

ETHICAL PRACTICE OF HEALTH CARE PROFESSIONALS IN HEALTH PROMOTION

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SAŽETAK

Promocija zdravlja, kao proces osnaživanja pojedinaca da u socijalnoj sredini unapređuju zdravlje, zasnovana je na etičkim principima u medicinskoj praksi i javnom zdravlju i odgovornosti društvene zajednice. Dok medicinska etika nalaže poštovanje principa pravednosti, jednakosti, dobrotvornosti i poštovanja prava pacijenata, slobode i ličnog izbora u procesu ostvarivanja zdravstvene zaštite, okruženje pacijenta može prouzrokovati i „negativnu slobodu“, stigmatizaciju ili ograničenje izbora, pri čemu se u obezbeđivanju sredine koja promovira zdravlje najpre smatraju odgovornim zdravstveni radnici.

Ovaj pregledni rad se bavi savremenim etičkim pitanjima i moralnim dilemama sa kojima se zdravstveni radnici susreću tokom akcija promocije zdravlja, a čiji je cilj da se stanovnicima zajednice omogući da naprave dobar lični izbor ponašanja orijentisanog ka očuvanju i unapređenju zdravlja („zdrav izbor“), te da se oni motivišu da ostvare svoj puni zdravstveni potencijal, čak i kada im okruženje nameće ili podstiče drugačije izbore. Posebni akcenat u pregledanoj literaturi je stavljen na izbore koje zajednica reguliše u pogledu obezbeđivanja ostvarivanja prava i sloboda pacijenata i pravovremenog informisanja u kontekstu kliničke prakse.

Ključne reči: etika, zdravstveni radnici, medicinska praksa, promocija zdravlja, javno zdravlje

ABSTRACT

Health promotion as a process of empowering individuals to improve health in the social environment is based on ethical principles in medical practice and public health and on the responsibility of the social community. Whereas medical ethics dictates the observance of the principles of justice, equality, beneficence, and the respect for patient rights, freedom and personal choice in the process of achieving health care, the patient's environment can cause 'negative freedom', stigmatization or restriction of choice, while the provision of an environment that promotes health is primarily considered to be the responsibility of health workers.

This review paper deals with the contemporary ethical issues and moral dilemmas that health workers face during health promotion initiatives, whose aim is to enable community residents to make a good personal choice regarding behavior that can help preserve and improve health ("healthy choice"), and to motivate them to achieve their full health potential even when their environment imposes or stimulates different choices. In the reviewed literature, special emphasis is given to the choices that the community regulates in terms of ensuring the realization of the rights and freedoms of patients and the timely dissemination of information, in the context of clinical practice.

Keywords: ethics, health care professionals, medical practice, health promotion, public health

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UVOD

U sistemu zdravstvene zaštite se prepliću etička pitanja u širem kontekstu zdravlja pacijenata i građana – etika u zdravstvenoj politici i praksi i javnom zdravlju, te etika u užem kontekstu – etika kliničke prakse zdravstvenih radnika [1,2].

Ključna etička pitanja kod zdravstvenih radnika se javljaju u oblastima upravljanja, organizacije, generisanja resursa i finansiranja promocije zdravlja, sprečavanja i zaštite od rizika po zdravlje, prevencije zaraznih i nezaraznih bolesti, obezbeđivanja poštovanja prava i sloboda korisnika zdravstvene zaštite, kao i u vezi sa informacionim tehnologijama, javnozdravstvenim nadzorom nad oboljenjima i pretnjama po zdravlje, zdravstvenim intervencijama i eksperimentalnim istraživanjima, i dr. [3].

Ova pitanja se dovode u vezu sa poštovanjem etičkih načela, najčešće pominjanim kao osnovnim u zdravstvenim sistemima širom sveta, kao što su načelo pravednosti, načelo poštovanja ljudskog života, načelo dobrotvornosti i prava pacijenta [4]. Načelo pravednosti podrazumeva jednakost u pogledu ostvarivanja prava na zdravstvenu zaštitu. Načelo dobrotvornosti se zasniva na ostvarivanju krajnje koristi za pacijenta u procesu ostvarivanja zdravstvene zaštite sa posebnim naglaskom na to da se primarno ne naškodi pacijentu (lat. *primum non nocere*). Među legitimno podržanim pravima pacijenta, ističu se pravo na poštovanje ličnosti pacijenta i autonomije u donošenju odluka, kao i poverljivost, informisana saglasnost i pravovremena informisanost o zdravstvenom stanju, rizicima po zdravlje, prognozi i daljim dijagnostičkim i terapijskim postupcima kojima se pacijent podvrgava [5,6]. U evropskim deklaracijama o pravima pacijenata iz 1994. i 2002. godine [7,8] i u nekim nacionalnim zakonima (Zakon o pravima pacijenata, Republika Srbija) definisana su i prava koja se odnose na slobodni izbor doktora, pravo na drugo mišljenje, te pravo na potpune informacije prilikom obaveštavanja pacijenta o njegovom/njenom zdravstvenom stanju, kao i pravo pacijenta na uvid u medicinsku dokumentaciju. Sve informacije o zdravstvenom stanju, uslovima lečenja, dijagnozama, prognozi i lečenju moraju da ostanu poverljive i nakon smrti pacijenta [7,8,9]. Čuvanje lekarske tajne, kao profesionalna dužnost, opisano je u literaturi stare Grčke, još od perioda Hipokrata.

Poverljive informacije se mogu obznaniti samo u izričito definisanim slučajevima, uz pristanak pacijenta ili ako je to zakonom određeno. Značajno je istaći da su zdravstveni radnici dužni da imaju saglasnost pacijenta pri svakoj dijagnostičkoj i terapijskoj proceduri u medicinskoj praksi, sa posebnim akcentom na krajnju korisnost intervencije za pacijenta i obezbeđivanje jednakosti u pružanju zdravstvenih usluga.

INTRODUCTION

In the healthcare system, ethical issues in the broader context of the health of patients and citizens – the ethics in health policy and practice and public health, are intertwined with ethics in the narrower context – the ethics of the clinical practice of health workers [1,2].

Key ethical issues for healthcare workers arise in the areas of management, organization, resource generation and health promotion financing, prevention and protection from health risks, prevention of infectious and non-infectious diseases, ensuring respect for the rights and freedoms of healthcare users, as well as in relation to information technologies, public health surveillance of diseases and health threats, health interventions and experimental research, etc. [3].

These issues are related to the observance of ethical principles, most commonly considered basic in healthcare systems around the world, such as the principle of justice, the principle of respect for human life, the principle of beneficence, and the principle of patient rights [4]. The principle of justice implies equality in terms of exercising the right to healthcare. The principle of beneficence is based on achieving the end benefit for the patient in the process of providing health care, with special emphasis on nonmaleficence (Lat. *primum non nocere*). Among the legitimately supported patient rights, the patient's right to personal respect and autonomy in decision-making stand out, as well as confidentiality, informed consent and timely information about the state of health, health risks, prognosis and further diagnostic and therapeutic procedures which the patient is to undergo [5,6]. In the European declarations/charters on the rights of patients of 1994 and 2002 [7,8] and in some national laws (Law on Patients' Rights, Republic of Serbia), the rights related to the free choice of a doctor, the right to a second opinion, the right to complete information when the patient is being informed about his/her state of health, as well as the patient's right to access medical records, are defined. All information about health status, treatment conditions, diagnoses, prognosis and treatment must remain confidential even after the death of the patient [7,8,9]. Keeping the medical secret, as a professional duty, was described in the literature of ancient Greece, since the time of Hippocrates.

Confidential information may be disclosed only in specifically defined cases, with the consent of the patient or if stipulated by law. It is important to point out that health professionals are required to have the patient's consent for every diagnostic and therapeutic procedure in medical practice, with a special emphasis on the end benefit of the intervention to the patient and on ensuring equality in the provision of health services.

Ovaj pregledni rad se bavi savremenim etičkim pitanjima i moralnim dilemama sa kojima se zdravstveni radnici susreću tokom akcija promocije zdravlja, a čiji je cilj da se stanovnicima zajednice omogući da naprave dobar lični izbor ponašanja orijentisanog ka očuvanju i unapređenju zdravlja („zdrav izbor“), te da se oni motivišu da ostvare svoj puni zdravstveni potencijal, čak i kada im okruženje nameće ili podstiče drugačije izbore.

U pregledanoj literaturi dat je opis pristupa u rešavanju etičkih pitanja, pre svega onih koji se povezuju sa izborima koje zajednica reguliše u pogledu obezbeđivanja ostvarivanja prava i sloboda pacijenata i pravovremenog informisanja, u kontekstu kliničke prakse.

Za ovo istraživanje urađen je pregled literature dobijene analizom prikupljenih publikacija objavljenih u periodu koji obuhvata poslednju deceniju 20. veka i prve dve decenije 21. veka, uz pomoć ključnih reči etika, zdravstveni radnici, medicinska praksa, promocija zdravlja, javno zdravlje (engl. *ethics, healthcare workers, medical practice, health promotion, public health*).

Najvažniji rezultati iz pregleda literature su, posle analize, sintetizovani i kategorisani da opišu etička pitanja i pristupe iz ugla zdravstvenih radnika u aktivnostima promocije zdravlja pojedinca i zajednice.

ETIČKA PITANJA U PROMOCIJI ZDRAVLJA

Etička pitanja u procesu promocije zdravlja manifestuju se problemima koje pacijenti i građani imaju u vezi sa poštovanjem, obezbeđivanjem i ostvarivanjem slobode izbora u svojoj zajednici. Naime, u regulisanom društvu, postoji odgovornost pojedinca prema društvu ali i zajednica treba da stvori kontekst koji omogućava pojedincu da ostvari adekvatni nivo zdravlja [10]. Sa aspekta slobode, svaki pojedinac može da napravi dobre ili loše izbore, i samim tim ima odgovornost za stavove i ponašanja koji utiču na zdravlje. Socijalna struktura, odnosno socijalni kontekst, jeste osnov unutar kojeg pojedinac može da se opredeli za dobre ili loše izbore [11]. Činjenica je da odgovorno društvo obezbeđuje pojedincu uslove za zdravlje (voda bezbedna za piće, hrana, pristup zdravstvenim službama, vakcinacija, i druge javnozdravstvene dobiti), kao i da društvo sa manje socijalno-ekonomskih nejednakosti predstavlja zdravije društvo.

Etičke dileme u promociji zdravlja se odnose na povezanost ličnih izbora pojedinca, koji su u vezi sa zdravljem, sa uslovima u zajednici. Pozitivan koncept slobode i zdravlja podrazumeva interferenciju pojedinaca i sredine u kojoj pojedinci imaju različite mogućnosti da dostignu adekvatan nivo zdravlja. Primer je kampanja u vezi sa zakonom o zabrani pušenja i njen uticaj na slobodu pojedinca na izbor ponašanja. Naime, u ze-

This review article deals with contemporary ethical issues and moral dilemmas which healthcare workers are faced with during health promotion initiatives whose aim is to enable members of the community to make a good personal choice of behavior oriented towards preserving and improving health ('healthy choice'), and to motivate them to achieve their full health potential, even when their environment imposes or encourages them to make different choices. In the reviewed literature, a description is given of the approach to solving ethical issues, primarily those related to the choices that the community regulates in terms of ensuring the realization of patient rights and freedoms and timely information, in the context of clinical practice.

For the purpose of this study, a review of the literature obtained by analyzing the collected publications that were published in the period including the last decade of the 20th century and the first two decades of the 21st century, was done, with the help of the following keywords: ethics, healthcare workers, medical practice, health promotion, public health.

After being analyzed, the most important results from the literature review were synthesized and categorized so as to describe ethical issues and approaches from the point of view of health workers engaged in activities of individual and community health promotion.

ETHICAL ISSUES IN HEALTH PROMOTION

Ethical issues in the process of health promotion are manifested in the problems that patients and citizens encounter in their community with regards to the respect for and provision of their freedom of choice, as well as with regards to their ability to exercise it. Namely, in a regulated society, an individual has a responsibility towards society, but the community should also create a context that allows the individual to achieve an adequate level of health [10]. From the perspective of freedom, each individual can make good or bad choices, and therefore has responsibility for attitudes and behaviors that affect health. The social structure, i.e., the social context, is the basis within which an individual can decide on good or bad choices [11]. It is a fact that a responsible society provides the individual with the conditions necessary for health (safe drinking water, food, access to health services, vaccination, and other public health benefits), and that a society with fewer socio-economic inequalities represents a healthier society.

Ethical dilemmas in health promotion relate to the connection between personal health-related choices of individuals and the conditions in the community. The positive concept of freedom and health implies the interrelation between individuals and the environment in

mljama u kojima se poštuje zakon o zabrani pušenja, stvoreno je bezbedno okruženje u kome je moguće napraviti zdrav izbor, te je prevalencija pušenja niža, a i drugi zdravstveni indikatori su povoljniji, što znači da je dostignut adekvatan nivo zdravlja stanovništva. Etičko pitanje koje se nameće jeste da li je paternalizam to što nam treba u promociji zdravlja ili je manipulativan, u smislu da drugi znaju bolje od nas šta je za nas dobro, da drugi određuju i nameću izbore koje smatraju zdravim. Naučnici Thaler i Sunstein ističu da je paternalistički pristup demokratski, ukoliko je zajedničko dobro, odnosno zajednička dobrobit, iznad svega, pa tako i iznad pojedinačnih interesa [12,13].

Javnozdravstvene kampanje su takođe primer kako se može pomoći pojedincima da naprave dobre izbore. Međutim, ukoliko pojedinac nema mogućnosti, kao i podršku sredine da ostvari dobar izbor, onda se dovodi u pitanje etika marketinških i komunikacijskih intervencija u oblasti promocije zdravlja. Za zdrave izbore potrebno je stvaranje arhitekture u zajednici koja je dostupna svima, kao što su trake za vožnju bicikla.

Ukoliko posmatramo promociju zdravlja u širem kontekstu pružanja zdravstvene zaštite, onda se klinička sredina koja podržava „prave izbore“ može etički razmatrati u smislu medicinskog paternalizma. Erikson i Lindström ističu proces kreiranja zdravih izbora ili „zdravo učenje“ kao način komunikacije na relaciji zdravstveni radnik – pacijent, koji je ispunjen poverenjem i vođenjem putem učenja o zdravim izborima [14,15].

Zabrana pušenja, obaveza vezivanja tokom vožnje, obroci sa žitaricama od celog zrna, obroci od svežeg voća i povrća predstavljaju uticaje pojedinih komponenti društva u promociji zdravlja, koji radeći na osnaživanju zdravlja, dovode do „negativne slobode“, kojom se ograničava autonomija pacijenata i građana kroz nametanje stavova ili primera prakse i ubeđivanje u ispravnost određenih izbora koji su socijalno poželjni [10].

Prema teoriji negativne slobode, između pojedinaca i države nema interferencije, i pojedinci su sami odgovorni za svoje zdravlje i slobodni da prave izbore u pogledu sopstvenog zdravlja. Nasuprot tome, kada zajednica stvara resurse i jednake mogućnosti za svakog pojedinca da učestvuje u aktivnostima društva prema vlastitim potrebama, to je „pozitivna sloboda“, čime se ističe da se moralne dileme i etička pitanja tiču jačine povezanosti individualnih potreba i sloboda pojedinaca sa karakteristikama zajednice.

Etičke dileme postoje i u vezi sa saglasnošću sa načinom sprovođenja komunikacijskih intervencija, odnosno u vezi sa prihvatljivošću valjanih dokaza, te u vezi sa tim da li se uloženi javni resursi koriste na najefikasniji način [16,17].

which individuals have different opportunities to reach an adequate level of health. An example of this relates to smoke-free law campaigns and their impact on the freedom of individuals to choose their own behavior. Namely, in countries where smoking bans are respected, a safe environment has been created in which it is possible to make a healthy choice. Consequently, the prevalence of smoking is lower and other health indicators are more favorable, which means that an adequate level of health in the population has been achieved. The ethical dilemma that arises is whether paternalism is what we need in health promotion, or is it manipulative, in the sense that others are perceived to know better than us as to what is good for us, i.e., others determine and impose on us the choices they consider healthy. Researchers Thaler and Sunstein point out that the paternalistic approach is democratic, if the common good, i.e., common benefit, is considered to be above everything, including individual interests [12,13].

Public health campaigns are also an example of how to help individuals make good choices. However, if the individual does not have the opportunity, as well as the support of the environment, to make a good choice, then the ethics of marketing and communication interventions in the field of health promotion is called into question. Healthy choices require creating community architecture that is accessible to all, such as bicycle lanes.

If we look at health promotion in the broader context of health care provision, then a clinical environment that supports the ‘right choices’ can be ethically considered in terms of medical paternalism. Eriksson and Lindström emphasize the process of creating healthy choices or ‘healthy learning’ as a mode of communication in the health care worker – patient relationship, which is based on trust and guidance through learning about healthy choices [14,15].

The ban on smoking, the obligation to wear seat belts while driving, meals with whole grain cereals, meals with fresh fruits and vegetables, these all represent the influence of certain components of society in health promotion, which, when working to strengthen health, lead to ‘negative freedom’, thus limiting the autonomy of patients and citizens by imposing attitudes or examples of practice and by aiming to persuade the public as to the suitability of certain choices that are socially desirable [10].

According to the theory of negative freedom, there is no interference between individuals and the state, and individuals are responsible for their own health and free to make choices regarding their own health. In contrast, when the community creates resources and equal opportunities for each individual to participate in the

Etička pitanja se odnose i na jednaku dostupnost promotivnog materijala svim slojevima stanovništva, putem različitih medija, što se reflektuje na mogućnost povećanja pismenosti stanovništva u korišćenju odgovarajućih medija, npr. digitalnih, čime se omogućava efektivno korišćenje zdravstveno-promotivnog materijala [18,19].

Aktivnosti promocije zdravlja podležu moralnoj obavezi promovisanja jednakosti sprovođenja u svim društvenim grupama, mada ima naučnih činjenica koje svedoče o različitostima u pružanju usluga, te povećanoj dostupnosti usluga određenim slojevima stanovništva [20].

PRISTUPI U REŠAVANJU ETIČKIH PITANJA U PROMOCIJI ZDRAVLJA

Koncept pozitivne slobode u rešavanju etičkih pitanja u domenu promocije zdravlja je značajan jer poziva društvene zajednice da sprovedu aktivnosti i odgovorno raspolazu resursima u procesu očuvanja i unapređivanja zdravstvenih potreba i sloboda [11].

U procesu rešavanja etičkih pitanja u zdravstvenim sistemima, najčešće se pristupa sa stanovišta postojanja dokaza o krajnjoj koristi za pacijente [21], te autonomije odnosno nezavisnosti pacijenta u donošenju odluka prilikom ostvarivanja zdravstvene zaštite [22]. U promociji zdravlja i obezbeđivanju univerzalne, sveobuhvatne, pravedne i pristupačne zdravstvene zaštite u zajednici, takođe se poštuju etički principi koji su potkrepljeni naučnim dokazima o opštoj javnozdravstvenoj korisnosti medicinskih postupaka [23].

Suština koncepta promocije zdravlja u sistemu zdravstvene zaštite jeste „osnaživanje pacijenata“, što podrazumeva stalno ulaganje napora zdravstvenih radnika u edukaciju pacijenata za prave, zdrave izbore u načinu života i u osnaživanje pacijenata da naprave životne promene koje unapređuju zdravlje. Smatra se da, u svim situacijama pružanja usluga u sistemu zdravstvene zaštite, pacijenta treba obučiti o pravim izborima za dostizanje najvišeg nivoa zdravlja i uputiti ga u odgovornost za vlastite izbore, kako bi se izgradilo međusobno poverenje, podigla motivacija za „zdrave izbore“ i kako bi se osnažili građani [24].

Specifičan cilj promocije zdravlja jeste unapređivanje zdravlja putem mehanizama za poboljšanje ekonomske i socijalne situacije onih osoba koje imaju određene funkcionalne nedostatke ili faktore rizika, koji mogu smanjiti krajnju korisnost za pacijenta [25]. S tim u vezi, značajno je istaći da u komunikacijskim intervencijama u oblasti zavisnosti od duvana, psihoaktivnih supstanci i hrane, zdravstveni radnici treba da poseduju veštine prepoznavanja psiholoških karakteristika pacijenta, ali i faktora motivacije, kako bi smanjili

activities of the society according to his/her own needs, this is 'positive freedom', which emphasizes that moral dilemmas and ethical issues are related to the strength of the connection between individual needs and freedoms and the characteristics of the community.

Ethical dilemmas also exist regarding consent as to the way that communication interventions are implemented, i.e., regarding the admissibility of valid evidence, as well as in relation to whether invested public resources are being used in the most efficient way [16,17].

Ethical issues also refer to the equal availability of promotional material for all segments of the population, through various media, which is reflected in the possibility of increasing the literacy of the population in the use of certain media (e.g., digital media), thus enabling the effective use of health promotion material [18,19].

Health promotion activities must be in line with the moral obligation of promoting the equality of implementation in all social groups, although there are scientific facts that testify to differences in the provision of services and increased availability of services to certain segments of the population [20].

APPROACHES TO RESOLVING ETHICAL ISSUES IN HEALTH PROMOTION

The concept of positive freedom in resolving ethical issues in the field of health promotion is significant because it calls for social communities to carry out activities and responsibly dispose of resources in the process of preserving and improving health needs and freedoms [11].

In the process of resolving ethical issues in healthcare systems, the most commonly applied approach is from the point of view of the existence of evidence of end benefit for patients [21], as well as of the autonomy or independence of the patient in making decisions when using healthcare [22]. In promoting health and ensuring universal, comprehensive, just, and affordable healthcare in the community, ethical principles that are supported by scientific evidence regarding the general public health benefit of medical procedures are also respected [23].

The basis of the concept of health promotion within the healthcare system is 'patient empowerment', which implies constant efforts of health workers to educate patients for making appropriate and healthy lifestyle choices and to empower patients to make lifestyle changes that improve health. It is considered that, in all situations when healthcare services are provided to patients, the patient should be educated on the right choices necessary for attaining the highest level of health and instructed to take responsibility for their

stvenog prosvjećivanja, do formalnih, institucionalnih oblika pružanja zdravstvenih usluga u zajednici, gde zdravstveni radnici imaju ključnu ulogu u osnaživanju pacijenata da prave zdrave izbore. Aktivnosti promocije zdravlja treba da se sprovode u skladu sa osnovnim etičkim principima pravednosti, jednakosti, poštovanja prava pojedinaca, kao i osetljivosti na sva društvena pitanja i međusobne odnose članova zajednice, kako bi se suzbila stigmatizacija određenih slojeva stanovništva, promovisalo društveno dobro i unapredilo zdravlje zajednice.

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CONCLUSION

Ethical dilemmas and issues are present in all forms of medical practice, from informal forms of health education to formal, institutional forms of providing health services in the community, where health workers play a key role in empowering patients to make healthy choices. Health promotion activities should be carried out in keeping with the basic ethical principles of justice, equality, respect for individual rights, as well as sensitivity to all social issues and mutual relations of community members, in order to suppress the stigmatization of certain sections of the population, promote social good and improve the health of the community.

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