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Prof Onora O'Neill

**QUESTIONS ANSWERED:**

**Question 1 The definition of public health**

**ANSWER:**
The definition is too capacious. It covers more or less all government and much economic action. A stable currency may be indirectly needed for public health but is not a public health measure. I think a somewhat narrower definition would be helpful.

**Question 2 Factors that influence public health**

**ANSWER:**
This is likely to be true because the proposed 'factors' cover everything. I am trying to think of a factor that is none of the above and cannot. But the problem is not that I cannot think of other factors, but that there can be none because the list is drawn to cover everything. The question is no more useful than the question: 'do you agree that every material object is either living or not living?' For this reason I would hesitate to call this a list of 'factors'. Factors are types of cause, but this list is not a list of types of cause.

**Question 4 Control of infectious disease**

**ANSWER:**
This is a crucial question. Probably need reserve powers to stop air travel/or require quarantine before travel in order to slow speed of transfer. Mandatory testing for high risk infections/notifiable diseases is not unacceptable: there is no right to harm others by refusing diagnosis and treatment and passing a disease on. We can see that the law already provides a remedy against those who knowingly pass on HIV/AIDs to others who are not aware of their status. However where there is low risk of transmission there might be no case for mandatory tests (here the harm is to self and not to others), and where a test has been done and treatment undertaken control of transmission may be a matter for clinical judgement.

**Question 3 Prevention of infectious diseases through vaccination**

**ANSWER:**
Complusory vaccination can be justified by setting out the reasons why free riding is unfair. Most of the refusers would have thier children vaccinated if they lived in an unprotected population and the risks were higher. The US policy of insisting on vaccination as a condition of school entry-- a context where herd immunity matters for all-- seems reasonable. In the UK where education is compulsory by school education is not (contrast US) those who were conscientious objectors would be able to use home education, and rely on isolation of their children as protection-- rather than free riding.

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**Question 5 Obesity**

**ANSWER:**
Take healthy eating more seriously, more systematically; focus less on elite sport and more on routine exercise; limit and label the amount of sugar and salt in basic foods (bread, baked beans, convenience foods) with gradual but large decreases. Ditto for excess fat in such foods. Entirely reasonable to postpone non urgent treatment while weight is lost, and offer support for weight loss. But it should be clear that the treatment will be given when weight is lost. Ditto for postponing non urgent treatment of smokers. Too many questions for a full answer.

**Question 6 Smoking**

**ANSWER:**
A long story. On the whole I favour the use of education, heavy taxation, prohibition in public places. This is a legacy problem and the money spent on seeking compensation might be better spent on prevention work. Requirements to stop smoking (with support) as a condition of receiving certain sorts of medical treatment --including IVF--seems reasonable.

**Question 7 Alcohol**

**ANSWER:**
Again a long story. Since alcohol consumption is mostly a social activity I would favour social measures--conditions on licenses (possible now under the new legislaion which gives the authorities much more discretion-- but are they using it?. Use of taxation to favour low alcohol drinks in a more marked way.

**Question 8 Supplementation of food and water**

**ANSWER:**
It is not a 'constraint of choice' to add supplements, for two reasons. First, potable tap water is a public good so cannot be varied to suit individual choice. Second, those who do not like the standard of water provided have an option. If you add fluoride where the water lacks it, then anti fluoride indivuals can still buy low fluoride drinking water, and if you don't then the pro fluoride individuals can still buy fluoride pills. Adding fluoride does not restrict choice any more or any less than the failure to remove fluoride where it occurs naturally does The obligation of water companies is to provide water treated to a standard that is judged healthy. So where fluroide in the water is too low, to add fluoride, and where it is high not to do so. It is correct to think that choices about public goods have to made collectively, although dubious whether any one method is best. Referenda on this issue might be needed because of a legacy problem from campaigns against what some think 'unnatural'-- although it is 'natural' over the hill! However there is no right to contribute to other people's children having poor teeth...

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**Question 9 Ethical issues**

**ANSWER:**
I would be too lengthy here. I will just say that I doubt very much that it is reasonable to ask which of these basic principles is more important. Opinions will differ: they are all basic! The practical point is to find ways of acting that meet all of these principles where possible, and to be clear about why specific moves are made where not all of these principles can be simultaneously honoured. [I have done some papers on practical judgement which set some of these issues out, e.g. for the area of bioethics: Onora O'Neill, 'Practical Principles and Practical Judgement', Hastings Center Report, 31, 2001, 15-23.]