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## FOOD AND THE PUBLIC'S HEALTH

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Food has long been associated with health. Every individual requires, roughly, the right combination of foodstuffs at the right time and in the right amounts in order to maintain health and enjoy broader human flourishing. However, the papers in this symposium arise from a workshop focused on how ethical issues related to food are linked to the “public’s healths” in a sense beyond that of just the cumulative health of individuals.<sup>1</sup> What does this mean? We need to begin with some definitions. First, what is “food”? This is a surprisingly complex issue. At a minimum, it can be thought of at the physiological level as the physical substances that we ingest to sustain life. Some will add that food is more than this, in that it can have social, cultural, and religious dimensions, and that these aspects need to be reflected in any account of what food is (Chadwick, 2000). For present purposes, we do not need to take a view on this issue. Second, what is the “public’s health”? This is a contentious question. The concept of “health” has been explored in the philosophical literature for many years. The concept of “public health” has received less attention. However, public health can, roughly, be thought to involve two components. The first is that such interventions are targeted at the population or group, not just individuals. Secondly, public health action requires population-level intervention often mediated through the activities of government or quasi-governmental actors. Often the proposed interventions are not the types of things that can be achieved by individuals alone (Verweij and Dawson, 2007). Issues relating to food and the “public’s health” will therefore be focused on the way that food policy can impact upon the health of the public: in the sense of a group or a whole population. I suggest that such a focus on the public is likely to result in changes to the way we conceptualize many of the ethical issues in relation to food.

A focus on food and the public’s health in relation to food policy will result in consideration of at least three different types of activity. First, priority may be given to removing or reducing potential harm that may be

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caused through food consumption. Second, policy may also want to focus on the active promotion of health through the consumption of certain foods, as well as the construction and implementation of certain food policies. Third, policy may also focus on wider environmental, economic, and social factors.

The first focus, on removing or reducing harm, has long been an important aspect of public health policy. It can be seen in such things as the regulation of hygiene standards in restaurants and procedures for ensuring the absence of contaminants and adulteration in food (Shickle, 2000). These are vital roles for government agencies and municipal authorities in protecting the public's health in many parts of the world. When there are contamination problems, as there was recently in the US in relation to spinach, this is likely to be widely reported. It is at least partly because such problems are such a rare occurrence that we tend to take the quality and safety of our food for granted (CDC, 2006). Where problems do occur, much effort will need to be expended to regain the public's trust (CDFA, 2007).

The second focus of ethical discussion in relation to food and the public's health is on positively promoting health. For example, there have been many recent discussions of the impact of high salt, fat, and sugar in foods upon health in the developed world through increased risks of stroke, heart attack, diabetes, and obesity (Department of Health, 2004; WHO, 2006; CDC, 2007). The focus on promoting healthy diets in tackling this problem has to be tempered by a widespread reluctance to interfere in people's lives due to the presumed importance of freedom of choice for consumers (as well as food manufacturers and retailers). A series of important ethical questions can be raised in relation to health promotion. Is it ethical to seek to change people's food preferences? When, if ever, is health promotion, in relation to food, ethical? What sorts of government action, if any, are legitimate? Is it enough to label food, and leave choice to informed consumers? For example, rather than thinking about individual choices, we might be more interested in how choices are formed, manipulated, and changed by social and other pressures. This might be in relation to advertising in the sense of moving towards choices for "bad" food, or in the sense of health promotion and the acceptance of "good" food messages. In what way, if any, should the state intervene to regulate advertising of food products, particularly in relation to children (NARC, 2004; Institute of Medicine, 2005; CARU, 2006; Of Com, 2007)? Of course, in much of the rest of the world, food issues have a different focus, namely, ensuring that people have adequate nutrition to sustain life and strengthen the body against the threat of disease. This basic and major protection of the public's health is often the result of national or international effort within a global framework. Some work

has been done on this in relation to development issues, as well as discussions about the need for and adequacy of micronutrient supplementation. For example, there is clear evidence that women without adequate nutrition are more likely to die as a result of childbirth or their children die in their early years from infectious diseases such as measles (Institute of Medicine, 1998). In reality the distinction between removing harm and promoting good is not always clear. For example, are recent restrictions on the amount of artificial trans fat in food in New York City a case of preventing harm or promoting the good (NYC DHMH, 2006)?

The third focus is on wider environmental, social, and economic issues. As public health is concerned with everything that may impact on a population's health, factors influencing the environment can be central to public health concerns. Many of these factors are often related to food. For example, the method of rearing animals can impact upon human health. The production of cheap chicken meat for a global market may be a factor in recent concerns about infectious disease (Davis, 2005). Modern agricultural methods, particularly intensive livestock production, create environmental problems (McMichael, 2001). All of these factors involve political and social factors beyond the control of individual consumers or those potentially harmed as a result of such practices. This means that they require a concern with the "public's health," in the sense outlined above.

The papers in this symposium cross over the boundaries between different forms of intervention, but they are all concerned, in one way or another, with thinking about food in relation to the public's health. For example, Franck Meijboom focuses on the nature and importance of trust as a value in relation to food issues. Trust is a *social* value: it can only exist where people relate to each other in an appropriate way within the context of some form of social grouping, such as a community or population. Meijboom explores the difficulties of information provision in relation to functional foods and personalized diets, and argues that the complexity of such information means that trust is more important in relation to food than it has ever been. Doris Schroeder also focuses on recent technological developments through a discussion of a set of issues relating to so-called "functional foods": that is food that seeks to perform an additional role beyond the mere nutritional, such as enhancing health, delivering medicines, or preventing disease. The picture presented of such foods, is one that suggests the possibility of public health benefits: we will be able to improve our health through the consumption of certain "special" foods. Schroeder argues that functional food might well be used as a means of pursuing public health benefits, but that any evaluation of costs and benefits must be done within a broader context, where account is taken of alternative public health interventions, not just performed in relation to a particular functional food

product. James Wilson's paper outlines and discusses a series of ethical arguments related to the ownership of copyright produced during the development of genetically modified crops. The traditional conception of copyright focuses on the individual creator (whether person or company) and their right to license their findings for others to use. Wilson challenges this model on a number of fronts. He argues that copyright can neither perform the job it is supposed to do, nor can it bring about the benefits to the community from stimulating innovation. Indeed, he argues that a society that supports such patents is likely to be less just than one that does not. Finally, David Barling discusses some of the challenges facing regulators interested in attempting to reduce diet-related health problems. He outlines and discusses the different possible opportunities for intervention, and the difficulties involved in regulating food production and manufacturing, given the existing international trade framework. His focus is on problems related to agriculture in particular.

These papers begin to explore the relationship between food ethics and the health of the public. I hope that besides their intrinsic merits they also stimulate wider interest in this topic. There are certainly many issues for future research in the overlap between public health ethics and food ethics.

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