

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

The Institute of Public Health in Ireland

The Institute of Public Health in Ireland welcomes this opportunity to contribute to the consultation on key ethical issues within public health.

We are an all-Ireland organization. Our aim is to promote co-operation for public health on the island of Ireland and we have made addressing inequalities in health the focus of all our work. Our remit involves providing public health information and surveillance, strengthening public health capacity and advising on policy.

The main point that we would wish to make is that this document focuses primarily on lifestyle choices and the ethical issues concerning the responsibility of Government and individuals. However, we would view public health as much wider than lifestyles. There is overwhelming evidence that the environmental, social and economic conditions in which individuals or communities live affects their health. We believe there is a clear role for Government intervention in these areas and indeed that Governments have a responsibility to address these factors in order to improve the health of their citizens.

The types of interventions required to effect changes in environmental, social and economic conditions within a country clearly extend beyond individual choices to changes in policy.

Consequently, we are disappointed to note that there are no case studies on key public health issues such as inequalities, violence, poverty, the built environment or transport.

We feel that the definition of health in the report,

“What we, as a society, collectively do to assure the conditions for people to be healthy”

is too narrow and that extending it to encompass a wider view of health would be preferable and hence would allow expansion of the debate beyond lifestyles to wider public health issues as mentioned above.

We would suggest some adaptation of the WHO definition of health,

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

“Good health is a state of complete physical, social and mental well-being and not merely the absence of disease or infirmity. Health is a resource for everyday life and is a positive concept emphasising social and personal resources as well as physical capabilities.”

Given the points raised above we have however looked at the case studies you have presented and the questions outlined in the document and have listed below some key points on each:

Question 2 : Factors that influence public health

We prefer to use the term “public services” rather than “health services” as we feel this includes social and educational services which also influence health.

We feel that all the factors listed are important in influencing public health but that the importance of each of these varies at different stages of an individual’s life and indeed within different countries and act out differently for various diseases. The factors are also interrelated and difficult to separate. However, we would emphasize the importance of social and economic factors and highlight their influence on inequalities in health.

Question 3 : Prevention of infectious diseases through vaccine

We feel a compulsory vaccinations programme is impractical. However, it would be worthwhile to give further thought to positive and negative incentives and their use, looking to countries such as USA or France for evidence on how these have been received and effectiveness.

We feel that if the parents are the legal guardians of a child they should be able to make decisions on behalf of the child. If the parents are not the legal guardians the court should make decisions on behalf of the child.

Question 4 : Control of Infectious Diseases

We feel that there may be occasions in the future where forced quarantine may be necessary. This would be in extreme cases where there is a very high risk of transmission of a highly infectious disease with significant mortality. Regulations to govern enforced quarantine should be agreed in advance of any situation arising and care must be taken to ensure they do not discriminate against any one group.

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council. We feel the best way to help detect outbreaks early is the development of effective international surveillance. The state should work with international bodies such as WHO to achieve this. The state should also ensure we have effective monitoring of travelers coming in and out of the country.

We feel mandatory testing for infectious diseases is an extremely difficult area. For some diseases, such as TB, there may be good reasons to test individuals who may otherwise pose a significant threat to the health of the public. However, we would stress that any policies on mandatory testing should clearly state the reasons/rationale for the testing and should ensure that systems are in place to follow up, treat and support individuals who test positive.

Question 5 : Obesity

We would disagree with the statement that there is little clarity about what measures should be adopted by Government and other stakeholders to prevent obesity. There are very clear links between obesity and ill health and good evidence from WHO on effective measures to prevent obesity.

We would also like to stress that whilst this document focuses on food choices, physical activity and the built environment and the choices it offers us in terms of activity are also extremely important factors in terms of contributing to the obesity epidemic and in terms of solutions to address obesity.

Parents have primary responsibility for ensuring the health and well-being of their children. The influence of parents on children's eating habits, particularly in early years is obvious. Children are largely dependent upon their caregivers for food selection; family dietary patterns will, therefore, have strong influence on their food choices. Parents therefore have a major role to play in parenting their children from becoming overweight or obese however they need support (particularly from the afore mentioned groups) to fulfill this role effectively.

School communities provide a means to influence many of the physical, economic, policy and socio-cultural factors impacting on food choices. Schools also have a role as community leaders, are a source of support for parents and families, and can effect community change in environments, knowledge and behaviour.

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council.

Government also has a key role in providing positive health choices, not only in terms of food and physical activity but also in other lifestyle areas such as smoking, alcohol and sexual health. Inter-sectoral linking between Government departments is vital in tackling childhood obesity.

There is also a real opportunity for the food industry to consider the signals that it sends to children and young people through, for example, the high percentage of advertising revenue spent on foods which are high in salt, fat or sugar, the promotion of large portion sizes and the promotion of unhealthy foods in schools. The food industry should demonstrate its commitment to tackling overweight and obesity by ensuring that vending machines are not available in schools, cooperating with controls on sponsorship and advertising if they are introduced, ensuring that food labeling is clear and informative and by producing, marketing and promoting foods, which are low in fat, salt and sugar.

We feel it is unacceptable to make the provisions of NHS services dependent on a lifestyle choice. However, we would accept that obesity should be regarded as a mortality risk for surgery and as such should be included in the overall risk assessment of patients. Weight reduction services should be offered and patients encouraged to modify their risks.

Question 6 : Smoking

We feel the delayed response to the effects of smoking on health is due to the Government acting from a business perspective and prioritising short-term economics over long-term health gain. We would like to highlight the anti-smoking laws in the Republic of Ireland as a good example of effective policy, supported by Government. Important lessons we would emphasise is the need to have public champions for the cause and to effectively advertise the new policies, using social marketing tools.

We feel companies that make or sell products containing hazardous substances, such as nicotine, should be required to contribute to the costs of treatment. However, it may be difficult to implement such policies as increased taxes on these companies may just mean increased costs to consumers rather than actual companies.

As stated above, we feel rights to health care should not be restricted due to a lifestyle choice. However, help should be given to encourage and aid individuals to quit.

This response was submitted to the consultation held by the Nuffield Council on Bioethics on *Public Health: ethical issues* between May and September 2006. The views expressed are solely those of the respondent(s) and not those of the Council. We think preventing the sale of tobacco is impractical and would lead to an increased black market economy. However, the state should act vigorously to prevent children and teenagers from smoking and should

ensure they are given adequate information to make healthy. Instead, it may be worthwhile reviewing the possibility of positive incentives for companies promoting healthy alternatives.

Question 7 : Alcohol

We agree that Government measures to prevent harm from alcohol are lagging behind those for tobacco. We feel this is because alcohol is seen as socially more acceptable than tobacco and that the public health community has been slower to act in this area.

Question 8 : Supplementation of food and water

We think acceptance of fluoridation of water in different countries reflects how the issue was handled and presented to the public in different countries.

It is public policy that the Government should protect the health of the public. Therefore, decisions by Parliament to protect the health of the public should be an acceptable action. However, where these issues are not matters of life or death it may be better to allow the public to vote.