

Ethical Climate Services

A health perspective

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WHO/WMO CLIMATE
AND HEALTH OFFICE
Climate Knowledge for Health Action



POLICY | PROJECTS | COORDINATION | OUTREACH

Hippocratic Oath – Professional Code of Medical Practice

I will respect the **hard-won scientific gains** of those physicians in whose steps I walk, and gladly **share such knowledge** as is mine with those who are to follow.

I will **apply**, for the benefit of the sick, **all measures which are required**, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there **is art to medicine as well as science**, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will **not be ashamed to say "I know not,"** nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

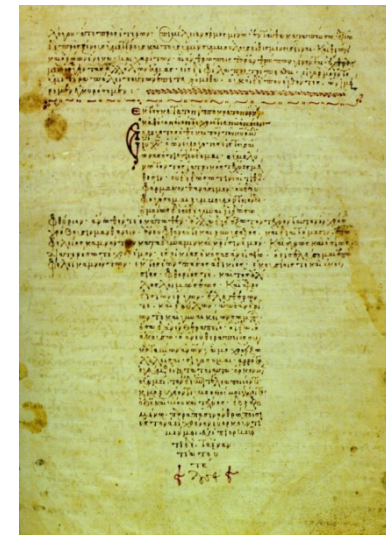
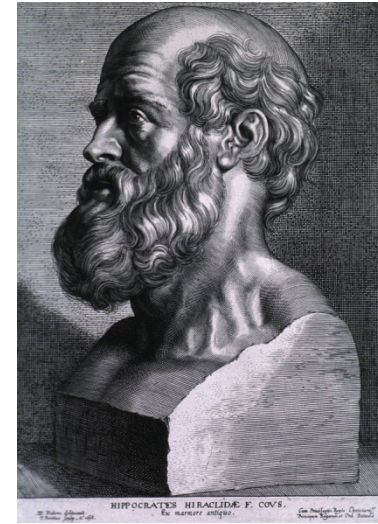
I will respect the **privacy of my patients**, for their problems are not disclosed to me that the world may know.

Most especially must I **tread with care in matters of life and death**. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, **but a sick human being, whose illness may affect the person's family and economic stability**. My responsibility includes these related problems, if I am to care adequately for the sick.

I will **prevent disease whenever I can, for prevention is preferable to cure**.

I will remember that I **remain a member of society**, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.



4 Core Tenets of Medical Ethics

1. Respect for autonomy “patient choice”

2. Beneficence “promote wellbeing”

3. Non-maleficence “do no harm”

4. Justice

Focus on individual patient – provider relationship

Public Health Ethics

*focus on populations,
institutions, communities*

1. Interdependence of people

2. Promoting social good

3. Avoiding social harm

4. Social justice and equity

Patient consent vs. societal consent

Authority vested in medical profession vs. authority vested in police power of states

Medical ethical principles and climate services

1. Respect for autonomy

patient has the right to refuse or choose their treatment.

- *End users should be involved in defining the climate services that are produced for the desirable outcome of the user – rather than providers telling users what they need and providing a product.*
- Respect that end users have the choice to not use the product if they feel it is not useful, beneficial, or may cause harm to populations.
- End-users should be responsible for risk communication to their constituents.
Public health authorities should have ultimate authority for public health warnings.

2. Beneficence

a practitioner should act in the best interest of the patient, and pursue actions that promote well being

- *Climate services should be designed to maximize societal, and ideally down to individual, benefit.*
- *Climate services should respond to priorities that can help the greatest number of people, and not only a select group*
- *Helps ask the question does the product provide more benefits than harm*

Medical ethical principles and climate services

3. Non-maleficence - "first, do no harm"

- ***The treatment was a success, but the patient died.*** enthusiastic practitioners are prone to using treatments that they believe will do good, without first having evaluated them adequately to ensure they do no (or only acceptable levels of) harm.
- ***Do no harm and know how likely it is that your treatment will harm a patient.*** A physician should not prescribe medications they know to be harmful nor prescribe medications unless s/he knows the treatment is unlikely to be harmful; or at the very least, that patient understands the risks and benefits, and that likely benefits outweigh the likely risks.
- ***Trade-offs of non-maleficence with beneficence*** - a harmful treatment to save a life

- *Conundrum of HIV testing without access to treatment. Equal to issuing warnings where there is no provision to respond to them, only increases distress.*
- *False alerts of extreme events or weather conditions may lower reactions later, that result in loss of life and livelihoods*

Violation of non-maleficence is the subject of **medical malpractice** litigation.

Medical ethical principles and climate services

4. Justice

Concerns the distribution of scarce health resources, and the decision of who gets what treatment (fairness and equality).

Universal healthcare – everyone should have access

Practice of Triage - helping the most vulnerable and life threatening conditions first

- *There should be universal and fair access to information, some should not be privileged over others*
- *Climate services should prioritize the most vulnerable, and aim to reduce inequities in access to information and protective action.*
- *Climate services may not be the most cost-effective or time-effective way to benefit society, and investment choices in climate products vs. other interventions should be measured carefully.*
- *Choices of which climate products to spend resources on – e.g. famine forecasts more important than ski reports.*

Public Health Code of Ethics

1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
2. Public health should achieve community health in a way that respects the rights of individuals in the community.
3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
4. Public health should advocate and work **for the empowerment of disenfranchised community members**, aiming to ensure that the basic resources and conditions necessary for health **are accessible to all**.
5. Public health should **seek the information needed to implement effective policies and programs that protect and promote health**.
6. Public health institutions should **provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation**.
7. Public health institutions should **act in a timely manner on the information they have within the resources and the mandate given to them by the public**.
8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
11. Public health institutions should ensure the professional competence of their employees.
12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Proposed Principles and Framing Values

Core Elements

Integrity
Transparency
Humility
Collaboration

Principles of Product

1. Credible and Defensible
2. Include detailed descriptions of uncertainty
- 3. Fit for purpose**
4. Documented construction for repeatability

Principles of Practice

1. Communicate value judgments
2. Communicate principles of practice
3. Engage with community of practice
4. Engage in co-exploration of knowledge
5. Recognize climate is only one of many threats facing communities
6. Metrics of the value of product: skill-bias-uncertainty of product
7. Communicate appropriately
8. M&E of procedures and products
9. Iterative refreshing and updating knowledge
10. Declare conflicts of interest or vested interests
11. Users-Providers should share the responsibility of information outcomes

Concluding thoughts from a user-perspective

1. *Climate services as health services – used for guiding the prioritization of public health action* **will be held to the ethical standards of medical practice and public health**