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.

Dr Paul Wicks

**QUESTIONS ANSWERED:**

**Question 1 The definition of public health**

**ANSWER:**
Yes. I think it is important not to over-emphasise conscious choice as a get-out clause for standing back from our responsibilities to the public. After all, to suggest that EVERY choice about foodstuffs, diet, or exercise, were conscious, informed, and carefully thought over would be foolish.

**Question 2 Factors that influence public health**

**ANSWER:**
Yes. I think that within social and economic factors you should pay particular attention to the Internet, an increasingly popular source of information which contains a great deal of misinformation. Educational measures can easily be undone by a bit of mumbo-jumbo that sounds convincing. Not only does the public need to be given the evidence, they need to be taught how to interpret it. Good luck!

**Question 4 Control of infectious disease**

**ANSWER:**
> What justification would be required to render interventions such as forced quarantine, which helped to control the outbreak of Severe Acute Respiratory Syndrome (SARS) in Asia, acceptable in countries such as the UK where such measures may be considered to infringe civil liberties? Given what has been stated about HIV+ individuals being liable for criminal injury, I think in the case of a highly transmissable illness such as SARS you could make the case that refusing quarantine measures is tantamount to willingly endangering the lives of others. Given that we detain "terror suspects" it does not seem to be unreasonable to detain people who have tested positive for a transmissable infection. The first thing is to prepare the public for this eventuality, so they know in advance what will happen to them. The second thing is to have the facilities in place to quarantine large numbers of people at one time. Hospitals are NOT going to be the place to do this. They are already over-stretched and during a crisis will be under more demand than ever. Prisons are also a poor choice as the confined living conditions will mean anyone who was not a disease carrier at the time of their quarantine certainly will become one! Perhaps consider disused military bases? I think it is also important to ensure that patients quarantined against their will are treated with dignity, provided with communication to the outside world, leisure facilities, and are kept fully informed of progress at all times. But prepare the public first so they know what to expect. > What would be suitable criteria to determine in what circumstances, and to what extent, the state should provide more resources to develop methods of preventing outbreaks of serious epidemics in other countries? There are a lot of diseases out there and we don't have the resources to research them all. It must be calculated on some

combination of incubation period, virulence, and lethality. Something like Ebola made a big media fuss a few years back but that seems to burn itself out very quickly in isolated hotspots. Something like influenza is far more insidious because symptoms go unreported and affectd individuals continue to mingle with others. We may also need to make hard decisions about whom it affects. With the increasingly inverse population period of the UK, we could not survive an illness which wiped out a large proportion of under 30's. The country would become economically crippled. > Are new measures needed to monitor and control the spread of infectious diseases? If so, what would be promising strategies? The use of thermal imaging cameras in airports during the SARS crisis should be examined for its plausibility in the UK. Immigration procedures for new immigrants to the UK need to consider healthcare issues more carefully. For instance, the proportion of immigrants in London with TB puts native citizens at risk. In the United States several vaccines are compulsory on entry, such as the polio vaccine in order to attend state school there. > Under which circumstances, if any, would mandatory testing for highly infectious and life-threatening diseases such as tuberculosis or HIV/AIDS be justified? At the first indication of an unknown mutation of increased virulence, lethality, or resistance to treatment.

**Question 3 Prevention of infectious diseases through vaccination**

**ANSWER:**
We are quite worried nowadays about a paternalistic medical community "speaking down" to the public or of a "nanny state". However, medical paternalism has saved far more lives than any stroppy angst-ridden tantrum by the middle classes. MMR was a classic example of how dangerous a little bit of information in the wrong hands could be. It must not be allowed to happen again. When a parent refuses to have their child vaccinated, they are within their rights as a parent to put their child at increased risk of diseases causing developmental damage, sensory loss, or death. However, they are not within their rights to increase the risks to other individuals by lowering herd immunity. The issue with rubella is not one of children getting the infection, but of passing it on to pregnant women and harming the unborn fetus. Again, harking back to the issue of HIV+ people knowingly passing on their illness, does this not amount to willingly endangering the health of another?

**Question 5 Obesity**

**ANSWER:**
I think public health measures aimed at reducing smoking have worked through a variety of cultural means. One of these has been the widespread use of smoking cessation clinics using evidence-based interventions. These use some techniques from the cognitive behavioural literature and are positive, rather than critical in outlook. However, weight-loss groups tend to be commerical or psychotherapeuticly lead, and may not focus suitably on outcomes. I think the criteria are already met to initiate action on obesity. 20 years ago it would be inconceivable to allow one's child to become obese; nowadays it is practically the norm. We must do all we can to prevent the UK slipping into the same shape as our American cousins. The food

industry have an obligation to label their foods properly, as is slowly creeping in. Schools need to listen to Jamie Oliver. Sure he's a pain in the neck, but parents respect him, he handles the media well, and he's got a business mind on him. If you run a school and you're buying turkey twizzlers, you deserve your P45. School-food providers need to remember that they are feeding CHILDREN. They are not "providing product to consumers", they are responsible for a large proportion of the energy, vitamins, and nutrients which are going into developing organs and nervous systems. If you treat children like the intensively farmed animals that feed them, the results won't be pleasant. The government needs to regulate schools, the food industry, and school-food providers with a big stick. They've all been given a chance at self-regulation, and they've all failed. Introduce some carrots, point them in the right direction, and then show them what the stick feels like. The behaviour of parents is difficult to change. Rather than trying to make them change their lifestyles (about as fun as herding cats), it would be easier to alter what's available to them in the supermarket and how it's labelled then to make them change their behaviour in the kitchen. That said, some cooking classes wouldn't go amiss. > Is it acceptable to make the provision of NHS services dependent on whether a person is obese or not (see example in Section 4.2 of Part B)? If so, what criteria should govern whether or not interventions are provided, and should similar criteria be developed for other lifestyle-related health problems that are significantly under the control of individuals? No. It's a slippery slope and it's too darn hard to work out where the boundaries should be. Administer clinical services on the basis of benefit and need and leave the preaching to the government. Once healthcare workers have to start making desicions about who "deserves" to be treated they'll shut down A&E to people who are drunk!

**Question 6 Smoking**

**ANSWER:**
> The effects of smoking on health have been known for a very long time. Comprehensive measures by governments to prevent harm to the population are relatively recent. In your view, what are the reasons for this delayed response? Are there any lessons that can be learned from other countries, or from strategies pursued in other areas of public health? This sounds like a great question for a PhD thesis. > What are the responsibilities of companies that make or sell products containing hazardous substances, such as nicotine, that can be addictive? Should they be prosecuted for damaging public health or required to contribute to costs for treatments? A lot of companies make or sell products containing hazardous substances. We don't ask gun manufacters to pay for hospitals and we don't ask Halliburton to pay for wars. In my view there is no need for government to punish tobacco companies. However, there is also no special protection that tobacco companies should have from individuals affected by their products from suing the pants off of them. This will motivate the cigarette companies into doing what they can. > Should smokers be entitled to higher than average resources from the public healthcare system, or should they be asked for increased contributions? Would similar charges be justified for other groups of people who deliberately or negligently increase their chances of requiring public health resources, such as people engaging

in adventure sports? It's a great idea, but I don't think anyone in government or the NHS is competent enough to manage such a system in a way that's so cost-effective it would save money. There'd be a big computer system, it'd be 10 years late, wouldn't work, etc. I say just leave it. Surely the poor buggers coughing their bloody lungs up is punishment enough for their folly? > Smokers argue that they choose to smoke. What rights does the state have to impose sanctions to prevent them from smoking? Does the state have the right to prevent the sale of tobacco, which is known to be addictive and highly dangerous? How vigorously is it reasonable for the state to act to prevent children and teenagers from smoking? Smokers may choose to smoke in their own homes, but should be encoruaged to do so outside or away from their children. I don't believe smokers have the right to smoke in any public place including outdoor spaces because of the litter and nuisance it causes. It's an airborne equivalent of letting your dog foul the pavement. If you want to reduce the number of chilren smoking raise the legal age to 18 like it is in America, and make IDing compulsory of anyone who appears under the age of 26, as happens in America. Only a driver's licence or passport should be treated as valid ID. Anyone violating these rules more than twice should have their licence to sell tobacco revoked.

**Question 7 Alcohol**

**ANSWER:**
More politicians drink than smoke. Pubs and other vendors of alcohol should take more responsibility than they do. By making the emphasis of a pub all about alcohol as opposed to food, games, or live entertainment, they encourage binge drinking. Double measures of spirits, extra-large glasses of wine, pitchers of cocktails, cheap happy hour deals, and skimpily clad girls selling shots of spirits are not exactly conducive to sobriety. Conversely, a pint of coke that costs £2.50 or a bar's refusal to give away tap water for free do not encourage the drinking of non-alcoholic beverages. On an average weekend the pubs and clubs are raking in so much profit that to give away soft drinks for free would cause them no real harm. They could still charge for them as mixers with spirits and still get money from door entry, cloakroom, game machines, advertising, and other revenue sources. The result would mean it was easier to alternate between alcoholic and non-alcoholic beverages, there would be a financial benefit in being the designated driver, and best of all there's almost no bureacracy involved to implement such a strategy.

**Question 8 Supplementation of food and water**

**ANSWER:**
The British public like a good conspiracy theory. Fluoride is a scary science-fictiony word. If you called it Vitamin F everyone would like it. Act of Parliament. You're not restricting choice at all. If a parent wants their child not to have fluoridated water, by all means let them buy bottled water. Whilst we're at it, let's add Vitamin E to cereals too as it may prevent the development of Motor Neurone Disease.