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.

MRC Population Health Sciences Research Network

List of questions

1. The definition of public health

- Do you agree with the definition of public health introduced above ("[W]hat we, as a society, collectively do to assure the conditions for people to be healthy"[1])? If not, please explain why. What alternative definition would you propose?

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?

3. Prevention of infectious diseases through vaccination

- Some countries[2] 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?

- For childhood vaccinations, parents make decisions on behalf of their children. Are there cases where the vaccination of children against the wishes of their parents could be justified? If so, what are they?

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?

- 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?

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

2 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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- 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.[3] Are new measures needed to monitor and control the spread of infectious diseases? If so, what would be promising strategies?

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

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?

- 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?

- 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?

- 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?

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?

- 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?

- Should smokers be entitled to higher than average resources from the public healthcare system, or should they be asked for increased contributions? Would

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[3] 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, accessed on: 19 Apr 2006.

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?

- 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?

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?

- 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?

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?

- 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?

- 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?

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?

- 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?

- In cases such as vaccinations or fluoridation parents decide on behalf of their children. Which ideas or principles should guide parents in their decisions?

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.

Some of the questions asked with reference to a specific case study also apply to other case studies, for example whether people who accept some kind of damage to their health as part of their lifestyle, such as smokers, should be entitled to fewer resources from the public healthcare system, or be asked for increased contributions. Respondents are welcome to comment on these specific questions in a general manner.

Response from the MRC Population Health Sciences Research Network

The MRC Population Health Sciences Research Network comprises the nine major MRC-funded research units and centres[4] involved in research in the population health sciences. Its aim is to add value to the MRC's existing investments, by

- galvanising MRC's research effort with a focus on methodological approaches

- adding value and strengthening research expertise by pooling and sharing resources thereby creating a more effective critical mass, especially in under-represented disciplines

- providing a co-ordinated voice on research and policy issues in population health sciences

We welcome the approach taken in this consultation of basing ethical questions in the evidence regarding the size and nature of public health risks, and the effectiveness of the different responses to those risks. As a network of population health scientists, we do not necessarily hold a common view on primarily philosophical questions, such as how ethical principles like autonomy, solidarity, reciprocity, etc., should be ranked, but we are interested – and actively involved – in ensuring that public health measures are evidence-based.

[4]MRC Biostatistics Unit, Cambridge; MRC Clinical Trials Unit, London; Clinical Trials Service Unit, Oxford; MRC Collaborative Centre for Human Nutrition Research, Cambridge; MRC Epidemiology Unit, Cambridge; MRC Epidemiology Resource Centre, Southampton; MRC General Practitioners Research Framework (GPRF); MRC Health Services Research Collaboration, Bristol, and MRC Social and Public Health Sciences Unit, Glasgow. This response from the MRC PHSRN is intended to complement those of MRC Head Office and the MRC Collaborative Centre for Human Nutrition Research.

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. A major obstacle to resolving debates around how and when to intervene to protect or improve population health is a lack of evidence about how to do so effectively. This is not to argue that Governments and other agents should only act where there is good evidence. Emergencies require an immediate response and often there is a case for innovating in order to generate evidence. But in these cases there is an obligation to evaluate the intervention systematically so that the evidence base develops. Given that public health interventions invariably impose costs and other burdens or restrictions, they are unlikely to be ethical unless they can be shown to be effective. We also accept that, even when there is good evidence about both risks and the effectiveness of measures to reduce them, there remain ethical questions about whether to intervene that further evidence cannot resolve.

There are many areas of public health where better evidence would clarify debate by demonstrating whether or not there is a case for intervening that is worth assessing from an ethical point of view. Areas where further research, in addition to the evaluation of specific interventions, would be useful are:

- comparative studies of public health policy-making, to assess how ethical dilemmas have been resolved in countries that have successfully implemented effective public health measures, such as anti-smoking policies, water fluoridation, folate supplementation, etc.

- research on the public understanding of and engagement with biomedical science, for example to understand how information on health risks and the costs and benefits of preventive measures can be best be conveyed to enable autonomous decision-making, and to determine what are the best methods (referenda, consultations, citizens' juries, etc.) for gauging public support for or opposition to public health measures.

- research on the determinants of health-related behaviour and behavioural change: is it reasonable, for example, to apply a model of autonomous decision-making to dietary behaviour, and make treatment decisions accordingly? The social patterning of diet, and many other key health behaviours, suggests otherwise.

- research on the tactics and strategies used by industry to shape public perceptions of and government policies towards health risks – the tobacco industry has been extensively studied, and its role in delaying the implementation of comprehensive tobacco control policies is well-documented. Other sectors have been less well-studied, which may help to explain why tobacco-control policies are now clearer than those relating to alcohol consumption.