How far can mandatory vaccine laws go? Is stigma an appropriate public health approach to smoking and obesity? Second-hand smoke may be a threat warranting a response, but what about third-hand smoke on people’s clothes? When is it acceptable to remove someone from society under the belief that they may be contagious?

These are the topics we explored each week in “Ethics and Public Health,” taught by Jason L. Schwartz ’03, the Harold T. Shapiro Postdoctoral Research Associate in Bioethics, all stemming from one fundamental dilemma: how far should policies go in restricting personal liberty for the benefit of the public’s health? Though we searched for frameworks and principles that can guide policy and interventions, we often left class aware that these issues are phenomenally complex and simple answers aren’t likely to be found. Still, in so deeply probing the literature—both public health and political-philosophy—we often reached some strikingly nuanced conclusions.

This was one of those classes at Princeton where one comes to appreciate the true value of interdisciplinarity in a liberal arts education. Though the class may not have been fully representative of the country’s political makeup, it certainly was methodologically diverse. Students included natural scientists, who stressed the importance of empirical validity in a public health program; sociologists, who thought in terms of demographic risk-environments and the social determinants of health; policy majors, who considered concrete interventional design; philosophy majors, who valued normative principles and explicit articulation of how ethical stances are arrived at; and a small contingent of anthropologists, including myself, who urged the class to consider that moral and behavioral stances should not be disconnected from the social contexts from which they emerged.

Dr. Schwartz is truly gifted at making this type of class work: committed and focused but flexible, agnostic during the discussions but ready to point out concrete historical and policy connections, and extremely lucid in guiding—and recapping—the conversations.

As I enter into a global public health career next year, I do think I will refer back to this course quite a lot. While answers may ultimately elude us, I had never before encountered at Princeton the process of taking an important public health issue that demands an intervention and breaking it down into ethical steps, figuring out where other frameworks and principles may apply, what assumptions must be made, and where empirical data can be used to justify the intrusion on personal liberty. I wonder how many health professionals have experienced such an intellectual process. And I’m aware of how fortunate I am to be given this entrée into public health ethics with such an impressive, engaged and experienced group of peers and such a skilled instructor.
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— Raphael Frankfurter