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Professor Paul Wainwright

QUESTIONS ANSWERED:

Question 1 The definition of public health

ANSWER:
Seems broad enough to include the wide range of activities that comprise public health. However it would be helpful to define what is meant by 'public' and 'health' separately and then what would be meant by the health of the public – is "public" seen as the collective or as all of the individuals? Perhaps some consideration of the views of Aristotle that "the state reflects the well being of the people and the people become a mirror of the state's well being", or Cicero's views on the duty of Government to protect the well being of the people might provide an interesting context. Well being would be an interesting concept to explore rather than a perhaps narrower notion of health.

Question 2 Factors that influence public health

ANSWER:
Agree with these factors. However we would also want to include education and social services and other factors that contribute more broadly to well being. Inequality would be an important addition.

Question 4 Control of infectious disease

ANSWER:
Measures to control specific diseases e.g. forced quarantine – Such measures would only be justified in very extreme circumstances, for example, if a disease was life-threatening and highly contagious, with a real and serious risk of epidemic or pandemic. Provision of resources to develop methods of preventing outbreaks of serious diseases on other countries – criteria should include seriousness of the disease and impact of, interventions on public health. As in the UK participants should be able to make informed choices unless there are exceptional circumstances that would justify compulsory interventions. Developed nations have an obligation to contribute to the promotion of health in developing nations approaching health globally and thinking in terms of global ethics. Travel restrictions – It does not seem that new measures are necessary at present. However, should there be an outbreak of a life-threatening disease (to humans and animals) then testing on arrival may prove necessary. The example of 'foot and mouth' disease suggests that measures such as restricting the carriage of produce and disinfectant in arrival and departure areas can be justified IF it can be demonstrated that such measures are effective in reducing disease.

Question 3 Prevention of infectious diseases through vaccination

ANSWER:
Policies to achieve herd immunity – If herd immunity is maintained with a voluntary system then this is preferable to a compulsory system. If not, then system would

need to be reviewed following public debate. Encouraging people by argument and evidence to have vaccination should be the aspiration of health professionals. Overriding parents' wishes – Again preference would be to respect informed parental decisions. If herd immunity compromised and disease is life-threatening then an argument in favour of the public good could be presented.

Question 5 Obesity

ANSWER:
Sensitivity and food – Focusing on healthy and active living rather than solely on weight reduction would appear to be more constructive. This is also a wider issue and involves the commitment of institutions (schools, workplaces and food producers/retailers) and political will to address social and economic inequalities. This is probably an area where wider consideration of the "well being of the state" enters into the equation. The power of vested interests, such as the supermarkets, the food manufacturers and fast food chains, attitudes to advertising, the provision of school catering etc. all reflect political will. Measures re obesity – In addition to political and policy changes nationally re quality and cost of food available it would seem that local initiatives may reap more benefits e.g. collaborative initiatives involving all stakeholders to bring about local changes. All stakeholders have responsibilities in this area No – criteria should be health-related. Should risk be increased significantly due to individual's obesity or another factor then this would need to be addressed. The claim that obesity, and some other conditions, are 'under the control of individuals' is contentious. Decisions to provide or not provide health interventions should be based on health criteria with health professionals not engaging in 'victim blaming'. What this suggests is that more 'upstream work' is necessary to prevent obesity and to provide interventions that reduce obesity rather than penalising those who are already obese.

Question 6 Smoking

ANSWER:
Lessons from elsewhere – Reason for delayed response could be political (a good deal of revenue at stake coupled with the lobbying power of the industry). The non-smoking in public places initiatives in Eire and Scotland suggest that the public support such policies. Responsibilities of companies and prosecution – Unsure about this. Companies do have an obligation to put health warnings on their products where appropriate and to provide healthier alternatives (e.g. Fast food outlets having also healthier options priced reasonably). There is a conflict between individual preferences and the public good. Again rather than penalising smokers would support more 'upstream work' in relation to the reduction of smoking e.g. on school curriculum. Re right to smoke – non-smoking policies in public areas are justifiable given effect of smoking on others. Again conflict between individual preferences and public health so not in favour of prevention of sale of tobacco (plus awareness that what is illegal may become more attractive). Policies to prevent children from smoking are legitimate.

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Question 7 Alcohol

ANSWER:
Reasons for excessive consumption of alcohol – much concern about alcohol and young people. Reasons could include nature of youth culture, retailer practices and ineffective education and parental support? Responsibilities of producers and retailers – Yes they do have responsibilities and should consider impact of sales techniques on consumption?

Question 8 Supplementation of food and water

ANSWER:
Fortification and acceptance – Unsure. Perhaps differences relate to the availability and dissemination to support or question information and evidence relating to the fluoridation of water. The latter is particularly challenging as cannot opt out? Democratic instruments – if evidence supports the contribution of particular initiative to public health (with benefits significantly outweighing harms) then it would seem appropriate that there be an issue for Parliamentary debate with local representation. Choice of individuals and protection of child health – justifiable when benefits to children great and harms to adults minimal?

Question 9 Ethical issues

ANSWER:
Important principles – all of these are important. Suggest that 'trust' is particularly important as it relates to and supports other values and would could influence the success or failure of any public health initiatives. It supports the dissemination of accessible information, public involvement in decisions and engagement with all stakeholders. It also seems plausible that public trust will be enhanced by openness regarding evidence and also honesty if there is uncertainty. The commitment to health as a fundamental human right and a holistic approach to health should also be central to discussions of public health (See, for example, Open University course K311: supporting public health skills) Hierarchy of principles – the range of principles need to be considered in relation to each of the case studies. Considering individual, institutional and government responsibilities in relation to the right to health seems helpful. Principles for parents – all principles relevant but perhaps the harm principle should be paramount when parents are uncertain how best to promote the health of their children.