

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

Anon 10

1 **Definition** of public Health Yes I agree.

2. **Factors influencing Public Health**

The environment. Discussion should include the ethical principles of widespread introduction of potentially hazardous practices without evidence of its safety. (eg the widespread introduction of decreased frequency of putrid waste collection to fortnightly in place of weekly without any evidence of its safety or containment). Is it ethical to leave this decision, based on financial expediency to local District Councils ?

It is Important to emphasise the *interaction between the five main factors* (eg genetic and environmental, lifestyle and social status and poverty etc.

Ethnic and cultural differences may influence the differing importance of the five factors in different communities..

Page 15. **The element of personal control.** Is it personal control which influences taking higher risks, their judgments perhaps influenced by government, the media or the health professions encouraging healthy activities. Or is it various policies (often governmental) directed by financial expediency which allows higher risks to continue (eg smoking), etc ?

Page 15 **The degree of intrusiveness.** This is closely linked with public distrust of governments and their motives. In the past the public probably trusted advice from health professionals more – even if they then chose to ignore it.

Page 16. **Regulation and legal penalties.** If knowingly transmitting HIV is illegal why does the same not apply to other serious infectious diseases eg sputum positive Tuberculosis. ?

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Page 17 How can restricting civil liberties for the safety of others be reconciled with the Human Rights Act? If it can then this must be explained. If not, then the dilemma for the regulators should be stressed.

Page 21 **Prevention and control of infectious Disease**

- Compulsory measures are justifiable when the disease is very serious or potentially lethal especially when it reaches epidemic proportions eg. Avian Flu vaccination if of proven efficiency.
- Compulsory vaccination seems sensible where there are major and serious risks to the child –not only death but serious permanent damage. This of course has to be carefully monitored to balance the advantages of vaccination against the proven risks to individuals of vaccination. It should be emphasised that no intervention is ever absolutely safe, The problem of the Hippocratic oath is that ‘to do no harm’ cuts both ways –the chances of doing harm by taking no action may be much greater than doing harm through intervention.

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- New measures have to depend on the specific disease and risk. The powers of WHO or some other international body could be extended.
- Mandatory testing.
Compulsory Chest X rays to enter the USA was readily accepted in the past. I see nothing wrong with the principle (especially if the condition is treatable) provided that the risk of infection and its consequences are really serious.

Page 26 **Obesity**

- Although the statistical evidence of health being compromised in obese people, it is of a different order to that of infectious disease because it is by and large of less risk to others. (I appreciate an obese bus driver could have a heart attack and put others at risk – airline pilots are I believe already controlled).
- Although theoretically possible, in practice it is less preventable. Therefore the emphasis probably has to be on persuasion(home, school , professional advice, media) than attempts at legislation.
- I suspect that the culture at home is vitally important and parents have to play a lead role.

My own unproven view is that the epidemic of obesity is closely related to the temptations presented by supermarkets. It would be interesting to see the effects of having to search much harder for various different food stuffs. A population study comparing the amount of food purchased in supermarkets v the old fashioned range of specialist shops would be interesting!

- Once a patient falls ill (for whatever reason) the role of doctors etc is to help the individual appropriately. It may be that obesity is a contraindication for some procedures because of the added risks of failure of the procedure and therefore the risk/ benefit balance precludes certain treatments which are appropriate for non obese patients. It is certainly good practice to insist on weight reduction prior to undertaking a procedure if this reduces the risk to the

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patient. IVF on the NHS is a current example. It is a very expensive procedure and if obesity substantially reduces the chances of success and exposes that patient to greater risks in pregnancy, then it is reasonable not to waste limited public resources on this procedure. Is there any evidence that chances or success are improved after weight reduction ?

Page 26 Smoking.

The strength of the evidence of the very serious effects of smoking have been presented to Governments for years. The public health case has been strengthened by the (lesser) but proven evidence on the risks to others of passive smoking. Regarding the steps which government can take in spite of the financial consequences, the analogies with asbestos exposure are interesting. The causes of reluctance by government to take action are similar - financial and commercial. Public pressure and medical evidence forced the introduction of asbestos substitutes (even when they were less good) and the legal banning of its use. In the case of asbestos the health risks outweighed the commercial advantages although it actually affected far smaller numbers. It shows what can be done when public opinion is strong enough. Private health insurance loads the premium for smokers, this could be done easily if we adopted a contributory scheme (I am suggestion that this is a reason for adopting such a scheme !. The national figures for reduction in smoking show how much can be done by publicizing health risks combined with government policies to protect the public from passive smoke. The public acceptance of smoking free transport is remarkable.

Page 32 Alcohol

Maybe the difference is that modest drinking causes less (or perhaps no) damage compared to moderate smokers. Additionally large numbers of people remain only modest leisure drinkers, but the addictive potential to increase smoking is far greater.(Check that this it true). Public health arguments regarding what can be done to prevent heavy drinking are probably similar to the arguments about obesity. Persuasion and education rather that legal prohibition are likely to be most practical.

None of these comments are original and I doubt if they contribute much. But thank you for sending me the consultation document.