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OBESITY AND PATERNALISTIC INTERVENTIONS: WHERE DOES THE MORAL RESPONSIBILITY LIE?
ACKNOWLEDGEMENTS

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ABSTRACT

One of the biggest threats to the nation’s health is arguably obesity. Numerous health risks are associated with obesity and these are well documented. The main concern is for the individuals own health, although there is also a great financial burden. In this dissertation I will argue that obese individuals are acting irrationally and irresponsibly whilst pursuing an unhealthy lifestyle. I also argue that parents who fail to provide their children with the means of a healthy lifestyle are acting irrationally and irresponsibly. In light of neglecting ones duty of care I argue that the state has a responsibility to perform paternalistic interventions. As J.S. Mill argued, the restriction of liberty is only justified if it prevents harms to others. In the case of obesity I argue that society is duly harmed by the financial burden it has upon the National Healthcare System and businesses alike. Consequently paternalistic interventions are just in order to care, educate and curtail the freedom and liberty of those individuals who are acting irrationally and irresponsibly.
I

INTRODUCTION
Introduction

Many countries are struggling to decrease the number of obesity cases and as a result it has reached epidemic proportions. It is estimated by the World Health Organisation that by 2015 there will be 2.3 billion overweight individuals in the world and of those 700 million will be obese (BBC News, 2008 [online]). Obesity is an issue regularly discussed in contemporary society. It is ever present in the media who highlight and sensationalise many of the health implications. For example in an article in The Independent it was reported that obesity increases the risk of ten different types of cancer in women (The Independent [online], 7th November 2007).

Although it is a necessity to consume food, the excessive consumption of modern societies is increasingly producing overweight and obese individuals. The terms obese and overweight are used interchangeably in the literature; however they do have different meanings. Overweight is defined as having a body weight that exceeds the normal or standard weight for an individual of certain height and frame size. Obesity, on the other hand is defined as a condition of having excessive amounts of body fat (Wilmore & Costill, 1999).

In the United States of America there are more than one billion overweight adults and at least three million of them are clinically obese (WHO, 1998 cited in Bouchard et al., 2007 pp176). In the United Kingdom, in 2005, 24% of females and 23% of males aged above fifteen were estimated as being obese (WHO, 2005 [online]). Consequently in the United Kingdom in 2005 nearly a quarter of the population of individuals aged above fifteen years were obese. The number of under 15’s who are obese is particularly alarming. In 2007 in Wales about 22.5% of boys and 17% of girls aged thirteen year olds were obese with similar figures identified for individuals aged fifteen. These figures suggest that almost a quarter of individuals aged thirteen and fifteen in Wales have a prevalence of excess body fat. In England 18% of boys and 16% of girls aged thirteen were obese, whilst 13% of all girls and 16% of all boys aged fifteen were obese. Lastly in Scotland 17% of boys and 13% of girls aged thirteen were classed as obese. The statistics identify that although there is a variance across the United Kingdom, the prevalence of obesity is alarming both for adults and children (WHO, 2007 [online]).
There are many health related risks associated with obesity. These conditions include type two diabetes, coronary heart disease, hypertension, strokes, some forms of cancer, gallbladder disease and osteoarthritis (WHO, 1998 cited in Bouchard et al., 2007 pp175). Consequently it is not just the immediate effects of obesity which present a problem but also the associated long term effects it has on an individual’s quality and length of life. Individuals who are obese from a young age place themselves at a greater risk of gaining ailments such as the ones stated above.

The health risks to the individual notwithstanding, this level of obesity brings with it a number of other related issues. The direct cost of obesity in the UK to the NHS was £0.5bn and the indirect costs to the economy was £2bn in 2003 (Vlad, 2003). In the US alone obesity is costing companies more than $13bn a year in health insurance, sick leave, life insurance and disability insurance (Wakefield, 2004). There is a greater chance of individuals gaining obesity related ailments, therefore, insurance costs increase to cover the risk to the company. The increase in obesity related sickness and sick leave also comes with a financial burden for employers. Consequently obesity can cost companies a great amount of unnecessary expenditure.

The World Health Organisation (2007) [online] state:

Global increases in overweight and obesity are attributable to a number of factors including a global shift in diet towards increased intake of energy-dense foods that are high in fat and sugars but low in vitamins, minerals and other micronutrients; and a trend towards decreased physical activity due to the increasingly sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization.

Obesity and overweight are directly related to a poor diet and sedentary lifestyle. It is, therefore, these aspects of life that need to be adapted in order to prevent further cases of obesity developing. Physical activity is a proven mechanism in ameliorating the effects of obesity. Consequently individuals should value and choose a lifestyle characterized by physical activity and a healthy diet.

It is clear that obesity carries a cost for the individual and society in general. In this dissertation I will explore the moral and ethical issues associated with obesity. I will
argue that the concept of responsibility lies at the heart of an ethical discussion of obesity. In particular I will explore who ought to be responsible for performing paternalistic interventions. To this end the first chapter will examine rationality as the grounds for responsibility and accountability. This is a key concept that underpins many philosophical arguments and provides the foundation for this dissertation. In the second chapter I will explore the concept of paternalism and legitimate paternalistic interventions. In other words, to what extent are we entitled to interfere with the autonomous judgments of rational agents? In the final chapter I explore the philosophical grounds for responsibility and accountability in relation to individuals’ choices and obesity.
II
RATIONALITY
Rationality

Rationality or the ability to exercise our reason is central to most arguments about morality and responsibility. Although individuals may often make irrational choices, generally speaking they strive to make decisions about their lives and well-being that are rational. In this chapter I will explore the concept of rationality in detail and identify who, and for what reasons, qualify as rational agents. Finally, I will explore the implications of this discussion to the obesity issue.

Human beings are distinguished from animals as they can purposively plan, choose and act upon a reason to reach an end (Woods and Barrow, 1975). Humans have the ability to react and choose to act in certain environments. They have a greater awareness than animals and plan and choose an action rather than purely act instinctively; they have a rational capacity to process and respond. Animals can sense such things as rain and therefore seek shelter, in other words instinctively respond to their environment. They have the capacity to respond where as human beings have the rational capacities of thought and response. Rationality, as noted by Woods and Barrow (1975) is directly associated with ‘good’ thinking. An individual’s rationality can be judged upon his ability to think well in any sphere they are placed in. It is thought that one must be able to judge and react in a ‘good’ manner in any environment one is situated in. It is commonly thought that being rational is directly linked to being right. If an individual were acting rationally then they would be achieving and end or conclusion that is right.

To be rational is not necessarily to be right; consequently this idea can cause confusion. There are many points in life that do not have a right or a wrong answer or at least are not yet proven. Not every situation or argument can be conclusively right or wrong, unless empirical evidence or a general consensus states otherwise. For example, much speculation occurs as to aspects of life that can cause cancer. Little or no evidence exists to prove or disprove these claims in order to make them anything other than speculation. It would therefore be unsuitable to identify an individual as rational on the premise that they are right. It would, however, be possible for an individual to rationally argue their point. If their argument proceeded logically then it would be deemed rational. If the argument, however, did not follow
logically and was not constitutive of good reason then it would be an irrational argument (Woods and Barrow, 1975). It would, therefore, appear that a rational being is one constitutive of logical thought and reasoning, and demonstrates these attributes in reaching an end.

Rationality comes in two main forms; rationality of process and rationality of response (Sloman, 1999). Rationality of process is associated with the extent to which our choices and preferences cohere with the requirements of a particular normative theory. Normative theories provide the range of obligatory standard actions that inform an individual’s choices. One’s rationality is judged upon such norms inasmuch as we ought to adhere to them in our actions. The norm is a necessary condition for the rationality of process. If one were to act against a norm then one would be acting in an irrational manner. For one to have rationality of process one should identify the norm of the situation and act in accordance with that norm. In order to act rationally in ones processes, one must use reason to choose an action that is defined by a specific normative theory. Secondly, rationality of response is the instinctual reactions we have to our environment. These reactions are not so much thought about but more arational. In other words they are our natural instincts, much like the actions of animals. We can respond to a situation in a manner that involves little or no thought process. For example we cry when something is sad and we laugh when we find something amusing. Instinctual reactions such as crying and laughing are habitual to us. Habitual actions are learnt and performed until they become autonomous. If the action were to be irrational it would be corrected through education. It is consequently appropriate to assume that habitual actions are rational ones as they would have been corrected if not. The rationality of response implies that it is possible for an individual to act rationally without knowing the normative theory for that situation (Sloman, 1999). The autonomy of an action indicates the norm of the situation is either well known (become habitual) or is broad and generalized (is common to many other situations). Consequently the norm may not necessarily need to be identified for an action to be rational.
In order to decide whether an individual is rational, or not, it is important to identify the goal to which the individual in question is trying to achieve. Assessing an individual’s rationality is not a menial task and the attribution of a wrong goal can present an issue. For example, Sloman (1999) states:

“Assessing rationality can be difficult because it depends on the goal being pursued. If the goal changes, the rationality of the relevant behaviour could change. For example, an apparently irrational play in a poker game could prove quite rational upon realization that the players goal is not to win the hand but to fool the opponent into the belief that the player is a novice…Analogously, generals will often lose a battle in order to win a war.” (pp. 560)

It is, however, not just the identification of the ‘end’ that can cause problems. Applying a wrong normative theory to an individual’s action can also be fatal to the attribution of rationality. For example, an individual chooses to dye their hair bright red and spike it out. If the normative theory for a society of the elderly was applied then the behaviour is of an irrational kind. The action of the individual in question is not in accordance with the norms of the elderly society. If, however, the norms were for a society of punk rockers then the behaviour would be rational according to their norms. When ascribing the rational state of an individual the norms of their environment and the goal to which they are trying to achieve is of great concern. Without attributing these correctly there is a great chance that the individuals’ rational state shall not be identified truly. Ascribing rationality is not easy and according to Woods and Barrow (1975), with few exceptions, every individual is rationally capable. If ascriptions of rationality are incorrect then the attributions of other ethical issues can also be wrong. For example if an individual is deemed to be a rational agent when is not, attributing a responsibility can cause great problems (this shall be discussed in greater depth further on). If a father was ascribed the responsibility of caring for his child, yet is not of a sound rational mind, the interests of the child may be at risk. Every individual has the capacity for rationality; however, some individuals do not hold a full capacity for it. This idea shall now be explored to identify who ought not to be included within the already discussed ideas on rationality.
Exceptions to Rationality

Not every individual holds the capacity to be fully capable of rational process and response. Two such groups include that of children and the mentally ill. In relation to this dissertation, however, it is children that are of greatest concern. As I have argued previously, the rationality of response is formed through experience and habituation. Children have not yet had this experience, therefore, cannot be identified as holding a full rational capacity. Woods and Barrow (1975) state that education is important in enhancing the rationality of children. Not only is it important to help improve their rational capacity through ‘mothering’ (someone taking a paternalistic role and helping decision making of the child) but also allowing freedom for them to make their own choices. Through educating children of the norms of their society and others they can gain the rational capacity needed to respond accordingly.

Archard (2004) identifies that before becoming an adult there are many norms that should be experienced. It is once an individual has become an adult (reached a sufficiently full rational capacity) that they can experience other norms. For example, it is identified in government legislation that individuals are allowed to have sexual intercourse at the age of sixteen, drive at the age of seventeen and drink alcohol at the age of eighteen. Once we have demonstrated rational capacity we are allowed to undertake certain activities such as these. For children, however, there is still a need for them to be educated.

Adults, as previously discussed, are rational agents inasmuch as they have experienced norms to progress their rational state. As fully rational agents they ought to be constructive in educating individuals who have not yet reached such status. From a very young age parents, carers and guardians should educate their children of the importance of societal norm. These norms tend to be such things as family values, friendship and health. All of which are values that most rational people wish to achieve. We are taught what we should value and what we ought to strive to achieve from a very young age. It is, however important to allow children the freedom to discover their own values and goals (Woods and Barrow, 1975). To allow a child to discover their own values enables them to gain the rationality of response and process. A child would have to think about many different actions and
their environment in order to learn their own values and norms. This enables them to gain the rationality of process. As the child learns to respond to their situation they consequently learn the rationality of response. Each individual has a different capacity to learn and will consequently reach full rationality at a different stage.

Unlike children who have the ability to reach a full rational capacity, individuals who have inhibited mental capability will possibly never reach a full state. In the case of the mentally ill there is a need for another agent to take care of the individual. For example in order to protect the interests of the individual and others, the freedom of the individual in question may be curtailed by either the family or the health care system. In the case of children there is also a need for paternalistic interventions insofar as to educate. This paternalistic responsibility falls to agents such as the parents and teachers. They ought to assume this role in order to enhance the child’s learning and to protect their best interests. In the case of obesity there is a necessity for this learning and protection. The rational state of an individual who allows a child in their care to be obese is rather questionable

Rationality and Obesity

It is constitutive of rationality that a person be able to have interests and recognize what is and is not in their best interest; they must be able to make rational decisions (Warnock, 2004). Being obese is arguably not in the best interests of any individual. If for example, an individual is ignoring health warnings and continuing to eat an unhealthy diet, then are they acting irrationally? Is it the rational decision to ignore ones best interests as obese individuals are choosing to do? Adults are fully rational beings, therefore, ought to identify and act in order to protect their best interests. Most rational individuals strive to live a healthy life, free from disease and infirmity and in turn identify health as a value. One ought to, therefore, value a healthy life inclusive of an active lifestyle and good dietary choices. One would be acting in one’s best interests if one were to live a life constitutive of physical activity and a good diet. Obesity is a serious health risk causing great harm to the body, consequently being obese is not in our best interests. Using an example previously noted, in an article in The Independent it was stated that obesity increases the risk of ten different types of cancer in women (The Independent [online], 7th November
2007). This is just one example showing that obesity is an epidemic that is covered throughout the media so prevalently. It is consequently difficult, therefore, to understand that any individual does not have knowledge of the affects of obesity. The detrimental effects obesity can have and the nutritional value of food is even written on many food items and in major branded supermarkets. It is therefore, quite implausible for or an individual to claim they are ignorant of the effects of obesity. If they claim of ignorance then they are claiming of not knowing. The evidence is all to clear and accessible for an individual to claim they ‘do not know’. It is rather more likely then, that an individual is negligent rather than ignorant. In other words they are aware of the effects yet decide to ignore them.

To eat desired, unhealthy foods in itself is not an irrational act only if one were to not know the effects (be ignorant). For an individual in a state of ignorance the rationality of process would be as follows; the individual likes donuts (as a pure exemplar food), the donuts make them happy, they have no knowledge of any detrimental affects of consuming the donuts, and consequently the rational choice is to eat the donuts. The consumption of the food is in order to look after the interest (with no detrimental effects) of happiness for that individual and is consequently far from irrational. On the other hand if the individual disregarded the consequences of obesity then the act would become irrational. The rationality of process would follow as; the individual likes donuts, the donuts make them happy, there are great detrimental affects of consuming the donuts yet the individual chooses to ignore them, and consequently the irrational choice is to eat the donuts. The act can only be of an irrational kind if the individual is indifferent to the consequences and unwilling to help themselves. It is consequently essential to ascribe the correct goal to the individual in question for the right state of rationality to be identified. For example, if for the individual eating the donuts the goal was to treat themselves (as in they have been dieting and exercising and the donut is a one off) then the ascription of irrational behaviour is incorrect. They are showing willingness to change their lifestyle and are choosing for a moment to disregard the effects in order to treat them. The action is irrational however; if the obese individual is making no attempt to change their lifestyle yet is still consuming a poor diet. This is due to the fact they are showing no willingness to help themselves and are being negligent. As noted earlier it is rather more likely for an individual to be negligent than ignorant. For
obese individual who persist to consume a poor diet and show unwillingness to change, the more desirable ascription of rational state is irrationality. Ignorance however, can be excused if it is from a child. Their ignorance stems from their education insofar as the parents, carers and guardians have inculcated bad habits into their children. Whilst being educated they cannot be expected to know better, therefore, their ignorance is acceptable.

Lotz (2004) states childhood obesity is especially morally troubling as they are not yet fully rational. It is harsh to identify a child as ignorant or negligent as they are still being educated of lifestyle choices. A child cannot be expected, whilst still learning, to make the rational choice in every situation. If a child were to choose to eat ten donuts a day then for the child in question it is not irrational. Education is needed to supply the child in question the knowledge of the effects. The education should be performed by an agent only of a full rational state themselves. If not of a fully rational state then they will be unable to educate a child of the proper rational responses. If that agent neither is present nor chooses to educate the child then that agent is being negligent of their duty of care. For a child to make the rational decisions in relation to diet they need to be educated of the detrimental effects of obesity. If education does not occur the child will have little knowledge that obesity can cause great harm and does not comply with societal norms of body aesthetics. It is, therefore essential for children to be educated for them to learn the rational process and response to diet and lifestyle choices.

I have argued within this chapter that for an obese individual to be irrational they must be indifference of the consequences and unwilling to change their lifestyle. I have also argued that for children there is a necessity to educate them of the consequences of obesity. It is this education that will furnish them with the rational capacity to make the best choices for themselves. According to White (1993) the ascriptions of irrational behavior is one that applies to the ascriptions of blame and therefore responsibility. This chapter has also identified this point in that for those individuals who are irrational, another agent ought to intervene to educate and protect. The next chapter shall now explore the concept of paternalism.
III

PATERNALISM
**Paternalism**

In the previous chapter I argued that paternalistic interventions were legitimate in cases where people were incapable of rational action, or were acting irrationally. In this chapter I examine more carefully the concept of paternalism and its legitimate application. I will identify the key components of paternalism, and the implications of paternalistic action for those individuals who have an agent acting paternalistically for them. In particular I will explore when the paternalistic restriction of liberty is justified, and whether certain members of society warrant paternalistic interventions more than others. I will argue finally, that paternalistic intervention in relation to obesity is both justified and necessary in certain cases, particular in relation to the protection of children from the harms of obesity.

**Liberty**

Paternalism is the restriction of an individual’s liberty by another person or institution acting on their behalf. Liberty, as a general interpretation, is the ability of an individual to act upon their own free will. R.S. Peters (1974) identifies the concept ‘to be free’ by distinguishing two types of freedom; freedom “to” and freedom “from”. He argues that freedom “to” would allow one to achieve personal interests by acting as one pleases. Freedom “from”, curbs the liberty of an individual in order to protect. Governmental laws are a good example of Peter’s idea of freedom “from”. Laws preventing harmful acts such as murder enable protection of individuals, in turn providing a greater level of freedom. Berlin (2006), like Peters, introduces two ideas of freedom; negative liberty and positive liberty. He stated that negative liberty is the absence of constraints or interference with individual’s actions. The greater the negative liberty the less constraints there are upon actions of an individual. Positive liberty he defines as the ability to perform to ones own potential and to be in control of ones own destiny. Peters and Mill (2003) identify that an individual can be free in two ways. Firstly one is free to fulfil personal wants and to act to ones own potential. Secondly that one is paradoxically freer in light of the specific restrictions placed upon them.
In most societies the range of freedoms available are stipulated in part by the laws of the land. If the actions of a person are deemed to be inappropriate (against the law) then society takes away their right to such freedom in the form of punishment. The British government deems murder to be wrong; hence a law was passed against it. The punishment for breaking such a law is to take away the individual in question’s freedom and restrict their liberty. Some freedoms are restricted more than others, however; the freedom to act (ability to perform any act in any manner one pleases) is restricted much more than the freedom of thought. For example, the freedom to express one’s opinion is crucial according to Mill (2003). It is only by voicing opinions and testing their validity in debate that their worth and veracity are established. The terms freedom and liberty, whilst not identical in meaning, are used interchangeably throughout this dissertation. If one were to have freedom to perform an act then one would also hold the liberty to perform it. A restriction upon an individual’s freedom would also restrict their liberty.

J.S. Mill (2003) has also argued there is a need to restrict the freedom and liberty of society as a whole. Every individual has a right to freedom; however if every person were to act as they pleased mayhem would occur. Harmful acts, for example, such as murder would occur without punishment. The government are able to act within the role of a paternalistic agent, restricting the liberty of society. The mayhem that Mill predicted in a completely free society is prevented by the societal norms that the government enforce in the form of laws. The profound control the government has upon society enables then to ensure there is freedom from harms. It, therefore, ought to be the government who control the levels of freedom society can possess.

Liberty overall is a concept that identifies individuals and societies right to freedom. An individuals liberty would be restricted if a paternalistic intervention was performed upon them. For an individual to be punished for any harmful act their right to freedom (and liberty) is restricted. If one were to break the law for a crime like murder then ones rights to live a free life would be taken away. An offender is placed in prison taking away their right to live freely including making simple choices for themselves such as what clothes to wear.
The restriction of liberty

In the previous section on liberty, it was noted that in some cases liberty may need to be restricted. In particular the restriction of liberty was discussed in relation to the protection of people from harm. In order to protect people from harm one must restrict people from causing harm, which in turn protects people from suffering. Harm includes physical, social, and emotional pain, suffering and damage. J.S. Mill famously introduced the “Harm Principle” to distinguish between legitimate and illegitimate restriction of liberty. An individual’s liberty, he argues, can only be restricted if significant harm is caused. The harm, however, must be harm to others, not to the individual in question. Mill states:

As soon as any part of a person’s conduct affects prejudicially the interests of others, society has jurisdiction over it, and the question whether general welfare will or will not be promoted by interfering with it, becomes open to discussion. But there is no room for entertaining any such question when a person’s conduct affects the interests of no persons besides himself, or needs not affect them unless like. (p. 139)

If one were to inflict harm upon one’s own interest there would be no just cause for restriction of ones liberty. If the interests of others, however, are affected then there would be just cause for restriction. The law surrounding suicide provides a good example of this principle. If you attempt suicide and fail there are no legal implications. If you attempt suicide, fail, but cause an accident or harm to others, then you will be prosecuted. In principle Mills ideas are appealing. They only restrict freedom in relation to the effect ones action has on others. In practice, however, it is impossible to predict the entire scope of the consequences of our actions. Actions can have consequences that we never intended nor could reasonably foresee. As such Mill advocates a general restriction of liberty that will protect people from a number of harms that may otherwise occur. As a matter of fact most people submit to a whole system of rules and norms which curtail their freedom. To reiterate, however, Mill argues that these restrictions can only be justified in relation to harms caused if they were not in place. In the next section Mill’s principle will be examined in the context of children’s liberties.
Special exceptions.

In chapter one I argued that an individual ought not to be classed as a rational agent until they have entered adulthood (or had the requisite experience and education). Bojer (2000) suggested that adults are given greater preference in libertarian arguments, due to their rational status. Children’s liberty is diminished by the responsibility of their parents to make choices for them.

Rawlsian social contract allows children to have equal rights to justice and liberty as adults. John Rawls (1999) states the social contract is a hypothetical situation characterized to lead to an idea of justice. One of the main features of the social contract is that no individual knows his/her place in society, class position, social status, nor his/her fortune in the distribution of natural assets. The principles of justice are chosen behind a veil of ignorance, ensuring no individual is advantaged by natural chance or the contingency of social circumstances. Not one individual can design principles to advantage their situation; therefore, the principles of justice are the result of a fair agreement or bargain. Each situation is fair between individuals as moral beings; as rational persons capable of their own ends and sense of justice. The concept of rationality helps to refute the social contract argument in light of children. Children ought not to be allowed equal rights to justice and liberty as adults due to their incomplete rational capacity.

In order to protect children, parents and guardians assume the paternalistic roles for them and in turn restrict their liberty. Liberty in relation to children, like adults, includes both negative and positive, freedom “from” and freedom “to”. Children are protected from much harm (freedom “from”), for example, a parent stopping their child from walking on a wall for the consequence they might fall and hurt themselves. It is important for children to have a great amount of freedom to allow them to learn, allowing them freedom “to”. Some childcare specialists believe it is important to allow children the freedom to perform acts that many adults feel are too dangerous for a child. A good example of this is the issue of children using knives (as demonstrated in BBC4’s TV program Bringing Up Baby); many adults believe that it is too dangerous to allow a young child to cut food with sharp knives. (Bringing Up Baby, October 2007). If however they do harm themselves then they
learn how to perform the cutting act at an earlier stage. Should adults, therefore, allow a child to perform some acts that can potentially be quite harmful, to allow them to become rational agents earlier? Positive liberty encompasses this idea stating that if applied to children then they should be free to act to their own potential. Children should be exempt from this idea though because they are not fully rational agents. As not yet having a full rational capacity they do not have the ability to rationally determine their potential to act. What may be ideal to the child is not necessarily ideal to the carer. A parent or guardian can determine an individual’s capability rather more than a child can. As discussed in the previous chapter, parents and guardians ought to make decisions on behalf of their children because they ‘know better’. They have built the rational capability to understand what is good and bad and for this reason they should be the ones to identify their child’s potential to perform.

**Paternalism and Obesity**

There are a number of consequences of obesity and overweigh that can both directly affect the individual and indirectly affect others. Health implications directly affect the individual whilst the monetary issues affect others like the NHS and businesses. According to Mill, if harm is caused to others, there would then be just cause for a paternalistic intervention. There are other implications of adult obesity also; economic, social and emotional distress. Health care systems and businesses are impacted the most by economic status. Health care systems have a duty to treat patients; therefore they have a duty to treat health related illnesses caused from an individual being overweight and sedentary. In turn treating the detrimental affects of obesity consumes a great deal of funding which could be used for treating other patients. Health defects can cause sick leave from work, which in turn causes businesses to lose money through sick pay and loss of working hours. In extreme cases of obesity there is a risk that the individual in question will be unable to care for themselves. For example there is an increasing difficulty to get dressed, move around and complete daily tasks. If one were to become significantly sedentary then one would have to rely upon others to complete the tasks one is unable to fulfil. Carers in the form of health care assistants or family members fulfil this role, which in turn can cause them emotional distress. This is especially true if these individual
are family members and illustrates the harmful effects adult obesity can have upon the interests of others. As a consequence of these harmful affects, there is a just cause for a paternalistic intervention in accordance to Mill’s conditions. A paternalistic agent has a just cause to restrict the liberty of an adult, only to the extent of protecting the interests of others. Governments have the power and ability to fulfil the paternalistic role therefore they ought to be the ones to implement the restriction of liberty upon adults.

It was previously noted that childhood obesity is especially morally troubling as they are not yet fully rational agents. It is also troubling because of the possible harm it can cause and because their liberty is already greatly restricted. A child rarely has the ability to make informed decisions upon their dietary choices as well as their lifestyle choices. Many children if given the chance would prefer to eat “junk” food instead of say a healthy salad. Although a child is educated through schooling about health they are unable to understand the full scope of the effects of an unhealthy lifestyle. In contrast an adult has the ability to understand the full scope, therefore ought to act paternalistically. Adults naturally restrict the freedom of a child especially for dietary choices as in most part they will prepare the meals for the child. Ignorance or negligence of parents to the effects of poor dietary choices is all too evident. An adult ought to know better than a child, therefore identify the correct choices. If this does not occur then an external agent should implement the correct choices for them. There has been a recent example of this in the media. The state chose to intervene in the case of an 11 year old boy and his mother (BBC News, 2007 [online]). The mother disregarded any rational choice of helping her obese son loose weight for fear she may starve him. She felt it the right option to feed her son the junk food he loved instead of enforcing a healthier option. She was not ignorant to the effects of obesity, therefore was acting negligently. The state felt it necessary to intervene and attempt to place the child into the state care system. The paternalistic idea of the harm principle was implemented in this individual case. The mother was causing harm to her son; therefore the state felt it necessary to restrict her liberty to care for him. Although the outcome of this case allowed the mother to maintain caring for her son, she was limited to the amount of care she could freely give. To ensure her son lost weight the state set up an intervention programme to which she had to abide by. This is just an individual case; however ought this to be
an example for all carers who act negligently to their child? The child it would seem is exempt from blame yet their liberty to choose meal options ought to be restricted if they are poor choices. If the carer ignores their duty of care to the child then their liberty ought to be restricted as well. In order to protect the child’s interests a paternalistic intervention ought to be applied to prevent the carer from harming the child further. Individual cases would arise that would incur more or less restriction of liberty.

I have argued that all forms of obesity cause harm to the interests of others. The main implication is the health risk to the individual in question, which in turn causes harm to other individuals and society. It ought to be acceptable to allow any carer the freedom to care for their child as they so please. This cannot be a viable option in relation to obesity as there is much harm caused to the individuals and society. Mill’s harm principle entails one condition in order to restrict the liberty of any individual, there must be harm caused to the interests of others. Consequently there can only be an acceptable paternalistic intervention insofar as to protect the interests of others. The paternalistic agency in all cases is implemented by the government or state. The government and state can therefore intervene in any case of harm to the extent at which they deem necessary to protect the interests of others.
IV

RESPONSIBILITY
Responsibility

It has been identified through the discussions on rationality and paternalism, that there is a need to ascribe certain responsibilities to certain people. It was concluded that another agent ought to be responsible for those individuals who do not hold a full rational capacity. Responsibility is a term used so frequently throughout our lives, with little attention paid to the implications. It is an umbrella term encompassing other issues such as accountability, liability, duty and obligation. All of these concepts are ideals within responsibility inasmuch that we can want to hold someone accountable or liable for an action. It is thought that many individuals have a duty and responsibility to persons and themselves. Consequently responsibility comes in two main forms; firstly to oneself and secondly to others. This section of the dissertation shall discuss key theories surrounding responsibility in these two forms. Ascriptions of responsibility in relation to obesity shall then be explored. It shall be noted, at this point, responsibility when referred to within this paper denotes that of a moral kind. It is moral responsibility that identifies issues such as blame and accountability. The purpose of this chapter is to explore and identify who ought to be blamed, who is accountable and who is morally responsible for actions and consequences particularly of obesity.

Moral Responsibility to Oneself

To discuss the issue of moral responsibility to oneself I shall borrow an example used by M.J.Zimmerman (1997). An individual comes across a car crash and is compelled to help. He finds the driver unconscious and fears any moment a fire may start in the car. Consequently he decides to pull the helpless woman from the car and take her to a safe distance away from the wreckage. A fire, however, did not start. When an ambulance arrives the paramedics find that the woman is paralysed due to the actions of the man trying to save her. Can this individual therefore be held morally responsible for their actions in paralysing an innocent woman? The answer to this question would depend on a number of important factors including the man’s intentions.
According to Applebaum (2005), following Aristotle, for a person to be held responsible for a particular action, the action must have originated in the agent and not have been externally compelled. Moreover, moral responsibility requires that the agent must have intended both the action and the consequences. The individual who pulled the woman from the wreckage was clearly intending his actions i.e. to pull the woman from the car, however, did not intend the negative consequences that resulted from his action. Although he knew of his actions, according to Applebaum’s reading of Aristotle, he is not morally responsible for his actions, or the consequences. Oshana (2005) introduced the idea that responsibility also comes with accountability. It would appear evident that in a circumstance such as the car crash incident no one could be held morally responsible and consequently no one held accountable either. Although the man performed the act he was not morally responsible for the outcome. His ignorance of the consequences exempts him from the responsibility. The man was unaware, therefore ignorant of both his actions and inactions.

Zimmerman (1997) identifies that ignorance can be key in ascriptions of responsibility. He notes that ignorance is constituted by the failure of belief. In other words if one were to be ignorant, one would not believe the implications of the action. Belief is understood as the knowledge of a situation; therefore, one is ignorant if one does not hold the necessary knowledge. It is possible, therefore, that an individual’s ignorance can be blamed. This can only be true if the individual in question chose to ignore the means in which to gain the necessary knowledge. For example the individual that pulled the woman from the car crash. If he were obligated to attend a first aid course related to car accidents, yet did not attend for whatever reason, he is then more culpable for his actions. If he, however, ideally ought to have known better, yet had no means of gaining the knowledge, then he is just ignorant to the consequences and less culpable for the actions. If the individual ought to have known better then he is to be blamed of this and therefore blamed for the action. If ‘ought’, however, is an ideal conception (he ideally ought to have known) then it would hold less culpability than if it were an obligation (he was obligated to of known better). If an individual ideally ought to have known better then although still culpable for their actions they are less culpable than if they were obligated to have known. An individual can be exempt from moral responsibility on the grounds of ignorance, if he cannot be blamed of his ignorant state. What ought
we to blame though, the ignorance or the individual? Only if an individual can be blamed for their ignorance can they be blamed for their action, therefore be held responsible. The individual can be blamed of the action if and only if their state of ignorance is through personal neglect. If however they did not have the means of gaining the knowledge, although still ignorant, the ignorance is to be blamed and not the individual. To neglect the opportunity to gain the knowledge is a necessary condition to blame the individual. This idea, however, ought to be ascribed only to individuals of sound, rational status. If one is irrational then one does not have the capacity to judge situations accordingly. This idea introduces a problem when ascribing responsibility to children. Children are not yet deemed rational agents; therefore, paternalistic interventions are often necessary. In this case responsibility for looking after a child is given to another agent in order to look after the child’s best interest and to educate.

Moral Responsibility to Others

Ascriptions of responsibility are difficult when children are involved. Zimmerman (1997) states that little children typically act freely when they do what they do, however, they lack the mental capacity to be responsible for their actions. Children, as noted in the previous chapter, do not hold the full capacity of rational thought, unlike adults. We may assume, therefore they do not have the capacity mentally and rationally to be held responsible for their actions. Exempting children from such responsibility enforces the idea that other individuals must be responsible for them; identifying the idea of ‘deputyship’. This is a key idea introduced by Bonhoeffer (1969) to explain the ascription of responsibility to others. He uses the example of a father and his child. The father acts for his children in that he works and cares for them, interceding, fighting and suffering for them. He lives a life such that he devotes it to his children and if he were to live his life just for himself, he would be in denial of his responsibility. Deputyship is a role in which an individual must surrender their own life to that of another. In the case of children the parent or the carer must assume the role of ‘deputy’, consequently assuming responsibility for them. An individual acting as a deputy is acquiring a duty to care for the interests of that other individual i.e. the parent has a duty to care for their child.
Another example of such deputyship is the role that a nurse or doctor plays within a hospital. Whilst in that specific role they are surrendering their lives to look after that of other individuals. When an individual enters a hospital they are, essentially, passing responsibility of their personal health care onto another. Nurses and doctors, therefore, assume responsibility of these individuals. If they were to act in their own interests they would be neglecting their duty of care to the patient. For an individual to assume a role of responsibility, such as a doctor or nurse, they have a duty to act accordingly within that role. The father has a duty to act responsibly in caring for the best interests of their child and the doctor has a duty to act responsibly to provide the best health care to their patient. If any individual assuming a deputyship role acts in an irresponsible manner than another agent ought to intervene to protect the interests of others.

Adults hold the capacity of rational thought, therefore ought to make rationally sound decisions. It is when these rational choices are not made that ethical issues occur. Adults are deemed to be responsible for both themselves and other beings, for example children and mentally disabled. Assuming the role of ‘deputy’ enables them with the responsibility of making rational choices for other individuals, such as children. To neglect this responsibility would cause the individual in question to be negligent of their duty. To choose to ignore ones duty of care is to choose to act in a negligent manner. If the individual unknowingly rejected their responsibility then they are acting ignorantly. To be unaware of a duty makes the individual in question ignorant as they do not hold that specific knowledge. One can only be negligent if one knowingly chooses to ignore ones duty. In either circumstance paternalistic interventions ought to occur to ensure the interests of others are protected. Negligence can cause harm to others, therefore, punishment should be sought in order to protect. Punishment may not be necessary if identified as ignorant, yet education is needed to ensure that a sound knowledge of the consequences is learnt. As noted within the second chapter it is essential to educate those individuals who do not hold a full rational capacity. This education ensures that sound knowledge is given to the individual in question to help them make the rational choice.

In the case of adults there are few agents or agencies that can perform paternalistic interventions if needed. One such agency consequently is that of the state. If a
rationally capable adult neglects their duty or responsibility, either to themselves or to others, then the state ought to intervene. An agency such as the state can implement laws and punishments that other agents are not authorized to. It is identified through the empirical evidence that many individuals are negligent in their personal health care. There is not just an epidemic of obesity but an epidemic of negligence to health. The state has a responsibility to look after the welfare of all individuals within their jurisdiction and it would, therefore, be acceptable for them to intervene in any circumstance where responsibility is neglected. This can only occur insofar as to protect the welfare and interests of the individuals in question. In other words the state ought to act as a paternalistic agency, assuming responsibility for those who are negligent in their duties. As stated in the previous chapter some individuals who are obese can act irrationally and therefore a paternalistic intervention ought to occur. Consequently the responsibility of health care is passed to another agent or agency.

Responsibility and Obesity

Adults.

According to Bierhoff and Auhagen (2001) responsibility establishes a relationship between the individual and society insofar as an individual can only act responsibly if it is in accordance with societal norms. The societal norm in question is that of body size and image. Good health is a value that many identify as important; consequently it is something that we strive to achieve. Individuals are consistently notified of health implications of various aspects of life and reminded they should get regular health checks. For example, cancer is prevalent disease and there is a consistent amount of notification about the consequences, the treatments, research and the prevention of it. Norms such as body size and levels of health vary throughout many communities and cultures. One similarity that carries throughout these variants is that individuals that do not adhere to these norms are identified as ‘abnormal’. For Western climates body size and health are heavily influenced by the media. The ideal norm of body size especially, is shown throughout many forms of the media. If an individual is to be above the norm for health and body size then they are classed as overweight or obese. For example, an individual is deemed overweight or obese if they are over a certain body mass index (BMI). In the same
light they are also identified as underweight if below the norm. The normative of a society is important to ascribe the correct responsibility. For example in western societies the norm body size is slim and has a fairly low BMI. This is not true for every other society though and therefore if applied to all would cause problems. If applied to a larger sized community they would all be identified as overweight or obese as it is not in accordance with their norms. An individual can only be identified as overweight or obese if it is true to their societal norms. Those individuals in question are acting irresponsibly inasmuch as they are being negligent in looking after their health. They are not being responsible in looking after their own interests and neither looking after the interests of others.

A rational individual is responsible for their actions and for themselves. It would be appropriate, therefore, that they are responsible for their immediate health in relation to diet and lifestyle. If they are consuming a poor diet and living a sedentary lifestyle then they are responsible for that choice and consequently responsible for their obesity. Rational individuals also have a responsibility to others by looking after their immediate health. The direct cost of obesity in the UK to the NHS was £0.5bn (Vlad, 2003), a huge amount of unnecessary expenditure. This money is funding that could be used in helping prevent, treat and cure other ailments that are not in control of the individual. This is very much a consequentialist argument as the importance is placed upon the outcome of obese individuals. It is, however, the consequences that are problematic and identify the major issues with obesity. If there were very little or no consequences of obesity then there would be no need for this argument. On the contrary, however, there are a number of affects of obesity which are mostly detrimental. For example, it drains funding from the NHS and businesses that can be used elsewhere. From a consequentialist point of view it is unacceptable to keep treating ailments related to obesity due to the unnecessary harm it is causing to the interests of other individuals. A deontologist on the other hand would note that it is the correct thing to treat an ill individual regardless of the consequences it has. A deontologist stance, however, does not identify the real issues with obesity. The consequences that obesity has are the real issue in that there are severe health and monetary risks. Rational individuals, such as adults, ought to therefore take responsibility for their obesity and be pro-active in preventing and ameliorating it.
Consequently will improve the serious detrimental effects obesity is having on individuals themselves and others.

**Children**

Children are identified as not fully rational agents, consequently can not be held responsible by the state (law) for the majority of their actions. The circumstances to which children are placed means they cannot be held responsible for such acts like dietary choice. Children hold the capacity of thought and choice, yet do not have the experience to identify the long term consequences. Although a child can act within their best interest, they can only judge the immediate results, for example their happiness. The consequences of a child’s choices are not immediate to them as they do not hold the full capacity of rational deliberation. It is the responsibility of another individual to impose and implement the appropriate rational option. This choice, however, ought to only be in the best interest of the child. This agent ought to have experienced aspects of life that enable them to have a full rational capacity. Such an agent could be the parent, guardian, carer or even the state. The immediate care of the child falls to the parent, guardian or carer as they are primary in caring for their interests. In the case of obesity the interest of the child is health and consequently the primary care giver ought to ensure this is protected. If the immediate carer is negligent of their duty and responsibility of their child, then it may be necessary for another agent to intervene. As suggested earlier this agency ought to be the state. The responsibility can be passed onto the state to enforce that not just one child but all children live an active lifestyle with good dietary choices.

This chapter has argued that fully rational agents (adults) have a number of responsibilities. Firstly they have a responsibility to themselves to take care of their own health. Secondly they have a responsibility to look after their health to limit the consequences it has on other individuals. Lastly they have a responsibility to look after those individuals who are yet to reach a full rational state. If the individuals in question fail to uphold these responsibilities then a just paternalistic intervention ought to be implemented. If a child were to make an irrational dietary choice then the responsibility of a paternalistic intervention immediately lies with the parent, carer or
guardian. If however, this duty of care is neglected then it ought to be the state that fulfill the responsibility the individual in question ought to have done. If an adult (only of full rational capacity) fails to uphold their responsibilities to themselves then the responsibility of a paternalistic intervention also lies with the state.
V

CONCLUSION
Conclusion

In this dissertation I firstly have firstly presented empirical evidence of the effects of obesity. It is not just the monetary affect that has been noted but the alarming fact that nearly a quarter of the population of individuals aged above fifteen years were obese in the United Kingdom in 2005 (WHO, 2005 [online]). There is clear evidence showing that obesity is not just worrying for adults but for children also. My argument has been structured into three main concepts.

I have firstly argued that to become a fully rational agent there is a necessity to experience certain aspects of life. Most adults experience situations which allow them to discover or be taught rational choices, consequently giving them a full rational capacity. Children are educated and allowed the freedom in specific circumstances to discover what the rational option is. Actions can only be identified as rational if they adhere to the normative of the environment. It is of great importance when ascribing rationality that the normative theory of the situation and the end to which the individual is trying to achieve is correct. If the wrong normative theory is applied to an act or situation the rational state of an individual cannot be truly discovered. This is the same also for the wrong ascription of goal orientation. Therefore for those individuals who are obese it is a necessity to apply the correct norms of their environment and their perceived end to understand their true rational state. I have also argued that if an individual is aware of the consequences of obesity, yet makes no attempt to change their lifestyle, and still chooses to eat an unhealthy diet, they are acting irrationally. They are not ignorant of the consequences therefore, are purely negligent in protecting their health interests. For this reason another fully rational agent ought to intervene. This is also true in the cases of children and the mentally ill. As they are not yet fully rational agents they hold a lesser capacity to identify what is in their best interests and how they can protect them for a long term goal. Although children may choose their own diet and lifestyle choices I have argued that due to their lesser rational capacity than adults someone ought to ensure they make the best choices. In other words someone ought to take a paternalistic role in looking after the best interests of the child.
In accordance with J.S. Mill’s Harm Principle I have secondly argued that an agent can only intervene as long as the interests of others are harmed. This is especially true for children. As consistently argued children are not fully rational and therefore may sometimes make choices that can harm their best interests whatever they may be. Childhood obesity is a prevalent problem that has identified the need for another agent to intervene due to the health risks. For adults it is not so much the health risks that induce a paternalistic agent but rather more the effects it has upon others. Funding and time that is spent on treating obesity related ailments ought to be used for those who cannot control their illness. Adult obesity is harming the best interests of others in relation to money and time, consequently an agent ought to intervene and curtail the liberty of the individual. I have argued that the most affective agent is the state/government due to the control they have upon society. They have the ability to curtail the freedom and liberty of any individual that is affecting the interests of others. In the case of children the parents, guardians or carers ought to act as the immediate paternalistic agent. If, however, for what ever reason this does not occur and the child is placed at harm then the state ought to intervene.

I have lastly argued that in legal terms children are exempt from many responsibilities. This is due to their lesser rational capacity, they are still learning and identifying the choices that should be made in many environments. For this reason they cannot fully identify and understand what the ideal decision is, and therefore ought not to be held responsible for many consequences of their actions. For adults, however, this is not so true; they are identified as fully rational agents therefore ought to be held responsible for many of their actions. In the instance of obesity they are responsible for themselves and possibly assuming the role of ‘deputy’ when looking after children. They consequently have a duty to look after their health interests and that of the child they are assuming the role of deputyship for. If an agent assuming the role of deputy is negligent of their duties then it is just for another agent to intervene. This is also true if they are negligent of their duty to themselves. If individuals are ignorant of their responsibilities to look after theirs and others health then an agent ought to intervene to both protect the interests of others and to educate those who are ignorant.
I can finally conclude that the state/government is the agency to which the responsibility of paternalistic interventions ought to lie. Each individual has a responsibility to look after their health both for themselves and others. The prevalence of obesity in the current climate of society demonstrates that there are an alarming number of individuals not fulfilling their responsibilities. This is both true for the individuals duty of care to themselves and to their children. For this reason I can conclude that overall the state/government are responsible for paternalistic interventions and therefore have a duty. This duty is to care, educate and curtail the freedom and liberty of those individuals who are acting irrationally and irresponsibly in relation to obesity. This however should only occur if the interests of others are duly harmed.
References


