

8 January 2007

Dr David Harrison  
Clerk  
House of Commons Health Committee  
7 Millbank  
London SW1P 3JA

Dear Dr Harrison

## Health Committee Inquiry: Health inequalities

I have pleasure in attaching a response from the Nuffield Council on Bioethics to the Inquiry by the Health Committee into **Health inequalities**.

I hope that this is a helpful contribution to the Inquiry. Please let us know if we can be of further assistance.

Yours sincerely



Hugh Whittall  
**Director**

**Chairman**  
Professor Albert Weale FBA

**Deputy Chairman**  
Professor Peter Smith CBE FMedSci

**Members**  
Professor Roger Brownsword  
**Dr Amanda Burls**  
Professor Sir Kenneth Calman KCB FRSE  
Professor Sian Harding FAHA  
Professor Peter Harper  
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FRSL  
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Professor Søren Holm  
Professor Tony Hope  
Mr Anatole Kaletsky  
Dr Rhona Knight FRCGP  
Professor Alison Murdoch MD FRCOG  
Dr Bronwyn Parry  
Professor Hugh Perry FMedSci  
Professor Nikolas Rose  
**Professor Jonathan Wolff**

**Director**  
Hugh Whittall

**Assistant Directors**  
Harald Schmidt  
Katharine Wright

## NUFFIELD COUNCIL ON BIOETHICS

### RESPONSE TO HOUSE OF COMMONS HEALTH COMMITTEE INQUIRY INTO HEALTH INEQUALITIES

Referring to the term of reference:

- The extent to which the NHS can contribute to reducing health inequalities, given that many of the causes of inequalities relate to other policy areas e.g. taxation, employment, housing, education and local government;
- The effectiveness of public health services at reducing inequalities by targeting key causes such as smoking and obesity, including whether some public health interventions may lead to increases in health inequalities; and which interventions are most cost-effective.

Executive summary

- 1 In November 2007, the Nuffield Council on Bioethics published a report on *Public health: ethical issues*. In the Report the Council concluded that the reduction of health inequalities must be one of the principal aims of NHS public health policy, and we include the aim of reducing health inequalities as one of the elements of the 'stewardship model' for public health that we present in the report. In addition, we comment on different types of inequality, different groups between which inequalities may exist and different ways of reducing them, emphasizing the importance of 'prioritarian' strategies that aim to improve health opportunities and outcomes in the most disadvantaged groups. We also note the potential for health policies to increase rather than decrease health inequalities, particularly in the case of information-based schemes. We consider that it is important therefore, to assess the implications of particular public health measures at the planning stage, and to monitor initiatives in terms of their effectiveness, in particular in reducing health inequalities.
- 2 Two relevant extracts from *Public health: ethical issues* (paras 2.22–2.40 and 3.22–3.34) can be found at Annexes A and B, respectively. The topic of health inequalities does, however, recur throughout the report, and the Health Committee may be interested to refer to it more generally in their examination of this issue. Copies can be obtained from the Council or on its website<sup>1</sup>.

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<sup>1</sup> See

<http://www.nuffieldbioethics.org/go/ourwork/publichealth/introduction>.