

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.

Mike Rayner, British Heart Foundation Health Promotion Research Group, University of Oxford

## 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”<sup>1</sup>)? If not, please explain why. What alternative definition would you propose?

No. I think you should use the definition of public health that comes from the most authoritative body in the UK. This body is, with regard to definitions of public health, clearly the Faculty of Public Health. I personally do not particularly like the Faculty’s definition but I understand that there was considerable debate when it was being developed and that it represents some sort of consensus. It differs in important ways from that of the Institute of Medicine but I do not think a further debate over the definition of public health would be helpful.

### 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?

These five factors are clearly important factors but I am not sure that they are the main factors. For example you could easily add others to the list that are probably equally important e.g. historical, cultural, etc. etc. But I am not clear what bearing the way that you categorise such factors has on ethical issues in public health such as those outlined on page 6 of the consultation document

### 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?
- 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?

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

<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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#### **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?
- 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?
- 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

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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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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?

These are a subset of some well-known questions with an ethical dimension which regularly confront those (like me) who work in the area of obesity prevention. However I have think that it is unhelpful to begin with such specific questions (and there are many more which could be posed in the area of obesity prevention) without a general framework for generating and then thinking about such questions. I think the Nuffield Council on Bioethics should first seek to develop such a framework and then, and only then, develop the specific questions.

Such a general framework should be based on the work of others who have already thought about the ethics of public health. I would suggest that the Working Party starts by looking at the publications of Bill New e.g. (New B. Public health and public values. London: Kings Fund, 1998.) The vast literature on medical ethics is clearly also relevant.

Without a clear framework for generating and thinking about ethical questions in public health in general and obesity prevention in particular I cannot see how to answer these questions. For example, just the question 'What are the obligations of parents in tackling the problem of childhood obesity?' – let alone a comparison between those obligations and those of thers - is surely impossible to answer without some general consideration of the responsibilities and rights of parents with respect to children (cf Williams R. Lost icons. T&T Clark Ltd: Edinburgh, 2000)

## 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 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?

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- 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?

The question of what principles or values should be considered in a discussion about ethical issues in public health seems to me to be really important and one which we have begun to consider in Rayner M, Scarborough P, Allender S. Values underlying

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the National Service Framework for coronary heart disease in England: a discourse analysis. *Journal of Health Services Research and Policy*, Volume 11, Number 2, April 2006, pp. 67-73(7). In that paper we sought to identify the values behind just one government policy document dealing with one aspect of public health. The paper was also intended to describe a method that might be useful in describing the values in other health policy documents.

The list of values that we found was as follows: effectiveness, efficiency, equity, universalism, autonomy and compassion. This seems to bear some similarities to others' lists e.g. that of Maxwell, 1992, New 1998, New 1999, Staley 2001 (references in our paper). It clearly doesn't bear much similarity to your list.

Whether one value should be considered more important than another surely depends on the precise situation in which you are seeking to uphold different value and cannot be decided in general e.g. it seems nonsense to suggest that in general autonomy is more important than say solidarity. Furthermore in most instances it seems likely that there will be a trade-off between values as discussed by various authors e.g. Calbresi G, Bobbit P *Tragic choices*, 1978.

- Can these principles be ordered in a hierarchy of importance?

So no

- 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.

As you can see from my answers I have real problems with this consultation paper because it does not propose any method for identifying the ethical issues arising

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when designing measures to improve public health (although I do concede that this might be difficult to do). Instead it raises a plethora of such issues in no particular order or with any discernable logic. Furthermore it does not adequately refer to the existing literature in this area. I look forward to the next report of the working party!