

NUFFIELD COUNCIL ON BIOETHICS

Response to the UK government and devolved administrations on the proposal to add folic acid to flour

- 1 The Nuffield Council's response to the Department's consultation draws on the conclusions and recommendations of our 2007 report *Public health: ethical issues*, which considers the ethical and social issues that arise when designing measures to improve public health.¹
- 2 Our response focuses particularly on one of the case studies in our report, which discusses a public health approach to fluoridation of water. This has some similar ethical issues raised to the fortification of foods, such as adding folic acid to flour, which we briefly mention in our report.²

Background

- 3 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, our report proposes 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).
- 4 Our report also presents an 'intervention ladder' (see Appendix 2 below, and Box 3.2 in our report) as a useful way of thinking about the acceptability and justification of different public health policies. Any intervention should be proportionate to the effect that it is intended to achieve, and should be supported by evidence (or, in the absence of robust evidence, should be accompanied by an evidence-gathering programme). Interventions that are higher up the ladder are more intrusive and therefore require a stronger justification.

Response

- 5 Under the stewardship model, the state has an ethical duty to provide conditions that allow people to lead a healthy life, but by the least intrusive means possible. In our response we consider whether a policy of fortifying flour, which is quite high up the intervention ladder, is proportionate to the effect that it is intended to achieve, i.e. lower incidences of neural tube defect (NTD)-affected pregnancies. We examine if there is a justification for overriding the preferences of people who wish to receive flour that isn't fortified; the balance of risks and benefits; and the potential for alternatives that rank lower on the intervention ladder to achieve the same intended goals.

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

² Ibid. See Box 7.1.

Consent

- 6 Individual consent would not be possible for this approach insofar as it would introduce a policy affecting all who purchase or eat fortified flour. However, the proposal to fortify flour with folic acid only applies to non-wholemeal flour, so individuals retain the option to choose wholemeal flour as a non-fortified alternative.

Risks, benefits and potential for alternative policies

- 7 In our report, we cited research that only 50% of pregnancies are planned and only 55% of women planning a pregnancy increased their folic acid as recommended. Your impact assessment states that levels of folate intake have been falling over time, which would increase NTD risk if there was no intervention. There have been attempts to increase folic acid consumption amongst pregnant women and some foods are voluntarily fortified with folic acid, yet the folic acid levels amongst pregnant women are still not at the recommended levels.
- 8 There have been concerns that folic acid fortification may 'mask' vitamin B12 deficiencies in older people. However, the Scientific Advisory Committee on Nutrition (SACN) has noted that this effect is not seen with doses of 1 mg/day or less, and that there are no reports of these effects in countries with mandatory folate fortification. The Committee also found insufficient evidence for several other possible adverse effects that it considered. SACN's initial report in 2006 recommended mandatory fortification of flour with folic acid to improve the folate status of women most at risk of neural tube defect (NTD) affected pregnancies. This advice was reiterated in 2009 and in 2017.
- 9 While fortification of flour is relatively high up the intervention ladder, if the intrusiveness of the policy is likely to produce its desired effect (i.e. reducing NTDs), and non-fortified alternatives are available, then we agree that the government would be ethically justified in introducing the fortification of flour with folic acid.

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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