SAFE AND HEALTHY FOOD FOR ALL: WHOSE RESPONSIBILITY?

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Lord Krebs Kt FRS
Principal
Jesus College
Oxford
• What is “safe”?

• What is “healthy”?

• Whose responsibility?

• Who is “all”?
What do we mean by “safe”?  

“The Government does not set out to achieve zero risk, but to reduce risk to a level which should be acceptable to the reasonable consumer”  

“Raw milk is probably the most dangerous article in our diet”

Sir Graham Watson 1942 The Pasteurisation of Milk

“Pasteurisation has been prevented by ignorance, prejudice and selfishness”

Dr Edith Summerskill 1949, introducing the Pasteurisation Bill
Chinese infant formula
September 2008

• Melamine added
• Over 53,000 affected babies
• Many seriously ill, some deaths
• 23 companies
• Export as well as domestic market
Food risks: UK deaths per year related to diet or food

<table>
<thead>
<tr>
<th>Risk</th>
<th>Approx. number</th>
</tr>
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<tbody>
<tr>
<td>Cancer*</td>
<td>56,000</td>
</tr>
<tr>
<td>Coronary heart disease (CHD)*</td>
<td>35,000</td>
</tr>
<tr>
<td>Food borne illness</td>
<td>~ 500</td>
</tr>
<tr>
<td>vCJD</td>
<td>&lt;20</td>
</tr>
<tr>
<td>Food allergy</td>
<td>~ 10</td>
</tr>
<tr>
<td>GMOs, pesticides, growth hormones</td>
<td>nil</td>
</tr>
<tr>
<td>Choking to death</td>
<td>151</td>
</tr>
<tr>
<td>Bed or chair accident</td>
<td>140</td>
</tr>
</tbody>
</table>

* assumes about one-third of deaths are diet-related
• What is “safe”?

→ • What is “healthy”?

• Whose responsibility?

• Who is “all”?
Nutrition policy

First half of 20th Century

Ensuring people get enough
- avoid deficiencies

First half of 21st Century

Choosing the right balance for health
Risk: Life Expectancy

Current rate of change: 12 minutes per hour

Male | Female
--- | ---
1901 | 45 | 49
2001 | 76 | 81

source: [www.parliament.uk](http://www.parliament.uk); HoL Select Committee Report on Ageing
Changes in the prevalence of obesity in England

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>% obese(^1) (BMI &gt;30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>13.5</td>
</tr>
<tr>
<td>11-15</td>
<td>14.5</td>
</tr>
<tr>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Adult</td>
<td>14.5</td>
</tr>
<tr>
<td></td>
<td>24</td>
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</tbody>
</table>

By 2025 40% obese\(^2\)

1: source: Health Survey for England 2004
2: source: Foresight 2007
Risks and costs of Obesity in England

30,000 premature deaths per year
18 million sick days
9 year reduction in life expectancy
£2 bn cost to the economy¹
By 2025 total costs £35.7bn²

(USA – 2nd largest modifiable cause of premature death)

¹: source: National Audit Office; WHO
²: source: Foresight 2007
Examples of the many factors that might contribute to the rise in obesity: their relative importance is unknown

**INTAKE**

*Food is:*
- More energy dense
- Cheaper
- More varied
- Lower in protein
- Processed
- Marketed

*People eat:*
- Larger portions
- Irregularly
- Ready meals

**EXPENDITURE**

*People:*
- Cycle/walk less
- Do less exercise
- Have central heating
- Use labour saving devices
- Have sedentary jobs
The National Obesity Strategy (2008)

- Infants and children
  better feeding habits
- Choice
  better labelling
- Physical activity
  encourage exercise
- The workplace
  involve employers
- Advice for the obese
  web-based information, direct mailing
“No evidence whether this range of programmes will encourage obese children to eat more healthily or exercise more”

National Audit Office, Audit Commission, Healthcare Commission

“It is lamentable that….there is still so much dithering and confusion and still so little coordination”

Parliamentary Audit Committee

“Our evidence shows that a SUBSTANTIAL DEGREE OF INTERVENTION is required…”

UK Foresight Report
Two alternative views

“We talk too much about people being “at risk of obesity” instead of talking about people who eat too much and take too little exercise…the buck stops with them. They can’t shuffle off the responsibility”
UK Shadow Health Secretary, August 2008

“People should be given tax breaks for living healthy lifestyles: you could, for instance, have card you swipe whenever you take physical exercise”
UK Lib Dem Health Spokesman, Sept 2008
• What is “safe”? 
• What is “healthy”? 
• Whose responsibility? 
• Who is “all”?
Whose job is it to ensure we lead a healthy life?

- Individual?
- Government?
- Industry?
- Third sector?
Whose responsibility?

Our health is our own responsibility, but:

J.S. Mill 1859 “On Liberty” suggests that state intervention may be justified to:

- Prevent us harming others
- Protect vulnerable people
- Provide education
- Provide public services
Beyond Mill: some other arguments for a “nanny state”

- Prevent free-riders
- Regulate businesses that put profit before health (e.g., tobacco)
- Reduce inequalities
The intervention ladder

- Restrict freedoms (ban or coerce)
- Incentivise choice (eg taxation)
- Enable choice (labelling, cycle tracks)
- Educate and inform
- Do nothing or monitor
Is it all a matter of “Lifestyle Choice?”

- Socioeconomics/genetics may constrain choice
- Businesses or others may edit choice
- Psychological constraints may limit choice
• What is “safe”?

• What is “healthy”?

• Whose responsibility?

⇒ • Who is “all”?
Equality of citizens

“...can we turn our backs on equality? No government is legitimate that does not give equal concern and respect for all those citizens over whom it claims dominion”

*R Dworkin 2000 Sovereign Virtue; the theory and practice of equality

“This newspaper has long argued that a mobile society is better than an equal one: disparities are tolerable if combined with meritocracy and general economic advance”

*The Economist 20.1.07

Equality of what?

• Opportunity?
• Outcome?
• Capabilities?
Global inequalities
Decline in support for agricultural development in 20 years to 2003 (% bilateral aid)

<table>
<thead>
<tr>
<th>Country</th>
<th>2003</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>UK</td>
<td>11.4</td>
<td>4.1</td>
</tr>
<tr>
<td>France</td>
<td>8.5</td>
<td>2.2</td>
</tr>
<tr>
<td>Germany</td>
<td>9.1</td>
<td>2.9</td>
</tr>
</tbody>
</table>

source: Paarlberg 2008
“Many governments in Africa today, out of deference to European example, have driven GM foods and crops out of their own markets by adopting European style regulatory approaches”

Paarlberg 2008
Starve rather than accept GM maize as food aid

“Simply because my people are hungry, that is no justification to give them food that is intrinsically dangerous to their health”

President Levy Mwanawaswa of Zambia (2002)
FRANKENFOODS
The truth at last

GM food tests must be tougher, warn experts

British scientists turn on GM food

Financial Times
EU GM labelling

• Contains DNA/protein (>1%)

• Contains a derivative (oil or starch)

• Not if used in production (cheese or meat)
Summary

- Food safety and standards accepted as a role of the state
- Nutrition and health much more contentious
- Responsibility should extend beyond national boundaries