

## Summary of Presentations - alPHa Fall Workshop

December 6, 2007

### *PowerPoint Presentations - Precautionary Principle Plenary*

[The Slight, the Fair and the Very Strong: the Meaning of Evidence in Public Health from Bradford Hill to the Campbell Commission](#) (Dr. Ross Upshur)

[The Precautionary Principle: Managing Theoretical Risks in Public Health](#) (Dr. Kumanan Wilson)

[Precautionary Principle and Public Health](#) (Dr. Richard Schabas)

[Precautionary Principle](#) (Dr. Lesbia Smith)

[Mumps: A Precautionary Tale](#) (Dr. Gaynor Watson-Creed)

[Safer Crack Kits: Ottawa's Harm Reduction Program](#) (Dr. David Salisbury)

### *Precautionary Principle Panel, Q&A Session*

The panel on the Precautionary Principle, moderated by Dr. Erica Weir, Associate Medical Officer of Health for York Region, included the following:

**Dr. David Salisbury**, Medical Officer of Health, Ottawa Public Health; Senior Consultant in Aviation Medicine, Civil Aviation Medicine Branch, Transport Canada

**Dr. Richard Schabas**, Medical Officer of Health, Hastings & Prince Edward Counties Health Unit

**Dr. Lesbia Smith**, Assistant Professor, Department of Public Health Sciences, Gage Occupational and Environmental Health Unit, and Associate, Centre for Environment, University of Toronto; Clinical Research Associate of the Institute of Environment and Health, McMaster University.

**Dr. Ross Upshur**, Director, Joint Centre for Bioethics, University of Toronto; Physician, Department of Family and Community Medicine, Sunnybrook Health Sciences Centre

**Dr. Gaynor Watson-Creed**, Medical Officer of Health, Capital District Health Authority, Halifax, NS

**Dr. Kumanan Wilson**, Physician, General Internal Medicine, Toronto General Hospital; Associate Professor, Departments of Medicine and Health Policy, Management and Evaluation, University of Toronto

Prior to opening up the floor to questions, the panel shared its concerns that the effectiveness of the precautionary principle (PP) could lead public health to abandon it. The take-away message is that rather than abandoning the PP and adopting definitions meant for other fields, Public Health should define the PP in ways that make it most useful to Public Health.

*On the issue of...*

a scientific threshold for acting on reasonable and probable grounds

"precautionary creep," i.e. equating evidence with taking precaution

a lack of one definition for the PP and principles of decision-making to use

how Public Health should cope if mumps were a pandemic disease

the need for public health to keep learning and sharing in using precaution

when will the government recognize the seriousness of drug addiction and the need for greater harm reduction programs

*the Panel said....*

- There is no one standard of evidence – remember the oxymoron “scientific certainty” – so Public Health must exercise judgment and that must be evidence-based. Good randomized clinical trials don’t protect you from human irrationality (e.g. current controversy around Ontario's Human Papilloma Virus vaccination program).
- It is very important to have a commitment to invest in ensuring evidence exists. Research is under funded. A public accountability mechanism is needed.
- There is value in applying the PP. Public health needs a definition that results in us being transparent about the criteria that lead to the application.
- Revisability is key. If we don’t have the resources, we can’t respond optimally.
- Values affect decision-making. The language of PP has crept into Public Health. In the environmental field, the PP has been seen to amplify margins of error. This has had a negative impact on its application to environmental issues.
- It is important to consider principles. Don’t put values and science in opposition. Public Health is rooted in values of human worth. Better distinctions between interests and values are needed.
- The anti-science groups need to be dealt with.
- How do we achieve our values? Through interventions based on evidence or beliefs? Interventions need to be based on science.
- We learned from the MUMPs outbreak that when you don’t have enough resources you need to be able to revolve your approach as you go.
- The threat of infectious disease is diminishing worldwide. The evidence needs to be considered.
- Public health needs to combat the belief that if you just prepare enough it won’t happen, or the risk will be diminished.
- The more we learn, the less likely we are to need to respond to something big or in some cases even to do our work. Chlorine in water is a good example – this was once Public Health's territory and now it is a water works technical function.
- This will not happen soon and the answer is not law enforcement.
- Russia has systematically rejected harm reduction approaches and HIV is on the rise there among injection drug users.

involving the public in decision-making when application of the PP failed

- It can be a challenge getting the right “public” involved to make good decisions. It can be difficult when interests get in the way of values-based decision-making.
- Often professionals label the public as irrational when they really just have a different perspective.
- It is good to intertwine evidence with democracy.

The panel discussion closed with final comments by Dr. Upshur, who quoted Donald Rumsfeld:

*“Reports that say that something hasn't happened are always interesting to me, because as we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns -- the ones we don't know we don't know.”*

Dr. Upshur asked, how do we in Public Health go forward? Do we ignore the recommendations regarding the PP in the Campbell and Krever inquiries or do we seize the agenda? There is a great need for clarity to give meaning to what the Precautionary Principle means in action for Public Health. We want the capacity to respond to threats to the population, but need the resources to do so. There are tools we can respond with; they are:

1. Transparency of process;
2. Commitment to building evidence (science);
3. An approach to distribute the burdens of decision-making fairly; and
4. An accountability mechanism.

**December 7, 2007**

### ***Address by Dr. Helena Jaczek***

Newly appointed as Parliamentary Assistant to the Minister of Health Promotion, Dr. Helena Jaczek opened the workshop's second day with her inaugural address to the alPHa membership. She spoke warmly of seeing her former colleagues once again (having spent 18 years as the Medical Officer of Health for York Region) and remarked highly of public health's commitment to improving the health status of Ontarians.

Dr. Jaczek talked at length about the provincial government's goals for health and its sincere desire to address the social determinants of health in a meaningful way. The Province is aiming to "re-orient the health system from a sickness to a wellness system," she underscored. Key priorities for her ministry include Smoke-Free Ontario, Healthy Eating and Active Living, supporting sport and recreation, mental health promotion and injury prevention.

She concluded that "by working collaboratively in promoting health and preventing disease, we can all improve the health of Ontarians." Engagement with stakeholders, noted Dr. Jaczek, will be key. She looks forward to working with the Association in moving the health promotion agenda forward.

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## ***Communicating Health Risks by Dr. Tim Sly***

Professor Tim Sly of the School of Occupational and Public Health, Ryerson University, closed the workshop with a well-received, informative presentation on risk communications. In the first half, Professor Sly laid the theoretical groundwork for the latter half of his presentation by talking about how the general public perceives risk, noting that research has shown that people generally worry about risks that don't necessarily harm them than those that might. This discrepancy between *perceived* and *actual* risk seems to be a result of the different definitions used for risk.

Research has found that risk comprises two separate components, *hazard* and *outrage*. When dealing with risk, experts focus on the hazard; the public focuses on outrage. It has been found that there are certain factors affecting the degree to which the public will feel angered or frightened by risks. These "outrage factors" include: voluntariness (vs. coercion), natural state (vs. man-made), familiarity (vs. exotica), memorability, dread, catastrophe (vs. diffusion), the known (vs. unknown), control, fairness, impact on children or future generations, trustworthiness of sources and responsiveness of process.

In the second half, Professor Sly presented on the health agency's role in communicating risks. Because the local health unit is still seen as a credible source of information, it is important to keep a dialogue and discussion with the community when facing a health threat or problem. He distributed a handout which included the following checklist:

1. Who should we tell?
2. What should we tell them?
3. What if the information is incomplete?
4. When should we tell them?
5. How should we tell them?
6. Who should deliver the information?
7. How important is the partnership with the community?

Before concluding, Professor Sly provided practical advice to members on how to communicate health risks to media and the public. He indicated it would be preferable for spokespeople to use clear, simple language, be respectful and serious in manner and tone, be aware of nonverbal language, and stress what is being done to solve the problem. He urged members to avoid the following: speculation, the use of negative words and concepts, sarcasm and humour, too much focus on technical details and attacking the credibility of critics, among others.

For those interested in learning more about risk communication, the following reading list was provided by Professor Sly:

*Risk Communication* by Regina E. Lundgren and Andrea H. McMakin (recommended by Dr. Sly)  
*Risk, Communication & Health Psychology* by Dianne Berry  
*Risk Communication and Public Health* by Peter Bennett and Kenneth Calman  
*Should We Risk It?: Exploring Environmental, Health and Technological Problem-Solving* by Daniel Kammen and David Hassenzahl  
*Risk, Health and Health Care: A Qualitative Approach* by B. Heyman