PIH-501: Ethics and Health Disparities
Spring 2005

Tuesdays, Thursdays
10:30-12:30, FXB-G13

Instructor
Norman Daniels
Building 1, Room 1104C
(617) 432-2360
ndaniels@hsph.harvard.edu
Office hours: TBD

Teaching Assistant
Carrie Thiessen
thiessen@fas.harvard.edu
Office hours: 12:30-1:30 T & Th

Description

When is an inequality in health status an injustice or inequity? This course examines various aspects of this issue, bringing appropriate perspectives from ethical theories (utilitarian, libertarian, liberal egalitarian, feminist) to bear on case studies revealing a range of important health disparities. Four main cases will be discussed, each focusing on a central type of health disparity: class disparities, U.S. racial disparities, gender disparities in a developing country setting, and global health inequalities. Key questions to be pursued in each case include: when is an inequality in health between this type of demographic variable unjust? When is a policy that produces, or fails to address, such an inequality race- or gender- or class-biased in a morally objectionable way? How does ascription of responsibility for health affect the fairness of health inequalities? What kinds of obligations exist to address health inequalities across national boundaries? What ethical issues are raised by policy approaches to addressing health inequalities and giving priority to reducing them?

Method:
The course will be taught through a mix of lectures and class discussion. Sometimes the focus will be on theoretical issues, but usually these will be raised as they grow out of practical contexts, illustrated by various cases. The key task is to improve student analytic skills at locating value issues, articulating conflicting views about them, and developing arguments that justify practical stands taken to resolve them. This means that students must prepare for each session by reading the assigned reading before class and formulating personal responses to the study questions. Students are encouraged to organize small study group so that each person can present, discuss, and receive feedback about the course readings and assignments. One page assignments each week help focus preparation for class discussion.
Course Requirements

1. Midterm paper, Final Paper

There will be two papers, a midterm paper of 1500-2000 words due April 21 (30% of grade) and a final paper of 2000-2500 words due on the last day of class, May 19 (40% of grade). Instructions for both will be available two weeks prior to the due date.

2. A one page “discussion response” will be due in each of weeks 1-3 and 5-7. These will be required but will not be graded (15% of grade). In some cases, these discussion responses will be preparation for a debate.

3. There will be no in-class exams but class participation will count (15% of grade).

Required Texts


2. CD with all electronically available readings, distributed during the first week of class.

A copy of all required and optional readings will be on reserve in Countway Library.
**29 March Session 1: Introduction**

*Introduction: when is an inequality unjust?*


*Is there a special basis of concern for health? Do special concerns for health generate obligations to promote its fair distribution?*


**31 March Session 2: Class Disparities – Evidence**

*Evidence*


*When are SES inequalities themselves inequitable?*


**5 April Session 3: Class Disparities – Selected Mechanisms – Income Inequality to Health and Social Pathways to Health**

*Income relativity: Evidence*

- Subramanian, SV, and Ichiro Kawachi. "Income Inequality and Health: What Have We Learned So Far?" *Epidemiologic Reviews* 26 (2004): 78-91.

Income relativity: Mechanisms


Social patterning of lifestyle choices


7 April  Session 4: How well can a theory (egalitarian) guide us?


12 April  Session 5: Policy dilemma: Reducing inequalities v. maximizing welfar


Egalitarianism v. prioritarianism


RACIAL DISPARITIES

14 APRIL  

CLASS 6: DIMENSIONS OF RACIAL DISPARITIES

Evidence

- Burden of disease breakdown by race in the United States (DALYs and pure mortality): to be posted online

Rethinking “race”


What’s wrong with racism?


19 APRIL  

SESSION 7: DO CAUSES MATTER? – PART 1 – PSYCHOSOCIAL AND MEDICAL CARE


How to recognize a racist policy

Individual racism


Institutional racism – non-medical


Institutional racism – medical


21 APRIL SESSION 8: DO CAUSES MATTER? – PART 2

Victim-blaming

Patient behavior: Lifestyle choices


Responsibility and Health


Genetics


26 April Session 9: Policies for Addressing Racial Inequalities

Case study

- Supplementary information sheet on the Harlem Children’s Zone Asthma Initiative.

Policy options


What is a reasonable rate of progress?


**GENDER DISPARITIES**

**28 APRIL:** SESSION 10: HIV AND WOMEN

Class 10: HIV disease burden

*Background information*

*Ethical considerations*

**3 MAY:** SESSION 11: HUMAN RIGHTS AND CULTURAL PLURALISM

*What does it mean to claim that some health inequalities are violations of human rights?*
What respect do we own to different cultural norms?


5 MAY  
SESSION 12: POLICIES FOR ADDRESSING THE GENDER GAP

Case Study: Swaziland or Botswana


Does government have special obligations to protect the vulnerable?


HIV and the law

INTERNATIONAL DISPARITIES

10 MAY SESSION 13: BRAIN DRAIN

Evidence

Global justice

Conflicts of rights

10 MAY SESSION 14: RESPONSIBILITY ACROSS NATIONAL BOUNDARIES

Omission v. commission: obligations to assist v. avoid harming

Partiality

Individual v. aggregate v. institutional responsibility

17 MAY
**SESSION 15: POLICIES FOR ADDRESSING BRAIN DRAIN**

Case studies: United Kingdom and Malawi
VSO report on health impacts of brain drain in Malawi. To be released shortly.

OPTIONAL: Martineau, Tim, Karola Decker, and Peter Bundred. *Briefing Note on International Migration of Health Professionals: Leveling the Playing Field for Developing Country Health Systems*: Liverpool School of Tropical Medicine, 2002.

CONCLUSION

19 MAY
**SESSION 16: SUMMARY AND OVERVIEW**

Summary of egalitarian v. utilitarian attitudes toward inequality