



## Summary of report

# Public health: ethical issues

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This report considers the responsibilities of governments, individuals and others in promoting the health of the population. We conclude that the state has a duty to help everyone lead a healthy life and reduce inequalities in health. Our 'stewardship model' sets out guiding principles for making decisions about public health policies. An 'intervention ladder' provides a way of thinking about the acceptability of different public health measures (see reverse). Our recommendations include:

### Alcohol consumption

- The Government should implement tougher measures to tackle excessive alcohol consumption, such as increasing tax on alcohol and restricting hours of sale.
- Producers, advertisers and sellers of alcohol should take more responsibility for preventing harm to health. They should not understate the risks, or exploit the desirability of drinking, especially to young people.

### Obesity

- The food industry should adopt the food labelling scheme that is most effective in helping people make healthy choices. Where industry fails to do this, there is an ethical justification for introducing legislation.
- Stronger regulation of advertising food to children should be considered
- Town planners and architects should be trained to encourage people to be physically active through the design of buildings and public spaces.
- People should not be denied NHS treatment simply on the basis of their obesity. However, encouraging them to change their behaviour could be justified.

### Smoking

- There may be exceptional cases where children would be at such a high risk of harm from passive smoking in the home that intervention might be ethically acceptable.
- Policies on selling and advertising tobacco that provide the greatest protection to consumers should be adopted by tobacco companies worldwide.

### Infectious disease

- Introducing more stringent policies for childhood vaccination (for example, penalties for those who do not comply) would not be justified at present in the UK.
- The Government should seek to improve the capacities of developing countries to effectively monitor infectious diseases.

### Fluoridation of water for dental health

- There is a lack of good-quality evidence on the potential benefits and harms of adding fluoride to the water supply. There is a need for better and more-balanced information for the public and policy makers.
- The most appropriate way of deciding whether fluoride should be added to water supplies is through democratic decision-making procedures at the local and regional level.



## The Stewardship Model

We propose a 'stewardship model' that outlines the appropriate goals and constraints of public health measures. Acceptable public health goals include:

- reducing the risks of ill health that people are exposed to as a result of other people's actions or behaviours, for example reducing drink-driving and passive smoking;
- reducing causes of ill health relating to environmental conditions, such as drinking water safety and housing standards;
- protecting and promoting of the health of children and other vulnerable people;
- helping people to overcome addictions and other 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; and
- reducing unfair health inequalities.

At the same time, public health programmes should:

- not attempt to coerce adults to lead healthy lives;
- minimise interventions that are introduced without individual consent of those affected, or without procedural justice arrangements (such as democratic decision-making procedures) which provide adequate mandate;
- seek to minimise interventions that are perceived as unduly intrusive and in conflict with important personal values.

## The Intervention Ladder

We propose the 'intervention ladder' as a useful way of thinking about the acceptability and justification of different public health policies. The ladder of possible government actions is as follows:

*Eliminate choice.* Regulate in such a way as to entirely eliminate choice, for example through compulsory isolation of patients with infectious diseases.

*Restrict choice.* Regulate 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.*

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