

Royal College of Nursing Consultation Document No: 40/06

Nuffield Council on Bioethics Consultation Paper: Public Health: Ethical Issues

Introduction

With a membership of over 380,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector, including the workplace. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The consultation Process:

The RCN asked its members for views on the issues raised by the consultation document, which was sent to a large number of Specialist Forums and Advisory Panels within the organisation. These groups are made up of elected, specialist nurses in practice, education, research and management from the four UK countries.

The consultation document makes reference to many complex ethical issues, which many of our members have strong individual views on. This response is an attempt to present a fair reflection of those views.

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"⁴)? If not, please explain why. What alternative definition would you propose?**

Yes, in general we agree with this definition of public health. However, as public health and the means by which it is both determined and achieved is a sensitive political issue, we believe that the definition itself requires careful consideration. For example, the term 'we, as a society' is unspecific i.e. definitions of 'society' vary enormously and many people may not identify with the term 'we' in this instance

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? If so, do you think some are more important than others? Are there other factors we**

should include? If so, what are they?

We do not agree that the main influences affecting public health are interactions between these five factors alone. Omitted from this list are two of the standard World Health Organisation pre-requisites for health, i.e. need for adequate food, and also for 'peace' (or freedom from war/violence). We suggest that 'cultural factors' also strongly influence public health; these are very powerful factors that relate to an individual's decision to access healthcare, as well as affecting their responses to healthcare interventions.

3: Prevention of infectious diseases through vaccination

- **Some countries⁵ have a compulsory rather than voluntary system of vaccination. On what basis can such policies be justified to achieve herd immunity? Should they be introduced in the UK?**
- **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?**

Such a policy could be justified by the ethical principle of beneficence and/or the view that achieving the greatest good for greatest number morally justifies an action. However, we do not believe that compulsory vaccination should be introduced into the UK as this would impact negatively upon individual rights..

For certain childhood vaccinations we are aware that parents may be concerned about the risks of vaccination and that such concern must be balanced against the risk to the child of *not* being vaccinated. It would not be possible for us to support a policy of compulsory vaccination of children against their parents' wishes.

A further consideration is the migration from eastern European countries where vaccination schedules are different than the UK. For example, Poland does not have an MMR schedule. There does need to be a rigorous method of ensuring all children are immunised as per the UK schedule.

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

- **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.⁶ Are new measures needed to monitor and control the spread of infectious diseases? If so, what would be promising strategies?**
- **Under which circumstances, if any, would mandatory testing for highly infectious and life-threatening diseases such as tuberculosis or HIV/AIDS be justified?**

We do not believe that a measure such as enforced quarantine could be justified, principally for the reason that it infringes civil liberties and individual human rights. If the public had a sufficient degree of relevant and accurate information, they would be enabled to make an informed decision to voluntarily exclude themselves, rather than be forced into quarantine.

We support the provision of resources to develop methods of preventing outbreaks of serious epidemics in other countries. The extent to which such resources should be provided must be dependent upon the known risks and ability to prevent the outbreak of such epidemics.

We believe that the monitoring and control of the spread of infectious diseases demands continual re-evaluation. We do not recommend any new strategies at this time. We feel that the term 'promising strategies' is unclear and it is therefore not possible to provide a direct response to this question.

Only under the circumstances where the social stigma and prejudice has been eliminated from the prevailing views of society could mandatory testing for TB or HIV/AIDS be considered. The public need to be included in decision-making at every level. The evidence from the SARS outbreaks confirmed this. Web-based resources; increasing reporting between countries.

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?**
- **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?**
- **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?

- **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)? 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?**

Information is a key consideration. It is essential that people are encouraged both to seek out and, more importantly *comprehend* information that is appropriate to themselves and their individual circumstances. A blanket approach to providing information on 'healthy eating' for example, is insufficient if a meaningful and sensitive strategy aimed at changing behaviour is to be initiated.

Obesity is linked with lifestyle choice and personal decision making over what an individual consumes on a daily basis. Criteria for developing appropriate policy to prevent obesity must demonstrate sensitivity to the desire for personal choice and control within individual decision-making.

We believe that parents the food industry, schools, school-food providers and the government all have responsibilities towards ensuring a decrease in childhood obesity. Parents have a responsibility for ensuring their children's welfare and they must therefore be encouraged in guiding their children's daily diets. Government policy should be directed towards increasing taxation on unhealthy foods, with tax revenue directed towards subsidising healthier foods. Advertising of unhealthy foods should be limited and access to sweet and high salt content snacks should also be restricted.

An effective strategy for reducing obesity would result in less demand being made upon NHS services as a direct result of obesity. This will inevitably take a considerable period of time to be realised. We believe that the NHS should continue to provide services for obese patients; otherwise it is possible that health care delivery would have to radically change for every presentation of ill-health associated with a lifestyle choice.

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

- **Smokers argue that they choose to smoke. What rights does the state have to impose sanctions to prevent them from smoking? Does the state have the right to prevent the sale of tobacco, which is known to be addictive and highly dangerous? How vigorously is it reasonable for the state to act to prevent children and teenagers from smoking?**

We believe that the delayed response to introduce measures to counteract the effects of smoking is largely due to economic factors i.e. smokers have traditionally made a significant contribution to the national economy via taxation. An additional reason for a lack of intervention has been a desire, by governments and individuals, to avoid interference in personal choice.

We believe that companies that make or sell products containing hazardous substances, such as nicotine, that can be addictive have a responsibility to inform consumers of the known risks of potentially hazardous/addictive products. We do not believe that it would be feasible to prosecute such companies for damaging public health. However, the requirement for such companies to contribute to the cost of treatments could be an area worth investigating further.

Whilst the NHS remains free at the point of delivery it would not be possible to levy a health insurance tax for smokers, victimisation of patients at their point of healthcare need would be indefensible and unacceptable. The tax revenue accrued from tobacco should be invested in informed health promotion programmes at local, national and international levels to offset the power of product marketing.

The government is obliged to work towards ensuring the well-being of its citizens. It therefore has a right to consider banning the sale of tobacco - as is the case with some other known harmful substances. Similarly, it is the duty of governments to actively encourage the avoidance of harm and therefore the public have a right to expect that their government will intervene to some extent to prevent children and teenagers from smoking

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?**
- **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?**

Alcohol consumption is more socially acceptable than tobacco consumption. Also, when consumed in moderation, alcohol may not cause significant health problems.

'Binge drinking' is becoming increasingly recognised as a form of behaviour that is having an impact on health services (especially emergency services). Health promotion campaigns should be specifically targeted at community groups and we believe that producers and retailers should be actively engaged in such strategies.

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? What are the reasons behind international differences in the acceptance of fluoridation of water? What criteria are there that determine acceptance?**
- **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?**
- **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?**

We believe that in the case of fortified foodstuffs consumers have the purchasing choice to buy or not to buy those products, fluoridation of mains water supply offers no consumer choice, as there is a monopoly of supply and this is the principal reason for any resistance.

Measures such as fluoridation must be supported and informed by appropriate research that proves the effectiveness of such strategies. The public must subsequently be made aware of this information. We believe that decisions openly made by Parliament are sufficient democratic instruments for such measures.

With reference to our response to question 3 (above), restricting individual choice could be justified by a view that achieving the greatest good for greatest number morally justifies an action.

9: 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)? If so, which one and why? Are there any other important principles that need to be considered?**
- **Can these principles be ordered in a hierarchy of importance? 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?

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

We believe that each of the principles has individual merit and that each must be considered in conjunction with the others when planning and delivering appropriate health strategies. A further three principles to those above are, fidelity, veracity and confidentiality. In combination, these ethical principles, which we feel cannot be ordered in a hierarchy of importance, should underpin public health strategy.

In terms of parental responsibility for making decisions on children's behalf, parents should have sufficient information to enable them to make an informed decision. Achieving a balance between individual responsibility and the 'greater good' of communities and society as a whole is particularly challenging. Freedom of choice must be maintained as a strong principle underpinning government intervention but this principle must always be considered in light of its implications for individual and community well-being.

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