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Introduction

Although the food and built environments are important influences on rates of obesity, so far there has been limited work in Europe to capture those aspects of the environment that are important. We describe the development and piloting in five countries of a Community Questionnaire designed to capture the consequences of policies relevant to obesity.

Methods

Between September 2008 and April 2009, trained fieldworkers in Ankara (Turkey), Brno (Czech Republic), Marseille (France), Riga (Latvia) and Sarajevo (Bosnia and Herzegovina) tested the instrument in urban areas of different socio-economic levels. Specifically, the instrument assessed aspects of the food environment (availability of shops selling foods, cost of indicative food items, advertising on children's television, cost and marketing of fast-food items) and of the built environment (availability and quality of cycle lanes, playgrounds, public transport stops, road crossings,

pavements). In-depth process evaluation was conducted at all stages of the pilots, including inter-rater reliability assessment as two pairs of fieldworkers collected all data on each site.

Results

The pilot testing of the EURO-PREVOB Community Questionnaire revealed many practical and methodological challenges (e.g. access to high quality maps, authorized data collection in grocery stores, and difficulties in sampling areas of varying socio-economic levels). The instrument was considered generally relevant to all countries but variations were observed in its applicability. For example, countries reported different interpretations of the meaning of contextual variables, such as the presence of graffiti (positive vs. negative connotations) and the appropriateness of quality criteria for aspects of the built environment. Inter-rater reliability was generally good in all countries.

Conclusions

It is possible to develop a novel method to assess obesogenicity in diverse settings. The challenge now is to implement it on a larger scale to make policy-relevant observations about key modifiable factors linked with child and adult obesity rates, and with inequalities in obesity in Europe.

1.2. Workshop: An ethical agenda for public health

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The work of public health is to further the interests of community. Community, as the philosopher Beauchamp asserts, does not mean simply that the government ensures that individuals' interests are not offended by the actions of others. Rather, community means that we have shared commitments to one another, and that through collective actions related to health and safety, for example, we share a commitment to the common life, 'a central practice by which the body politic defines itself and affirms its values'.

Public health has its own set of moral priorities, and these are critical to the functioning of a civil society. In this workshop, we will explore urgent questions like the crisis in trust in public health experts and professionals; dealing with scarce resources; the intrusion of privacy in the name of public health interventions; ethical analysis of the EU health strategy and teaching ethics to public health students. The aim of the workshop is a constructive discussion about the moral priorities of public health. These presentations are aimed at encouraging and stimulating this discussion.

The blurring of boundaries between policy, professionals and citizens and the problem of trust—a new philosophical agenda for public health

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Issue

Over the last decades the relations between public policy, professionals and citizens have rapidly changed. Processes of democratization of western societies and the growing voice of citizens have—paradoxically—stimulated a cry for evidence based public health by policy makers. At the same time we observe a decrease of public trust in experts and professionals. The recent Dutch public debate on vaccination of teenage girls for cervix cancer might illustrate this crisis in public trust: this so-called evidence based public health programme was considered preliminary by citizens and less teenage girls showed up than was expected. To develop socially robust public health policies—especially now that we face new

insecurities like unknown infectious diseases and innovations in public health like genomics and ambient technologies—public health needs to deal with this crisis in trust.

Problem

How to reframe the relations between public policy, science/professions and citizens.

Results

We will show that to understand and to deal with this crisis of trust we have to go beyond rationalistic perspectives on the relation between public policy, professionals and citizens and to develop a pragmatic philosophical perspective.

Lessons

The lesson drawn from this analysis and proposal is that in accounting for public health policy and public health programmes scientific evidence only can play a role in the context of pragmatic-political reasoning, not the other way around.

Rare diseases and public health: what is more important—treatment or prevention?

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Issue

Rare diseases are defined in EC documents 'as life-threatening or chronically debilitating diseases which are of such low prevalence that special combined efforts are needed to address them so as to prevent significant morbidity or perinatal or early mortality or a considerable reduction in an individual's quality of life or socio-economic potential'. Low prevalence means >5 per 10 000 persons in the European Union. It seems to be a standard practice, at least in Poland, to allocate a substantial amount of financial resources for treating rare diseases. It is being done mostly for psychological, social, political and ethical reasons. However, we have no plans for designing and implementation of a comprehensive system of health education, health promotion and prevention of rare diseases, including prenatal screening (and in some cases—pre-implantation diagnosis) both for high-risk families and the society at large. The main reason quoted is the scarcity of health care resources and apparently immoral practice of prenatal and/or pre-implantation diagnosis.

Problem

How to establish an operational system for fair distribution of limited resources for treating rare diseases and preventing them?

Results

The fact that some people are suffering right now seems to be a much stronger moral reason to grant them substantial amount of health care resources than to plan and implement a system for reduction of suffering in the future.

Lessons

It seems impossible to rationally decide what is more important—treating or preventing rare diseases. One can sensibly claim that both activities are equally important. However, we should establish a system in which expenditures for treatment of rare diseases should be in the fixed and fair proportion to expenditures for public health activities. In the long-term prevention is more important than treatment.

My space or ours? A proposal for a new notion of privacy in matters of public health

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Issue

The ‘new public health’ has expanded its remit to include controlling, or attempting to control, the choices, or even the desires, of human beings. This could lead to an intrusion of privacy of individuals. The traditional notion of privacy is connected with the idea of decisional privacy: a person has the right to decide for herself about the nature of intimate relations she will engage in, the actions she performs and the values she is committed to, without interference from the state or other people, and without having to justify her relationships, actions and values to others. It is a concept about safeguarding restricted access to personal space. This might restrict public health interventions. The question is, however, whether this traditional notion of privacy is still viable.

Problem

How to conceptualize a notion of privacy that does justice to the individual and at the same time enables public health policy?

Results

Privacy as a condition of inaccessibility of the person, her mental states, or information will be shown to be too narrow a notion to work with in developing public health policies. We need a notion of privacy that goes beyond the public-private divide.

Lessons

We need to rethink the relation between public and private in order to assess the ethical feasibility of public health interventions. The new notion of privacy will provide a framework for appraising public health interventions.

Public health ethics as a framework for self-directed learners solving public health problems

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Issue

Public health ethics provides a framework for ethical analysis specifically related to public health which is a multi-faceted discipline. Public health problems are naturally contestable because they touch upon social, political, cultural and economic values about which people not only care but also disagree. Therefore public health ethics is a topic that cannot be separated from teaching public health. Nearly every

public health teaching task is carried out in an ethically laden context. The objective is to show how and why the knowledge of public health ethics and the way it differs from biomedical ethics can support self-directed learning.

Discussions

Ethics in public health looks far beyond the question of how something should be done if it should be done. It can provide practical guidance for self-directed learning of both students and professionals highlighting and defining public health, values which differ from values that define clinical practice and research. In public health examples of ethical dilemmas arise frequently for example: to what extent should the right of an individual be sacrificed for the good of the population.

Results

Public health ethics supports self-directed learning providing a framework and allowing the learners to view public health problems from various perspectives thus making the learning process more meaningful and complete.

Lessons

Finding answers to fundamental questions related to public health is not an easy task because the field of public health is very eclectic and conflicted. Integrating public health ethical reasoning in public health self-directed learning can make a vital contribution to the learning process and overall student satisfaction with a learning programme.

The ethics of the European Commission’s health strategy ‘Together for Health’

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Issue

In 2007, the European Commission issued the ‘White Paper: Together for Health: A Strategic Approach for the EU 2008–13’. It is known as the EU Health Strategy ever since. As a strategic document, it offers the cornerstones of health programmes and a text of reference for setting priorities in EU health actions.

Discussions

The framework offered in this strategy is explicitly built on ‘shared values’—including universality, access to good quality care, equity and solidarity. From a philosophical point of view the explicit incorporation of values—that need to be safeguarded by norms—is highly welcome. Yet, many questions remain open for ethicists: What are further hidden normative assumptions? What is the ethical reasoning behind it? What (crypto normative) image of man and concept of health are endorsed or used in this crucial document? In other words, what exactly are the morals of the strategy and how can they be rendered coherent and consistent when it comes to conflicts of norms in policy-making practice.

Results

The document has a paradigmatic character as it incorporates values. One can well use public-health ethics frameworks to discuss and evaluate the health strategy from an ethical point of view and to scrutinize the philosophical base of it. This includes the selection of values and norms, their definitions, roles and normative powers, etc.

Lessons

Ethics helps to disclose crypto-normative implications of the strategy and to render arguments coherent. To ethically reason about health strategies—and especially the European Commission’s ‘Together for Health’—is helpful to make justified and robust strategic judgements in the policy arena.