

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Medical profiling and online medicine: the ethics of 'personalised' medicine in a consumer age* between April 2009 and July 2009. The views expressed are solely those of the respondent(s) and not those of the Council.

1. No: the NON-medical consequences are critical in their furtherance of consumerism/neo-liberal individualism.
2. Again: why singles these sources of information out; and yet if you don't draw a line, you further just that state of affairs which is problematic in the first place (see eg Ch 7 of my *Getting What You Want? A Critique of Liberal Morality* (Routledge 1997)).
3. Expecting, encouraging or obliging don't take place in a political vacuum; without being explicit about that, the questions about individual responsibility is disingenuous. For example, "If no": you're assuming that taking personal responsibility is an obvious and unalloyed good. In today's political circumstances, that can be questioned, not least insofar as it serves to devalue social provision and the importance of social structures of various sorts. As for taxpayers paying: yes (cf eg mountain-climbing or sailing - or even, given things as they politically are, smoking).
4. This question assumes private health care is morally acceptable.
5. No: I'd be influenced by governmental, insurers', private providers' use of information as well as broader worries about the surveillance state.
6. No: because of the socio-political impact of so doing.
7. No: Only in dire emergencies - cf. use of private healthcare provision.
8. No: GPs' roles need to be retained; advertising leads to the commodification of both the body and the person.
9. "If no" puts the point in a very leading manner.
10. No: the solution to people living in remote areas is adequate GP provision (cf postal services), not penalisation or restriction by wealth.
11. The way "if yes" and "If no" are put polarises society even more into educated/rich vs. ill-educated/poor.
12. "If no": neither. There shouldn't be any private provision.
13. This all depends on the specifics of cases (eg level of education; side-effects/constraints) - which is precisely one reason why the consumer model is wrong.
14. Yes - but only via NMH. Again, private provision is simply immoral, in this as in all other areas of health.
15. Yes. First, the (un)acceptability of private provision. Second, the impact on private provision on our understanding of ourselves and thus on our treatment of each other.

Feedback:

The introduction simply assumes contemporary individualism and a consumer model of persons and thus takes for granted things that need to be questioned. Thus virtually all the questions that follow assume that the individual's own interests are central, making it hard, and often in fact impossible, to answer them if one wishes to reject the terms in - and on - which they asked. So bear with me!