

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.

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General comment.

My general comment is that this consultation document has the feeling of being overly influenced by philosophers and journalists, who like to emphasise "headline grabbing" ethical issues in public health involving clashes between individual freedom and population health. I urge greater input from policy makers and practitioners who are actually involved in making and implementing public health policy decisions. I suspect greater input from more policy oriented people would help to re-balance the document towards apparently less "sexy" but no less important ethical issues in public health involving trade-offs between the health of different sections of the population and between health and wealth and other benefits.

Specific comments.

1. Issues of equity and inequality in health are barely mentioned in the consultation paper, let alone adequately discussed. I am surprised at this, given the importance attached to health equity by the public health community and (at least on paper) by the current Labour Government. One relevant and important health equity issue, for example, is how policy-makers ought to proceed when confronted with trade-offs between the policy goals of (i) improving population health and (ii) reducing health inequality. Two useful sources of reference for this and other health equity issues are the following two edited collections, comprising accessible contributions on a wide range of health equity issues from some of the leading international experts in this area: (1) Oliver, A, Cookson, R and McDaid, D. (editors) (2001). *The Issues Panel for Equity in Health: The Discussion Papers*. (Nuffield Trust, London.) and (2) *Public Health, Ethics and Equity* by Sudhir Anand, Fabienne Peter and Amartya Sen Oxford University Press, Oxford, 2004.

2. There are two glaring omissions from the list of four general guiding principles in the consultation paper (Section 5 Ethical Issues, p.37-38). First, "beneficence" (aka doing good, the public interest, the common good, social welfare, the social good, humanitarianism, utilitarianism, etc.). Second, "justice" (aka fairness, impartiality, equity etc.). The consultation describes two principles ("solidarity" and "fair reciprocity") which touch on related issues but do not adequately cover the full range of issues implied by those more general (and more conventional) terms of "beneficence" and "justice". (For example, the term "fair reciprocity" is suggestive of one particular, contractarian, conception of justice). Furthermore, it may be helpful to translate these philosophical terms (arcane, pompous, latin) into something more user-friendly for the (presumably wide) intended audience of the final report. In the public health context, for example, it may be helpful to translate the term "beneficence" into the more specific term "improving population health".

3. Almost all of the ethical issues currently discussed in the consultation

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. The paper boils down to trade-offs between (i) improving population health and (ii) individual freedom (aka liberty, choice). It would be helpful clearly to set out the various different senses of "population health" and "individual freedom" that are being used in the consultation paper. For example, setting out a broad distinction between positive and negative senses of freedom might be helpful – and possibly finer distinctions. It might also help to make a related distinction between individual freedoms that are seen as (relatively) inviolable ethical constraints on government action (aka "civil liberties" and "human rights") from those individual freedoms that are seen as goals which governments can legitimately trade-off against other important goals – for instance, freedom to smoke in public, or freedom to make transactions without being taxed by the state. In relation to different concepts of "population health", it might also be helpful to distinguish current versus lifetime concepts of health; mortality versus morbidity concepts; and "internal / subjective" versus "external / objective" concepts. Different concepts have different policy implications. For example, a current health concept implies priority to health care for immediate serious illness over preventive measures. This is a real and pressing policy dilemma – e.g. should society value a life saved more highly in relation to care for end-stage cancer patients likely to die immediately without care versus an exercise and weight loss programme that might save lives in twenty years time.

4. The concept of "need" is not explicitly discussed in the consultation paper. There are numerous different concepts, with different policy implications. For example, if "need" is defined as current severity of illness, then recipients of public health measures do not "need" the intervention as much as recipients of health care. However, if "need" is defined as capacity to benefit, or as expected lifetime experience of ill-health, then the recipient may need it more (especially if the public health measure is targeted at disadvantaged groups). Which concepts of need the public endorse in which public health contexts is an important and pressing policy concern.

5. The consultation paper fails clearly to distinguish (i) policy constraints, from (ii) policy goals. For example, p.15 lists five factors that influence the "effectiveness and acceptability of interventions to promote public health" (control, evidence, trust, intrusiveness, perceived aim). There is ambiguity about whether these factors are desiderata for deciding which policies to implement – i.e. policy goals – or constraints on the political feasibility of pursuing particular policies, or a bit of both. The distinction between goals and constraints, ends and means, is fundamental to clear thinking about public policy - and in my experience often overlooked and the source of much needless confusion and dispute – and bears constant repetition and highlighting in documents of this kind.

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