

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 Anne Wilks

4.5. Case Study Supplementation of food and water. Benefits and risks of water fluoridation.

The Emperor has no clothes.

The whole history of attempts to fluoridate drinking water ^{is} a large con. There is no substance in the claims made for fluoridation of the drinking water. It is simply one big confidence trick.

The fluorides added to water are not nutritious nor are they essential trace elements. They derive from the waste products of some industries.

Fluoride in its natural state is usually combined with calcium, and ~~some~~ calcium can be beneficial provided it is not too much and the need is there. The same cannot be said for the fluorides put into water.

No case has been made out that can be independently checked that fluoride helps to reduce dental caries, since the information is patient-confidential and not available for independent verification. Small differences in, for instance, defining caries can be totalled to give a false result one way or the other.

Statistics are notoriously inaccurate only too often, and sometimes the figures we need are simply not available. For instance, I am interested in the alleged benefits of seat belt wearing but the Department of Transport assures me that they do not have figures for the ~~damages~~ deaths caused by ~~the~~ seat belts themselves or by the fact that being held fast caused the damage.

With fluoridation we do have some reliable information, although on a small scale.

Dr. Hans Moolenburg, a GP in The Netherlands, found that some of his patients had many and varied unpleasant health symptoms, while others followed the more ~~normal~~ ^{normal} pattern. He was able to tie down the two types of patients to those who took fluoridated water and those who did not. Those treated with fluoride were ill much more than the others.

This shows an interesting ethical situation. The Netherlands fluoridated, apparently not being too concerned about the ethics of doing so, but when information came from Dr. Moolenburg that fluoride could be harmful, they looked at the ethical situation differently. The Dutch parliament stopped fluoride, ~~or~~ and declared it illegal. The reason they gave was the ethical one of individual choice, but it was clearly heavily influenced by Dr. Moolenburg's discoveries.

Therefore, the ethical ^{view} may be taken one way when people are assured that there is no damage, but, when damage is shown, the ethical view goes the other way.

I consider this a most interesting case study on the ethics of fluoridation.

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4.5. Contd. In this country the various organisations that were in favour of fluoridation did not appear to be interested in the ethical point of view, although there was one occasion when it showed briefly. In one of the Parliamentary committees on fluoridation, a long list of adverse effects of fluoridation were given by one MP to the Minister. The only one that made the Minister pause was the ethical issue, which he did admit concerned him slightly. He had dismissed all the other reasons without consideration. However, the Minister, having expressed his doubt, said that the general benefit prevailed over the ethical objections.

The trouble perhaps stems from how fluoridation was introduced into this country in the 1950's.

Six dentists were invited to visit the United States to be shown the benefits of fluoridation. Only six dentists went. There was no pathologist, no doctor, no water engineer, and no philosopher. So the dentists, who of course were shown the best side of fluoridation, were only concerned with the dental aspect, and the ethical, or other, aspects did not enter into the matter. Unfortunately, things were not much better when the dentists returned and gave their reports to the various sub-committees of the Department of Health. Their reports were accepted without any questioning about the ethical issue, and these reports still form the basis of decisions taken afterwards, even the more recent York Report, which took no new evidence but merely repeated what others had already decided, always with no input to the ethics.

My own view is that the ethics of fluoridation are all-important, since there is no nutritional value in the fluoride and the most that the proponents of it can claim is that it hardens the teeth of children to the age of twelve, and it claims can reduce by half the dental caries for that age only. All the rest is either wasted or harmful, according to where it goes. The ethical aspect is therefore all that matters, and that to me gives a firm answer against water fluoridation.

Questions on the supplementation of food and water.

There are several answers called for here.

The additives to flour, margarine and breakfast cereals can all be avoided if people do not want to take them; there is no element of compulsion here. Why has the fluoridation of water met with more resistance? Because one must drink water to live (and bathe in it which also puts fluoride into the system) so there is total compulsion there which is not present with the other additives.

However, another question needs to be put and is much more important. That question is: Why has the pressure to fluoridate our drinking (and bathing) water been pressed so hard and for so long, and is still being pressed even more ferociously?

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Questions (continued)

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The pressure to fluoridate began about 1960. The late Mr. Enoch Powell was Minister of Health then, and he said, when opening a health clinic in Hertfordshire: "If people will not take fluoride voluntarily they must be forced to do so."

All other parliaments since then have followed the same line, apparently with no regard to the cost of the campaigns or of the fluoridation itself, and of the diversion of scarce resources from the more obvious health needs. For instance, our East Kent Hospitals Trust is currently £35M in debt and, far from getting governmental help to deal with its problems, it is being forced to balance its books at the price of dismissal of many staff, half of whom are nursing staff.

The headline in today's Guardian front page is: "60% of NHS trusts admit care failings," followed by "Self-assessment reveals widespread inability to meet basic standards."

There is plenty of scope for governments to use their efforts to help there, on matters so important that sometimes lives are lost unnecessarily.

So, far and away, the question that most needs to be answered is: Why is this procedure for such a trivial matter being maintained, even today, after over 40 years?

The question is especially necessary since, of all our possible physical and mental health problems, the matter of teeth comes at the bottom of the list. Teeth are not essential and many people manage without them after middle age. In former times, when gum infections were more prevalent, it often happened that good teeth had to be taken out to deal with the infection.

My mother lost her whole set of good teeth when she was eighteen with gum infection, but she nevertheless lived a long and exceptionally healthy life to well into her eighties.

At that time a long-retired nurse, wrote in the local paper that she, too, had lost all her teeth at the age of nineteen, but, she said "At least I have my kidneys." and, who knows? it could well be that the long life, vigorously lived, was because her kidneys were saved from disease caused by the burden of excreting the poisonous fluoride?

Wilks, 15/7/06