

NUFFIELD COUNCIL ON BIOETHICS

Response to the Department of Health and Social Care's consultation on mandating calorie labelling in the out-of-home sector

Introduction

- 1 This response draws on the conclusions and recommendations of a Nuffield Council on Bioethics report, *Public health: ethical issues*, which considers the ethical and social issues that arise when designing measures to improve public health.¹ Our response first sets out the general principles that we believe should underpin public health policy and then focuses particularly on one of the case studies addressed in our report: a public health approach to obesity.

Background

- 2 Our report takes the position that the state has a duty to provide conditions that allow people to lead a healthy life. Everyone should have a fair opportunity to lead a healthy life, and therefore governments should try to remove inequalities that affect disadvantaged groups or individuals. To support this position, we propose a 'stewardship model' that outlines the ethical principles that should be considered by public health policy-makers and sets out a series of public health goals (see Appendix 1 below for a summary of the stewardship model). A key part of this model is the 'intervention ladder' (see Appendix 2 below, and Box 3.2 in the report) as a way of thinking about the acceptability and justification of different public health policies. Interventions that are higher up the ladder are more intrusive and therefore require a stronger justification.

Response

Q1. Do you think that calorie labelling should be mandatory for all out-of-home businesses?

- 3 Yes. There is a strong case for the clear labelling of food to help consumers know what they are buying. Businesses have an ethical duty to help individuals make healthier choices, which includes providing consumers with clear and accurate information about the calorie content of food and drink served outside of the home. Where businesses fail to do this, the Government has an ethical obligation to regulate. In policy terms, food labelling initiatives are designed to be preventative, rather than curative. Although limited, there is some evidence to

¹ Nuffield Council on Bioethics (2007) *Public health: ethical issues*, available at: <http://nuffieldbioethics.org/project/public-health>.

suggest that preventative initiatives are effective in combating obesity levels and may also be cost-effective.²

- 4 The stewardship model emphasises that it is important to provide conditions that make it easy for people to lead healthy lives. Calorie labelling for food and drinks sold in the out-of-home sector would help consumers to make informed decisions about what they choose to eat.

Q2. Do you think that the calorie labelling requirement should apply to all food and drink items an out-of-home business offers?

- 5 Labelling the calorie content of all food and drinks sold by out-of-home businesses would contribute to enabling people to make informed choices about their diet. Ideally, there should be consistency across products, and across the industry.

Q4. As well as the number of calories per portion of the food item, do you think calories labels should show that number as a proportion of the recommended daily intake?

- 7 We support the provision of reference amounts because this provides additional useful information to the consumer. Current Government guidance for front-of-pack nutrition labels for pre-packed items sold through retail outlets recommends that reference intake percentage is included on labels, alongside calories and other nutritional information.³ While this guidance is not mandatory, it is beneficial to apply the same guidance to food sold through the out-of-home sector, to aim to provide consistent food labelling information across all sectors. The same applies to Q5.

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² Brown T, Kelly S and Summerbell C (2007) Prevention of obesity: a review of interventions *Obes Rev* 8 (Suppl. 1): 127-30; National Institute for Health and Clinical Excellence (2006) *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children*, Section 6: health economics, pp. 773-81;

³ Food Standards Agency (2016) *Guide to creating a front of pack (FoP) nutrition label for pre-packed products sold through retail outlets*, available at: https://www.food.gov.uk/sites/default/files/media/document/fop-guidance_0.pdf.

Appendix 1: The stewardship model

Acceptable public health goals include:

- reducing the risks of ill health that result from other people's actions, such as drink-driving and smoking in public places
- reducing causes of ill health relating to environmental conditions, for instance provision of clean drinking water and setting housing standards
- protecting and promoting the health of children and other vulnerable people
- helping people to overcome addictions that are harmful to health or helping them to avoid unhealthy behaviours
- ensuring that it is easy for people to lead a healthy life, for example by providing convenient and safe opportunities for exercise
- ensuring that people have appropriate access to medical services
- reducing unfair health inequalities

At the same time, public health programmes should:

- not attempt to coerce adults to lead healthy lives
- minimise the use of measures that are implemented without consulting people (either individually or using democratic procedures)
- minimise measures that are very intrusive or conflict with important aspects of personal life, such as privacy

Appendix 2: The intervention ladder

Eliminate choice: regulation in such a way as to entirely eliminate choice, for example through compulsory isolation of patients with infectious diseases.
Restrict choice: regulation in such a way as to restrict the options available to people with the aim of protecting them, for example removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.
Guide choice through disincentives: fiscal and other disincentives can be put in place to influence people not to pursue certain activities, for example through taxes on cigarettes, or by discouraging the use of cars in inner cities through charging schemes or limitations of parking spaces.
Guide choices through incentives: regulations can be offered that guide choices by fiscal and other incentives, for example offering tax-breaks for the purchase of bicycles that are used as a means of travelling to work.
Guide choices through changing the default policy: for example, in a restaurant, instead of providing chips as a standard side dish (with healthier options available), menus could be changed to provide a more healthy option as standard (with chips as an option available).
Enable choice: enable individuals to change their behaviours, for example by offering participation in an NHS 'stop smoking' programme, building cycle lanes, or providing free fruit in schools.
Provide information: inform and educate the public, for example as part of campaigns to encourage people to walk more or eat five portions of fruit and vegetables per day.
Do nothing or simply monitor the current situation