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P.R. Myles

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"[1])? If not, please explain why. What alternative definition would you propose?

Yes

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? *Yes*

If so, do you think some are more important than others?

Yes, in decreasing order of importance:: preventative and curative services > environment > social and economic factors > lifestyle > genetic background

Are there other factors we should include? *No*

If so, what are they? *N/A*

3. Prevention of infectious diseases through vaccination

- Some countries[2] have a compulsory rather than voluntary system of vaccination. On what basis can such policies be justified to achieve herd immunity?

Public Health could be viewed as a 'public good' that is greater than the sum of 'individual goods'. Individual autonomy is clearly important but to justify its precedence over other moral values such as obligations to contribute to societal good is difficult. Policy makers have a duty to consider the wider societal good even though there may be some individual costs involved. Public Health professionals and policy makers in turn should base their decisions on the best available evidence. This decision-making process should be explicit and open to the public for consultation.

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1 (Institute of Medicine (1988) *The Future of the Public Health* (Washington, USA: The National Academies Press).

2 Countries with mandatory vaccination policies include the USA and France. In these countries children must have received certain vaccines before they can start school.

Should they be introduced in the UK?

Compulsory vaccination should not be introduced. Instead along with professional advice, we should provide balanced information on the potential harms and benefits, both at a societal level and an individual level and appeal to an individuals' sense of solidarity with the society they live in.

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?

Theoretically yes, if the parents do not appear to be acting in the child's best interests whether consciously or subconsciously (when other factors such as traditional or political affiliations, personal biases seem to be taking precedence over the child's best interest). In practice this can be difficult to assess and the onus of deciding against the parent's wishes should not be placed on an individual clinician. There should still be an attempt to find out why the parents are against vaccination and address their concerns. If necessary, parents should be given an option to speak to another health professional or a health protection expert. Only if the clinician thinks there may be a child protection issue such as abuse or neglect, the case should be referred to social services so that the state can be made a guardian. It is only in such extreme circumstances that vaccinations could be carried out against the parents' wishes.

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 an individual is putting other people at risk of infection by refusing quarantine the autonomy argument would be invalid as they would be infringing the civil liberties of so many others. There should however be evidence or expert consensus that the quarantine will effectively limit spread of the disease.

If you think such measures cannot be justified, what are the principal reasons?

N/A

- 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?

Suitable criteria would depend on our perspective of where we are situated in relation to other countries. If we view ourselves as part of a global nation state that upholds the principles of equity and justice, then it is our moral obligation to provide resources to other countries where:

a) *These countries do not have the capacity (financial means, infrastructure or expertise)*

b) *The disease is a significant public health threat in that country ('significance' could be defined by prevalence/incidence figures or in terms of serious health consequences)*

c) *This will not be at the cost of our own citizens' welfare*

If however, we view ourselves primarily as a nation state part of an increasingly connected world, with the concerns of our own citizens seen as the only worthwhile aim, we could have criteria such as:

a) *Could the named disease epidemic be a potential threat to our country if it is not controlled sooner*

b) *Is it unlikely for the other country to develop effective outbreak control measures without us intervening*

c) *Is the disease a significant public health threat globally*

d) *Our involvement will not be at the cost of our own citizens' welfare*

I would be more inclined to adopt a 'global nation state' perspective while acknowledging our actions should not have significant costs for our own citizens. Any decisions as to the extent of resources provided when public monies are involved should be made in consultation with the public. Sharing of expertise and knowledge would be ethically justifiable with minimal costs to our own society. At present technology transfers may be restricted because of the existing intellectual property agreements- this definitely needs to be reviewed as knowledge should not be restricted.

- 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.[3] Are new measures needed to monitor and control the spread of infectious diseases? If so, what would be promising strategies?

Global surveillance strategies should be strengthened. Routine screening of immigrants from high prevalence areas for TB is anyway being carried out at entry ports. This is questionable in terms of effectiveness though as latent disease cases can still be missed. If surveillance identifies potential epidemic threats screening at departure points may miss cases during incubation periods and depending on the severity of the disease threat it may be justifiable to restrict movements from and to certain countries.

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[3] 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, 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 certain groups such as health professionals mandatory testing would be justified as they are potentially putting vulnerable populations at risk. On a population basis, there are explicit criteria on which decisions to screen are taken and these should be applied- especially keeping in mind that those people who test positive should be assured of follow-up treatment. Applying screening criteria mandatory testing for TB or HIV/AIDS would not be justifiable.

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?

The emphasis has to be on highlighting obesity as a risk factor for medical conditions. Introducing the idea of food alternatives that are satisfying but healthy would change the experience of 'loss'. The message has to go beyond 'Obesity is bad' as it can be misconstrued as a disguised moral judgement. It has to be promoted as a risk factor that is modifiable.

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?

Even in the absence of evidence on the scale and extent of obesity, there is good evidence on the benefits of healthy eating and physical activity. The focus should be on promoting healthy eating and physical activity for everyone rather than on 'obesity' alone.

- 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?

As a society we are responsible for protecting children's best interests. Parents and schools should be responsible for promoting healthy eating habits and physical activity in children. School-food providers should provide healthy food choices to children; the food industry should price healthy options more competitively and provide clear labelling and the government should lead in establishing standards and as a regulator for school-food providers and the food industry.

- 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)?

No, because we do not discriminate against other lifestyle related health problems e.g. a smoker developing lung cancer or a skier who has fractured their leg. However, where there is evidence that obesity makes a treatment/procedure less

effective, as in IVF, it would be justifiable to have weight loss to acceptable limits as a precondition for treatment.

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? *N/A*

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?

Concerns that the state is being too paternalistic (nanny state) and arguments based on individual autonomy.

- Are there any lessons that can be learned from other countries, or from strategies pursued in other areas of public health?

- What are the responsibilities of companies that make or sell products containing hazardous substances, such as nicotine, that can be addictive?

They have a responsibility not to target children and young people as potential consumer groups; to support an informed choice by adult consumers and not underplay the risks; to not misrepresent the evidence on passive smoking and potential harms in pregnancy.

- Should they be prosecuted for damaging public health or required to contribute to costs for treatments?

If evidence on the impact of smoking on health is misrepresented through media, sponsorships, subsidiary agencies; or for advocating biased evidence in favour of smoking that could mislead the public, then yes, they should be prosecuted for damaging public health.

The problem with requiring companies to contribute to treatment costs would be that these costs would ultimately borne by consumers (higher sales tax). Because these are addictive substances, buying such products is not driven by rational choice so it would not be justified to blame consumers. Secondly, sales tax tends to be regressive and as smoking is more prevalent in lower socio-economic groups it would not be justifiable.

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, because similar charges would not be justifiable for other groups (as stated in question) and it would be discriminatory. Since tobacco is addictive the fair reciprocity argument may not count either.

- Smokers argue that they choose to smoke. What rights does the state have to impose sanctions to prevent them from smoking?

Banning smoking in public places is justified as it put others at risk from passive smoking and state action is motivated by societal good. Banning smoking in homes would be a more contentious issue- as long as other adult household members have no objections to smoking in the house the state would not be justified to intervene. In case of children in the smoker's household should the state intervene and ban smoking in presence of children? The state may not be justified in using coercion within a person's house but it would be justified in advocating on behalf of children's best interests and appealing to parents to not smoke in their houses in the presence of their children. To ban smoking all together to prevent individuals from harming themselves would definitely infringe on autonomy though in the case of addictive substances 'autonomy' may have already been compromised. The consequences of a total ban may make it impossible for smokers who relapse into their habit, to come forward for help and have a long term negative impact on public health which would not be justified. It may therefore be greater justification in providing information and support to smokers to help them quit.

Does the state have the right to prevent the sale of tobacco, which is known to be addictive and highly dangerous?

The state may be justified to prevent the sale of tobacco on the grounds of being highly addictive. The consequences of this action however may result in illegal imports and have a negative impact on public health in the long term that would not be justified.

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

In the case of children teenagers the state would be justified in adopting a more paternalistic stance in preventing underage sales and initiation of the smoking habit. This justification would be on the basis of protecting the best interests of a vulnerable group.

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 has a much larger role in the culture and is an integral part of social life for most people. It is possible to consume alcohol for pleasure in moderation. There are no obvious direct harms caused to others as in passive smoking

(indirect harms to others can be significant and include drunken violence, drunk driving, drink-related abuse in relationships). These factors make it more difficult to counter the autonomy argument or defend paternalistic state intervention on grounds of 'significant harm to others'. Any policy coming close on the heels of the smoking ban (when people still haven't had much time to adapt to the new smoking policy) could be seen as the inevitable descent down the slippery slope of infringement of civil liberties. The possible consequences of a policy when people are not ready for it may have a negative impact on public health interventions and policy in the long term.

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?

Producers should include health warnings on labels and advertisements should promote responsible drinking. Retailers have a responsibility to stop underage sales of alcohol.

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?

Media coverage on potential disbenefits such as dental and skeletal fluorosis, conflicting views on effectiveness, the cautious conclusions of the york review on water fluoridation and lack of trust in the government and 'experts'. Ethical objections would include the autonomy argument. As the well publicised York review concluded that the quality of evidence was moderate regarding benefits and there was insufficient evidence on the potential harms, it is difficult to counter the autonomy argument using arguments of beneficence or non-maleficence.

- What are the reasons behind international differences in the acceptance of fluoridation of water?

Where a clear consensus exists amongst experts about the benefits that outweigh possible harms, public trust is reinforced in both the 'experts' and policy makers.

What criteria are there that determine acceptance?

- *Trust in experts and policy makers*
- *Significant societal benefit at low societal and individual costs (harms)*

Probably one of the biggest issues in the fluoridation debate has been the loss of trust in experts and policy makers following perceptions (perpetuated by the anti-fluoridation lobby groups) that the British Dental and Medical Associations framed

the York Review results to emphasise the positives and suppress the potential harms.

- 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?

In the case of fluoridation where there is possibly still a degree of mistrust on the issue, a public consultation would be justified. A referendum may not be justified as public health could be considered a 'public good' that is greater than the sum total of 'individual goods' (therefore decisions should not be dependent on individual votes which could be influenced by individual concerns).

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?

In the issue of fluoridation where there is still a possibility of public mistrust, parents would be justified in opposing fluoridation by their motivation to act in the best interests of their children. In absence of clear expert recommendations based on evidence the state would not be justified in adopting a paternalistic role. Only in circumstances of public trust and clear evidence, would the state be justified in restricting individual choice to protect the health of children.

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)? *Yes*

- If so, which one and why?

The harm principle

Are there any other important principles that need to be considered? *Justice (non-discrimination), Public Good, Beneficence, Non-maleficence*

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

- 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?

For infectious diseases: trust > autonomy > consent > harm principle > fair reciprocity

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For food/water supplementation: trust > solidarity > consent > autonomy > harm principle

For smoking: harm principle > solidarity > fair reciprocity > trust > consent > autonomy

For obesity: trust > autonomy > consent > harm principle > fair reciprocity

- In cases such as vaccinations or fluoridation parents decide on behalf of their children. Which ideas or principles should guide parents in their decisions?

Trust in the state and experts, solidarity with society, harm principle (e.g. maintaining herd immunity to prevent harm to those who are too young or cannot have vaccinations), and best interests of their children. Autonomy would not play a role as the child anyway does not have autonomy.