

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 9

List of questions we are choosing to respond to
Q3 Prevention of infectious diseases through vaccination

Firstly, we would like to make points with regard to some statements / assumptions you have used within the Case Study section preceding the question:

The decision not to vaccinate can be based on the wish to NOT be protected from the disease (so as to achieve life-long natural immunity through contracting the disease), and therefore cannot be described as a ??free-rider??.

Vaccinations alone are likely to NOT be the only reason for a so-called eradication of, or reduction in occurrence of, a disease ?V standards of living, sanitation, and education are also very likely factors in these cases.

?h Some countries have a compulsory rather than voluntary system of vaccination. On what basis can such policies be justified to achieve herd immunity? Should they be introduced in the UK?

For as long as there are questions and uncertainty about the true safety of vaccinations, there is NO basis for a compulsory vaccination programme anywhere in the world, let alone in the UK. The chances are that the vaccinations cause more health problems than they solve, based on the fact that the disease the vaccination is trying to prevent is, in the huge majority of cases, treatable with no side effects.

?h For childhood vaccinations, parents make decisions on behalf of their children. Are there cases where the vaccination of children against the wishes of their parents could be justified? If so, what are they?

If a disease was highly infectious, impossible to treat successfully without vaccination, and there were high mortality rates from catching the disease, there maybe a case for vaccinating against parents wishes. These criteria do not, of course, apply to any childhood disease currently attracting vaccination programs in the UK.

8. Supplementation of food and water

Firstly, we would like to make points with regard to some statements / assumptions you have used within the Case Study section preceding the question :

Pro-fluoride statements in Facts and Figures should have been tempered with non-fluoridated statistics, e.g. which countries have banned the practice.

The final statement in the same section should have included actual figures (??numerous?? is meaningless) and stated that there are also institutions that are opposed to fluoridation. By including such statements, the Council is giving the impression of a pro-fluoride stance.

?h Fortification of some foodstuffs such as flour, margarine and breakfast cereals has been accepted for some time. Why has the fluoridation of water met with more resistance? What are the reasons behind international differences

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in the acceptance of fluoridation of water? What criteria are there that determine acceptance?

There is no hard evidence one way or the other that fluoridation is good for anyone. It would not be possible to totally avoid fluoride in tap water whereas it is possible to avoid fortified foodstuffs. International differences may have occurred because of different levels of education/knowledge and/or motivation of decision makers.

?h Which democratic instruments (for example, decision by Parliament or local authority, consultations or referenda) should be required to justify the carrying out of measures such as fluoridation?

Well informed, unbiased, referenda within local authority areas, but fluoridation should NOT be considered whilst there are no proven benefits and there may even be side-effects..

?h Achieving population benefits of fluoridation means restricting choice of individuals. Children benefit the most from fluoridation. However, as with vaccinations, adults, rather than children, are making decisions about whether or not to receive the intervention. Under what circumstances is it acceptable to restrict the choice of individuals in order to protect the health of children?

There are no certain population benefits of fluoridation, including for children, as clearly stated in the York Review, and there may even be side effects. Therefore there are no circumstances with regard to fluoridation when it is acceptable to restrict individual choice.