

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.

Evelyn Gloyn

Dear Professor Sir Bob Hepple,

I am writing to ask if has been any consultation on these issues with faith groups.

In my experience as an environmental health practitioner and a health inequalities co-ordinator, I have come across issues that adversely impact on certain sections of the community in my work within one of the most ethnically diverse boroughs in England.

In my view, the issues raised by faith groups need to be taken into account in the planning of any health intervention, especially if there is likely to be any element of compulsion or potential stigma.

For example, immunisation using animal derivatives is against some religions and so would create a 'them and us' scenario where those who are willing to comply (probably the majority across the country as a whole, since this country is still majority Christian from self declared faith data in the census) would feel threatened by those who feel morally obliged to refuse, and that would lead to tensions. These tensions could (further) threaten 'community cohesion'.

Thinking about the obesity issues, there would be concerns about food security of those who can only eat halal or kosher foods, or those who can not eat meat or animal derivatives, and indeed, even overcoming sedentary lifestyles could be problematic if planning for women only facilities and services are overlooked.

The public health concerns about alcohol and tobacco are also areas that may have potential conflict, or potential answers. Furthermore, if ethics should be about a principle that is equitably applied then it is worth remembering that substances such as khat (qaat), although currently unregulated, may in future be shown to have similar health impacts to alcohol and tobacco, albeit of a smaller magnitude. There are direct impacts, for example higher risk of oral cancers, and indirect impacts, arising from social isolation and domestic violence within families.

I am unable to comment if there would be faith based objections or concerns to the idea of putting fluoride in water.

I am raising these as vignettes of some of the population whose health we would wish to improve, yet they may not have had an opportunity to be part of this consultation.

If they have, then please forgive my intrusion.

Yours sincerely,

Evelyn Gloyn  
Chartered Environmental Health Practitioner  
(and MSc Public Health and Urban Renewal student)