

Nuffield Council briefing for UN High-level Meeting on NCDs

Public health and non-communicable diseases

- 1 It is clear that obesity, excessive alcohol consumption and tobacco use are significant risk factors for non-communicable diseases (NCDs), including heart disease and diabetes. The causes of obesity, excessive alcohol consumption and tobacco use in each country are complex and there are no simple solutions. However, there is compelling evidence that public health measures in countries around the world will be crucial to the prevention of NCDs.

The state has a responsibility to act as 'steward'

- 2 The Nuffield Council on Bioethics' 2007 report *Public health: ethical issues*¹ concluded that the state has an ethical responsibility to enable people to lead healthy lives. Everyone should have a fair opportunity to lead a healthy life, and therefore the state should also try to remove inequalities that affect disadvantaged groups. To take this forward, the Council proposed that in public health the state should act as a 'steward'. The Council developed the 'stewardship model', which provided guidelines for what public health programmes, carried out by the state, should aim to achieve and to avoid (see Box 1).

Box 1: The stewardship model

Public health programmes which are carried out by the state acting as steward should:

- aim to reduce the risks of ill health that people might impose on each other;
- aim to reduce causes of ill health by regulations that ensure environmental conditions that sustain good health, such as the provision of clean air and water, safe food and appropriate housing;
- pay special attention to the health of children and other vulnerable people;
- promote health not only by providing information and advice, but also by programmes to help people overcome addictions and other unhealthy behaviours;
- aim to ensure that it is easy for people to lead a healthy life, for example by providing convenient and safe opportunities for exercise;
- ensure that people have appropriate access to medical services; and
- aim to reduce health inequalities.

In terms of constraints, such programmes should:

- not attempt to coerce adults to lead healthy lives;
- minimise interventions that are introduced without the individual consent of those affected, or without procedural justice arrangements (such as democratic decision-making procedures) which provide adequate mandate; and
- seek to minimise interventions that are perceived as unduly intrusive and in conflict with important personal values.

How the state should intervene in public health

- 3 To help governments and other state agencies decide what measures should be adopted, the Council developed an 'intervention ladder' as a way of thinking about the acceptability and justification of different public health policies (see Box 2). In general, the higher the rung on the ladder at which the policy maker intervenes, the stronger the justification has to be. A more intrusive policy initiative is likely to be publicly acceptable only if it is clear that it will produce the desired effect, and that this can be weighed favourably against any resulting loss of personal freedom. The Council also concluded that policies should be based on the best available scientific evidence.

Conclusion

- 4 There is increasingly the view that without leadership by the state, the huge challenge of tackling NCDs epidemics, such as obesity, will not be met.² The Council urges civil society representatives and policy makers to remind heads of state at the UN High-level Meeting this September that not only do they need to take the lead to prevent NCDs, but they have an *ethical responsibility* to do so.

¹ <http://www.nuffieldbioethics.org/public-health>.

² Editorial (2011) Urgently needed: a framework convention for obesity control *The Lancet* **378**: 741.

Box 2: The intervention ladder

The ladder of possible government actions is as follows:

Eliminate choice. Regulate in such a way as to entirely eliminate choice, for example through compulsory isolation of patients with infectious diseases.

Restrict choice. Regulate 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 a 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.

Specific recommendations in *Public health: ethical issues (2007)*

Obesity:

- 5 The food industry has an ethical responsibility to help individuals to live healthy lives. It should review the composition of the food it manufactures and the way it is marketed and sold. Where this responsibility is not upheld, for instance in failing to provide universal, readily understandable front-of-pack nutrition labelling, regulation by the state is ethically justifiable (paragraph 5.25).

Alcohol and tobacco:

- 6 Evidence-based measures judged effective to reduce alcohol consumption should be implemented by states. Such measures include coercive strategies regarding price, marketing and availability. For example, taxes on alcoholic beverages could be increased (paragraph 6.31).
- 7 The harm to others caused by smoking tobacco justifies the implementation of coercive measures. Therefore, the prohibition of smoking in enclosed public spaces is justified (paragraph 6.13).
- 8 Policies on selling and advertising tobacco and alcohol that afford the greatest protection to consumers should be adopted worldwide. One example would be worldwide adherence to standards in advertising that have been developed and agreed by industry in the European Union (paragraph 6.27).