Presidenza del Consiglio dei Ministri

COMITATO NAZIONALE
PER LA BIOETICA

LIFESTYLES AND HEALTH PROTECTION

20 March 2014

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Presentation

The NBC has intervened several times on the issue of health in previous documents, examining the series of factors which affect it and emphasising how, in addition to biological data, health also depends on resources such as education, work conditions, the housing situation, a healthy environment and behaviours as well as individual choices.

In recognition of the close interweaving of all these factors, the NBC has sought, in this Opinion, to dwell in particular on the bond between each person with their own health and collective responsibility.

Maintaining an efficient health service aimed at as many users as possible is in the interests of all citizens, but it also requires personal commitment to contribute as far as possible, to the maintenance of one's own health.

Starting with a brief description of the current situation, the document highlights the importance and the connection between the right to health of citizens and the duty of social solidarity.

Recalling the different paths of social and health policies, the Committee stresses the importance of a wide cultural activity that sets in motion the whole of society through various levels of intervention: educational (regarding school and family), social (providing information and training) and State.

The final recommendations make explicit some suggestions aimed at finding an effective synergy between the responsibility of individuals for their own health and the State's responsibility to protect health, which is recognised as a fundamental right of every person.

The document was prepared by Prof. Silvio Garattini, coordinator of the working group.

The group had already begun work during the previous mandate of the NBC, but not having been able to complete the debate, work was resumed in November 2013.

Written contributions were received from Professors Lorenzo d'Avack and Laura Palazzani: the interventions of Professors Carlo Casonato, Demetrio Neri, Andrea Nicolussi, Massimo Sargiacomo served to integrate the text.

The document was approved unanimously by those present, with votes in favor by Profs.

Salvatore Amato, Luisella Battaglia, Carlo Caltagirone, Stefano Canestrari, Carlo Casonato, Francesco D'Agostino, Bruno Dallapiccola, Antonio Da Re, Lorenzo d'Avack, Mario De Curtis, Riccardo Di Segni, Silvio Garattini, Assunta Morresi, Demetrio Neri, Andrea Nicolussi, Laura Palazzani, Rodolfo Proietti, Massimo Sargiacomo, Monica Toraldo di Francia.

Profs. Paola Frati, Marianna Gensabella, Lucetta Scaraffia, Giancarlo Umani Ronchi, absent from the plenary session subsequently expressed their support.

The members by right present (not entitled to vote) Dr. Paola Bernasconi, Dr. Anna Teresa Palamara and Dr. Carlo Petrini also expressed their support.

The President
Francesco Paolo Casavola

Premise

A series of epidemiological studies has established with a high level of reliability that there is a correlation between certain lifestyles and the presence of a wide spectrum of diseases[1]: from cardiovascular disease to cancer.

Medicine has developed a series of rules that are the basis of primary prevention of diseases.

The term “primary prevention” refers to the adoption of actions and behaviours intended to prevent or reduce the occurrence and development of diseases in order to promote both individual and community health[2].

In Italy, as in other countries, interventions to protect health are carried out by the National Health Service (NHS) and the Regional Health Systems (RHS) which operate ideally according to the rules of universality, equity and gratuity. However since the resources of the NHS and RHS are not infinite, but tend to become insufficient due to the ever-increasing demands on the health system in terms of quantity and quality[3], as a result the sustainability of the NHS and RHS depend on and will depend on a strong commitment to promoting primary prevention as far as possible in order to reduce the number, the incidence and the severity of diseases, including those of a prenatal origin and promote health.

In previous documents, the NBC has examined the series of factors which affect health and pointed out that, in addition to biological factors, the achievement and maintenance of "possible health" depends on resources such as education, work conditions, housing situation, a healthy environment, behaviours and individual choices.

While recognising the close interweaving of all these factors, and their mutual influence, in this document, the NBC intends to focus on the last factor, highlighting and stressing the responsibility of each person for their own health in two respects. The first is the responsibility one has towards oneself: health is a condition which offers the possibility to fully express one's personality and the prevention of the proportion of health risk factors attributable to modifiable individual behaviours produces a personal advantage, even in terms of the avoidance of suffering. The second aspect is that of collective responsibility: with limited resources, the maintenance of an efficient health service aimed at the greatest possible number of citizens is in the interests of all citizens and must therefore be able to rely on the personal commitment of individuals to contribute as far as possible, to maintaining their own health.

For this reason "lifestyle" deserves consideration not only with reference to the person, but also to the significant social repercussions which indirectly have an impact on the person.

This aspect comes under the more general problem of the ethics of health that involves adults and minors, the healthy and the sick, parents, mass media

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[1] It refers, among others, to: S. Lim et al*., A comparative risk assessment of burden of disease and injury attributable to 67 risk factors clusters in 21 regions, 1999-2010: a systematic analysis for Global Burden of Disease Study 2010*, “Lancet”, 2012, 380, pp. 2224-60; M. Ezzati et al. (eds.), *Global and Regional Burden of Disease Attributable to Selected Major Risk Factors,* Volume 1, Geneva: World Health Organizations, 2010.

[2] Secondary prevention refers to early diagnosis of a disease; Tertiary prevention covers all therapeutic treatments (prevention of complications, relapses and death).

[3] See the NBC reference documents, dedicated to the issue of the distribution of healthcare resources: *Ethics, health care system and resources* (1998) and *Bioethical guidelines for equal access to healthcare* (2001).

and public facilities from the dual perspective of the individual citizen and the community in which each one of us is a part, as both an active and passive subject.

It is important that in addition to the lifestyle habits that lead to addiction, including the use of drugs and tobacco[4] and alcohol abuse, often involving young people with psychological situations or personal problems, there should also be attention to eating habits dictated by social contexts and meanings that pay little attention to personal health or the health of others.

If in the first case, a complex job of re-education and elimination of the addiction is necessary, even with the help of the appropriate health and social services; in the second, the strategies to be adopted to make people aware of the negative consequences of their way of life, must be strongly oriented towards constant and accurate information and education[5].

Ethical principles and proposed action

The Committee within the context of pluralistic debate and its implications with respect to the subject dealt with herein limits itself to highlight some problematic elements and to put forward some recommendations.

[4] On this issue, see the previous NBC Opinion, *Tobacco Use* (2003).

[5] It is estimated that in 2010, tobacco was responsible for the deaths of 6.3 million people in the world, alcohol of approximately 4.9 million deaths. Tobacco and alcohol together account for over 12% of the global burden of disease and approximately 18% of total mortality per year. In terms of mortality, there is a smaller association with licit drugs compared with illicit drugs: opiates, cocaine, amphetamines, ketamine and cannabis. Another important factor for the disease is the consumption of foods high in energy value, including drinks high in sugar, instead of foods with low energy value as vegetables and fruit. Excessive caloric intake results in overweight and obesity in children and adults with a consequent tendency to develop diabetes, hypertension, cardiovascular disease, stroke and cancer. Even a lot of osteoarthritis and skeletal fragility of the third age are caused by excess weight, which in turn is affected, equal to caloric intake, by the quantity of physical exercise. Exercise is extremely important for its ability to avoid being overweight, to increase blood circulation and prevent dementia. Obesity and its pathological consequences cause in the world each year about 18 million deaths 9.4 million due to hypertension (stroke and myocardial infarction), 3.4 million due to obesity, 3.4 million to diabetes and 2 million to hypercholesterolemia. Equally important is the prevention of transmission of infectious disease which occurs both with lifestyle habits that involve attention to hygiene to protect one's own health and that of others, and through adhesion to vaccination if existent. Greater knowledge of communicable diseases, with particular attention to those transmitted sexually is desirable. Among infectious diseases, caused by sexual promiscuity, there is still concern over the incidence of AIDS induced by HIV.
For many infectious diseases, from bacteria and viruses the use of vaccinations has already led to remarkable results. In fact there are now rare cases of diphtheria, measles, and whooping cough; vaccination for smallpox was abolished, while there are very few cases of polio. Recently, vaccination against hepatitis B virus has allowed us to decrease the incidence and vaccination against human papilloma virus (accompanied by an adequate information campaign on the risks associated with the contraction of sexual infections) which should decrease the incidence of cancer of the cervix. From this simple and summarised information it seems clear what should be the "lifestyle" that can reduce the burden of disease and mortality: the abolition of tobacco and illicit drugs, drastic reduction of alcohol consumption, preference for vegetable and fruit compared to high energy food and drinks (fast-food and soft-drinks), moderate exercise and adequate information / sex education. If these rules were to be followed by the great majority of citizens, the NHS would diminish the magnitude of its interventions and could always use for the benefit of sick patients the saved economic resources, resulting in an improvement of individual and collective health.

An individualistic approach which exclusively entrusts to the free market and subjective self-determination the decisions concerning the distribution of health resources and decisions regarding care must be avoided, as is to be avoided a concept of healthcare which sees the obligation of the State to deal with every necessity and guarantee each solution relating to health only on the collective level. Both perspectives - the individualistic and collectivistic one - do not consider the moral element which the Committee wishes to stress as central: the right/duty to urge all citizens to responsibly calculate the costs of their choices on health.

Certainly, although the State should not impose paradigms of health to people who have different conceptions of health as a good[6], it is one of its duties to ensure, through law, measures for assistance and prevention and with the same care, the conditions for survival and health of citizens, urging them to realise that the right to health can not be separate from the duty of social solidarity as provided by our Constitution, in general by art. 2 and, with regard to the protection of health by art. 32. The placing of art. 32 within the context of 'ethical and social relations, is already significant. "In addition, the right to (protection of) health is recognised in that article both as "a fundamental right of the individual" and as "a collective interest".

It is the duty of social solidarity that justifies attention to the consequences of one's behaviour. In addition to this, it is important for the citizen to be aware of the fact that a statement of reasons for exclusion, albeit non-discriminatory, from one's right to care can be given by objective clinical considerations stemming from behaviours and lifestyles which hinder effective treatment and which, however, do not guarantee adherence to therapy (as in the case of alcoholics on the list for a liver transplant or obese people on the list for a heart transplant).

Faced with these general considerations there are identifiable certain actions, both collective and personal, that are ethically shared, these actions are capable of helping to encourage improvements in the conditions of individual and public health.

Faced with the need to improve health through primary prevention, history and previous experiences in various countries indicate various possible paths. A first is to operate on the manufacturers of alcohol, tobacco and high-energy foods through "moral suasion" or the adoption of specific tax strategies; a second is represented by a public-private pact in which the necessary changes are gradually achieved; a third consists in making certain behaviours desirable through a strategy that may change the context (informative, for example) in which individuals adopt their own choices[7]; another path is to operate through public imposition by law of the lifestyles considered appropriate for health.

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[6] Already in another document, the NBC noted that "Such a choice might bring to bear on human tragedies, in which it is always very difficult to assess subjective responsibility, a ruthless judgment, in stark contrast to every criterion of solidarity" NBC *Bioethical guidelines*, cit., p. 35.

[7] The reference is to the so-called strategies of *nudging* in which individual adoption of specific virtuous behaviours is encouraged through the modulation of the characteristics of decision-making context. Intended in terms of "liberal paternalism", this approach pays special attention to behavioural sciences and to profiles which are often irrational at the basis of choices. See R.H. Thaler, Č.R. Sunstein, Nudge: *Improving Decisions about Health, Wealth, and Happiness,* Yale University Press, 2008; finally, M. Quigley, *Nudging for Health: On Public Policy and Designing Choice Architecture*, in “Medical Law Review”, 2013, n. 21, pp. 588-621.

The various ways are not mutually exclusive and do not cover all aspects of the problem which requires broader cultural action that sets in motion the whole of society through various levels of intervention.

1. It is scientifically proven that among environmental factors, good diet and nutritional balance is fundamental from the early stages of a child's life in order to determine present and future health. Good pediatric indications can construct a proper diet that takes into account the different stages of growth, introducing all essential nutrients and avoiding the risk of a repetitive diet or one that is aligned with that of the family, which is often a root cause of the problems of overweight. This also implies the need to provide parents with more information on the implications that nutrition in the first years of life can have on health in adulthood. It is always a part of the educational duties of parents to provide an example of healthy habits by creating awareness in their children early on regarding the damage caused through smoking, alcohol and other drugs and encouraging cultural and sporting interests. Similarly, it is important for education in primary prevention to continue at various scholastic levels. The example of teachers is certainly fundamental but it is also important that the rules regarding lifestyles should be proposed through education programs specifically aimed at acquiring knowledge of drugs and eating habits, but also taking cue from the opportunities arising from other teachings and occasions of the daily news. The school canteen is another important opportunity to put teaching into practice.

2. The social level of intervention is very important and must be in tune with the programs for primary prevention. A high level of participation by people having an important social role and visibility is required. First of all, doctors themselves who have a considerable influence on the behaviour of their patients: medical boards should be the main promoters of the information regarding primary prevention. Not to be overlooked is the influence which can be exerted, especially on young people, by those who have reached success, for example singers, athletes, entertainers. They can act as a "testimonial" through example, but also by avoiding taking part in publicity related to products contrary to the principles of primary prevention. Cinema, theatre, television and, more generally, the mass media should be careful not to advertise, directly or indirectly, products such as cigarettes or alcohol.

3. The State must maintain and increase strict monitoring on the quality of the food products in circulation in the country, even in relation to the country of origin. As regards certain addictive substances the State, as has already been said, undoubtedly has a conflict of interest, by its collecting taxes on the one hand and on the other paying for the damage caused by those taxed products. However, there can be no doubt about the priority of the health of citizens over other interests.

With regard to tobacco in Italy there has been in recent years a considerable reduction of anti-smoking propaganda: we must continue along the line that has banned smoking in public places, extending the ban to parks, stadiums as well as outdoor places, such as restaurants and all places where there is proximity of people. In addition, as has been shown by many studies, there may be a reduction in the number of smokers by raising the price of cigarettes. At the European level it is important to discourage the production of tobacco by eliminating the existing economic incentives. In Italy, several projects have been funded to reduce smoking, and the Ministry itself has

started a program "Smoke-free Ministry"[8]. The number of smokers dropped following the introduction of the so-called smoke-free law 3/2003, today it has remained virtually the same (22-23%; these values are e.g. above those of the United Kingdom and Sweden). Lastly, the NHS and the RHS should investigate the possibility of providing smokers free of charge, under strict medical supervision, the pharmaceutical preparations that contain nicotine which, although they do not decrease dependency, they do have the advantage of avoiding the assumption of all the carcinogenic compounds produced by combustion.

Regarding alcohol the actions of the government have so far been very bland. The Alcohol Health Alliance has prepared a series of 30 recommendations which include inter alia the abolition of advertising as is done for tobacco and an alcohol tax rise in order to increase the price of the minimum unit of alcohol served to the public. The need to place clearly visible warnings on the bottle containing alcohol to make the damage caused to health known is also envisaged. There should be a drastic decrease in blood alcohol concentration in those who drive private or public vehicles or manoeuvre dangerous equipment as well as the use of alcohol during pregnancy. Lastly there should be an increase in the services open to alcohol-dependent patients by the NHS to provide support and detoxification treatments.

As for foods and drinks with a high energetic value first and foremost it is very important to achieve widespread information, to identify the products most at risk and to spread knowledge based on scientific evidence. Individual product labels are another important vehicle of information. There should be the requirement for companies to place on their products labels with clear and simple information on the calories per serving as well as educating the consumer to read the information regarding the quantity of calories per portion and the amount of sugar, cholesterol, saturated and unsaturated fats. This information should be accompanied by an explicit indication and risk assessment (similar to the side effects listed in the packaging of medicines). From the point of view of disincentives there could be an extension of recourse to a tax on sugar and fat, so as to encourage manufacturing industries to modify the formulation of their products. Conversely there should be support for the production and distribution of vegetable products or other healthier foods.

This series of possible interventions, presented for purely illustrative purposes, to be implemented at household, school, social and State level, should allow promotion of strong global action indispensable to achieve significant results.

Recommendations

The National Bioethics Committee, on the basis of the considerations above, puts forward the following suggestions aimed at finding effective synergy between the responsibility of individuals for their own health and the State's responsibility to protect health, which is recognised as a fundamental right of every person.

1. The NBC believes that the State should not exercise a right of control over personal decisions, unless they entail risks that directly threaten health or

[8] Some information about the activities can be found on the Ministry of Health 2011 Report on Smoking Prevention Activities.

the life of others. Nevertheless, the State must implement its interventions to improve primary prevention which could be done through a global project that will result in:

- taking into account in the genesis of diseases the social and environmental determinants that affect health and modern forms of poverty and inequality that significantly influence levels of health in general and also the negative consequences of individual behaviours;

- promotion of the researching of scientific evidence on the causes of the risk factors for health (e.g. the link between obesity and the consumption of certain foods or certain metabolic causes); psychological research on motivation and demotivation with respect to responsible lifestyles for health, not forgetting that there is often a social component in the consumption of alcohol or in the way of eating and that lifestyles can be dictated by social customs, or indeed by veritable rituals); research on the social effectiveness of certain interventions (e.g. the relationship between the rise in prices and the decrease in consumption of a product which is harmful to health) and their social impact; research on the necessary tools and methods, proving effective and proportionate for public health;

- promoting measures to make it easier to provide people with the opportunity to lead healthy lives even according to the logic that leads back to “nudging”, i.e. favouring promotion without impositions (e.g. promoting architectures and public spaces to encourage physical exercise; facilitating the opportunity to opt for healthier foods by clearly labelling products or explicitly specifying different options in restaurants, etc.);

- recalling industries to corporate social responsibility, discouraging, by way of appropriate regulations, right from the outset the production and marketing of products that are potentially harmful to health, condemning deceptive marketing strategies and advertising campaigns; in this respect it would be appropriate to take into account the need to compensate for the economic harm suffered by the NHS with the accumulation of wealth by commercial enterprises which put into circulation products which are particularly harmful to health (such as cigarettes proven to have pathogenic effects): indeed product taxation policies affect the consumer, often without significant disincentive effects, while any possible compensation that companies would have to pay to the national service - at least based on the correlation between higher charges for the service itself and the accumulation of wealth by companies - would contribute to relieving, at least in part, the public body from this expense; rather than burdening the consumer who falls ill, the burden is placed on those who benefit from the consumption;

- promoting innovative research of products that do not damage health;

- adhering to and proposing integrated interventions on a European and global level[9];

- implementing appropriate policies for economic and non-economic incentives and disincentives to encourage citizens and induce behaviours capable of reducing the burden of disease on society.

[9] See, the European Commission, "Health in all policies" (http://ec.europa.eu/health/health_policies/policy/index_it.htm) or "Europe 2020 - for a healthier EU" (http://ec.europa.eu/health/europe_2020_en.htm); the World Health Organization, see the program Health in All Policies (http://www.healthpromotion2013.org/health-promotion/health-in-all-policies).

2. It is important on the social level to set in motion the appropriate means of information and education to enable all citizens to become aware of the connection between the right to health and the duty of social solidarity, which involves attention to the consequences of one's lifestyle. A conscious and responsible attitude on everyone's part guarantees all, including future generations. In this sense, it is desirable to plan stable, not occasional initiatives in schools; informational and educational policies aimed at society at large should be promoted and supported financially. However, as already recommended in this Opinion, the construction of a primary prevention program can not discriminate against those who do not adhere or those who practice "bad" habits. Indeed society should address these people at risk of disease, supporting and publicising care services, to help them to recover lifestyles better suited to maintaining a good state of health.

3. Lastly, the responsibility of the media in the presentation of scientific information on health is to be recalled, so that they are aware of the impact this will have on the public. Informative interventions must pay particular attention to the most vulnerable categories. Appropriate regulations are called for to protect minors with regard to the advertising on television and the Internet of products that can damage their health.