

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.

National Council of Women of Great Britain [NCW]

## 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 we do not agree with the definition. ‘Public Health’ is an umbrella term used to describe the health of the population of an area, region or country at a given time and is determined by statistical analysis. It also describes an area of responsibility for governments locally, nationally and world wide. The definition above assumes that the individuals that make up society have an agreed role to act collectively for the good of the whole – this is too simplistic and unrealistic.*

### 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?

*NCW agrees that the factors mentioned are important and influence public health. Education should be added to this list. However, NCW believes it is the interaction between these factors and the individuals, families and groups as well as the combination of all these factors rather than the interaction between these factors.*

### 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?

*NCW acknowledges that there have been considerable benefits from vaccination but is also aware that trust in the medical service – eroded by the MMR controversy – is a major factor. For a very small number of lethal diseases compulsory vaccination, always with possible exemptions, may be acceptable. However, the current multi-disease vaccinations of young babies coupled with statements that there is still much to learn about the immune systems of babies, has created a feeling of unease towards the independence and wisdom of the government in some medical dictums.*

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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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- 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?

*Although the percentage of bad reactions to vaccination is small, while that remains parents should have the right to refuse having had the consequences, both to their family and to herd immunity, of their action explained. An alternative system, if available, could be charged for if the cost to the NHS is too great.*

#### 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?

*Isolation and quarantine should not be ruled out, and in certain circumstances should be a condition of travel. What actions are to be taken should be negotiated globally through bodies such as the WHO. Protection of the many must take priority over the inconvenience of the few.*

- 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?

*Again, it is the WHO which should determine what could be effectively done by countries not affected for those that are. [A member of NCW who visited Thailand shortly after the world was alerted to bird-flu, found that most of the Thais she met were unaware of the problem. Help has to get through to where it is needed and can be effective.]*

- 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?

*Airliners are well known for spreading lesser illnesses. The improvement of airline disinfection techniques should be a priority. If cost and environmental considerations are causing the airlines to ignore some available systems, they must be made compulsory.*

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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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- Under which circumstances, if any, would mandatory testing for highly infectious and life-threatening diseases such as tuberculosis or HIV/AIDS be justified?

*For those intending to take up permanent residence in the UK and coming from areas of high incidence of these diseases, there should be mandatory testing before departure.*

## 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?

*Any strategy must be clearly explained and shown to benefit the health and prospects of individuals and the community – not as bureaucratic interference.*

- 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?

*The case studies indicate the immensity of the problem; indeed it is only too visible. However the definition of obesity based on the BMI should be supported by other tests if treatment is to be withheld. [The provision of IVF being a current example] Treatment should be conditional on a strict dieting regime. Does anyone really want to be obese? It must be recognised and accepted that some conditions do not respond to dieting. Generalisation could lead to unfair treatment.*

- 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?

*All these people/groups bear some responsibility for causing and, it is hoped, tackling childhood obesity. Parents and schools must ensure children know what they should eat for good health, they should provide healthy food, insist the children eat healthy diets, prevent constant overeating, and ensure they take adequate physical exercise - education, adequate 'good' food and plenty of physical activity. The government should ensure accurate information about healthy eating is available and distributed; sufficient funds for 'healthy' school meals; the teaching of cooking and nutrition; food safety and adequate sporting facilities and time in the school routine for physical activities. The food industry, including school-food providers must take responsibility for making available safe, healthy food at an affordable cost. For parents, schools, the government and the food industry not to live up to their responsibilities could be construed as a failure to uphold children's rights.*

- 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 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?

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*Yes, with certain provisos and the opportunity for exemption on medical grounds. See above.*

## 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?

*In our view, the income from the sale of cigarettes may have influenced the delay of action being taken by governments. It is more recently that the enormous cost of treating the illnesses and problems caused by smoking has been identified. The power of big business to influence government action is a constant concern.*

- 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?

*If companies are legally entitled to sell their products and the buyers are aware of the dangers to their health that may result, the companies cannot be expected to take responsibility for the illnesses they may cause. It would be hard to believe that any smoker was not aware of its possible adverse effects although the likelihood of addiction is often dismissed until too late.*

- 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?

*No, smokers should not be entitled to higher than average resources from the public healthcare system, but it could be argued that they are already giving increased contributions with the heavy taxation on the products they buy and from the companies that supply the products. However, there are still people who have smoked since before the extent of the harmful effects were fully realised. These people should have the same rights as a non-smoker for hospital treatment. Younger patients could be treated for smoking related problems initially, but warned that further treatment would be withheld if they didn't stop smoking. There seems to be little similarity between smoking constantly over many years which has a high possibility/probability of damaging one's health and engaging in adventure sports.. Comparable figures as to the numbers involved and the resulting NHS and other costs would be interesting.*

*It is difficult to understand why the young start smoking. The media could help to reduce the numbers by their portrayal of smokers as lacking sophistication and developing the illnesses that may result.*

- 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

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dangerous? How vigorously is it reasonable for the state to act to prevent children and teenagers from smoking?

*The Government is able to ban other drugs so why not nicotine? It already bans the sale of cigarettes to people under a certain age. The Government could ban smoking, the question really is should it?*

## 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?

*Alcohol differs from smoking. It has long been considered a social lubricant and moderate drinking has, on occasions, been recommended for health reasons. However the position today, particularly linked to young women and their view as to what represents 'a good night out,' is unacceptable. The lack of action and effective campaigning one can only assume is linked to economic issues. The enormous cost to the NHS, the Police, etc and hence the tax payer is now acknowledged. Action may follow.*

- 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?

*It is regretted that producers have increased the alcohol content of many drinks and caterers use larger glasses. These changes lead to increased consumption without the consumer realising it; one 'glass' may now have twice the alcohol content. That increasing numbers of retailers are being prosecuted for selling to the underage is a welcomed step forward. However, the greatest improvement may be from increased police action and prosecutions in response to the unacceptable violence, vomiting and lewd scenes increasingly evident in our city centres.*

## 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?

*NCW has long campaigned for the fortification of flour with folic acid. This is not universally accepted due initially to possible potential harm to some groups. Fortunately opinions are changing. Decisions must be taken based on sound science and an assessment of harm versus benefit. Additions or supplements, words more easily understood by the public than 'fortification', to a particular food do not remove choice from the consumer; there are other similar products available without the particular supplement. In the case of fluoridation of water the consumer is left with no alternative easily and freely available. Some people buy all the water they consume in bottles but that is not a viable alternative for many. There are other ways to protecting children's teeth than the fluoridation of water. Acceptance of supplements to water would be determined by necessity – the only choice - and of major*

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. *importance to all health aspect and to the vast majority of the population. It is surprising that food and water are considered as put in the same category.*

- 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?

*The only democratic instrument to justify additions of chemicals to water would be the will of all the people. The public is aware of its differences due to everyone having individual DNA; what is good for one may not be good for another. Trust in government action is low; its reputation is of spin and manipulation of the facts rather than wisdom and honesty. Compulsory addition of supplements to the general water supply without the agreement of the population is a frightening thought. It must always be remembered that science is not static but moves on; doubt can arise about the efficacy of a treatment.*

- 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?

*Adults must always make decisions for young children and parents are usually the best people to make these choices; age brings knowledge, experience and wisdom. There may be circumstances where it is acceptable to restrict the choice of a few individuals to protect the health of some children but the majority of parents bring their children up to be responsible, healthy, law-abiding citizens. It could be argued that the increase in bad behaviour is due to government interference, the nanny state, resulting in the erosion of some of its former controlling values – self-discipline, self and parental responsibility and general respect. Taking responsibility away from parents by law is not the answer, perhaps giving more back to the parents would be.*

## **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?

*For some reason there seems to be little stress in this paper on the need for education. Although it may not be seen as a principle, without it terms, including the ones above which are explained in the consultation but not defined, cannot be understood. Education is also of vital importance to learning about right and wrong – surely the basis of ethics.*

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

*Trust is of vital importance and once eroded, difficult to regain. However prioritisation does not seem to improve the understanding of the issues. Every case study will require particular consideration.*

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- 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 long-term welfare of their children is the main principle. This will of course include considerations such as herd immunity. Trust of the government and in the information provided by it and by scientists will be a major influence in their decision.*

### **Additional comments:**

#### 1. Responsibilities of Government

- *Decisions must be taken on scientific knowledge dependent on good independent research. In many instances collection of data is inadequate particularly in the field of children's health and the immune system of babies.*
- *Direction and positive planning; the provision of sound information and initiation of health campaigns.*
- *Provision of adequate funding for their initiatives and responsibilities including school meals and anti-drug campaigns.*
- *Removal of party political considerations from public health issues.*

#### 2. Responsibilities for Individuals.

- *The success of any health campaign depends on their reactions. They need adequate information to make judgements.*
- *Social responsibility is a difficult concept. Ideas about action and reaction should be fundamental to our education programme. If we live in a caring society we cannot ignore, or refuse to treat, those who have succumbed to the use of harmful substances.*
- *Society must regain its values of respect, self-discipline and self-responsibility.*

#### 3. Responsibility of Industry.

- *Food producers: Profit sometimes appears to be more important to them than health; this is not acceptable.*
- *Advertising Companies: Advertisements play a role in promoting what is regarded as a 'cool' lifestyle and putting subtle pressure on the young as to what they need to do to be like the celebrities.*
- *Media: Publication of, or leaked information about, food scares have led to a lack of trust in Government.*

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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.