

Response to the Mayor of London's draft London food strategy

July 2018

Introduction

1. The [Nuffield Council on Bioethics](#) is an independent organisation that examines and reports on ethical issues arising from developments in biological and medical research that concern the public interest.
2. The Council's response to the Mayor of London's draft London food strategy draws on the conclusions and recommendations of our report [Public health: ethical issues](#), published in 2007, which considers the ethical and social issues that arise when designing measures to improve public health. Our response focuses on the general principles that we believe should underpin any public health policy, including policy that addresses obesity.

Background

3. Our report takes the position that the state has a duty to provide conditions that allow people to lead a healthy life. Everyone should have a fair opportunity to lead a healthy life, and therefore governments should try to remove inequalities that affect disadvantaged groups or individuals. To support this position, our report proposes a 'stewardship model' that outlines the ethical principles that should be considered by public health policy-makers and sets out a series of public health goals (see **Appendix 1** below for a summary of the stewardship model). The report also presents an 'intervention ladder' (see **Appendix 2** below, and Box 3.2 in the report) as a useful way of thinking about the acceptability and justification of different public health policies. Interventions that are higher up the ladder are more intrusive and therefore require a stronger justification.

Response

4. Under 'what the Mayor will do to deliver change', the draft strategy states:
"As part of his commitment to help tackle child obesity, consult industry and other stakeholders on a ban on advertising of food and drink that is not healthy across the TfL estate (including 'brand only' advertising)."
5. We support the Mayor's commitment to consult industry and other stakeholders on a ban on advertising food and drink that is not healthy across the TfL estate.

6. Under the stewardship model, we recognise that children may potentially be particularly vulnerable, and hence require greater protection. Our report highlights evidence that shows that children's early diet has a long-term impact on health, and observes that children may be particularly susceptible to external influences, including marketing by the food and drink industry.
7. We therefore suggest that industry has a corporate social responsibility to ensure that it makes provisions for the protection of children in this context. If the industry fails to adequately regulate itself, the state is ethically justified to intervene: for example, by regulating the advertising and marketing of unhealthy foods and drinks to children. More broadly, industry has an ethical duty to help *all* individuals make healthier choices.
8. We further suggest that, given the potential vulnerability of children, it would be desirable not to advertise foods high in fat, salt and sugar to children by any medium, including on the internet.
9. We also welcome the following pledges from the Mayor on how he will support change:
 - "Support collaborative pilots at a local authority level with major retailers, manufacturers, the NHS, Public Health England, local partners and local government to promote healthy products across major retailers and achieve a lasting switch from unhealthy foods to healthier alternatives."
 - "Promote the role that food can play in making streets healthy places, where people are surrounded by more healthy food and good food businesses and are not bombarded by marketing and promotion of unhealthy food."

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Appendix 1: The stewardship model

Acceptable public health goals include:

- reducing the risks of ill health that result from other people's actions, such as drink-driving and smoking in public places
- reducing causes of ill health relating to environmental conditions, for instance provision of clean drinking water and setting housing standards
- protecting and promoting the health of children and other vulnerable people
- helping people to overcome addictions that are harmful to health or helping them to avoid unhealthy behaviours
- ensuring that it is easy for people to lead a healthy life, for example by providing convenient and safe opportunities for exercise
- ensuring that people have appropriate access to medical services
- reducing unfair health inequalities

At the same time, public health programmes should:

- not attempt to coerce adults to lead healthy lives
- minimise the use of measures that are implemented without consulting people (either individually or using democratic procedures)
- minimise measures that are very intrusive or conflict with important aspects of personal life, such as privacy

Appendix 2: The intervention ladder

Eliminate choice: regulation in such a way as to entirely eliminate choice, for example through compulsory isolation of patients with infectious diseases.
Restrict choice: regulation in such a way as to restrict the options available to people with the aim of protecting them, for example removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.
Guide choice through disincentives: fiscal and other disincentives can be put in place to influence people not to pursue certain activities, for example through taxes on cigarettes, or by discouraging the use of cars in inner cities through charging schemes or limitations of parking spaces.
Guide choices through incentives: regulations can be offered that guide choices by fiscal and other incentives, for example offering tax-breaks for the purchase of bicycles that are used as a means of travelling to work.
Guide choices through changing the default policy: for example, in a restaurant, instead of providing chips as a standard side dish (with healthier options available), menus could be changed to provide a more healthy option as standard (with chips as an option available).
Enable choice: enable individuals to change their behaviours, for example by offering participation in an NHS 'stop smoking' programme, building cycle lanes, or providing free fruit in schools.
Provide information: inform and educate the public, for example as part of campaigns to encourage people to walk more or eat five portions of fruit and vegetables per day.
Do nothing or simply monitor the current situation