

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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QUESTIONS ANSWERED:

Question 1 The definition of public health

ANSWER:

I would prefer to include in the definition a mention of the role of the individual behaviour, something like: "The collective efforts by individuals and society to decrease the risk of disease and increase health and well-being in the whole population".

Question 2 Factors that influence public health

ANSWER:

The social and economic factors include many different and important elements like education, culture, religion, family and community values, which could be better identified by listing them separately.

Question 4 Control of infectious disease

ANSWER:

Forced quarantine has a limited impact in the control of most epidemic diseases and can be justified only when scientifically sound based on international guidelines. As infectious diseases can travel quickly from country to country, it makes sense for states to invest resources to prevent or control outbreaks in other countries as a contribution to "Global Health Security" and a risk reduction strategy for the state. As per travel and trade, the recently approved new International Health Regulations provide measure and tools to reduce the spread of disease while minimizing the impact on travel and trade. Rather than looking at new measure the emphasis should now be on implementing the IHR appropriately and widely. I would not qualify HIV/AIDS and TB as "highly infectious" and I believe mandatory testing is never required nor justified for these two infections.

Question 3 Prevention of infectious diseases through vaccination

ANSWER:

A compulsory system of vaccination, with appropriate information and the possibility of refusal if justified by medical or socio/cultural beliefs seems most sensible to me, both for adults and children.

Question 5 Obesity

ANSWER:

I think NHS essential services should be provided to all, avoiding discrimination based on risk factors linked to life-styles. It might not apply to some specific treatments.

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Question 6 Smoking

ANSWER:

The economic factors and, often, the interest of the state linked to taxation of tobacco products might have played a role in the delayed response. Companies that hide the risk linked to the consumption of the product should be liable to prosecution. Smokers should be asked for higher contribution, usually through higher taxation of tobacco products, the related income to be spent on the improvement of the health services. Smokers have the right to smoke if the choice is informed and voluntary and if they do not harm others through passive smoke. Preventing or banning tobacco sale might just lead to smuggling and illegal sales.

Question 7 Alcohol

ANSWER:

In most society, cultural and political arguments prevent the introduction of measures to reduce alcohol consumption. Limitation of the sale of alcohol to younger age groups or in specific places (highways) might be considered. The most important measures are education and information on the risks related to alcohol use. I do not think if this case producers and retailers bear much responsibilities, except for sale to under-age.

Question 8 Supplementation of food and water

ANSWER:

No comments

Question 9 Ethical issues

ANSWER:

I believe (truly informed) consent is the most important or at least the most disregarded of the ethical principles. I think all principles are equally important and principles cannot be prioritized. They might be more applicable to some specific issues or cases.