

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.

NHS Health Scotland

We are grateful for the opportunity to comment on this interesting and helpful paper, and for the fact that it stimulated a very valuable workshop in our organisation that will no doubt lead to further deliberations and action.

From the discussions at the above workshop, involving a number of Board Members and staff, we wish to offer the following comments on the consultation paper, and we hope these will be found helpful.

General

1. We suggest that it would be valuable to have a public debate on the issues and principles identified in the paper.

The definition of public health (your question 1)

2. Confusion may arise from the fact that subsequent text (eg your question 2) uses the term 'public health' to mean 'the health of the public', rather than in accordance with the suggested definition in question 1. The health of the public is sometimes referred to in public health circles as 'the public's health' or 'the public health' to distinguish it from public health as a field of endeavour.

Ethical issues/principles (your question heading 9)

3. We do not consider it appropriate to set out a hierarchy of principles – different principles may have different degrees of prominence at different times, for different issues, and for different groups.
4. What we did find important in our workshop was to use the principles (and others we identified – please see 7. below) as reference points for shedding light on values implicit in our 'gut instinct' responses to an overarching 'big' question for each of the case studies, and then to consider the extent to which, having made explicit the principle(s) most reflected in our initial responses, we would wish to shift our standpoints.
5. We found it helpful to distinguish, as is done later in the report, between the principles concerning the way we behave to others (autonomy, solidarity, fair reciprocity, harm principle) and those related to negotiating public health policies or measures (consent and trust).
6. We also found it useful to consider potential caveats in relation to the principles described in the paper, and to identify motivations (such as enlightened self-interest, paternalism/'knowing' what is best for others and 'health imperialism') that may lie behind a 'mask' of, for example, solidarity.
7. We identified the following as possible additional principles:
 - utilitarianism/the 'common weal' (please see 8. overleaf)
 - beneficence (unconditional)
 - openness (important in relation to fostering trust and enabling informed consent).
8. We identified three differing perspectives on judging benefit where a utilitarianism or common weal standpoint is adopted:
 - health (often as narrowly defined)
 - wealth
 - happiness.