

Response to the Scottish Government's consultation on 'A healthier future – actions and ambitions on diet, activity, and healthy weight'

January 2018

Introduction

- 1 The Nuffield Council on Bioethics is an independent organisation that examines and reports on ethical issues arising from developments in biological and medical research that concern the public interest. We welcome the opportunity to respond to the Scottish Government's consultation on diet, activity, and healthy weight.
- 2 The Council's response draws on the conclusions and recommendations of our report [Public health: ethical issues](#), published in 2007, which considers the ethical and social issues that arise when designing measures to improve public health. Our response focuses particularly on one of the case studies addressed in our report, which discusses a public health approach to obesity, and the general principles that we believe should underpin any public health policy. Our response does not address practical aspects of the Scottish Government's inquiry, and therefore focuses on five of the questions posed in the consultation document.

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), and presents an '[intervention ladder](#)' (see **Appendix 2** below, and Box 3.2 in the report) as a useful 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 to consultation questions

- 4 Our response to the Scottish Government’s consultation will address questions 3, 5, 7, 10, and 11.

Question 3

To what extent do you agree with the actions we propose on non-broadcast advertising of products high in fat, salt and sugar?

- 5 We agree with the Scottish Government’s focus on the effects of advertising products high in fat, salt, and sugar on children and young people. Our report particularly highlights evidence that shows that children’s early diet has a long-term impact on health, and observes that children may be particularly susceptible to external influences, including marketing by the food and drink industry.
- 6 We therefore suggest that industry has a corporate social responsibility to ensure that it makes provisions for the protection of children in this context. Additionally, the stewardship-guided state should aim to protect children from harm and provide an environment in which they can lead healthy lives. We therefore suggest that it would be desirable not to advertise to children foods and drinks high in fat, salt, and sugar by any medium (paragraphs 5.22-3). More broadly, industry has an ethical duty to help *all* individuals make healthier choices (paragraph 5.25).
- 7 We welcome the Scottish Government’s robust approach to addressing future policy changes around broadcast and non-broadcast advertising of products high in fat, salt and sugar, and acknowledge its indication that further necessary steps – including the possibilities of devolving powers around broadcast advertising – may need to be taken at a national level in order to achieve this. Such action would be ethically justified under the stewardship-guided state in the protection and promotion of child health.

Question 5

Do you think the current labelling arrangements could be strengthened?

- 8 Businesses, including the food industry, have an ethical duty to help individuals to make healthier choices. There is a strong case for the clear labelling of food to help consumers know what they are buying. Voluntary initiatives form an important part of corporate social responsibility and are to be encouraged. A prime example of this is the high uptake of the 2013 guidance on Front of Pack labelling. We support the Government’s commitment to consider the effectiveness and impact of other labelling approaches. If evidence supports another labelling approach, we argue that industry has a duty to switch to this.

Question 7

Do you think any further or different action is required to support a healthy weight from birth to adulthood?

- 9 The actions set out in this section complements our stewardship model's approach that public health policies should aim to eliminate or reduce health inequalities (5.34). The Scottish Government proposes some targeted interventions that could benefit people who may not gain from population-wide initiatives (2.2–3), which we welcome. However, care would be required to avoid actual or perceived stigma that may result from singling out particular groups in this way.
- 10 The stewardship model's emphasis on circumstances that help people to lead healthy lives, especially if they are in vulnerable positions (paragraphs 2.41–4), leads to an ethical justification for the state to intervene in schools and deliver other methods of training to achieve a more positive culture towards food, cooking and physical activity. As in many other areas of public health policy, the only way of establishing whether a new policy is likely to lead to improved health is by trialling it. The Council recommended that UK Government departments responsible for food, health and education should develop long-term strategies for schools with the aim of preventing obesity, and changing food and exercise culture, accompanied by monitoring and follow-up (paragraph 5.36).
- 11 Whilst we therefore welcome the proposal to create policies that provide education and support for people to lead a healthier life, we would wish to emphasise that the policies should be monitored in the long-term and be assessed for impact in improving health, in order that optimisations or amendments can be made as appropriate.

Question 10

How can our work to encourage physical activity contribute most effectively to tackling obesity?

- 12 Our report concluded that more could be done in the design of urban environments and buildings to reduce the obesogenic nature of the environment and increase the opportunities for people to increase their energy expenditure with ease. We support the Scottish Government's pledge to make improvements to its planning system to ensure that the places and spaces enable active travel and healthy choices. We recommend that planning decisions by central and local government should include the objective of encouraging people to be physically active. This may entail some restrictions of people's freedoms, for instance to drive anywhere they wish to, but these restrictions would be justified in terms of public health benefits (paragraph 5.32).

Question 11

What do you think about the action we propose for making obesity a priority for everyone?

- 13 Our report concluded that the state has a duty to help people lead healthy lives and to reduce inequalities, which is consistent with the Scottish Government's principles outlined in this section.
- 14 We endorse the Scottish Government's commitment to support work to improve the local environment in the most vulnerable communities and to encourage community food initiatives that make healthy, affordable food more accessible and equip people, particularly in deprived communities, with the knowledge and skills they need to prepare healthy meals. Public health programmes should pay attention to the health of vulnerable people; promote health by providing information, advice, and programmes to help people overcome unhealthy behaviours; aim to make it easy for people to lead a healthy life; and aim to reduce health inequalities.

Conclusion

- 15 Although there is no single 'magic bullet' to reduce obesity, we support the Scottish Government's proactive approach to addressing the issue in this consultation. We welcome the opportunity to discuss our response further with the Scottish Government as it further develops its policies in this area of public health.

Contact

Hugh Whittall
Director
Nuffield Council on Bioethics
hwhittall@nuffieldbioethics.org

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

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| 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 |