

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.

Mr Michael Parkes

**QUESTIONS ANSWERED:**

**Question 1 The definition of public health**

**ANSWER:**

I find this a satisfactory definition

**Question 2 Factors that influence public health**

**ANSWER:**

The factors feel a bit variable in the extent to which they might be understood. What does "environment", "social" and "economic" consist of? In the list above there is no explicit mention of work status, education, living and working conditions, food access etc. If the definition is to be useful to a wide audience then some means has to be found to be explicit about the large range of interrelated determinants rather than leaving people to imply what's in or out. In common with many in Public Health, I generally utilise the Dahlgren and Whitehead diagram as being a relatively simple means of representing and talking about this.

**Question 4 Control of infectious disease**

**ANSWER:**

This will always be a value judgement on each occasion. The guiding principle should be one balancing the human rights of the individual against the risk to others in the community. There will be instances where compulsion is justified, as it is in many other areas of health protection such as food safety, occupational health and safety and environmental protection. Intervention in other countries is appropriate where risk assessment and cost effectiveness work by all stakeholders indicates its legitimacy. Mandatory testing would also be legitimate where the risk to others exceeds the human rights of the individual. The burden of proof argument will be challenging however!

**Question 3 Prevention of infectious diseases through vaccination**

**ANSWER:**

Compulsion would be justifiable if the level of risk to others was sufficiently great. It feels unlikely that this would be the case generally. Effort should be concentrated on education and social responsibility. However, consideration should be given to the default position being that vaccination will take place and requiring an explicit opt out?

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### **Question 6 Smoking**

#### **ANSWER:**

a. Entrenched civil liberties and individual choice argument supported by the industry, tax and duty too good to give up? b. Company responsibilities are civil and criminal to the extent determined by the criminal law and civil cases. It is a societal view. c. The amount of duty paid by those using tobacco already exceeds the additional cost to the NHS and reduces the pension burden. It is difficult therefore to treat smokers differently on the basis of expenditure. Most people engaging in specific high risk activities take out insurance. d. The state does have the right but on a practical front one needs only look at the effect of "prohibition" in the USA. It should be vigorous in attempting to protect young people.

### **Question 7 Alcohol**

#### **ANSWER:**

a. Low level consumption is acceptable and may even be beneficial. Alcohol consumption is an acceptable norm but efforts need to be made to be realistic about what excessive consumption is and work on making this unacceptable.

### **Question 9 Ethical issues**

#### **ANSWER:**

For me, the harm principle and solidarity