

The Scales and Justice: The Ethics of Public Health Anti-Obesity Policies

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Outline of the presentation

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Greater awareness of the complexity of obesity has led to increased ethical reflection

1995

Prentice and Jebb

“Obesity in Britain: gluttony or sloth?”

2008

O’Rahilly and Farooqi

“Human Obesity: A Heritable Neurobehavioral Disorder That Is Highly Sensitive to Environmental Conditions”

2017

Prof. Francis Finucane (talk at Obesity Care Conference, St James’s Hospital, Dublin)

“...some of the things that are happening at the moment might be falling below the level that we would all like in terms of ethical principles.”

But the moralizing hasn't gone away, you know...

'It is not a lifestyle choice caused by individual greed, it's a disease' - Professor on how to tackle obesity



Obesity is a growing problem in Ireland

Ryan Hooper, *Irish Independent*, 3/1/19

RCP president Professor Andrew Goddard:

"[Obesity] is not a lifestyle choice caused by individual greed, but a disease caused by health inequalities, genetic influences and social factors."

Tam Fry, chairman of the National Obesity Forum:

"What worries me greatly however is that obese people will now blame their genes for their condition and **continue to feast on the food that made them fat**. If anything, today's announcement should prompt them to re-double their efforts to follow a healthier lifestyle. In its media coverage I think the RCP has not stressed this message and its announcement will **let people off the hook**. I do hope that I'm wrong."

[Note inevitable use of stigma-invoking "headless fatty" (Charlotte Cooper's term) image to illustrate the article]

Overview of my argument

The Capabilities Approach (CA)

In *Creating Capabilities*, Martha Nussbaum writes, “Storytelling is never neutral: the narrator always directs attention to some features of the world rather than to others. We should, however, insist on genuine curiosity and theoretical flexibility in the construction of an alternative approach. The CA set out to be an alternative to the GDP approach that would incorporate these important virtues.” (Nussbaum, 2011, 15)

GDP reduces society to economy and economy to one simple (simplistic?) number.

I argue that BMI does something similar with weight – and thus the CA can function as a corrective just as it does with GDP.

Overview of my argument

Venkatapuram's capabilities-based approach to health justice

“By interweaving a conception of human dignity and central human capabilities without one being prior to the another, [Nussbaum] is able to argue that **a life worthy of human dignity gives rise to pre-political moral entitlements to the central human capabilities.** Because capabilities and dignity are mutually constitutive, the list of CHCs is a freestanding theory of the good.” (Venkatapuram, 147-148)

- Every human being has claims to social support arising from the dignity of the human being.
- The capability to be healthy (CH) is necessary for a life worthy of human dignity.
- CH is influenced in part by social support (or the lack of social support).
- Thus every human being has claims to social support that enables her CH.

Overview of my argument

Applying this account to public health anti-obesity interventions

Every human being has claims to social support that enables her CH. What claims might human beings have in relation to public health anti-obesity interventions?

- That they would provide accurate information
Public health anti-obesity campaigns do not reflect best evidence about weight loss: Most people cannot maintain clinically significant weight loss over the long-term
- That they would refrain from stigmatising individuals or groups
Public health campaigns contribute to stigma against fat people
- That they would enable health behaviour for its own sake
Public health campaigns encourage people to see healthy eating and exercise only as tools for weight loss, but they have other benefits

Health Justice

Venkatapuram's theory of health

“The theory of health I am advancing rejects the plausibility and pursuit of a value-free and scientific notion of health, or one that is wholly centred on the concept of disease. Instead, I argue for a conception of **health as a person's ability to achieve or exercise a cluster of basic human activities**. These activities are in turn specified through reasoning about what constitutes a minimal conception of a life with equal human dignity in the modern world.” (Venkatapuram, 42-43)

Health Justice

Venkatapuram's CA-based account

Every human being has a moral entitlement to the social bases of a sufficient and equitable capability for being healthy (CH).

Four factors influence an individual's CH:

1. Individual biology
2. Individual behavior
3. External environment
4. Surrounding social conditions

In summary...

Health is not merely the absence of disease, but the **ability to pursue a cluster of basic human activities** needed for a life compatible with human dignity.

Health is **affected by social and environmental factors** as well as biological and behavioural factors.

Each individual has **moral claims** relating to these social and environmental factors.

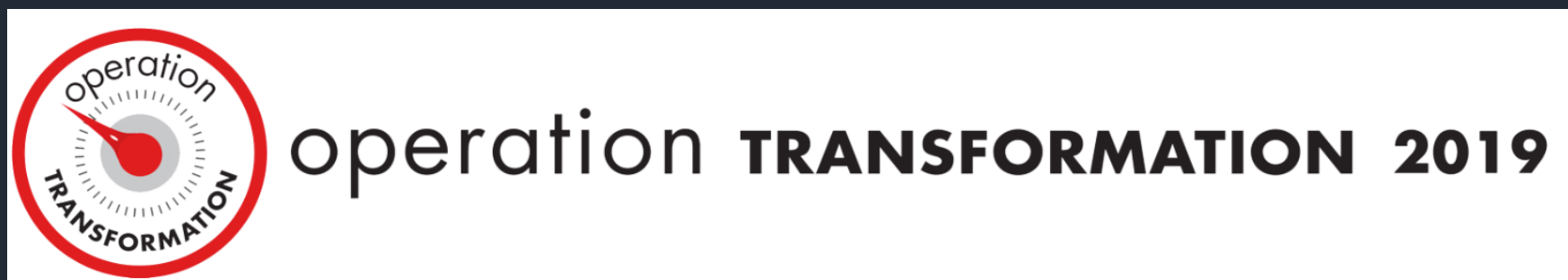
Obesity and health justice

If health is the ability to pursue certain basic activities necessary for human dignity, then obesity should be assessed not (only) in numerical/actuarial terms but with reference to its impact on the individual and aggregate CH.

If health is affected by social and environmental factors as well as biological and behavioural factors, then obesity cannot be understood (only) as a matter of individual responsibility.

If each individual has moral claims relating to these social and environmental factors, how are these claims being met in the case of obesity?

Public health anti-obesity policy



How this limits fat people's CH

1. Stigma limits fat people's ability to pursue important functionings (e.g. play)
 - a) Ought implies can: The message is that all overweight and obese people could lose weight if they chose to. Therefore being overweight or obese is seen as a choice.
 - b) Overweight and especially obesity are presented as disastrous for "us" – the taxpayer, the general public, even the planet.
 - c) In our culture, hatred and fear of fatness is already over-determined, so even the subtlest implication of moral culpability is enough to trigger our cultural belief that fat people are morally repugnant.
2. Stigma actually makes people *less* likely to make positive changes to their behaviour (Extensive work by Rebecca Puhl, Rudd Centre for Food Policy and Obesity)

This is bad for thin people too

1. If you are thin, you must already be healthy – this presumption obscures ways in which our environment and lifestyle still harm people who don't get fat.
2. Focus on individual weight loss obscures the role of surrounding social factors in obesity also obscures the role of surrounding social factors in health generally.
 - a) Obesity is one of the most widely-discussed health issues of our time. What we think about obesity shapes what we think about health.
 - b) Instead of seeing obesity as a product of the environment, we are nudged to see fat people the *cause* of the environment.
 - c) “We” are suffering because of the bad choices of “them”. (It helps that the BMI cut-off for obesity is at odds with basic intuitions, so most of us think we're part of “us” when we're really part of “them”.)
 - d) So the social factors are elided and the responsibility is placed squarely on the individual.

Conclusion: A better way?

Professor Donal O'Shea, consultant endocrinologist and physiologist, Morning Ireland, 6 June 2015: "You need to know your weight, you need to know what you should weigh."

Notably, Prof. O'Shea repeatedly mentions the social factors affecting obesity, only to have the interviewer pivot back to individual responsibility!

Then towards the end of the interview...

"Physical activity levels are absolutely essential and if you are physically fit it almost doesn't matter what weight you are. The benefits of physical activity get rid of an awful lot of the ills of weight."

So why not just advocate and enable fitness for its own sake?



Conclusion: A better way?

1. My contention: We don't have an obesity crisis. We have a food crisis and we have a sedentary lifestyle crisis. This is a problem for everyone. It limits all of our capability to be healthy. Public bodies should stop making this all about weight and start asking how they can facilitate all of us to enact weight-neutral behavioural change.
2. Enabling weight-neutral behavioural change would have positive impact on CH not just for overweight/obese/fat people but for everyone.
3. It would also be an acknowledgement of the social factors that influence CH and health itself, which might help to take some of the moral 'sting' out of public discourse on health – again, this would benefit everyone.

Thank you!

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