

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.

Mrs Ann King

QUESTIONS ANSWERED:

Question 1 The definition of public health

ANSWER:

I think the definition is very broad and seems to imply that public health is an agreed consensual activity when in fact it is much more top down government dictated activity. It is more concerned with expert decisions carried out by organisations granted authority from the state.

Question 2 Factors that influence public health

ANSWER:

I feel that social and economic factors have the most influence on public health because without appropriate resources and political will public health quickly becomes invisible. Public health falls into two almost distinct camps, the individual realm were lifestyle, genetics and an individual's own resources and knowledge impact more significantly on them and their families versus the 'bigger picture' of sanitation, services and disease prevention, eradication and or control. When looking at populations as opposed to individuals social and economic factors are more significant.

Question 4 Control of infectious disease

ANSWER:

I believe there are circumstances where mandatory testing is required in situations where other individuals have no means of protecting themselves (in the case of serious illnesses that can be detected) because infection could occur in the normal activity of daily living with life threatening consequences. In such circumstances individuals' autonomy may be overridden. HIV is less straightforward as individuals' behaviour can protect them from becoming infected so that in most cases (not including assault and children) individuals can take responsibility to protect themselves. I think on balance mandatory testing should only occur in situations where likely outcomes threaten the community significantly and would have very detrimental consequences to individuals and to the society at large. I think facilities need to be readily available for individuals to seek diagnosis of diseases like TB and HIV and treatment then has to be given. Presumably the cost of treating earlier and thus preventing further disease would be cost effective in the longer term.

Question 3 Prevention of infectious diseases through vaccination

ANSWER:

I feel there can be significant repercussions for public health if children are seen to be vaccinated against a parent's wishes. It is likely to increase feelings of distrust, hostility and reduce working in partnership. A child's welfare has to always be central to any decision but the immunisation is just one aspect of caring for a child. Inforced immunisation could have very negative implications to the child parent relationship.

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Most parents are very concerned for their childrens welfare and do have reasons for not immunising which need to be understood and explored. I do not feel that compulsory immunisation would be constructive and I imagine it would be difficult to 'police'. I am mindful of who would patrol the system as it would undoubtedly take staff time away from other areas of public health. Do we deprive a child of an education by not allowing them into school because they are not immunised even when the risks remain relatively small of diminished herd immunity. In a hypothetical situation where a child's welfare/health was at significant risk if it were not immunised then parents' wishes should be overridden. I think it is very important that immunisations are achieved in a positive manner and that time, energy and resources be made available to help the more vulnerable section of a community to partake in the programme.

Question 5 Obesity

ANSWER:

As a health visitor I feel strongly that parents need to have information on how important nutrition is to their childrens welfare in all aspects of their lives. This needs to begin with ante-natal contact, to encourage breast feeding and its continuation, to support and educate parents with weaning and on the subject of toddler nutrition and eating behaviours. New parents often have little knowledge of nutrition or have misunderstandings about diet. Health care professionals could make significant impact on a population's health in both the immediate and long term if this area of practice was given the resources. Individuals are responsible for their dietary choices but we cannot as a society fail to give education and opportunity to learn about food, at the same time minimising facilities for exercise, providing poor food in institutions particularly school, allowing advertising for fat laden and high sugar foods to be directed at children. Disallowing some one treatment because they are obese is not acceptable anymore than it is to prevent other self induced injuries or diseases. However it is acceptable to delay non-urgent treatment if obesity increases the risk to the individual but with relevant support to reduce the obesity. There is a need to empower people to take responsibility for health choices and equally organisations and government to acknowledge they also have a responsibility to provide a suitable environment.

Question 6 Smoking

ANSWER:

My view is that the delayed response is a result of a powerful cigarette lobby and significant revenue for the government. I think it would be appropriate as it is acknowledged that smoking has very detrimental consequences to health and therefore health care resources that company profits should be taxed and provide funding for

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Question 7 Alcohol

ANSWER:

it may be due to the public's perception that cigarettes cause serious health problems but it may be less evident in alcohol use. Alcohol is socially acceptable and increasingly part of normal lifestyles. The serious issues resulting from alcohol misuse particularly violence are seen as removed from most people, there is not the direct causal link as in smoking- you smoke you get lung cancer (passive smoking is a relatively new dimension) Whilst violent individuals are seen as 'bad' primarily rather than an example of alcohol misuse. The reason for lagging behind smoking is lack of a public health awareness campaign the true extent of harm done is ignored or unknown about. Very little money is directed towards awareness and education compared with revenue gained from its sale. The government's response to alcohol misuse is reflected in lack of adequate provision for sufferers. Again one finds oneself in a grey and messy area between individual autonomy and government responsibility. It is further muddled by the economic implication of the alcohol industry re revenue, jobs -production, marketing and outlets. Ultimately I feel the government must take responsibility in providing legislation that gives the message that using alcohol irresponsibly has serious results-loss of licence, compounding car of drunk drivers, significant sentences for violent alcohol fueled crimes. Retailers do have a responsibility i.e. not to sell to underage persons, and this needs to be backed by fines that reflect the seriousness of doing it. There needs to be a change of public attitude and new intolerance of irresponsible use of alcohol.

Question 8 Supplementation of food and water

ANSWER:

If risks minimal of fluoridation but benefits not inconsiderable for children who may not have carers who look after their dental health I feel it is reasonable. It denies some people autonomy at the expense of those who at the time have limited autonomy. It therefore seems more just to fluoridate. I think it should be a decision of parliament and not a regional lottery. Presumably adults who feel very strongly could purchase bottled non-fluoridated water so arguably are still able to exercise choice (at some expense)

Question 9 Ethical issues

ANSWER:

I think one of the most important principles is that of Justice, that those less advantaged are benefitted in accordance with need and that this may occur at expense of 'better off'. With this in mind fair reciprocity and avoidance of harm would be incorporated. Protecting persons from harm must be paramount in public health particularly those who are unable to do so themselves. This at times needs to override autonomy. To allow a person's expression of autonomy to harm another is an injustice. Consent is an important concept but like autonomy may need to be overlooked, (every effort needs to be made to acquire it) for example in situations like fluoridation, correlating statistics disposal of harmful waste products. Which ethical

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principle takes precedent does vary in different scenario's an individuals autonomy and resultant harm they may do themselves should be respected in the case of obesity and smokers . Alcohol fuelled domestic violence is not a situation were autonomy is to be respected. For public health to be effective trust needs to be evident and this will be dependent on honesty and integrity of authorities. If a theory of Justice becomes a corner stone for health care provision then all the principles can be respected and included as the situation requires.