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 11

GENERAL

Thank you for providing the opportunity to comment on 'Public health: ethical issues'.

Overarching all the questions is what society and the state can afford in terms of health and social care. Wanless in his report emphasised the need for better engagement with the public if the NHS is to continue to be affordable and delivered on its current basis of being available according to need and free at the point of delivery.

1 The definition of public health

Agree as far as the definition goes. However, the consequence of lifestyle issues e.g. smoking, high alcohol intake, overeating, and their health impacts indicate that 'to assure the conditions for people to be healthy' is not enough, and the definition needs to include the engagement of sub national organizations (e.g. employers) and individuals if the health of the public is to enable individuals to live longer and have more years disease free.

2 Factors that influence public health

Agree. However, probably a significant factor contributing to 'social, economic and lifestyle' is education and it is worth considering this as an additional factor.

3 Prevention of infectious diseases through vaccination

In general high uptake rates are desirable rather than essential, and in the UK immunization uptake rates are generally high. The issue is what are the costs in this context of not immunizing in terms of disease incidence, death and long term complications, the employment issues associated with carers taking time off work to look after people contracting infectious diseases, the protection of those who, for immunodeficiency reasons, cannot be immunized. These vary with the disease, and perhaps enforcement should vary accordingly.

Many children attend nurseries and/or receive care from child minders who look after more than one child. When, therefore, is the most appropriate stage in children's lives if immunization is to be enforced?

If active refusal to immunization (i.e. parents attending to hear information as to why their children should be immunized and discussing their reasons for refusal) is required rather than the passive refusal of non attendance, it will need an additional tier of organization, plus the cooperation of schools to deny children entrance if parents do not comply with this procedure.

If education is such an important determinant of health, children should not be denied this because their parents are against immunization.

4 Control of infectious diseases

Forced quarantine

This is already used in many hospital inpatient situations. However on a population basis for a disease such as SARS, transmissibility and severity of disease outcome are probably the most appropriate criteria. In the case of the latter it is difficult to put arbitrary figures on the level of death rate, or lifelong significant health consequences, or amount of health resource needed per case, which will define when forced quarantine is justified.

In practical terms, new diseases are dealt with in a context of ignorance and gradually revealing information.

In these situations, keeping the public clearly and well informed should assist in acceptance of forced quarantine when it is needed.

It would not be justified for lesser consequences, especially as ensuring compliance, or punishment for non compliance, would have resource implications which might not be feasible at a time of crisis.

Travel and disease

Several years ago there was believed to be a threat of plague being introduced into the UK by people returning from a specific area in India. Measures were put in place so that guidance was issued on information to give passengers, on public health measures, on management and treatment of suspected cases. It seemed to work well.

There are already formal and informal networks between countries for communicable disease surveillance, so it is difficult to know what already exists and therefore what else needs to be put in place.

Mandatory testing for highly infectious and life-threatening diseases

For the average person access to health care professionals depends on their perceptions of their symptoms or of their own risks of contracting diseases they believe to be serious e.g. HIV following unprotected sex. As a result, disease will be transmitted in the community.

When the state or its institutions has a responsibility to the public mandatory testing could be acceptable. For examples:

i) immigrants at port of entry from high risk areas of particular diseases when the disease is transmissible to others through no specific behaviour on behalf of the sufferer. e.g. droplet infection,

ii) health care workers carrying out invasive procedures

iii) follow up of cases of diseases corresponding with the above criteria which indicate particular person(s) may be the source case(s).

In all these situations there should be a two-way benefit, to society and to the individual source cases so that they can benefit from treatment. Severe

additional action such as deportation is not ethically acceptable as it will encourage avoidance of testing or return of infected individuals to their own countries where they will continue to transmit the diseases.

5 Obesity

Obesity results from an imbalance between food intake and physical activity. Its consequences can be morbidity, including longer post-operative hospital stays, and premature death. These all have personal and societal social and economic impacts.

Reducing the prevalence of obesity at population level will reduce its impact on society. The state has a role in raising knowledge and awareness among the population as a whole, in particular on how to avoid obesity.

Food

Specific messages such as reducing the saturated fats in one's diet by X% is incomprehensible to most people. Information, dietary or otherwise, needs to be easy to understand and of practical relevance.

The state should be perceived to practise what it preaches so that state funded institutions, for example schools, local authorities and NHS services, should ensure that the food they provide encourages healthy nutrition.

Food content labelling should be clear so that individuals can construct any diet relevant to their needs, should they wish to do so.

The food industry should take responsibility for reducing the fat, sugar and salt content of their processed foods.

Physical activity

This is the other side of the obesity coin and the local environment should encourage it by, for example, recreational areas for children, cycle tracks separating cyclists from motorised traffic, well lit and well maintained pavements, signposting urban and rural walks giving average time and distance, cycle parking facilities at school and in public areas, etc.

NHS services

The ethos of the NHS is that services are based on need and are free at the point of delivery. People, depending on their employment circumstances, contribute very differing amounts of money to fund the NHS over the course of their lives. There are many factors, for example obesity, over indulgence in alcohol, dangerous sports, which can result in the need for NHS input. To decide who 'deserves' treatment and who does not is against the ethos of the NHS and would require considerable investment in determining the rights and wrongs of each case.

However, when looked at from a health point of view, there are times when the risk of complications following NHS procedures are greater for obese people. If reducing weight before being admitted to hospital for the relevant procedures is likely to reduce the risks and/or improve the outcome, then applying weight criteria, and support to lose weight, is justifiable in such patients on the basis of the harm principle.

6 Smoking

The UK has in general a culture of tolerance and the current era is one of individualism. The state can therefore encourage and support desired behaviours but not enforce them, although in some cases it does require people to pay for the consequences of their actions when they are a potential danger to others e.g. drink driving convictions.

Smoking is an addiction. Some people do not know of the harmful effects at the time they start smoking, while others wrongly believe that they will be able to stop when they want to do so. Life circumstances can be a factor in smoking behaviour. Some smokers believe they have paid for any future health care they may need through tobacco taxes.

Governments

Actions taken against smoking in different countries and states can be dependent on local cultures and attitudes. There is an anomaly in public thinking as the population has become increasingly risk-averse and litigious when harm befalls them from someone else's actions, while many smokers still feel they have the right to smoke despite the costs of their smoking on other individuals and society as a whole, such as the costs of health care and premature death due to smoking related diseases.

Criticisms of governments include the unpopularity of restrictions on personal behaviours and the potential impact they might have on their re-elections; countries' needs for tobacco and alcohol revenues to fund services such as health, police and education; lack of evidence to justify action using an alternative approach (e.g. health impact of passive smoking), the difference between personal experience and understanding the costs and damage to society as a whole.

Companies' responsibilities

In recent years it has become evident that tobacco companies were aware of the harm of their products and that, despite strenuous denials on their part, their aim was to attract new smokers rather than just maintain brand loyalty. On this basis they could be both prosecuted and required to contribute to costs for treatments. The costs of this may well be added to product price rather than a reduction in profits, which will have little effect on tobacco usage unless the charges on the tobacco companies are swingeing.

Above average health care entitlement

Smokers would say they already pay increased contributions to the health care system through tobacco taxes.

Smoking is more prevalent in lower social classes so to ask for higher contributions to the public health care system could be counter productive in some cases if it reduces household income, and in any case will not be paid by people who are unemployed, those staying at home to bring up their children, and those earning through the black economy.

Furthermore, some smokers do not develop significant smoking related health problems and remain reasonably healthy throughout their lives. If any contribution is to be made it could be through tobacco tax which leaves the choice of whether and how much to smoke to the individual, if 'choice' is the right word for an addictive behaviour..

State's rights

The Scottish Executive introduced its ban on smoking in public places through its responsibility to protect the health of the public and the increasing evidence of the health impact of passive smoking on non smokers. Through its widespread consultation process of about 53,000 responses approximately 80% were pro the ban.

Access to smuggled cigarettes varies throughout the country but in some areas is allegedly easy and common. Preventing tobacco sales will not result in access to these much cheaper, and believed to be more harmful, cigarettes.

Children and adolescents

Unfortunately adolescents seem to be attracted to all the 'forbidden' behaviours so heavy handedness is unlikely to be successful, and may make smoking even more 'attractive' to them. Research is needed to find out specifically what approaches adolescents relate to.

7 Alcohol

Despite the accidents, ill health, disruptions to family life and social problems caused by drinking excess alcohol, drinking alcohol is considered to be a pleasurable social activity which many of the population enjoy, often in their own homes where habitual drinkers might not feel or exhibit any signs of over indulgence.

Some alcohol related problems result from over indulgence, and from sellers continuing to provide alcohol to people who are drunk. However, if one person is buying a 'round' it may not be possible for the barperson to tell whether the people who will drink the round are already drunk.

Large volumes of alcohol may be bought at off licences and supermarkets, or on trips across The Channel, but whether it will be used in such a way as to cause drunkenness is not known at the point of purchase.

Legal action appears to be more likely when drunkenness has caused harm to others, or drivers are found to be over the alcohol limit.

The 'prohibition era' in the USA merely resulted in smuggling and the manufacture of illegal alcohol.

In the past alcohol sales have in general reflected their cost relative to income, i.e. the higher the price relative to income the lower the sales. However, with greater overall affluence the role of increased alcohol tax may have little effect unless it is increased significantly

8 Supplementation of food and water

Foodstuffs have been supplemented, usually without widespread prior public consultation, and the items used for fortification are already perceived as being healthy or beneficial in some way. Also, it is still possible to avoid fortified foods should an individual wish to do so.

From a public health point of view fluoridation of water supplies is considered to be a true public health action as fluoridated water is equally available to all people using that water supply.

The issue of fluoridation is possibly its 'chemical' nature and it is seen by some protesters as compulsory 'mass medication'. The fact that natural fluoride has to be reduced in some water supplies because of its high concentration does not convince in terms of fluoride being a naturally occurring substance.

If people are concerned about their children's teeth, fluoride tablets can be purchased as an alternative, although such positive individual action is probably more likely among only a minority of the population.

Anti-fluoridation lobbyists use unsoundly based scientific papers to argue their cause, similar to the MMR issue.

Once the decision to fluoridate is made individuals lose their ability to choose. The only alternative in most locations in the UK is bottled water, which most people would not consider purchasing to meet all their eating and drinking water needs.

As in 3 above, the general issue of removing choice, albeit from parents on behalf of their children, relates in part to cultural norms, but also to the consequences of not providing the protective measure. Oral health, of which healthy teeth is a significant part, is important for disease prevention and healthy nutrition throughout a person's life. From a public health point of view fluoridation of water makes a significant and valuable contribution to

this. However, these benefits are not always given the same significance by the public. In the case of infectious diseases, what is a mild illness for many children can cause death or significant lifelong problems for a few, yet some parents still refuse vaccination for their children.

9 Ethical issues

None of the principles: autonomy, solidarity, fair reciprocity, harm principle, consent and trust can be construed as being always beneficial to all, and whereas solidarity may be very important to a tight-knit community, autonomy with its inherent control may be the principle that is most highly valued by others.

From a public health point of view the harm principle is probably the most important, and it could be underpinned by consent and trust from the public if they felt they were fully informed on the relevant issue. This triad of principles is probably desirable in all situations, as any negative outcomes can be 'blamed' on a rational and inclusive decision.