

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.

Karen Stack

Qu 1 & 2

I agree with the definition and the five factors you cite as influencing public health. I think that the environmental and economic/social factors are the most important with lifestyle a close third (there are consequences for this from the previous two.) Genetic factors will be most important for some but I respond with the majority in mind. If we could sort out the first three factors, we might find there needs to be less emphasis on health service, and more funds for genetic factors etc. Re preventative/curative I feel, strongly, that preventative should take higher priority than curative for the same reasons.

Qu 3

I should state from the outset that I am pro vaccination. I am also for autonomy. I do not believe that vaccination should be compulsory, no medicine should be. We are autonomous beings and have the right to decide our own fate. Most people, if they think about it, would be pro-vaccination, understanding how vital it is.

Children should not be vaccinated against the wishes of the parent. It's a fine line, to be sure, but was there a problem with refusniks until MMR? I have to say that I have issues with this combined vaccination and the reports of links with autism. There may be problems with the research but I would employ the precautionary principle and err on the side of caution, providing separate vaccines and a staggered method of provision, just in case there is a synergy between the doses that we have yet to discover. Anyway, why overload a young immune system – a lot for the white blood cells to cope with at once. If it's more expensive to provide separate vaccines, transfer funds from less important areas, e.g. IVF, NHS management etc.

Qu 4

Yes, I'm OK with enforced quarantine. If I was carrying a highly infectious disease that could be spread by air or simple touch, I would understand that it was my duty not to pass it on as that could severely infringe the civil liberties of others.

It could be an interesting use of resources to try and help prevent outbreaks of serious epidemics in other countries. I would prefer this use rather than the money being spent on arms and the trade in death. However, it could also be a bottomless pit so the best thing we could do would be to enhance the overall level of health and immune systems of the population, e.g. control pollution, pesticides in food, clean drinking water, poverty etc.

Qu 5

I would advocate zero tolerance of advertising to children. Education and especially quality school dinners are essential. Happily this is beginning to happen. Fizzy drink machines should be banned in schools.

It is important, I feel, to look at the whole person and how the society shapes that person. The push is to ever greater levels of consumerism – happiness is acquisition. It is not surprising, then, when the individual follows suit. We need better templates for happiness and lifestyle. We also require better food labelling and industry watch dogs

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. that aren't staffed by industry insiders. The corporate grip is hugely powerful and needs addressing – politics as if people mattered.

I do not think it is acceptable that NHS services should be dependent on whether a person is obese or not. The factors that contribute towards obesity are not just at the individual level but are due to societal pressures too and there is, therefore, concomitant responsibility.

Qu 6

I think the delayed response to smoking problems is because it brings in a formidable amount of revenue. Which, incidentally, takes care of the 'should smokers pay more for their treatment' question, as your quoted figures amply demonstrate.

I think a ban on smoking in public places is a good idea and seems to work very well in Ireland and New York. An individual can choose to but others shouldn't be forced to.

I don't believe companies should be prosecuted, the individual decides. But then, why aren't all drugs easily available – few are as addictive as nicotine. Again it is necessary to look at why so many people smoke. The drug acts on the pleasure centres, what is it about people's lives that makes them so dissatisfied or depressed? It's impossible to address this issue without looking at society/economics. It is similar with sugar, diabetes is increasing terrifyingly, should we ban fizzy drinks?

I don't believe the sale of tobacco should be banned. It has been proven, time and again, that prohibition doesn't work. I would apply this to all drugs and remove them from the black market.

Better yet, provide an environment where it is easier for us to make informed, healthful choices and lead more meaningful lives. We might just find that the problem takes care of itself.

Qu 7

As above - Qu 6.

Qu 8

Fortification of foodstuffs with vitamins and minerals should not be compared to mass medication with a dangerous chemical. The fluoridation agent, hexafluorosilicic acid, is a toxic industrial waste product from the phosphate fertiliser industry. Although it has a British Standards number it has never been safety tested for human consumption. We can choose what food we buy but can rarely determine our water. Also it may be better that our food was less processed and healthier from the start and then, maybe, fortification wouldn't be necessary.

The reasons behind the international differences are due to the fact that some countries don't think it works. Most European governments oppose fluoridation. Some, like France, have never allowed it. Many others have abandoned it after increasing health concerns. Japan, which began fluoridation in 1952, ceased it in 1972. Countries from China to the Netherlands have banned fluoridation. Fluoridation is an archaic practice which has been stopped by almost every country that ever tried it. The most recent European example

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.

was Switzerland, where Basel-Stadt became the last place to cease fluoridation after thirty-one years - saying it had found fluoridation ineffective. Teeth in non-fluoridated Liverpool are as good as teeth in fluoridated Gateshead. Ireland, Europe's most fluoridated country, has more tooth decay than do several non-fluoridated European countries. The studies for and against abound and I feel that we should err on the side of caution.

In addition it is a matter of human rights that people should have control over their own bodies especially where harmful substances are concerned. It is possible that water fluoridation could be challenged under Article 8 of the Human Rights Act 2000. An individual cannot opt out once the water is fluoridated. We would definitely require a referendum but I don't believe it should get that far- we should employ the precautionary principle and not do it.

We need education, improved parenting skills and better food. Fluoridation is a hideously short sighted attempt to address symptoms not causes.

It is simply not acceptable to restrict the choices of individuals, in order to protect children, when the case is not even made. I believe we are all equal, children are not more equal than adults.

Qu 9

I think you cover the ethical issues pretty comprehensively.

I would place them in the following order of importance:

Harm principle

Autonomy

Consent/trust

Solidarity

Fair reciprocity

These pretty much stay in the same order for all the case studies you cite.

Essentially people should be allowed to live their lives as they choose, as long as it does not cause harm to another. Society and governance plays a role in providing a safe, clean environment with healthy food and water and pursuing politics as if people mattered rather than bowing to the demands of corporations and their need for consumers at all costs.

I would have liked to have seen depression on the agenda. Why are so many people depressed? We spend huge amounts on antidepressants, there is a negative effect on the economy from lost work days and depression generally has a detrimental effect on the health of the person, which leads on to many of the issues raised above. A study

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.

might provide a useful insight into the interaction between individuals and society and provide pointers for new ways of being. I feel individual health issues can rarely be separated from the whole picture.

Thanks for the opportunity to voice my opinions.