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weight loss. Thirteen of the 16 women who continued to have increased intracranial pressure experienced improvement in many of their symptoms, including visual changes and tinnitus. This is not surprising, because idiopathic intracranial hypertension is probably a chronic disorder and lumbar punctures done years after the diagnosis have shown raised intracranial pressures.²

What are the implications of these results for practising clinicians? The uncontrolled and now prospectively controlled evidence suggests that weight loss may be an effective treatment for patients with idiopathic intracranial hypertension. Clinicians could recommend the replacement liquid diet used by Sinclair and colleagues, or another low energy diet, and stress to patients that weight loss may improve symptoms and signs.

This study does not clarify the role of diuretics, especially acetazolamide, because the authors allowed patients to continue taking their usual drugs, and almost half were on a steady dose of acetazolamide. A randomised placebo controlled trial is now under way in the United States to try to answer this question. It is also unknown whether weight loss would also improve quality of life and reduce depression.

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**Corporate responsibility in public health**

The government’s invitation to the food industry to fund social marketing on obesity is risky

The secretary of state for health in England, Andrew Lansley, is certainly getting attention. This week, his department is involved in mooted plans to dismember the Food Standards Agency (FSA).³ A fortnight ago, at the BMA conference Mr Lansley seemed to dismiss the efforts of celebrity chef Jamie Oliver to improve school food.⁴ Last week at the Faculty of Public Health conference, he raised eyebrows with proposals for the Change4Life social marketing campaign. “We will be progressively scaling back the amount of taxpayers’ money spent on Change4Life and asking others, including charities, the commercial sector, and local authorities, to fill the gap,” he said.³ With charities and local government seriously squeezed, this will hand the campaign over to the food industry.

Change4Life was set up by the recent Labour government to encourage the population to “eat well, move more, live longer” in an attempt to reduce rocketing rates of obesity.⁴ The Conservatives praised it when they were in opposition, but few expected them to hand it over to the food industry in the driver’s seat of the policy strand oriented on obesity. It is widely accepted that the causes of obesity are complex and multifactorial. Putting the food companies. It is widely accepted that the causes of obesity are complex and multifactorial. Putting the food companies in opposition, but few expected them to hand it over to the food industry.

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The coalition government’s plans for the future of health care in England herald fundamental changes to both the anatomy and physiology of the NHS. These changes take forward reforms set out by the Labour government led by Tony Blair in 2002 and developed further by Ara Darzi in 2008, but they are much more ambitious and risky.

The anatomy of the NHS will be affected by the setting up of an independent commissioning board, the abolition of strategic health authorities and primary care trusts, and a new role for local authorities in promoting public health. Its physiology will be altered by the use of markets instead of targets to drive improvements in performance.

On the provider side of the market, NHS foundation trusts will have greater autonomy, and independent sector providers will be encouraged to compete for patients. On the commissioner side, groups of general practices will take responsibility for most of the NHS budget and delivery. Most policy makers favour equal partnerships. The European Commission is currently supporting a 28 country project to examine the ways in which food companies, governments, and civil society are working cooperatively to tackle obesity. But corporate responsibility should not dominate policy.

The chief scientist’s multidisciplinary Foresight team confirmed that obesity is the equivalent of public health’s climate change, a problem that reflects multiple rather than single drivers. Action is needed on all fronts. Supply chains overproduce food; prices send inappropriate signals; cultural messages are warped; the physical environment fails to encourage physical activity; and cheap fossil fuels encourage cars over bicycles. Hence the verdict that obesity is a logical physiological response to an obesogenic environment.

Mr Lansley’s thoughts imply that a combination of corporate and individual responsibility will do the trick. This is risky thinking. The Healthy Weight, Healthy Lives programme he inherits did not underplay the personal responsibility that individuals have for their weight, and it recognised that without system-wide action there would be little hope in turning around what already seemed to be the worst public health crisis since HIV.

All of this is well known but worth rehearsing for the new secretary of state. He would do well to pause. Many countries, not least across the EU, see the United Kingdom as setting a lead on tackling obesity; they’ll be alarmed at this faltering leadership. The real worry is that the changes to Change4Life are a harbinger of changes elsewhere, such as the downgrading of Healthy Weight Healthy Lives in its entirety and the curtailing of the Food Standards Agency’s “tough but kind” efforts to change the behaviour of food companies. If the talk of axing the entire FSA turns out to be true, this could set back the public health cause. Initially charged with tackling the UK’s food safety crisis in the 1980s-1990s, the FSA has begun to take on a broader consumer mantle. It is this that some—not all—voices in the food industry have disliked. Ironically, by showing his hand early, Mr Lansley has done public health proponents a service. Tackling obesity requires bold efforts to shift how we live, but fiscal constraint should not be an excuse for ideological reassertion.

Provenance and peer review: Commissioned; not externally peer reviewed.


6 Popkin B. The world is fat: the fads, trends, policies and products that are fattening the human race. Avery/Penguin, 2009.


