



EDITORIAL

American College of Epidemiology Ethics Guidelines: Filling a Critical Gap in the Profession

Controversy has become an occupational companion for epidemiologists. Within the discipline there are debates about our future, the proper domain and focus of our research, and our professional roles within the larger missions of medicine, health care, and public health. Externally, news stories about conflicting research findings, not to mention criticism of the discipline as having reached (or exceeded) its limits, confuse the public as well as our colleagues. Reports of falsified data, conflicts of interest, and, most egregious, mistreatment of research participants have further contributed to this unsettling state. This scenario stems from and contributes to our disciplinary growing pains and a degree of professional uncertainty.

All this seems to point to a profession still in the process of defining itself. Susser has argued that epidemiology emerges as a discipline in the post-World War II era (1), and more recently that we are in a period of transition (2, 3). I make the connection between discipline and profession quite intentionally, for I believe that connection is a part of what is at stake in the current debate within and outside epidemiology. However much the present ferment is a reflection of methodological disputes, disciplinary definition, and matters of interpretation, it also involves how we, as epidemiologists, function within our discipline, within our institutions, and within the larger social context. That is a classical component of the definition of a profession.

There have been any number of definitions of professionalism, but nearly all have two common elements: commitment to expertise in the discipline and to a set of shared values or ethics (4, 5). It can be argued that, in its origins, the American College of Epidemiology was primarily focused on professional competence. Yet, it is also clear that much of the current debate, and many of our most notorious problems, have circled around issues of shared values and ethics.

We now have, printed in this issue of the journal, the official Ethics Guidelines of the American College of Epidemiology (6), adopted by the Board of Directors at their final meeting of 1999. [A previous article (7) outlined the background, motivation, and process for the development of these Guidelines.] It is important to note what this docu-

ment is and is not. It does not purport to be a Code of Ethics for epidemiologists, nor is it a checklist of ethical actions. It makes no claim to developing an ethical system or method or to outlining a process for making ethical decisions. Rather, as the title suggests, these guidelines draw on historic core values and duties of epidemiology to sketch out the basic ethical obligations we assume in epidemiologic practice. As such, these guidelines are meant to stimulate moral reflection on ethical issues in light of our discipline's historic commitments and constitutive values.

To suggest that epidemiology has historic values and commitments may be seen by some as begging the question of one of the current central debates. Yet, regardless of where one comes down in that debate, it cannot be doubted that there are moral dimensions to the work we do which we ignore at our peril, and to the detriment of those we work with as research participants, funders, institutions, and health agencies. That this line of thought should be questioned at all merely reflects the work we have before us in incorporating the ethical component of professional education into our curriculum and, more importantly, into our mentoring of young professionals. These issues go far beyond the norms of etiquette to touch on the fundamental tasks of our discipline. One might disagree with some of the concepts developed or the positions taken—that is to be expected when ethical positions are put forward—but the greatest mistake we could make as a College and as a profession would be to ignore these guidelines, to place them on a shelf to gather dust, without ever debating them, wrestling with the obligations they outline, or challenging our students and colleagues to study them and have their own professional practice informed by them.

The structure of the guidelines is instructive. There are four main sections: core values and duties, an outline of obligations, a fuller discussion of the obligations, and a summary statement. The authors were intentional in making explicit that core values should drive the formulation of ethics guidelines, though there is little development of what those values are beyond the general statements of the introduction. There may be some dispute about one or another of these core values, but most epidemiologists would, I believe, embrace them in principle. Growing out of these core values, the second section enumerates epidemiologists' ethical obliga-

tions, and the third section provides an elaboration on those duties. The final section, in addition to summing up the task, lists several areas not yet addressed by the guidelines.

It should be clear that the guidelines are not intended to provide a theoretical justification for the core values discussed at the beginning, nor do they make any attempt to provide instruction in ethical theory or the process of ethical reasoning. Indeed, the guidelines are, by and large, unfettered by dominance of any particular school of ethical thought. In that respect they occupy a kind of middle position between a detailed code of normative ethics and a set of abstract ethical principles. They are, therefore, useful to inspire discussion and reflection in a wide range of contexts, with respect to a broad spectrum of ethical issues, and within a variety of ethical perspectives. For that reason they should become an essential part of every curriculum in epidemiology as well as a touchstone during the design, implementation, analysis, and dissemination of epidemiologic studies and results.

Epidemiology, and public health in general, have lagged behind clinical medicine in the curricular commitment to education in the ethics and values of the profession. There is now increasing interest in enhancing the ethical component of public health education. The Association of Schools of Public Health, with support from Health Resources and Services Administration, has sponsored a workshop on teaching ethics in schools of public health, and there have been a number of articles on related issues in epidemiologic and public health journals, albeit by relatively few authors (8-15).

It was the authors' intent to produce guidelines which are relevant to actual practice, and not merely abstract notions of moral values or principles. Even a cursory reading reveals at least some issues most practicing epidemiologists will have dealt with at one time or another, often without much guidance or resources for consultation. Though these guidelines should not be seen as a substitute for thoroughgoing ethical analysis, they may prompt many of us to think more carefully about some of the things we do (or fail to do) in our work.

With the endorsement of the ACE Board of Directors, these guidelines have become "official." Now what? The inclusion of a list of unaddressed, but clearly pressing, ethical issues at the end of the guidelines suggests this is a document with a life. After years of work to perfect it, the authors of the present version are not likely to be eager to jump into a revision any time soon. That would be premature at any rate, for this version deserves careful, thoughtful consideration by us all. To that end I encourage my colleagues to discuss the guidelines with a view to how they may inform our practice and illuminate our professional roles and the domain of our discipline, as well as how they should be incorporated into our educational programs. The debate concerning the future of epidemiology must surely engage

ethical issues, and the guidelines can inform our thinking even while the debate reveals where they need augmentation. This document bears not only on the obvious ethical issues, such as research integrity and treatment of research participants, but it can also enhance our insight into other challenges facing epidemiology as we seek a clearer professional identity. Finally, I hope we can begin to turn our attention to the ethical infrastructure of our profession, the formal and informal ways in which we receive advice and counsel, offer and obtain consultation, and review, not only our study designs and informed consent forms, but also our decisions and actions as epidemiologists.

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