

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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## 1. The definition of public health

Do you agree with the definition of public health?

“[W]hat we, as a society, collectively do to assure the conditions for people to be healthy”<sup>1</sup>?

Yes I agree with this statement. However I would like to add that “what we ‘collectively do’ to assure the conditions for people to be healthy” should include a lot more of preventative healthcare and health promotion and education that is unbiased- by not being funded and compiled by multinationals or pharmaceutical companies (big pharma) – from true independent organisations and researchers. This information about preventative health should be available to all in the communities and efforts should be made to reach out to disadvantaged communities especially, since it is usually they who are most disadvantaged in health. Once the information has been disseminated, then the communities should be involved in improving their own lifestyles and health – be empowered and given choice- and thereby ‘collectively’ improvements may begin.

The media also has a role to play here – there should be restrictions on the promotion of ‘bad’ lifestyles, habits and diets through the airing of advertising for the multinationals (fast food, diet cokes etc). -- Also through articles and advertising in newspapers, magazines etc. I would extend this advertising restriction to ‘big pharma’ also, who exploit people’s lack of education about preventative healthcare and self-healing – by promoting ‘instant cure pills’, rather than examining the causes of the illness and natural ways to cure.

## 2. Factors that influence public health.

Do you agree that interactions between the following five factors are the main influences affecting public health: the environment, social and economic factors, lifestyle, genetic background, preventative and curative health services?

If so, do you think some are more important than others? Are there other factors we should include? If so, what are they?

The five factors above summarize all the factors that influence public health –however I would firstly like to add that I believe that the government and state control will first and foremost influence and overshadow the above factors. After all, they are in control of the policies they deem important, and where funding is pushed – the environment and preventative health service don’t seem to feature highly on their agenda.

A person may have the best intentions for optimum health, but it is influenced greatly by which social class they were born into, the area they live and the economic climate for that area – so their choice of lifestyle is determined by social situation. So the lower social classes generally have lower incomes and access to good quality food and water, exercise, preventative healthcare and therefore their lifestyle and health is compromised.

I believe that preventative and curative healthcare services are the most important factor influencing public health – that is the lack of services and especially the lack of true unbiased information on preventative health. It is slowly becoming accepted that the preventative and curative health services should not only become integrated (advocated by HRH Prince of Wales) (1) - but it should really be the aim of the NHS - currently the National ‘Sick’ Service, not National ‘Health’ Service. Every ‘body’ has the ability and potential

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<sup>1</sup> (Institute of Medicine (1988) *The Future of the Public Health* (Washington, USA: The National Academies Press).

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to be healthy and self-healing, with assistance from natural healing methods. There should be emphasis on aiming to 'heal' people before they get unwell – using natural remedies, herbalism, good diet and exercise and also the study of the science of life- Ayurvedic Medicine (2) which looks at each human as an individual, and therefore each person would receive different herbs, dietary advice for the same health condition.

People are becoming unwell because they are not given the full facts about lifestyle choices. For example, people drink 'diet' coke believing that they are being good to themselves by opting for the no sugar option- and yet they have not been informed of the serious health dangers of ingesting artificial sweeteners such as Aspartame (3,4)

The second most important factor is our *environment*- although it could also be regarded as the most important, since we are too often powerless to change it. For example, the addition of fluoride into the water supply is an environmental factor, which we were not consulted about, and has devastating effects on public health- diabetes, osteosarcoma, osteoporosis obesity, neural brain transmitter damage to name a few. The American Medical Association has recently refused to say that fluoride is harmless and admitted that no studies have been done into the side effects of fluoride. (5,6)

Chemtrails (from air craft) are also something *polluting our air* that we are powerless to do anything about. The prolonged effect of these chemical trails over whole communities is immense, with the poisons present within the jet fuel directly affecting the air we breathe (7).

There needs to be a dramatic change of existence if humans are to be truly healthy again. Humans need to return to cooperative and sustainable living, with the earth and nature and away from industrialisation, mechanisation, harmful technologies and government/state control systems. (8,9)

**Other factors that should be included that effect public health, is a communities/ individual's exposure to outside influences out of their control, examples include;**

- The effect of war on the publics' mental and physical health.
- **Personal Care Products** that contain **chemicals** such as Talc, Sodium Laureth Sulphate and Propylene Glycol are linked directly to causing illness (10, 11).
- The poisonous **pharmaceutical drugs** - given by the NHS - to 'treat' dis-ease – especially mental illness, instead of looking to cures and educating the individual on better holistic ways to heal themselves. These pharmaceutical drugs overburden the body, leading it to a reduced level of health overall, which in turn increases the need for extra pills or more likely different pills to relieve the side effects of the original drug. (12 -14).
- **Large scale tragedies**, including 9/11 and 7/7 as events that have caused immense confusion and increases in mental illness amongst the population, especially for people who see these events as 'state controlled' (15,16).
- **Spirituality and Mental Health** – The effect of modern society on spiritual (not religious) health - whether people have reduced fulfillment, purpose and meaning of life living in this fast-paced, technological, consumer, materialistic, money-orientated world.
- **Mercury Toxicity**- mercury is present in vaccines and amalgams and now residues in our water supplies. It is a toxic chemical, and has no place in our mouths and vaccines. (17-20).
- **Genetically Modified foods**- The dangers of consuming these foods on the long-term health of the nation. ( 21 a,b,c,d)
- **Electro-Magnetic Pollution** – Our air space is also polluted by the invisible electro-signals produced from mobile phone masts. The damaging effects of such phone masts causes cancers and what is known as Electrical Hypersensitivity (22 a and b). The Tetra system, which is now being used by the police force in the UK, is reported to have even more deadly effects on human health (23 a and b).
- **Environmental Pollution** – Pollution from the materials and products we use and the buildings we live in. (24-27)

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### 3. Prevention of infectious diseases through vaccination

Some countries<sup>2</sup> 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?

Policies that issue compulsory vaccination should NEVER be introduced anywhere or in the UK. It is never justifiable to take away an individual's choice and free will. By using terms such as 'herd immunity' you are reducing humans to that of cattle. Just consider what toxins these vaccines actually contain. (12) It is important to note that the media reporting of cases of infectious disease is often distorted and misleads the public into panicking, becoming fearful and taking the vaccinations. This is confounded by the public's lack of education on this matter, and the inability to look up the full facts to make an informed choice.

In some instances GPs were encouraged to report cases (even non confirmed) of Mumps, in return for financial incentives (29)

I would prefer to see the public educated fully on healing methods, natural remedies and healthy diets, which could raise the children's immune system so that vaccines would not be required.

**Are there cases where the vaccination of children against the wishes of their parents could be justified? If so, what are they?**

NO NEVER – I believe that there are no instances where children could be vaccinated against the wishes of their parents. In fact, separate schools should be set up for those children that are not vaccinated, and those who are. This would overcome the problem occurring in the USA, where children who have not been vaccinated are denied entry into schools. (30 a)

The parents of the children should hold the right to vaccinate or not – with every parent being told the truth about vaccines, including the dangers. Each community needs to disseminate the truth and the *facts* about vaccines in a way that each community can understand fully.

Who is benefiting from these vaccinations? I doubt it is the public - more likely to be Big Pharma (30 b, c). In fact I would say there is often much more harm caused by vaccinations than benefits (30 d, e).

There are also human rights issues here! How can the government be able to take away each individual right to choose what they put into their own bodies and that of their children? Informed consent and choice is definitely the key here. People should not feel bullied into taking the vaccinations because of peer pressure.

### 4. Control of infectious disease

Control measures for specific diseases depend on how infectious a disease is and how it is transmitted. For infections that are directly transmitted from person to person, 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? If you think such measures cannot be justified, what are the principal reasons?

There seems to be an ever-increasing erosion of our civil liberties – before you know it we will be experiencing martial law, even more of a police-state, satellite surveillance, id cards and the implantable

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<sup>2</sup> Countries with mandatory vaccination policies include the USA and France. In these countries children must have received certain vaccines before they can start school.

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microchip. It is a slippery slope we are on, and I imagine that forced quarantines will soon appear on the states' agenda forever increasing control of the population.

If quarantines were enforced, then I would suggest that people should be fully informed and given the choice as to whether they stay within the quarantined areas or cities. People who have been vaccinated and agree to being monitored can be asked to remain in the special centers within the quarantined area. Once there they must agree to remain there for the duration of the forcible quarantine. The people who have not been vaccinated and wish to leave the quarantined area/city should have free passage out of the cities, and they should reside in the countryside. It is their responsibility if they become ill with the disease and would not be allowed back into the city to infect anyone there. If any of these people who opt out of the quarantine should be 'suspected' of having an infectious disease, they should be taken to specialist healing eco-villages to receive natural therapies, herbal medicines and remedies.

**In general, the earlier that an outbreak of disease is detected, the easier it will be to control. 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?**

I think that firstly we need to start with prevention- natural prevention, by increasing people's immunity through good diet, exercise, vitamin and mineral supplements, homeopathic remedies and healing.

Secondly it would be wise to start to catalogue all strains of all infectious disease- this is important to know where a disease originated. Some infectious diseases have been found to have been created in labs, and released into the population- as with the military that have recreated the 'Spanish flu' (31,32).

I don't think we should develop methods of preventing outbreaks in other countries- they should have their own policies of quarantine. People should not be allowed to leave that particular country unless they have been screened for such diseases.

**Travel and trade are key factors in the spread of infectious diseases. Global travel and exchange of goods are increasing rapidly. Each day, two million people travel across borders, including around one million per week between developing and developed countries. Disease-causing organisms and vectors can therefore spread quickly around the world.<sup>3</sup> Are new measures needed to monitor and control the spread of infectious diseases? If so, what would be promising strategies?**

No I don't believe any new measures should be considered to monitor and control the spread of infectious diseases. I imagine that future measure would no doubt include introducing the implantable microchips to food, goods, animals and also people. This seems on the surface to be a good method to track incoming and outgoing trade – but it is highly dangerous technology for humans. Not only can the microchip store information, but it can also receive information, much like a mobile receives signals from a satellite. (33)

**Under which circumstances, if any, would mandatory testing for highly infectious and life-threatening diseases such as tuberculosis or HIV/AIDS be justified?**

No, there are no circumstances where mandatory testing would be justified – unless it a scenario occurs, as in Question 4 –where quarantined areas were set up, with people there who have agreed that that is part of the conditions of remaining in quarantine.

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<sup>3</sup> USA National Intelligence Council (2000) *The Global Infectious Disease Threat and Its Implications for the United States – Factors affecting growth and spread: International trade and commerce*, available at: [www.cia.gov/cia/reports/nie/report/nie99-17d.html](http://www.cia.gov/cia/reports/nie/report/nie99-17d.html), accessed on: 19 Apr 2006.

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## 5. Obesity

Food is closely linked with individual satisfaction and lifestyle. This means that any strategy that seeks to change people's behaviour is likely to be perceived as particularly intrusive. How should this sensitivity be considered in devising policies that seek to achieve a reduction in obesity?

Firstly I would start by removing the fluoride from the water supply, as it is linked to obesity and diabetes (34). I would also ban the use of hydrogenated fats and oil from all food products, which is also linked to obesity and diabetes (35 a,b,c,d). Thirdly, ban the use of artificial sweeteners, such as Aspartame, also linked to obesity among other health dangers. (36 a,b,c).

In doing this, the preventable causes of obesity and diabetes will be removed, without the public feeling that this is a great intrusion – after all, you wouldn't know if the oils used in your food were hydrogenated or not (without reading the labels) so no effect would come to the tastes of food. This applies to fluoride - no one would know if the fluoride was present in the water or not, but it would make remarkable health improvements if it was removed.

Each human can only live a lifestyle that they know how to – so it is important that re-education is high on the agenda, so that after the obesity causing factors have been removed from the water and food – it is up to the individual to make informed choices on what to eat. After the re-education and information giving, if people still want to eat unhealthily, then it is done so knowing full-well the consequences of their actions. Hopefully, these people will see how a healthy lifestyle benefits their community, and will seek to change also.

By re-education, I mean the introduction of independent public forums that are designed so that the people in the community who attend them are given a whole range of medical information, both orthodox and complementary- in a format that is easy to understand, but highly informative and in the most relaxed and friendliest of environments.

**While there is clear evidence about the extent and scale of obesity, there is far less clarity about what measures should be adopted by the government and other stakeholders to prevent it. In view of this uncertainty, what would be suitable criteria for developing appropriate policy?**

Firstly, I would say that an un-biased look into the causes of obesity is needed- with research from independent parties, not funded by pharmaceutical companies, who would profit from producing anti-obesity (diet) pills.

Factors that are not linked purely to food types, but are linked to obesity such as fluoride, aspartame and Monosodium Glutamate (37) really need to be researched in depth – and research not funded by those who profit from the production and sale of fluoride, aspartame and MSG. These three chemicals alone are highly toxic to humans, especially children, and should be removed from our food and water.

Secondly, the government should create policies to free up some of the wasteland in the cities so that more allotments can be provided so that people have the choice to grow their own organic food.

**What are the appropriate roles and obligations of parents, the food industry, schools, school-food providers and the government in tackling the problem of childhood obesity?**

The watching of the Television (38) is a really big problem for society. Not only does media control the people and is a cause for the way our children live and eat today- but it means hours are spent just sitting on their backsides, not doing anything productive, creative or any exercise. In fact it is also the

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electromagnetic waves that are emitted from the television that is harmful. Parents still need to be informed about how their lifestyle damages their body's ability to remain well.

Obviously the television is not going to be banned, but the state should look at increasing the amount of programmes that are educational and help with improvement of our own lives, and reduce the trashy entertainment programmes and also the advertising of unhealthy products. Either that or create a new TV channel that is purely for programmes on health, well-being, lifestyle and personal happiness.

The food industries need to change - they are controlled by making a profit, and do so by producing cheap (for them) and low quality food for the public, adding a few e-numbers to make it really tasty. The government must make new legislations to control what these manufacturers produce and sell. Also the government should create legislation against GM crops being grown in the UK, and of the use of GM ingredients in our food. The food manufacturers should be made to contribute to the education of the communities regarding food and lifestyle by providing the public forums.

**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?**

I don't think that the public or individuals should foot the cost of treatment of obesity, especially as the one of the causes of obesity is the fluoride in the water – which no one can do anything about, so shouldn't be penalised.

The Government and pharmaceutical companies should foot the cost of health care.

How can children be truly healthy if there are still poisons in our food, there is reduced PE in education and they are bombarded with persuasive advertising on the television? A recent article from the BBC illustrates these concerns (39)

## **6. Smoking**

**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?**

The reasons for the delayed response to smoking is no doubt to do with the governments have been guilty of allowing this chemical-ridden tobacco into the shops to ensure that the tobacco companies did not lose any profits – and in doing so scooped up the high taxation revenue of cigarettes.

Have you ever considered whether it is the 4,200 chemicals in the cigarettes that are actually causing the smoking related illnesses and deaths? (40a) Toxic chemicals like Arsenic, formaldehyde, hydrogen cyanide, polonium and ammonia (40b), are bound to cause illness and death if inhaled daily over many years.

Now this is not the case with NATURAL, ORGANIC Tobacco, which some small companies are selling (41,42). This tobacco is in its natural form, and has been used for thousands of years by the ancient cultures without ill effect.

I would suggest that new measures be taken by the government to fund research into these natural tobaccos' and compare them to the chemical ridden cigarettes on sale today.

**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?**

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The companies should be prosecuted and publicly shamed. But, we shouldn't treat the companies that grow and sell organic tobacco the same way.

**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?**

No - the Manufacturers of the Chemical-ridden cigarettes should be funding the extra resources needed for the healthcare of smokers of chemical-ridden cigarettes. These companies also need to fund unbiased health promotion, they should also promote the sale of the organic tobacco.

Similar charges are not justified for other groups of individuals – for example, the people who drink diet coke or use sweeteners such as aspartame should not have to pay for the illnesses they develop from this chemical - because they probably haven't been told about its dangers. The manufacturers of these chemicals should foot the bill. The same applies to people who drink fluoridated water from their water supplier- they should not pick up the bill for the resulting illnesses, especially the broken bones and fractures that result from weakened bones from exposure to fluoride.

No group should be entitled to higher than average resources from the public health system.

**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?**

This is more indication of the erosion of human freedom of choice. This would be especially discriminative against those cultures that use the natural tobacco in their pipes and in their ritual fire ceremonies.

The government could make sanctions on the producers of tobacco – making them take out the chemicals and additives (which are highly addictive and dangerous) - making the only tobacco available totally organic, chemical and additive free. Companies who refuse to do this could be stopped from selling products within the UK. I would argue that by removing the chemicals that are addictive in the tobacco, there would naturally be a decrease in people smoking tobacco, it would be easier to give up.

## **7. Alcohol**

**The effects of excessive consumption of alcohol on the health of individuals and society have been known for a very long time. It can be argued that in view of the significant harm to individuals and society, comprehensive measures by governments to prevent harm are lagging behind those for tobacco. In your view, what are the reasons for this?**

Again – profits and tax revenue! However the government is realising that the increasing cost of treating alcohol and tobacco related illnesses has out-weighed any taxation profits they may be receiving on the sale of alcohol/tobacco.

I would now like to question exactly WHAT people are drinking. The alcoholic beverages on sale are poor quality; some with chemical additives like propylene glycol, e-numbers and using fluoridated water.

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I would suggest that if people drank moderate amounts of organic wines, mead, ciders and ales – then there would not be such a problem with alcohol related illnesses.

What exactly is in your beer? (43) We should follow the 'purity law' of Germany (44).

Finally, the key here to dealing with alcoholism is to get to the root causes of alcoholism. These people should be offered counseling, hypnotherapy, advise on benefits/ employment and housing issues, they should have access to complementary therapies, especially acupuncture and Indian Head Massage (which is beneficial for people with both drug and alcohol abuse problems- I know this from experience of working in an acute Psychiatric hospital, and from my work as a complementary therapist). I would go further to suggest that people with alcohol problems be allowed to go into rehabilitation – but not for a week's 'detox' like is performed at the Psychiatric hospital where I currently work – but for a month, in an eco-village type healing retreat in the countryside, where people can go to rethink their lives, and make decisions about their future, in turn receiving all the support and therapies they need to change and heal themselves. When, and if people then chose to return to their normal lifestyle, they will need extra support to ensure they do not relapse into old ways of drinking.

**In view of the impact of excessive consumption of alcohol on individuals and society, what are the roles and responsibilities of agents other than the government to limit consumption? Are there different responsibilities for producers and, for example, retailers? If so, which?**

It is the responsibility of the alcoholic beverage manufacturers to only produce organic, chemical-free beverages. The retailers should support this by only purchasing goods from local organic farms and beverage producers.

If this action was put into place, a lot of young drinkers would be put off alcohol, and certainly wouldn't consume as much – it is the alcoholic beverages (alco-pops) that are aimed at young people that exacerbates the problem also. These beverages are full of sugar, or aspartame, e-numbers and they taste too much like a soft drink, so that it is easier to drink and to drink much more of them.

There should be a campaign to discourage people from consuming alcohol everyday and instead should be encouraged to treat themselves at specific times in the week (in moderation, only consuming the recommended units), at celebrations, festivals, and ceremonies.

Funding and support should be given to specialist alcohol rehabilitation services, proving that they are set up like retreats, provide complementary therapies and herbal medicines and psychological/counseling services.

## **8. Supplementation of food and water**

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

I would like to just ask what is the point of fortifying foods that are bad for the human body anyway? If the margarine is made with hydrogenated oils (35 d) - it is already a health hazard and no amount of fortification will improve the situation. The same applies for white flour, which has been found to be highly unhealthy – containing chemicals like Alloxan (49)

I wouldn't agree that the majority has accepted fortification for some time. What consultation methods are being used here to determine its acceptance? There hasn't been any consultation process in the west-midlands area regarding fluoridation of the water, and yet it is fluoridated. Where are the review processes here - some high level freemason may have agreed to certain areas being fluoridated back in the 1940's- but why isn't anyone reviewing this decision, and asking people's opinions on whether they want it. I was

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I came across this article just recently about how Colgate is funding the campaign to give children tips on how to clean their teeth properly. I'm pleased that an effort is being made to introduce teeth-hygiene to children, because teeth brushing is the only way to prevent teeth cavities (not fluoride) - but I believe that this will just be used as an excuse to keep fluoridating the water supply. (45)

I imagine that fluoridation has met with more resistance because it is quite clear now that it unsafe- yes it may have appeared that fluoride applied topically to the teeth strengthens them, but fluoride also makes bones brittle and causes a host of other illnesses with prolonged use. Luckily some countries have already realized this, or are just beginning to, for example in this recent article – a success story, water has been removed from the water supply due to it being linked with serious health concerns such as cancer (46). There is enough research and evidence out there to suggest that fluoride and other chemicals should be taken out of the water (47-48).

**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?**

None of the above – there is no justification for fluoridation - under no circumstances. I don't believe the decisions of parliament, local authorities or consultation practices will act in the best interest of the public - after all if they were acting on our behalf they would have banned the fluoridation of water like other countries. They are just looking for profits once again, and seeking to control the population like in nazi Germany (50-51).

**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?**

I don't agree at all that children benefit from fluoridation. It is a toxic poison, and it has an accumulative affect in our bodies, and children would be even more sensitive to these toxins. Children would benefit from teeth cleaning promotion and improved diets.

It is not acceptable to restrict the choice of individuals under the pretence that it is for the benefit of the children.

If parents still wanted fluoride for their children, they should purchase fluoride toothpaste - not have the rest of the population suffering by drinking fluoridated water. I add here that most parents only hear the propaganda from the dentist industry and don't get to hear the history of fluoride, the research and evidence to suggest it is poisonous to humans and animals. If they only knew, they most probably wouldn't want their precious children to be poisoned.

The evidence is not reaching the people who need it. I urge you to visit the Fluoride Action Network website and do more research into the actual dangers of fluoride, before the damage done to human health is irreversible.

## **9. Ethical issues**

**In your view, is there one of the following principles that is generally more important than the others: autonomy, solidarity, fair reciprocity, harm principle, consent, trust (see Section 5 in Part B)? If so, which one and why? Are there any other important principles that need to be considered?**

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I think that without honesty, truth and transparency you cannot have trust, which leads to autonomy and the ability to provide informed consent.

Can these principles be ordered in a hierarchy of importance? If so, how would such an order relate to the five case studies (infectious diseases, obesity, smoking, alcohol, and the supplementation of food and water)? Would the order have to be redefined for each new case study? Are there particular principles that are of special importance to some case studies?

Education? Then Trust, Autonomy, Consent, harm principle, solidarity, fair reciprocity.

Which ideas or principles should guide parents in their decisions?

Education, Autonomy, Informed-Consent and Trust that their wishes will be respected.

The case studies have been chosen because we think that they highlight a number of important ethical tensions and conflicts between different agents, ranging from individuals to families, to NGOs, companies, healthcare professionals and the state. Other case studies could have been chosen to illustrate the same types of tensions and conflicts. We would be interested to hear if you think that there are other types of ethically relevant issues concerning public health that we should address.

- *The chemicals in our diets* – aspartame, mono-sodium glutamate, e-numbers, hydrogenated fats.
- *The pollution from our environment* – chem.-trails, toxins from plastics, material and furnishings.
- *The effect on technologies on health* – electromagnetic pollution
- *The real effect of the weather* on people's brain chemicals/hormones and how it therefore effects mental health.
- *Mercury* – why are we still putting the second most toxic substance in our mouths?
- *The Implantable Microchip* – The dangers to human freedom, health and lifestyle (52)
- Investigate what to do about *Public Health Plans* – why isn't the money safeguarded for improvement in public health. (53)