The Harm of Bioethics: A Critique of Singer and Callahan on Obesity

Christopher Mayes, 2014

Abstract

Debate concerning the social impact of obesity has been ongoing since at least the 1980s. Bioethicists, however, have been relatively silent. If obesity is addressed it tends to be in the context of resource allocation or clinical procedures such as bariatric surgery. However, prominent bioethicists Peter Singer and Dan Callahan have recently entered the obesity debate to argue that obesity is not simply a clinical or personal issue but an ethical issue with social and political consequences.

This article critically examines two problematic aspects of Singer and Callahan's respective approaches. First, there is an uncritical assumption that individuals are autonomous agents responsible for health-related effects associated with food choices. In their view, individuals are obese because they choose certain foods or refrain from physical activity. However, this view alone does not justify intervention. Both Singer and Callahan recognize that individuals are free to make foolish choices so long as they do not harm others. It is at this point that the second problematic aspect arises. To interfere legitimately in the liberty of individuals, they invoke the harm principle. I contend, however, that in making this move both Singer and Callahan rely on superficial readings of public health research to amplify the harm caused by obese individuals and ignore pertinent epidemiological research on the social determinants of obesity. I argue that the mobilization of the harm principle and corresponding focus on individual behaviours without careful consideration of the empirical research is itself a form of harm that needs to be taken seriously.

Keywords: obesity; Peter Singer; Dan Callahan; harm principle; public health
Introduction

Debate concerning the social impact of obesity has been ongoing among public health, health policy and sociology researchers since at least the 1980s. Bioethicists, however, have been relatively silent on this issue. If obesity is addressed it tends to be in the context of bioethical concerns relating to resource allocation or clinical procedures such as bariatric surgery. Prominent bioethicists Peter Singer and Dan Callahan have recently entered the obesity debate to argue that obesity is not simply a clinical or personal issue but an ethical issue with social and political consequences.1 As such, they contend that interventions are needed to curb the rise of obesity. The strength of their respective arguments rests on empirical claims that obesity is caused by individual liberty, which in turn harms society.

In this article I critically examine the contributions of Singer and Callahan to the obesity debate. I argue that their respective approaches share two problematic aspects. First, an uncritical assumption that individuals are autonomous agents responsible for health related effects associated with food choices. In their view, individuals are obese because they choose certain foods or refrain from physical activity. However, this view alone does not justify intervening in the lives of individuals. Both Singer and Callahan recognize that autonomous individuals are free to make foolish choices so long as those choices do not harm or impose costs on others. It is at this point that the second problematic aspect arises. To interfere legitimately in the liberty of individuals they invoke the harm principle. That is, they seek to demonstrate that obese individuals are harming others. I contend, however, that in attempting to activate the harm principle both Singer and Callahan rely on superficial readings of public health research to amplify the harm caused by obese individuals and ignore pertinent epidemiological research on the social determinants of obesity. I argue that the mobilization of the harm principle and corresponding focus on individual behaviours without careful consideration of the empirical research is itself a form of harm that needs to be taken seriously.

Like many within contemporary bioethics, Singer and Callahan operate with a theoretical toolbox largely defined by the liberal tradition. In particular, they characterize persons as rational, self-conscious and autonomous agents free to determine their own ends. This idea is upheld as axiomatic and deserving of social and juridical guarantee. The influence of this idea partly explains the relative silence of bioethicists on public health issues like obesity. If it is true that obesity is the result of choosing to eat more and exercise less, then it would appear that autonomous persons in liberal societies should be left alone to pursue the activities and ends of their own determining. This at least seems to be the conclusion to draw from J.S. Mill, who writes ‘the only purpose for which power can be rightfully exercised over any member of a civilized community, against his [sic] will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant’.2 However, as is demonstrated below, the relationship between individuals and society is not so clear-cut.

Singer on the Cost of Heavy Passengers

In an article for Project Syndicate3 entitled ‘Weigh More, Pay More’, Singer is clearly mindful of the harm principle when he writes:

*Is a person’s weight his or her own business? Should we simply become more accepting of diverse body shapes? I don’t think so. Obesity is an ethical issue, because an increase in weight by some imposes costs on others.*4

Singer uses the example of air travel to demonstrate the way obese individuals impose a cost on others. Drawing on figures offered by the chief economist at Qantas, Singer claims that a weight increase of two kilos per passenger since 2000 has resulted in the airline spending an extra $472 in
fuel per Sydney to London flight or $1 million annually. Singer suggests that this cost should not be borne by the airline or the passengers as a collective, but by those individuals exceeding a 75-kilo threshold. Singer claims that this measure is ‘not to punish a sin’ but ‘a way of recouping ... the true cost of flying you to your destination, rather than imposing it on your fellow passengers’.5

Singer points out that air travel is not a human right and that appropriate costs for air travel is limited to the realm of private enterprise. If Qantas wishes to pass operating costs on to customers it could. Up to this point Singer sounds more like a spokesperson for the airline industry rather than a bioethicist. However, Singer’s real concern is not Qantas’s bottom line. Although the aeroplane example and the title of his paper suggests that Singer wants obese people to pay the financial costs purportedly associated with their weight, his real interest is in non-financial harms.

The more obviously ethical feature of Singer’s argument is when he links increased fuel-use to global warming. According to Singer, heavy passengers require more fuel, which produces ‘higher greenhouse-gas emissions’ and ‘exacerbate[s] global warming’.6 The same logic is applied to public transport and health care. According to Singer, larger and heavier people use more healthcare resources due to their greater mass and the variety of medical problems purported to be associated with being overweight and obese.

Singer maintains that these examples demonstrate that ‘the size of our fellow-citizens affects us all’ and that ‘[i]f we value both sustainable human well-being and our planet’s natural environment, my weight – and yours – is everyone’s business’.7 Singer concludes by returning to the harm principle, arguing that the harms and costs caused by obese individuals ‘justify public policies that discourage weight gain’.8 Thus it is not simply a matter of requiring obese individuals to offset the economic costs but, due to non-economic costs such as harm to the environment or use of health resources, it is necessary to discourage and prevent individuals from making choices purported to cause obesity. It is on this point that Callahan offers a number of suggestions, including stigmatization.

**Callahan and the Use of Stigma to Benefit Society**

In an article published in the Hastings Center Report, Daniel Callahan asks ‘how far can government and business go in trying to change behaviour that harms health?’9 Callahan is specifically interested in behaviours associated with obesity. Like Singer, Callahan considers obesity to pose significant harms to human wellbeing and society. Callahan believes the combination of prevalence (67% of Americans are overweight or obese) and costs (financial, social and medical) of obesity constitutes a harm that justifies the introduction of ‘coercive public health measures’.10

The nature of the problem, as defined by Callahan, means that individuals need to be induced ‘to change the way they eat, work, and exercise’.11 Despite acknowledging social influences, Callahan argues that the primary ‘causes of obesity’ are the sedentary habits, poor diet and ‘all the luxuries we possess – automatic garage door openers, can openers, food blenders and mixers, escalators, elevators, golf carts, automobiles, and so on’.12 Therefore it is at this level that behaviour change strategies need to operate and ‘awaken’ overweight and obese people ‘to the reality of their condition’.13

What is needed, according to Callahan, is a three-pronged approach that includes ‘coercive public health measures, mainly by government but also by the business community; childhood prevention programs; and social pressure on the overweight’.14 Although Callahan notes a role for government and business in shaping the environment, he maintains that ultimately individuals need to work ‘to stay thin in the first place and to lose weight early on if excess weight begins to emerge’.15 By stigmatizing and pressuring individuals, Callahan believes it will be possible to change behaviours and reduce obesity rates. Callahan acknowledges that these strategies will interfere with individual liberty; however, like Singer, Callahan believes that the magnitude of the harms posed to future human wellbeing and society justify this approach.
Harming the Already Harmed?

Both Singer and Callahan assert that obesity harms society due to associated economic costs. A strategy to rebut their respective arguments could be to refute this economic assertion. The Wall Street Journal recently published an estimate that the diet and obesity management industry will be worth $139.5 billion dollars by 2017.16 This figure does not include the value of so-called obesogenic industries such as fast food and soda. It could therefore be argued that the health costs of obese people and associated activities are neutralized by the gains of industries associated with causing or curing obesity. Rather than targeting individuals, Singer and Callahan should focus their energies on getting governments to adjust tax rates and distribution accordingly to ensure that public transport and health systems can evolve. However, such lines of argumentation quickly descend into contemporary manifestations of the apocryphal debates among Scholastics about how many angels can fit on the head of a pin and obscure what is ethically and politically significant.

Rather than taking this route I will assume that the collective weight gain in Western populations pose some harms to society. I maintain, however, that the positions of Singer and Callahan are untenable and ignore pertinent research. To rebut their positions I focus on two related questions:

Do individual choices cause obesity? And, are the strategies targeting the individual ethically justified?

The question of individual choice has become a vexing issue in public health in Western societies. Daniel Goldberg argues that a ‘methodological individualism’ dominates much of debate around public health interventions, particularly in the United States. Drawing on Jon Elster,17 Goldberg defines methodological individualism as ‘the doctrine that all social phenomena (their structure and their change) are in principle explicable only in terms of individuals – their properties, goals, and beliefs’.18 This principled or philosophical position has led to health promotion strategies and policies that focus almost exclusively on individual lifestyles and behaviours. The focus on the individual in matters of public health however, owes more to the philosophical and political significance of the individual in the West than empirical evidence. An increasing body of research demonstrates that health in general, and obesity in particular, is the ‘result of the way in which we organize our societies through economic, social, and political policies and practices’.19 While Singer and Callahan emphasize individual choice as the cause of obesity, and therefore a legitimate target for interventions, public health research demonstrates that social and structural factors preclude and shape the possibility of choice.

Over the past decade public health associations and research institutions have emphasized that social, cultural and environmental factors are antecedent to individual behaviours associated with obesity.20 Leaders in the field, such as Michael Marmot in the UK, Fran Baum in Australia, and Kelly Brownell in the US all argue that structural factors rather than individual choice should be the main target of interventions to prevent obesity.21 Brownell and his colleagues write:

> environmental conditions can override individual physical and psychological regulatory systems that might otherwise stand in the way of weight gain and obesity, hence undermining personal responsibility, narrowing choices, and eroding personal freedoms.22

Individual behaviours do have a part to play, but focusing on the individual in the absence of the social determinants of obesity will not address the complexity of the issue. Marmot contends that ‘policies to modify health behaviours need to address the social determinants of health. Aiming interventions at individuals will not by themselves reduce health inequalities’.23 For Marmot, any focus on the individual needs to occur within a broader strategy that addresses social determinants.
However, the influence of methodological individualism makes such approaches unlikely to eventuate. Recent obesity interventions in Australia, the UK and the US have almost exclusively focused on individual consumer choices with no substantial effort made by governments to address social determinants.24

Not only is focusing on individual choice as the cause of obesity unsupported by research, but research also demonstrates that choice is undermined by the social factors that many consider to be the conditions of the obesity epidemic. Writing in the New England Journal of Medicine, Jennifer Cheng describes her experience as a pediatrician filing a Child Protective Services (CPS) report for medical neglect of two young girls with progressive morbid obesity. Cheng soon came to realize however, that interventions such as CPS and strategies focused at the choices and behaviours are ineffective if those interventions do not address structural factors of poverty, crime and education. Cheng writes:

> People born into lower social strata are more likely than their contemporaries in higher social echelons to be born small and then to experience rapid catch-up growth leading to overweight and obesity; they also have higher rates of pulmonary and cardiovascular disease, learning difficulties, mental illness, poor life quality, and premature death than do people higher up the social ladder ... Making the right decisions can be extraordinarily difficult for families like the S. family, because they have little true choice.25

The research of Marmot, Brownell, Baum and Cheng represents a much wider body of research that repeatedly demonstrates that individual choices cannot be held as the exclusive cause of an individual's obesity.26 Furthermore, many of the choices available to individuals are shaped and influenced by social, political and economic factors beyond the individual's control. Obesity may very well harm society as Singer and Callahan contend, however public health research is clear that a plurality of factors operating prior to individual choice are responsible for that harm.

In light of this public health research, the second question – Are the strategies targeting the individual ethically justified? – must be answered in the negative. If individual liberty is not the primary cause for the obesity-related harms to society, and focusing on the individual will not reduce those harms, then the strategies targeting the individual outlined by Singer and Callahan do not fulfil the criteria of the harm principle. However, the importance of this conclusion is not that Singer and Callahan are simply wrong on etiological grounds. The more troubling point is that the kinds of arguments put forward by Singer and Callahan contribute to the harms suffered by individuals.

In attempting to invoke the harm principle to justify interventions into the lives of individuals, Singer implies and Callahan outlines strategies known to cause serious harm. Research in public health demonstrates that not only are attempts to hold individuals responsible for body weight unsupported by evidence and demonstrated to be ineffective, but such interventions contribute to stigmatization.27 According to Goldberg and Puhl, weight stigmatization has ‘numerous adverse health consequences, including depression, anxiety, low self-esteem, suicidal ideation, and avoidance of health care’.28 Lily O’Hara and Jane Gregg also demonstrate that body dissatisfaction, disordered eating, discrimination and death are some of the iatrogenic effects of health promotion strategies targeting individual behaviours in order to reduce body-weight.29

In addition to the harms associated with stigmatization, the extensive research of Rebecca Puhl on obesity stigmatization demonstrates that there are no grounds for Callahan's expectation that individuals can be coerced to make healthy behaviour changes.30 Callahan's explicit attempt to create an environment of weight stigmatization is problematic for two reasons: first, the unfounded assumption that stigmatization will be effective in producing a positive outcome for the individual and society; and second, because stigmatization and coercion are known to cause significant harms.
Thus even if individual choices were the cause, a stigmatization approach to modify choice is both harmful and ineffective.31

If the public health research cited here demonstrates anything, it is that obesity as an individual condition and the obesity epidemic as a global phenomenon are extremely complex. The editors of the New England Journal of Medicine cautioned in 1998, at the start of the so-called obesity epidemic that ‘Until we have better data about the risks of being overweight and the benefits and risks of trying to lose weight, we should remember that the cure for obesity may be worse than the condition’.32 Fifteen years later, a systemic review by Katherine Flegal et al. published in the Journal of the American Medical Association suggests that being overweight or slightly obese is negligible and in some case beneficial.33 In contrast, the so-called cures are well documented to cause harm. This should give pause to anyone proposing public policies that target individuals – especially under the banner of ethics.

Conclusion

Singer and Callahan’s arguments demonstrate the dangers of applying ethical theories in the absence of empirical research. Empirically based ethics are not always possible or desirable, but in situations where extensive literatures exist it is prudent to acknowledge them. Singer has been a leading figure in doing this kind of work, particularly in the area of animal welfare, which is all the more reason why his analysis of obesity is so disappointing.

Although I am critical of these examples of bioethical intervention into matters of public health, I believe that bioethicists should engage with issues antecedent to the clinic. Industry influence on health policy, government funding of social infrastructure or access to reliable sources of fresh food are ordinarily the focus of public health and health policy researchers. However, these factors shape the health and wellbeing of individuals and populations and should be taken into consideration by bioethicists intervening in areas such as obesity. To do so, however, may require a more diverse and interdisciplinary set of theoretical and empirical tools.34 Tools that challenge the methodological individualism that so often dominates bioethical debate; tools that allow for nuanced ethical analyses of the social, political and economic determinants of complex phenomena such as obesity.

Acknowledgments

An earlier version of this article was presented at the Australasian Association of Bioethics and Health Law conference held at the University of Sydney, 11–14 July 2013. I would also like to thank the anonymous reviewers for providing critical feedback on this article.

Footnotes/References


3. Some readers may object that Project Syndicate has a popular-level audience requiring short opinion pieces and it is therefore inappropriate to critique Singer’s article on scholarly grounds. I reject such objections. The push for academics to engage wider audiences is laudable; however, as processes such as peer-review are circumvented, it becomes even more important for authors and scholarly communities to ensure that ethical and research standards are maintained.
5. Ibid.
6. Ibid.
7. Ibid.
8. Ibid.
10. Ibid: 36.
12. Ibid: 35.
15. Ibid: 40.
23. Marmot op. cit. note 141.


