative perception of well-being as a result of a disability, whereas another will have a positive perception in spite of having such a disability. Another example is the variable importance of the spiritual component, depending on the person and the culture.

2.3 The common good

The common good refers to a set of general conditions that benefit a population or society, for instance justice, safety, education and health. More specifically, according to Rawls (1987), these tangible conditions enable the achievement of justice, safety, etc., as respective common goods in their own right. These conditions are generally concrete public goods benefiting the population; in the health sector, examples range from care and services, including preventive services, to healthy public policies.

Thus, when it comes to the idea of common good, the good is primarily the good of a group, community or other collective, before being the good of mere individuals taken in isolation. Understood in this way, the common good "doit être constamment justifié à travers les différentes conceptions du bien cohabitant dans des sociétés pluralistes" ["must be constantly justified through the different conceptions of the good coexisting in pluralistic societies"] (Lacroix, 2004) [translation].

The common good also has the following features (Rochet, 1999 & 2001, Cordonnier, 2012):

- It is not defined as a law or norm that must merely be applied, but entails debate and deliberation about what seems right and good.
- The meaning of common good is associated with a sharing of the basis of common life, and involves an ongoing process of deliberation.
- Achieving the common good requires shared responsibility between different actors in the public and private sectors, as well as civil society.
- Public authorities have a coordinating role: the alliance between public authorities and civil society or its stakeholders enables the creation of public power, or the collective ability to act in the general interest.

As such, what is valued through the common good is the acknowledgement, by the members of a given community, of what counts the most as a basis for life in society, as well as the sharing of responsibility in order to secure this basis. From a populational perspective, health is a public good that is conducive to the vibrancy of society and that reinforces its capability for development.

Challenge

If health is viewed as a common good, does this mean all the conditions favourable to health (actions, public policy measures, etc.) should be considered necessary? Another point to keep in mind is that caution should be exercised in reducing all health determinants to the common good of health. Education or safety, for example, cannot be boiled down to mere conditions for health, and are deserving of recognition as common goods in their own right.

2.4 Beneficence and non-maleficence

Beneficence is the act of doing good in the interest of others. In public health, beneficence drives and legitimizes actions targeting the well-being of the population, of which health is an essential component. More specifically, beneficence underlies the public health aim of improving the health of the population by acting on its determining factors. The meaning given to the "good" targeted by beneficence may evolve depending on the socio-cultural context, and in the health sector, may be influenced, among other things, by techno-scientific advances or other knowledge that sheds light on health determinants and how they can be more effectively influenced.

The notion of non-maleficence comes from a long medical tradition that posits doing no harm (*primum non nocere*) as its foremost duty. In public health, this often translates into the wish not to cause health problems or to undermine the well-being of the population through actions that produce adverse effects. It is also embodied in measures to compensate for harm resulting from public health actions, for example compensating individuals suffering physical injuries as a result of a vaccination. Actions seeking to lower the risk of stigmatizing populations affected by

public health interventions are also examples of efforts to implement this value.

Challenge

In public health, beneficence sometimes comes into conflict with itself or with non-maleficence; indeed, public health actions can increase the well-being of some groups while harming that of others.
The distribution of beneficence is often an issue (see equity). Beneficence must also take into account the targeted individuals' conception of good. Accordingly, as Massé (2003) emphasizes, it is important to adjust the force of interventions striving for a good (for example, health) by also considering the population's expectations regarding this good.

2.5 Utility and effectiveness

Utility refers to what is or may be advantageous, what meets a need. This value has importance in relation to a given purpose: something has utility as a means to achieve an end that is considered good. From the perspective of utilitarianism, this end is the greatest good—the greatest happiness—for the largest number of people. The utility of public health measures is weighed in terms of the benefits they provide to the population and the needs they address. These benefits include improved health and action on health determinants, as well as the prevention of harm and protection from threats. For Massé (2003), the ultimate criterion by which to determine the utility of public health interventions is their impact on the common goods that society recognizes as fundamental.

The notion of utility can thus be understood as the combination of a measure's relevance and its effectiveness: a given intervention should significantly contribute to the aim of improving public health, and the adopted approach should enable the achievement of the anticipated result. Effectiveness denotes the achievement of the intended effect, i.e., the relation between the outcome and the objectives or targets established, in relation to a given purpose.

Challenge

Utility, even in moderate quantities, can be found in many things. What is important is to define "for what, for whom and for which purpose" something will have utility. From the standpoint of public health measures, it is important to clarify how a measure is useful to the overarching aim of improving health and reducing social inequalities in this sector. Kass (Kass, 2001) stresses the need to take into account public health measures' effectiveness, not just in terms of broad intermediate objectives (for example, lowering the proportion of smokers in the population or increasing the proportion of vaccinated individuals), but also in terms of the health objectives specifically targeted by the measures at hand. From an ethical point of view, these measures' moral utility is also to be considered in terms of their benefits for achieving the values involved (for example, greater justice and equity, or less discrimination).

Massé (2003) gives two examples where utility and effectiveness can conflict with social justice. The first is when some interventions yield few results with sub-groups that need assistance, but are successful with social sub-groups that are already advantaged.
The second is illustrated by the question of whether, if two vaccines are available, with the first having low effectiveness and low side effects and the second, high effectiveness and a possibility of rare but serious side effects, a choice should be made to reduce the risk to the minority or to aim for the greatest possible protection of the majority. When utility is invoked to justify public health interventions, it is important to specify how the interventions at hand address distributive justice.

3 Values associated with professional or institutional practice

The values associated with professional or institutional practice contribute to establishing the credibility of public health actors and to developing and maintaining the population's trust in public health institutions. Most important in this regard are competence, scientific rigour, impartiality and integrity, responsibility and accountability, transparency, prudence, openness, and confidentiality and privacy.

The values in this group relate to professionals' ways of doing things to ensure the quality of their contribution and the pursuit of the public interest. These values are often regarded as professional obligations and duties,

and systematized in codes of ethics or ways of doing things that are intended to best serve the community. Since public health practitioners are associated with public institutions funded by a collective body, there is a particularly high expectation for them to show a concern for the quality of services to citizens and for the pursuit of the collective interest.

The credibility and trust accorded to professionals and institutions are key conditions when it comes to public health actions and their impacts. The values associated with professional or institutional practice thus resonate with important values in society.

Professional or institutional practice can be guided by various norms, be they legal, administrative or other. These norms are sometimes underpinned by different values, which are difficult to reconcile and may give rise to tensions or conflicts. Moreover, taking into account the ethical dimension of professional practice is challenging in that it can lead to questioning science itself, even if science is often perceived as factual and therefore neutral and uninfluenced by values.

3.1 Competence

Competence is a combination of knowledge, know-how and personal skills expressed within a specific work situation. It involves a continuous updating of knowledge and skills, a striving for the highest scientific norms pertinent to the situation, and the ability to transfer and share this knowledge and expertise. Competence is inclusive and can cover the values reflected by these different types of knowledge. Both individuals and institutions have a responsibility to determine and contribute the various types of competence required to carry out a task and achieve objectives.

Challenge

Institutionally speaking, the challenge is to put together multidisciplinary work teams in order to foster synergy between different kinds of competence. This synergy promotes the development of a common vision thanks to the sharing of knowledge and the identification of solutions that are more relevant, useful and effective than if each individual had worked on them in isolation. Two factors may limit the complementarity of different types of competence: the resources available and the practice of working in disciplinary silos. The ambient professional culture can reinforce these limitations and hence limit openness to other disciplines. Finally, professional competence may come into tension with openness to “lay” competence, for instance, experiential expertise.

3.2 Scientific rigour

Rigour is the quality of a person whose professional work, generally scientific, exhibits high accuracy along with sound reasoning and intellectual rectitude. This quality ensures the strength and credibility of results. It is often associated with the valuing of scientific or other evidence to support informed decision making. Scientific rigour presumes integrity, an absence of conflicts of interest, and critical judgment that enables one to consider the controversial elements that can be raised in the course of one’s work. In other words, scientific rigour means little if it does not go hand in hand with integrity and impartiality.

Scientific rigour entails the conscientious, judicious and explicit use of available data when making public health decisions. Evidence-based practice means integrating empirical expertise together with the most solid external evidence originating from systematic review (BDSP). Rigour is expressed through the requirement of qualifying existing data (strengths and limitations) and acknowledging areas of ignorance or uncertainty; in a word, acting with rigour can take on different forms, depending on the context.

Challenge

The context of institutional practice, including situations of urgency and the pressure of efficiency targets in resource-limited settings, can make it difficult to meet the conditions for scientific rigour. Some authors (Carter et al., 2011) also point to certain risks associated with the weight given to scientific evidence. For example, choosing evidence-based targets and indicators can lead to a focus on what is most easily measured, and, consequently, what can most easily be scientifically demonstrated, to the possible detriment of important determinants that are more complex to measure and demonstrate. Furthermore, the ability to process a large number of variables when analyzing a problem can reveal associations which, even if statistically significant, are not based on any causal relationship that is likely to be demonstrated.

3.3 Impartiality and integrity

These two values are recognized as fundamental by the *Déclaration de valeurs de l'administration publique québécoise* [*statement of the values of Québec's public service*] (Gouvernement du Québec). Impartiality is the neutral state of someone who makes a decision objectively, in accordance with applicable rules and while giving fair treatment to all. Being impartial contributes to a person's integrity. This last value can be defined as the quality of an honest person whose practice is both fair and rigorous, and who displays flawless integrity and will not allow him- or herself to be corrupted or unduly influenced.

By extension, data or information integrity refers to the absence of alteration or voluntary or accidental destruction during the processing, preservation or transmission of data or information (Tourev).

Finally, at the societal level, and particularly in health interventions, respecting integrity means respecting the inviolability and global character of a person (physical and psychological integrity).

Challenge

Conflicts of interest pose a threat to the impartiality and integrity of professionals and institutions; hence the importance for organizations to take steps to prevent conflicts of interest and to manage situations with a high risk of such conflicts.

3.4 Responsibility and accountability

In everyday parlance, responsibility means acting while taking into account the consequences of one's actions, answering for these actions to others, and honouring a commitment or promise. Professional and institutional responsibility is associated with the wish to protect the population from the undesirable consequences of decisions and actions that affect it, with special focus on the most vulnerable sub-groups. Ethically speaking, this vulnerability is understood as the fragility of the individuals concerned in the face of a potential threat or the infringement of their autonomy, dignity or integrity, for example.

Responsibility does not just have to do with actions taken; it can be invoked in reference to inaction or omission, when action is possible. For example, refusing to help someone in distress, in spite of being in a position to do so, means that one bears some responsibility for the consequences of this inaction. By extension, responsibility also evokes the responsibility to help right the wrongs that may have been caused by one's acts or omissions.

Accountability, for its part, refers to the obligation incumbent upon a person who holds a position or role to account for the way they acted in this capacity. It entails the traceability of the person's steps and decisions. The concept is most often used in reference to being accountable for the use of resources and powers bestowed on a person or an organizational unit in order to achieve goals (Gow, 1995).

Professional and institutional responsibility means that individuals and organizations perform their duties and tasks and answer for their actions to the authorities, to the partners concerned, and to the community. Responsibility and accountability must therefore be exercised transparently, and call for a clarification of duties and ways or methods of fulfilling them, including how appropriate competency norms will be met, as well as the reporting of outcomes.

Challenge

The complexity of health problems and of establishing conditions favourable to health requires the expertise and action of a variety of actors from several sectors, as well as of the population. Hence the references made to shared responsibility or co-responsibility. This co-responsibility defines the scope of individual responsibility, but does not erase it. The intersection between certain actors' professional responsibility and others' political responsibility can make this value complicated to implement, and can bring it into tension with other values.

3.5 Transparency

Transparency seeks to "… assurer un accès facile et le plus rapide possible à toute l'information critique et à toutes les explications pertinentes pour les parties intéressées et touchées, tout en respectant les exigences légales de confidentialité" ["... ensure the easiest and fastest possible access to all critical information and all relevant explanations for interested and affected parties, while abiding by the legal requirements of confidentiality"] (INSPQ, 2003, p. 44)

[translation]. It also motivates actions relating to other functions of public health. Public health directors' legal obligation to inform the population of the risks they incur makes transparency a duty, and has resulted in this value's integration into legal and professional normativity.

Transparency thus reflects the importance of making relevant and useful information available and understandable in a fair manner, so as to enable individuals and communities to understand the choices that affect them, whether positively or negatively, and to exercise judgment in these choices. Thus defined, transparency is a necessary condition for the exercise of democracy, which is in part based on the autonomy of individuals and communities. Hence, transparency is at the heart of the relations between public health and other activity sectors, the population, and various organized groups. It also reflects an expectation as to how to implement accountability. Transparency strengthens bonds of trust with citizens and groups by allowing them, among other things, to understand the logic behind the actions proposed and taken. Transparency requires that disseminated information not be unduly condensed, and entails the inclusion of uncertainties, controversies and limitations.

Challenge

Does the value of transparency mean that everything should always be said in all contexts? The answer is "no": this would be neither possible nor desirable. First, as mentioned above, some information is protected by confidentiality rules. Second, safety concerns may also lead to limiting the degree of transparency of information. Transparency does not mean saying everything; rather, the information provided should help the parties concerned to exercise judgment regarding a situation and its related actions, whether under consideration or already initiated.

3.6 Prudence and precaution

Generally speaking, prudence is the practical wisdom mindset of adopting reasonable and thoughtful conduct in order to make an informed decision; it involves considering the scope and consequences of one's actions in order to avoid errors and any source of harm. Prudence presumes that a certain amount of uncertainty and risk are involved. This is reflected by the CRGR's definition of prudence as a vigilant attitude that seeks to avoid, eliminate or minimize any preventable risks of harming health. Prudence calls for reflection on the ends and the means; it is a disposition to "… délibérer correctement sur ce qui est bon ou mauvais pour l'homme (non en soi mais dans le monde tel qu'il est, non en général mais dans telle ou telle situation), et d'agir en conséquence, comme il convient" ["... deliberate correctly on what is good or bad for man (not in itself but in the world as it is, and not in general but in specific situations) and through such deliberation to act appropriately"] (Compte-Sponville, 1995, p. 51) [translation].

The CRGR also notes that, in a context of scientific uncertainty, prudence transforms into precaution. The concept of precaution thus delineates the scope of prudence in specific contexts, mainly those characterized by uncertainty and the possibility of significant harmful consequences, thereby calling for preventive action. Precaution is thus understood as a principle of action; acting with precaution in order to prevent hard-to-measure risks means carrying out potentially reversible actions as well as adequate assessment measures to follow up on the actions and situation at hand.

Challenge

Prudence requires a balance between systematic fear of the risks on the one hand, and recklessness on the other. It calls for nuancing the idea of a world with zero health risks, and requires weighing the risk to health against other types of consequences that can be considered just as important for the public or for specific communities. Prudence leads to laying down guidelines for the practice of high-risk sports, for example, without altogether seeking to ban them, in spite of the residual risks.

3.7 Openness

Openness first and foremost refers to open-mindedness to the defining elements and factors behind a given situation, as well as to the plurality of values and cultures that are expressed in our contemporary societies. In practice, this open-mindedness is expressed via a recognition of different groups' right to voice their understanding of the issues affecting their health, the objectives to adopt in order to improve these issues, and the means to be used in this regard. Openness also implies a recognition of

individuals' and communities' ability to take part in searching for and implementing solutions to situations that affect them (see empowerment), and even the need for their participation in order to find well-adapted and sustainable solutions.

Openness plays out on multiple levels: openness to the public and sub-groups particularly affected by problems or interventions, openness to organized groups in society, and openness between professionals and between institutions with public responsibilities. Collaboration requires openness to varied, complementary and sometimes contradictory types of competence with a view to shedding the best possible light on an issue and its related decisions. Collaboration can be exercised via different models of shared responsibility (i.e., technical, strategic, operational, and other kinds of collaboration).

Challenge

Interdisciplinary and intersectoral work poses challenges for openness to different ways of understanding and responding to a situation, as well as for openness to powers and responsibilities that emphasize different goals, among other things. Harm reduction approaches are a good example, as the guiding objectives and norms of different actors (for instance, social agents and police) can generate significant tension.

3.8 Confidentiality and privacy

A person's privacy consists of the zone of intimacy he or she wishes to maintain. Indeed, some aspects of a person's life do not concern anyone else. As a corollary, respecting the confidentiality of data regarding this person means respecting this zone of intimacy, to which a worker or institution may sometimes have access. This involves protecting data or personal information that should not be disclosed to unauthorized persons or entities. Accessing such confidential information requires the consent of the person concerned or the use of mechanisms set up for this purpose.

Challenge

The notions of confidentiality and privacy are generally well ingrained in professionals and institutions. Observed difficulties are sometimes linked to the dual mandate or dual affiliation of professionals: having access to personal information in order to fulfill a given mandate within a particular organization does not automatically mean that the authorization can be carried over to other or similar purposes within an organization not mentioned in the authorization. A breach of confidentiality can lead to undesirable consequences for the person(s) concerned, and may break the bond of trust between the population and professionals or institutions.

4 Values found in society

The values associated with the aims of public health and professional or institutional practice are fundamental to our society's moral culture, yet they are only one part of it. Society also exhibits other values that serve as guideposts for life together in society as well as for the quality of human relationships, namely autonomy, liberty, equality, equity and justice, reciprocity, solidarity, and respect for the environment.

The values underlying the aims of public health, and the professional and institutional values of public health actors, more broadly come under societal values. They are thus integral to the moral culture of our society. A number of other values found in this moral culture, which are not explicitly named in the first two categories, are nonetheless important to defining the guideposts for life together in society and for the quality of human relationships; these values can be found in both social debates and individual consciences. Public health actions may bring into play one or more of these values, which then become part of the ethics review process; these values will also be invoked by the targeted populations when judging the acceptability of public health interventions.

4.1 Autonomy and empowerment

Autonomy consists of individuals' fundamental ability to exercise their own judgment, to make their own choices, and to take their destiny into their own hands. Etymologically, it means "the ability to live by one's own laws." In the health sector, the issue of respecting individual autonomy often translates into mechanisms of consent. However, autonomy means more than just consent; rather, consent is one particular manifestation of it. In fact, autonomy can be influenced by age,

psycho-cognitive problems, states of intoxication, etc. It therefore involves a whole set of psychological and cognitive abilities that are necessary for its full realization. It is not based only on human reason. Other factors such as emotional experiences, social relations, and economic situation also influence autonomy.

Hence, today, the social context is seen as a fundamental part of the exercise of autonomy. This conception marks a departure from an "atomized" vision in which the individual is only considered to be flourishing if freed from relationships with others. On the contrary, being autonomous does not mean ignoring the rules and limitations resulting from our social environment, but rather incorporating them into the exercise of our judgment. For example, the conditions conducive to the autonomous individual's flourishing—education, opportunities for social involvement, etc.— are dependent upon social environment and community.

The notion of responsibility ties in with that of autonomy. Acting autonomously also means acknowledging responsibility for one's choices. Does this mean that individuals are solely responsible for their choices? As autonomous as individuals may be, their decisions are still subject to certain constraints (the physical impossibility of making an optimal choice, the fear of punishment under a rule deemed inappropriate, etc.). This highlights the fact that, as with autonomy, the exercise of responsibility is not independent of the social context.

In public health, the strategy of reinforcing individuals' or communities' potential is understood as a strategy of building their capacity for autonomy, judgment and choice. These strategies are conducive to the process of taking ownership of individual or community powers or capabilities in order to improve control over their lives. This process is also referred to as empowerment,[2] which can be supported, but always remains fully assumed by the individual or community concerned. From a public health perspective, the aim of empowerment is to enable the population to exercise greater control over decisions and actions that can affect their health.

Challenge

Individuals exercise their autonomy in contexts that are not neutral, as they influence the choices in favour of certain options. For instance, public policies that favour certain foods on school menus or that dedicate certain road lanes to active transportation influence the contexts in which choices are made. To some, these changes may seem to curb the exercise of their autonomy, while to others, they may appear to support it.

Moreover, autonomy, defined as the ability to make choices, is often confused with autonomy as the quality of the choices that are made. For example, when someone is observed to makes decisions that go against their own health, one may wonder about their actual capacity to make informed choices—in short, their autonomy. However, as noted earlier, an autonomous individual or community may make choices based on different priorities, values, beliefs and wishes than what may be considered preferable from a public health standpoint. It is thus important to acknowledge that there are a plurality of ways to be autonomous.

4.2 Liberty

Liberty is the concrete expression of an individual's, group's or community's autonomy in the absence of undue constraints, outside control, or involuntary submission to the wishes of others. This definition of liberty, referred to as fundamental liberties (freedom of movement, opinion, belief, association, and so on), is enshrined in charters and legislation. However, one's liberty, in a context of interdependency between individuals, is itself constrained by the liberty of others. In other words, one person's freedom may come into tension with someone else's.

The state is justified, in some circumstances, in imposing constraints on the liberty of individuals, organizations or communities in order to ensure public safety and health; an example would be granting

[2] The report on the CRGR consultation (INSPQ, 2013) has shown that the notion of ownership of one's powers is sometimes used to refer to professionals' and public health managers' ownership of the powers that enable them to act in the context of a high-risk situation. These powers are generally conferred by law. However, to address such situations, we suggest using the notions of competence, responsibility and accountability; we prefer to reserve the concept of empowerment for processes developed by individuals and communities.

powers of coercion to the police. In the health sector, the public health minister or directors may use exceptional powers to impose constraints on liberty in certain serious situations in which the health of the population is threatened.

Challenge

Respecting liberty entails finding the right balance of interventions that improve and protect the health of the population as effectively as possible, while minimizing the constraints on individual liberty. For example, establishing incentives is less of a constraint than imposing restrictions (banning certain options). On a related note, the legitimacy of constraints on liberty brings into play the notion of paternalism, i.e., interference with a person or community's freedom that is justified by the protection of one's or a third party's health (e.g., banning smoking or requiring the use of seatbelts). There is general agreement that the state does, to a certain extent, have a paternalistic role; this role is less objectionable if it involves preventing harm to others rather than preventing behaviours that may only harm the individual him- or herself. The challenge is to strike the right balance between respecting the liberty and responsibility of individuals, on one hand, and upholding the responsibility of the state regarding the means used to improve public health, on the other.

4.3 Equality, equity and justice

The notion of equality entails a recognition of the equal dignity and consideration of all human beings. A distinction can be made here between "horizontal" equality, i.e., giving equal treatment to all individuals, and "vertical" equality, i.e., giving differentiated treatment to individuals with characteristics that cannot be neglected without causing injustice.

Equality takes on various forms within institutions, especially in terms of the law (rights and duties that apply to all), and in terms of the government of society (political equality via the voting rights of citizens, for example). In the health sector, equality aims for an equal consideration of the needs of persons and groups through the provision of health care and services that are appropriate, of equal quality, available, accessible to all, and not restricted by geographical location, ethnic or religious background, sex, or financial situation, for example. In spite of these aims, however, it is important to recognize the existence of inequalities of various kinds between individuals and groups within a given society.

Equality, in its second sense, can justify special treatment for people for whom equal treatment proves inadequate (e.g., special services for people with physical disabilities). This is also referred to as equity. Equity demands taking into account the disparities existing in the population when determining objectives and distributing resources, as well as assessing the distribution of benefits and disadvantages resulting from public health actions.

In this context, particular attention should be given to groups that experience disadvantages more often, or that derive little benefit from public health actions. Generally speaking, disadvantages are understood to include direct or indirect discrimination, social labelling, socio-economic inequalities, etc. An action said to be equitable should not unduly expose certain groups to such effects (CRGR). Equity further seeks to overcome problems with systematic discrimination, whether resulting from inherited characteristics or not.

From a health perspective, equity means that, ideally, everyone should have the opportunity to achieve their full potential. More practically speaking, no one should be disadvantaged in achieving this potential, if it can be avoided. "Les politiques d'équité sont donc soucieuses de créer des opportunités égales pour la santé et de réduire les écarts de santé au niveau le plus bas possible" ["Equity policies are thus concerned with creating equal opportunities for health and with closing health gaps as much as possible"] (BDSP) [translation]. Taking into account the particular situations of individuals or sub-groups does not in any way eliminate individual responsibility; equal opportunity does not mean equal outcomes (Rawls, 1987).

Finally, the consultation report on the framework for risk management (CRGR) indicates that the notion of equity also has practical significance in terms of the harmonization of practices between regions and between public health teams, since variations in practice may mean more or less equitable treatment of the needs of the populations served.

In public health, the notion of justice underpins the goal of reducing the social inequalities that limit people's ability to live in good health. This leads to acting on the

conditions that are beyond the control of mere individuals, such as environments. In this vein, distributive justice is usually tied to the notion of equal opportunity: people with similar talents and skills should have the same opportunities to realize their goals. To this end, legal and informal barriers can be reduced (for example, those that are believed to limit the realization of goals on a discriminatory basis); it is also possible to strive to eliminate or reduce a given social reality's negative effects (for example, by promoting the academic success of disadvantaged children). Procedural justice, for its part, strives to promote the participation of all parties concerned by a given action.

This explains why, in public health, reference is more often made to social justice. This type of justice seeks to develop means or conditions of existence with a view to reducing inequalities, among other things through mechanisms for greater equal opportunity. As a value, social justice is understood as an ideal of equality that strives for harmonious relationships in society.

Challenge

Some intervention strategies may have sufficient efficiency in terms of improving the health of the population at large, but prove ineffective at reducing social inequalities related to health, or may even exacerbate them. What relative weight should be assigned to justice and equity when it comes to improving health in such cases? Moreover, regarding equity, what should be the basis for developing distribution patterns for rights and obligations, burdens and benefits? As Baraquin et al. (2011) point out, these criteria vary according to the ideology of the times [and of the society]: "à chacun selon son rang, ses mérites, ses œuvres, ses besoins" ["to each according to his or her rank, merits, works, and needs"] [translation].

4.4 Solidarity

Solidarity is based on an awareness that the well-being of each individual depends on the well-being of others; it is a source of motivation for contributing concretely to the well-being of others by taking part in collective actions to this end. Solidarity is associated with the idea of social justice, as it seeks to harmonize individual liberties for the good of the individual and the whole.

Our societies are often described as largely individualistic, with each person exclusively seeking their own well-being and pursuing their own life trajectory. In contrast with this view, solidarity underlines that individuality itself is based on a recognition of the relational interdependence of individuals and groups—an interdependence that binds the well-being of the individual to that of others. For example, in public health, efforts to combat a vaccine-preventable disease cannot be limited to an individual solution; everyone is protected insofar as the largest possible number of people are vaccinated. When a large swath of the population is vaccinated, herd immunity prevents the disease from spreading. This in turn protects people who, for various reasons, cannot be vaccinated, or who remain most vulnerable to the disease in spite of being vaccinated.

Many of the problems affecting society (school dropouts, delinquency, etc.) are caused by a plurality of intertwined factors. This makes it difficult to find solutions that lack a similar level of pluralism, i.e., solutions that involve many stakeholders for the benefit of the whole.

Challenge

As mentioned above, there is tension between action defined from a strictly individual perspective and the value of solidarity. Many collective problems are caused by the combined effect of individual decisions, as justifiable as they may be. An example would be the pollution caused by the use of automobiles, or the absence of herd immunity when a large proportion of the population fails to undergo vaccination, or declines for reasons unrelated to their medical condition. This raises the challenge of identifying the options that offer the best balance between the values of autonomy, liberty and solidarity.

4.5 Reciprocity

The concept of reciprocity articulates a mutually beneficial relationship between individuals or groups. More specifically, it refers to a gesture that prompts an exchange, a return gesture. Reciprocity is thus perceived as an essential component of cooperation between individuals and groups, and can be understood as the result of a network of reciprocal obligations that strengthens the social bond. The ethical frameworks developed in the context of the fight

against a potential pandemic A (H1N1) often invoked reciprocity in reference to health institutions' particular obligation toward workers faced with higher risks of infection. This obligation could justify different actions, such as the granting of a salary bonus or additional safety equipment.

Three characteristics emerge from various definitions of reciprocity: the relationship must be understandable to others, appropriate, and proportionate (Keeling and Bellefleur, 2014). It is considered appropriate when the reciprocal actions are causally related, in other words reciprocal action "x" causally responds to initial action "y," and when they are proportional, i.e., reciprocal action "x" is approximately equal to original action "y" in terms of the quantity or quality of advantages or disadvantages involved.

Challenge

The idea of proportional exchange within a relationship of reciprocity can be considered from a social justice and equity perspective. In other words, an individual within a relationship of reciprocity may be in an initial situation that results in giving something that is disproportionate to what he or she receives in return. For example, a worker who has no other job alternatives could accept a high-risk situation in order to be able to maintain a livelihood. It is thus important that the parties in a relationship of reciprocity be in relatively equitable initial positions. Applying reciprocity requires reflection on the inherent equity of the relationship at hand. Without equity, the requirement of reciprocity could lead to relationships of servitude and dependency, with one party dominating the other. In our example, the level of protection offered by the employer should not vary depending on employees' status, even if they would be willing to incur more risks to keep their jobs.

4.6 Respect for the environment

Respect for the environment essentially reflects the importance placed on the protection of natural environments. The notion of environment, for its part, extends more widely to social environments made up of the different systems that govern interactions between individuals, groups and institutions.

From a sustainable development perspective, the preoccupation with natural and social environments has to do with "... development that meets current needs without compromising the ability of future generations to meet their own needs" (World Commission on Environment and Development, UN, 1987). Respect for the environment thus also refers to the notion of equity between generations.

Challenge

Recent decades have seen growing concerns related to the impact of human activity on natural resources and on the environment. These concerns have extended to include the conditions enabling future generations to meet their needs. However, there is a difference between concerns and actual responses. Debates on the advantages and drawbacks of renewable energies such as wind power compared to the development or use of fossil fuels reveal the tensions existing between this value and others, such as the self-determination of communities, which, depending on the point of view, choose or are subjected to such activities. The socio-economic determinant of employment is, according to some people, a condition for autonomy, self-realization and health.

5 Conclusion

This framework of values provides public health directors and professionals, and anyone else interested in public health ethics, with a repertoire of the values that appear to be most often engaged when examining public health issues. It sets out definitions that are intended to be as practical as possible, in order to effectively support reflection and action. The values selected all fall under the broader context of our society; however, it appears helpful to distinguish between the values specifically associated with the aims of public health, those related to professional and institutional practice, and, more generally, those that can be found in society. These values offer a basis for reflection on the ends targeted by a given action, as well as the means that will be employed to achieve them.

The values selected for the framework are not a checklist to make sure that each value has been considered during ethical analysis for public health action. Rather, the values raised by a given project can be determined in different ways. Reviewing the

consequences of a given measure on the different groups concerned helps identify the values in play by shedding light on the measure's gains and losses in terms of values. Examining the norms invoked to justify a chosen action, for its part, offers a way to identify the values underlying the action at hand. Finally, some values can be more spontaneously identified because they relate to problems already documented in the public health ethics literature or encountered in practice.

Analysis of the values thus identified may uncover tensions or conflicts between the values or norms involved. How can they be resolved? The introduction to this document outlined a few key phases of an ethical review process aiming to resolve such tensions, albeit without elaborating on each step involved. Other works or collaborative initiatives of the CESP will present the type of process that can be used to determine the most important values in a situation and thereby guide decision making.

It is important to bear in mind that values are motivations to act while taking into account the consequences of our actions for others, with a view to maintaining social cohesion and living together in harmony. The inclusion of these values in an ethical reflection process is intended to lead to thoughtful, deliberate choices. Public health measures will then be justifiable, not only from a scientific standpoint, but also from a values standpoint. More generally speaking, the inclusion of values helps to reframe science in terms of its contribution to improving human life, acknowledging that it is not neutral.

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