

Curiosity and Responsibility

Philosophy in relation to
healthy food and living conditions

Prof. dr Marcel Verweij

Inaugural lecture upon taking up the post of Professor of Philosophy
at Wageningen University on 8 May 2014



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1. Introduction: The cake shop and grand challenges

*Esteemed Rector Magnificus,
dear colleagues, family and friends, ladies and gentlemen.*

Curiosity is the heart of science. Curiosity also drove me to Wageningen University. For someone who has studied applied ethics and philosophy, working at Wageningen University is like being a child in a candy store or cake shop. There is so much to be done, to be tasted and tried. There is no study or research program in this university that does not touch upon dilemmas or societal controversies: how we should treat animals, how we should secure food safety and reduce health risk, or how to think about animal or plant biotechnology.

As a practical philosopher I am not just interested in those debates, I am *curious* about what is at stake, what points of view can be put forward, and what policies might be reasonable and why. Within Wageningen University there is clearly an abundance of topics and issues that invite ethical curiosity and reflection, and having the opportunity to explore all those questions is indeed like visiting a cake shop and being invited to try, taste and discuss a variety of both familiar and new pastries.

Something seems misplaced however in this analogy with curiosity at the cake shop. Many if not most ethical dilemmas and controversies in the Wageningen domains are linked to grand challenges for mankind. These problems are not like attractive cakes and candies; they are about potential catastrophes and grave needs of billions of people and animals, now and in the future. Researchers and students at Wageningen aim to understand these processes and seek technological or social routes to prevent and mitigate such problems. Let me mention just a few.

Climate change – In the coming decades, global warming will have an enormous impact on people's lives and on the natural world.¹ A few countries might see economic benefits of climate change but for a large part of the world population, notably those

already living in severe poverty, climate change will result in further threats to food security, health and economic development. Moreover, what might be mild changes in climate to our generation may grow into catastrophes for future generations.

Hunger and food security – The FAO estimates that some 840 million people worldwide are undernourished leading to a range of chronic health problems and infectious diseases.² The increasing world population is requiring more and more of the earth. If the earth needs to feed 9 billion people in 2050 – how is this possible in a way that the earth (farm land, natural environment and wild life) is not exhausted?

Obesity and overweight - At the same time, 500 million people are obese, causing a range of health problems like diabetes, cardiovascular disease, and cancer.³ Where overweight used to be a sign of (at least) moderate wealth and prosperity, nowadays overweight and obesity are more common in relatively deprived groups. It appears very difficult to promote more healthy lifestyle patterns among these groups.

Zoonoses – the growth of production of food can also pose threats to public health. This is most clear in the case of livestock, where infectious diseases in animal populations may spread to human populations. Avian influenza, Q-fever, and MRSA are just a few examples.⁴ Especially where large animal and human populations are living in close proximity, new infections may arise and spread rapidly. Should such proximity be avoided? How can we best reduce health risks – and how far should we go to avoid infection risks?

These challenges are full of values and value conflicts that are an interesting study object for a philosopher. But they are also asking for engagement and *responsibility* – not just philosophical curiosity. In this lecture I will present my vision about the role of philosophy at Wageningen University. The core idea is that philosophy at Wageningen is ultimately practical: it is about what we are, about how to live, and what we should do and aim for in science, professional work, and societal and political life. Philosophical and ethical questioning urges us to rethink our practices (scientific, societal) and our understanding of the problems we face, and this ultimately helps to justify choices and policies. Hence, doing philosophy in Wageningen is contributing to **reflection** as a basis for **responsibility**.

I will illustrate this in two philosophical excursions into themes in the Wageningen domain: “What is quality of life?” and “Who is responsible for health and healthy food?” The latter question also helps to show how *responsibility* itself is a central subject for the philosophy group in Wageningen. I will conclude the lecture with a brief explanation of how I see the role and approach of the philosophy group at Wageningen University.

2. First excursion: for quality of life

“For quality of life” – this is how Wageningen University and Research Centre presents itself. Many if not all research groups here in Wageningen can reasonably claim that their work contributes to quality of life: to a better life of humans or animals. They work on healthy nutrition, on tasty food, on a reduction of carbon emissions, on improving agricultural yield, etc. For some groups, *measuring* (health-related) quality of life or welfare is even at the heart of their work. There are a variety of methods of measuring health-related quality of life, so researchers need to decide which method to use. But arguably, what the appropriate measure is, depends on what exactly one wants to measure: *what is quality of life?*⁵

What constitutes a good life? If you think your life is going well – why, and in what sense exactly? Your first answers might be, for example: because I have a nice job, and a lovely family. But then the philosopher continues to ask: *why* and in what sense does the nice job add to the quality of your life? This is important because if we want to measure quality of life in general, we can’t just measure the quality of our jobs and the loveliness of our families, or all those other things that contribute to wellbeing. Philosophy is curious about what is *ultimately* worthwhile in a good life. What aspects of good lives are valuable for their own sake?

The question what makes a life a good life, has been central in philosophy for millennia, and several types of answers – theories of well-being – have been proposed, all having their strengths and weaknesses. This is therefore a good case for questioning how philosophical reflection can be practical even if it brings us different, competing theories.

Let me start with a basic definition. A common way in philosophy to understand wellbeing or quality of life is: *how well a life is going for the individual whose life it is.*⁶ If we take this definition, then it may seem at first sight that quality of life depends upon a person’s own evaluation of her life. Such a **subjective** approach, might involve either a form of hedonism, or a desire approach to wellbeing. Both theories have their attractions and weaknesses. I will briefly present these, and suggest how a third alternative – namely an **objective** list account of well-being *might be* preferable.⁷

Hedonism - A hedonist view of quality of life, as put forward by philosophers like Epicurus, Jeremy Bentham, and John Stuart Mill, involves the idea that one is doing well if the sum of pleasures and pains one is experiencing is positive.⁸ If we *feel* well, and have little or no pains (either physical or mental), then we *are* doing well. The best possible life is a life with a maximum of pleasures and a minimum of suffering. According to this theory, it is in everyone’s personal best interest to seek pleasure and avoid pain.

At Wageningen University we work on science in relation to food and food production – obviously food can contribute to pleasure and pain and thus to quality

of life. By improving the healthiness of our nutrition, we can live longer, and in better health, thus avoiding the pain and suffering of illness. By improving the taste of food, we contribute to pleasure. We could even go further. If a good life is about *pleasurable experiences* – a mental state – then we can promote quality of life by further enhancing food products by selecting properties that induce pleasurable experiences. Chocolate, alcohol, nicotine, come to mind.

But why not seek to develop a mind-stimulating food product that can give the consumer pleasurable experiences? Think of the effects that some mushrooms have on mental experiences. Suppose it would be possible to develop a mushroom product that induces specific good experiences in a controlled way – that is, without the unpleasant effects that may also come with such drugs. A mushroom that gives you the feeling to be in control, the experience that everyone loves you, and the perception that everything in the world is beautiful... Wouldn't we all be better off if we had instant access to such good experiences by eating this product? Of course, the food product must be healthy and safe, and not too addictive. But if those conditions were satisfied, the mushroom would clearly enhance quality of life – at least according to the hedonist for whom only pleasure and pain counts.

Probably most of us will *not* find a life full of experiences of being loved, feelings of pleasure and perceptions of beauty to be a good life if it is all merely induced by eating such a mushroom.⁹ The good experiences may *feel* real, but they are not. But if it matters for us that our good and pleasurable experiences are real and not illusory, then the hedonist's focus on pleasurable experiences seems misplaced. Maybe there is more in a good life, than just pleasurable experiences.¹⁰

Desire Theory – The desire theory can avoid the problem of hedonism. The desire theory roughly holds that a person is doing better the more she gets what she wants. Her good life is constituted by *the fact* that important preferences are satisfied. If your most important desires include having a family, being a scientist, and see the Dutch football team become world champion, then your life is going well to the extent that *those* wishes come true. Getting what you want may give you a lot of pleasure, but it is not the pleasure that makes your life good, but the *fact* that your preferences are fulfilled. This approach is attractive because it is open to whatever desires a person has. What is good for a person fully depends on her own actual outlook and preferences. This fits very well in a pluralist context, where we can accept that what is good for you might not be good for me. The theory does not take any stance on what desires are good. At least it does not involve a substantive view of the good life.

Any reasonable version of the desire theory will however set some constraints. It would be too simplistic to see *any* desire fulfilment as good. Let us focus on food preferences. People who always eat what they desire, will often make unhealthy choices. Desires can be ill-informed. Or they can neglect what is best in the long term.

And of course, some desires are just “sick”: some people are curious to eat human flesh, and still others are interested to be eaten after their death. Is any desire fulfilment good? Or think of people who have always lived in a culture of fast food. Who have never really tried other foods than the few dishes they normally have: pizzas, hamburgers, and fries, bread and butter. They might know that there are many other options but they don’t bother to try new tastes and opportunities. They may have adapted their preferences to what is readily available to them and to what most of their friends and family like as well. Wouldn’t they be much better off if they *did* have and did take the opportunity to taste other foods, take the possibility to acquire new desires and a broader pallet of tastes? And if they also learned to take the healthiness of food more seriously?

These questions can be reason to adjust and refine a simple version of the desire theory,¹¹ but they also lead us away from the simple idea that wellbeing is constituted by preference-satisfaction. The last discussion suggests that developing one’s own taste belongs to a good life, no matter whether one (initially) desires it. And that someone who has never tried something new, is at least a bit worse off than someone who has fully developed her own tastes.

Indeed the desire theory is rather formal and empty. As a parent I do not hope that my children will attain an optimum level of preference satisfaction; I hope they will be healthy, achieve something in their lives, that they are capable to govern their own lives, that they have friends and family they love and care for, and that they are impressed with nature or works of art.¹² But if the desires or preferences of persons do *not* determine what counts as a good life, then apparently we have abandoned the **subjective** concept of well-being as desire-fulfilment and touched upon an **objective** account of wellbeing.¹³

Objective wellbeing – Objective theories of well-being hold that there are things that can make one’s life going well **objectively**, that is, independent of how the person herself evaluates those things. Most modern objective accounts of wellbeing are pluralist, encompassing several independent elements that jointly constitute quality of life.¹⁴ What dimensions of a good life are essential for a flourishing life? Not just in your own life, but for everyone? And not dimensions or things that desirable as a means to attain other goods, but dimensions or things that are intrinsically good? Without doubt we will disagree about what should be on this list. And maybe art and literature are more helpful in showing what is a good life, than philosophy is. But plausible candidates would be such dimensions as: *health, affection for and community with others, autonomy, security that basic material needs are met, harmony with nature, enjoyment*. These candidates also feature in theories like those of Nussbaum (though she focuses on *capabilities* to be healthy, to live with others, or to live with concern for

nature), Skidelsky and Fletcher. Accepting such a list, implies the normative judgement that someone who does not have, for example, affective relationships with others, is lacking something in quality of life – even if that person does not like having social, affectionate contacts.

I tend to endorse an objective approach to well-being. Several arguments can be given, but one is that an objective account of quality of *human* life can offer the most plausible explanation of how the natural environment is to be considered of intrinsic value.¹⁵ My objective list of quality of life would include being able to live in harmony with nature, and to admire and live in awe for the earth, wilderness and natural processes. A person who is unable to be impressed and live in some harmony with nature (either because he lacks all interest, or because there is no visible nature around) is lacking in quality of life. Protecting nature is not just important because it is *useful* for us – living in harmony with nature partly *constitutes* a good human life. Such a position endorses a largely anthropocentric environmental philosophy. But it avoids simple instrumentalism. I look forward to discuss and develop this anthropocentric perspective with colleagues Bart Gremmen, Bernice Bovenkerk, and Cor van der Weele who are much more at home in environmental philosophy.

However, also the objective approach is not without problems. How can we determine what things are necessary in a good life? And shouldn't we concede to the hedonist that it is not so clear why harmony with nature would be valuable for someone who does not enjoy it at all?

So this leaves us with different philosophical theories, each with their own shortcomings. How can that be practical?

3. The practical point of philosophical curiosity

I think that having this diversity of philosophical theories is in fact highly practical.

The variety of approaches and answers force us to think about what a good life consists of. That is sensible for every responsible person.

Moreover, for health-, food- or animal scientists who *measure* quality of life, such reflection is indispensable. What do you want to measure, and how? Should you focus in your project on subjective welfare or objective welfare, and can you explain why? The different philosophical approaches can help to scrutinize and justify methodological choices in research projects.

This connection between philosophical and ethical concepts of quality of life, and ways to measure it, is the core idea of the NWO program Quality of Life and Health that I co-authored.¹⁶ Within this program, our philosophy group will focus on concepts of health and quality of life in one specific context: socio-economic health inequalities.

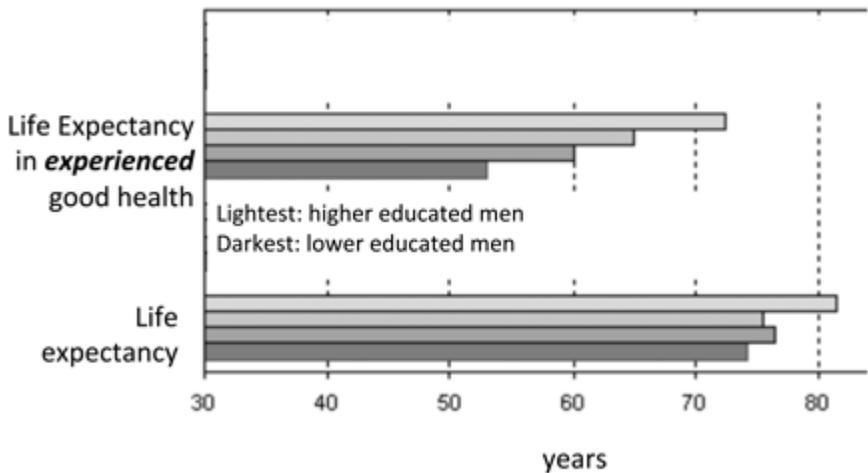


Figure 1 Inequalities in (healthy) life expectancy at birth among men in the Netherlands (derived from Poos et al 2014)

People in higher social classes live, on average, 7 years longer than people in lower social classes. But if we use more subjective measures, like health expectancy *in experienced good health*, the inequalities are as large as almost 20 years (figure 1). This is an enormous difference. What inequalities should be the target of researchers and policy makers? Should we focus on objective health and quality of life, or on how people in fact *experience* their own health – a subjective approach? The answer depends at least partly on the reasons we have to be concerned about health inequalities. Arguably, such reasons involve considerations of justice and the special role of health in our ideas of a just society. In this project we analyse different conceptions of health and quality of life, and explore how they can be connected to theories of justice.¹⁷ The aim of the project is to clarify how to understand health and quality of life in the context of socio-economic health inequalities, as a basis for explaining how health inequalities are to be measured and evaluated in health policies and research. This is a project we do together with the Public Health group of Karien Stronks of the Academic Medical Centre in Amsterdam.

Hence, here we have a first answer to the question *what is the point of philosophy*. Philosophy offers critical reflection on concepts that are employed in research – or often just assumed – and helps to rethink those concepts. Concepts like quality of life, health, but also sustainability, robustness, development, innovation.¹⁸ Analysis of central concepts can guide choices about the design of a study project: what to measure, and how.

Science itself is also an important subject of philosophical curiosity. What is scientific knowledge? What is the ultimate purpose and value of science? Science and technology are more and more criticised; their value, independence and integrity is sometimes questioned. To maintain the trustworthiness of science, scientists need to engage in critical reflection on their own practice.¹⁹ Which is basically: asking philosophical questions about the nature of their work – science and technology. Hence, doing philosophy can be theoretical but ultimately serve a very practical role – contributing to well-considered, responsible practices. This is what we stand for in our group.

The practical point of philosophical reflection is even clearer if we focus on ethical problems and controversies. Again, a central task for us as philosophers is to clarify basic concepts and presuppositions. To question the way how problems are presented and framed. To propose and test ethical arguments. And, like in other domains, philosophers have several ethical theories on offer: utilitarianism, contractualism, virtue theory. But also here, that is not a weakness but strength. When different normative theories converge, supporting specific moral judgments, this adds to the credibility of those judgments.²⁰ Where theories, also upon reflection, diverge, this will stimulate further reflection. Theories help to clarify, justify, and sometimes reject arguments and intuitions that stakeholders put forward. Ethical curiosity in the Wageningen group also involves taking people's moral intuitions seriously, even if these sound irrational at first sight. Think of arguments like "playing God" or "this is unnatural" in relation to genetic modification. Ethical theories give us a repertoire of perspectives, that can help to make sense of people's moral intuitions, and, subsequently, also to criticise these.²¹ Especially in relation to practices and controversies that invoke ambiguous moral feelings – such as our consumption of meat and other animal products – one can only expect that moral intuitions are not (yet) well-articulated.²²

So the point of our philosophical analysis of ethical problems is that it offers frameworks for articulating and assessing options and arguments, which in turn contributes to responsible choices, in science, policies or professional life.²³ Such reflection is essential for scientists and professionals – certainly for those working in the Wageningen domains.

Ethics will often not make controversies simple and neat. To the contrary, an important role can be to criticise controversies that are discussed in an overly simple way. Let me illustrate that in a second philosophical excursion in a core theme of Wageningen University: responsibility for healthy nutrition.

4. Second excursion: obesity and responsibility for healthy nutrition

The past 25 years have shown a rapidly increasing prevalence of obesity in developed countries and more recently, in developing countries as well. In the USA 35% of the population is not just overweight but obese.²⁴ In the Netherlands, figures are less alarming, though obesity and overweight are still on the rise.²⁵

Obesity is a major cause of diseases like diabetes mellitus, cardiovascular disease, and cancer, creating a heavy burden for individuals and societies. According to the World Health Organization, more people in our world are dying due to overweight and obesity than to underweight. How should societies respond to this public health problem?²⁶

For individuals, obesity is the result of an unbalance between energy intake (notably food and drinks) and energy use (exercise). Both are factors that *can* be largely controlled by adult persons who have access to sufficiently healthy food. Many politicians and citizens – including the current Minister of Health in the Netherlands – therefore argue that this is the responsibility of each citizen herself. The role of the government is limited, and should not be paternalist, or in Dutch: “betuttelend”. The state should instead take each citizen’s own responsibility – and hence freedom – seriously.

Some countries and governments have been more proactive. In 2013 Mexico implemented a special tax on junk food and sugarised sodas. A bit earlier, mayor Michael Bloomberg of New York City started a broad program to combat unhealthy food practices, including a ban on trans fats, obligatory nutritional information in restaurants, and, most controversial, a ban on supersized sugar-added soft drinks. Restaurants were not allowed to sell such soft drinks in portions larger than 16 ounces, approximately half a liter – a measure that was overruled in 2013 by the New York State Supreme Court.²⁷

As one can expect, these measures were criticized as being paternalist and Michael Bloomberg was pictured as a nanny, taking away the freedom and responsibility of citizens of New York. Indeed, the societal controversy on healthy lifestyles is often framed as a conflict between *paternalism* and *individual freedom and responsibility* – not only in societal debates but in the academic literature as well.²⁸ How should we evaluate this conflict?

My philosophical-ethical approach here is **not** to weigh these conflicting values, and explain what the right answer is. We should first analyse the conceptual and normative presuppositions of how the problem is framed. This may open up other perspectives on the controversy, leading to other arguments and answers.



Figure 2 Campaigns against Bloomberg’s health program

In this particular case, there are good reasons to consider the *paternalism versus individual responsibility* framing as overly simplistic. More precisely: (1) the conception of responsibility is too simple, (2) collective values like justice and solidarity are left out, and (3) the moral obligations of other collective actors are overlooked. Let me discuss these claims in turn.

4.1 Responsibility is not a zero-sum game

Debates on responsibility for health can be confusing because “responsibility” is a notoriously complex concept.²⁹ Responsibility can refer to a causal relationship, to moral attribution, accountability for praise or blame, to roles or tasks, to moral obligations, etc. Sometimes “responsibility” is *backward-looking*: who is to be held responsible for certain state of affairs – for example, am I responsible for my increased body weight, or should we blame MacDonald’s? Sometimes “responsibility” is *forward-looking*: who should act? Who has certain obligations?³⁰ If individual responsibility is *juxtaposed* to paternalism, then the issue is primarily forward-looking. It is about who should do what: *should* the state promote healthy nutrition, or is this a responsibility of each individual citizen? The problem of this

framing is that it suggests that a larger responsibility for the state implies a smaller role for the individual citizen, and vice versa. For example, in the 2011 policy document *Gezondheid Dichtbij* the Netherlands Department of Health argues that healthy lifestyles have been considered for too long a responsibility of professionals and government, with a focus on what individuals should (not) do, leaving too little responsibility for individual persons themselves.³¹

Yet if we are focusing on *forward-looking responsibility* or responsibility as obligation, there is no principled reason why a stronger obligation of government would imply a smaller responsibility of individuals, or vice versa. This is because ethical reasons and objectives of the state to promote healthy nutrition can be very different from individual persons' reasons to take care of their own health. Taking care of my own nutrition and health is good for prudential and moral reasons: it serves my own good and it protects my ability to care for my family and fulfil other duties. These prudential and moral reasons for making healthy choices can be very strong, but that does not downplay the moral reasons that the state has to promote healthy nutrition as well. From a public perspective, it would be actually be *unfair* to leave all responsibility for healthy nutrition to individual citizens themselves. It might be fair if everyone had an equal chance to a healthy way of living. But in fact there is a lot of inequality.

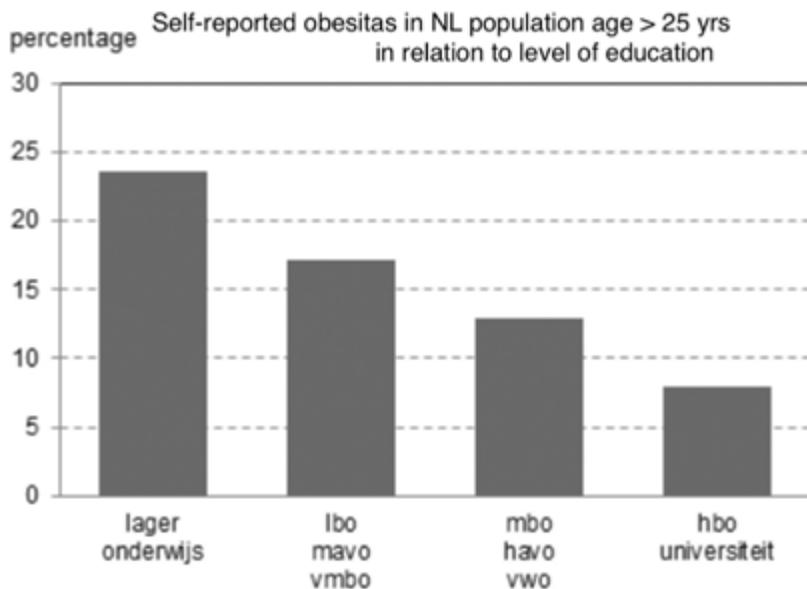


Figure 3 Socio-economic inequalities in obesity in The Netherlands (Savelkoul and Uiters, 2014)

There are many societal, environmental, educational, cultural, socioeconomic factors that co-determine people's lifestyles, their nutrition and body weight. Indeed, obesity is much more common among people with only a low level of education than in groups with a high level of education (figure 3).³² People in higher socio-economic groups live and work in healthier conditions, are better educated and therefore better equipped to use the available health information and to plan for their future, they have more opportunities to develop their (food) tastes. People in deprived groups live in less healthy environments; as kids they are already developing relatively unhealthy habits and run a greater risk of becoming overweight; socio-economic insecurity may influence people's world view, focusing more on short-term happiness than long-term interests. People in deprived groups are much more vulnerable to develop behavioural patterns that may result in becoming obese. The causes of such vulnerability are beyond their own control. Their increased vulnerability to health risks is rooted in societal structures. The government has therefore reasons of justice to promote healthy nutrition as a means towards equal chances to a healthy life.

At the same time, individual citizens have moral and prudential reasons to take care of their own health. Their forward-looking responsibility is not downplayed by a government that promotes public health and health equality. And government's obligation to promote equal chances to a healthy life does not fade away because individuals bear responsibility for their own health as well. In other words: moral responsibility for health is not a "zero-sum game". Framing the debate in terms of paternalism vs individual responsibility however does involve a juxtaposition of state and individual responsibility, and suggests that more of the one implies less of the other, and vice versa. This conception of responsibility is oversimplified if not mistaken.³³

4.2 Individualist values should not dominate the analysis

My second critique immediately follows from the previous discussion. Framing the debate in terms of paternalism versus individual responsibility puts freedom and individual health at the centre of the stage. Other, more collective values are put aside: justice, equality, and solidarity.³⁴ Yet given how obesity especially affects groups that are deprived in other respects as well, suggesting structural health inequalities, justice is a key value that must be taken into account. Promoting healthy nutrition and preventing obesity is a matter of social justice – and not just a paternalist policy towards individual citizens.

More generally, debates about paternalism tend to give central weight to the value of freedom. Opponents of state intervention will stress that individuals are responsible to steer their own lives and hence should have freedom to do so. Proponents of state intervention on the other hand may emphasize that individual behaviour is rarely

based on free individual choice. People's choices can be a product of society, or they are uninformed, or they are just a matter of routine, and that health promotion therefore is therefore only paternalist in a weak sense. Alternatively, proponents of public health interventions may argue that anti-obesity measures such as a ban on supersized soft drinks are not really violations of freedom – citizens can still buy two small-sized sodas if they like. Or interventions are designed in in such a way that freedom of choice is preserved.³⁵ Note however that all these arguments take freedom of choice as a central concern. If the debate is framed in terms of paternalism, the central concern is about possible constraints on liberty, and hence this value easily gets a privileged status. As mentioned before however, given how societal factors create inequalities in health, the discussion about how to respond to overweight and obesity, should at least give due weight to collective concerns such as social justice and solidarity.³⁶

Ad 3 Other societal actors have responsibility as well

A third reason why obesity should not be framed as a dilemma between individual responsibility and paternalism is that this focuses too much on the responsibilities of the citizen and the state. In modern “obesogenic” societies many other actors and institutions contribute to unhealthy nutrition patterns or can play a role in reducing factors that lead to overweight and obesity. Obesity is a societal problem in which causes and effects, and obligations and responsibilities are collective. Food industry, supermarkets, restaurants, employers, schools, families, citizens and government – all play a role in shaping society as it is and it makes sense to see all those parties as sharing in collective responsibility for countervailing the problems of obesity. This is acknowledged in current policies. For example, in the Netherlands various parties (government, associations of companies, labour unions, and health organizations) have signed an agreement, the *Convenant Gezond Gewicht*, to contribute to prevention the prevention of overweight.³⁷ The covenant emphasises what parties can do and agree to do and has initiated a number of activities and plans to promote healthy behaviour. However, if we are interested in moral responsibility it is justified to take a much more normative stance. What are the moral *obligations* of schools, or of food companies, to prevent obesity? Grounding and distributing forward-looking responsibilities for countervailing the public health problems of obesity can be done by appeal to multiple reasons: to compensate for the role an actor or institution has played in creating the problem, to express that the institution has a communal relationship with people at risk, or simply given the institution's capacity to make a change and prevent harm.³⁸

Food industries like fast-food companies and soft drink producers are sometimes criticised as representing a major causal factor for the increasing prevalence of obesity, but irrespective of whether they should be held responsible for overweight

and obesity in a backward looking sense, it would be reasonable, at least, to assume forward-looking responsibility for the possible health effects of consumption of some of their products. This could involve making food products healthier by reducing or substituting ingredients like sugar, salt, or certain fats. Moreover, some companies may have specific capacities to promote health. Marketing skills of large companies could be employed to seduce consumers to choose for healthier options, for example, to prefer “zero” variants of soft drinks to sugar-containing drinks. Such health promoting activities fit well in corporate social responsibility policies in the food industry.³⁹ What do we, as a society, owe to each other in terms of creating conditions for a healthy life? This is a major ethical question, which is central in several of our current and future projects. In a project with Tjidde Tempels and Vincent Blok we explore the scope of corporate responsibility in the food industry to promote public health. And we just received NWO funding for joint project with Emily de Vet in the strategic communication group, and colleagues at Utrecht University. In this project we will analyse the justification and limits of nudging strategies to promote healthy food choices.

In this brief excursion into public health ethics, I have argued that the societal debate on obesity and overweight should not be framed as a conflict between paternalism and individual responsibility and freedom. It assumes a too simple idea of “responsibility”. It ignores collective values like social justice and solidarity. And it emphasises the responsibility of the state and the citizen, and overlooks obligations of other societal actors.

5. Taking stock: Philosophy @ Wageningen University

The central thesis in my lecture is that philosophical curiosity can contribute to responsibility. Asking and exploring basic questions in personal, societal and scientific life does help to get a richer understanding of the practical problems we face. This offers a basis for scientists, professionals, or citizens to explore *and justify* choices, and also to see the limitations and drawbacks of such choices.

I have illustrated my thesis in two excursions in the area of human health and quality of life, in line with my own work in public health ethics. The philosophy group at Wageningen however is much broader, with specific expertise in animal and environmental ethics, and in the philosophy of science and technology. Yet the practical point of philosophy remains the same. In animal and environmental ethics, and in philosophy of science and technology, like in public health ethics, we explicate normative assumptions, and we critically explore concepts, worldviews and ethical arguments, and this strengthens the conceptual basis for responsible social practices and innovation.

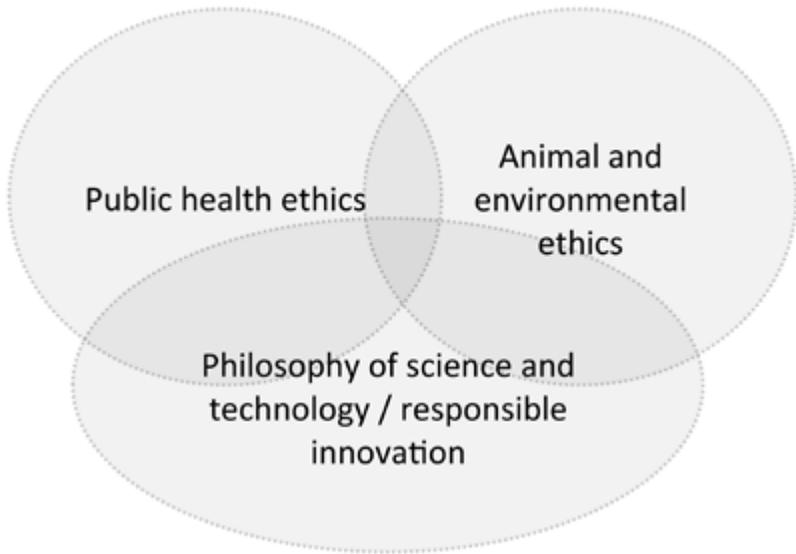


Figure 4 Key areas of philosophy at Wageningen University

Philosophical reflection can be done in very different styles. One approach is to question and criticise scientific and societal practices from a distant, external position. This style can easily turn into *criticising* current affairs, and emphasising how certain scientific or social practices are on the wrong track. There is a lot of merit in such an approach. It can fuel societal and political debate, where all parties sharpen their arguments and positions. But it is not my style, and it is not how I see philosophy at the Wageningen group.

My philosophical style and approach is to engage in reflection *within* practices: at the Health Council, Unilever, the Royal Institute of Public Health (RIVM), community health centres (GGD), Sanquin, and of course within Wageningen UR. My style is to ask and explore basic questions *together* with scientists, professionals, or citizens, and to learn from their ethical and scientific insights. Often those views are not clip-and-clear. They are ambivalent, uncertain – and that is fertile soil for philosophy, as Cor van der Weele has shown in her work.

Ambivalence and uncertainty can be disturbing. But they can also make us curious: to express doubts, to ask questions, to seek and gain a better understanding. This is what responsibility in scientific and professional practice is ultimately about: to be open to questions about what is right and wrong, willing to express doubts, and to seek answers that can be reasonably justified to others. In scientific and professional life, curiosity and responsibility go hand in hand.

Dankwoord

Dames en heren, Aan het eind van mijn college wil graag enkele woorden van dank uitspreken in mijn moedertaal.

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Bij jou ben ik thuis.

Ik heb gezegd.

Footnotes

All internet addresses in footnotes have been accessed on 29 July 2014.

- 1 http://ipcc-wg2.gov/AR5/images/uploads/WG2AR5_SPM_FINAL.pdf
- 2 <http://www.fao.org/hunger/en/>
- 3 <http://www.who.int/mediacentre/factsheets/fs311/en/>
- 4 Cf. van der Giessen, Isken, Tiemersma, 2004.
- 5 The question is also relevant to people working on animal welfare. Again, there are different ways to measure animal welfare, but what measure is appropriate depends on what it is one is interested in. How should we understand animal welfare? Cf. Staffeu, Grommers and Vorstenbosch, 1996.
- 6 Sumner, 1996.
- 7 Hence I follow the distinction that Derek Parfit made in *Reasons and Persons* and Sumner used as basis for his discussions of theories of wellbeing in *Happiness, Welfare and Ethics* (1996). In the past fifteen years other categorizations have been offered, for example by Daniel Haybron (2008) and Guy Fletcher (2013). Probably any categorization of theories is problematic, either because it gives some theories insufficient ‘independent’ status (think of eudaimonistic theories in Parfit’s division) or because it frames a theory of well-being in specific a way that does not do fully justice to its nature. Hedonistic theories for example can be considered as a subjective theory of wellbeing, but also as an objective approach, depending how the value of pleasure is understood (Fletcher 2013, Crisp 2013).
- 8 Epicurus 1995; Bentham 1789; Mill 1859.
- 9 A person whose life is full of suffering may however have good reasons to prefer mushroom-induced pleasures to the reality of daily life. Cf. Henri Wijsbek 1999.
- 10 Cf. Nozick 1974, Wijsbek 1999, Crisp 2013.
- 11 The most prominent desire-fulfilment approaches, such as Richard Brandt’s, do not focus on actual but hypothetical desires: the desires one would have in certain ideal conditions (optimal information, full rationality, etc.). Informed desire approaches however have their weaknesses as well. Cf. Sobel 1994; Murphy 1999.
- 12 This perspective of a parent who considers what is good for his children is in line with Stephen Darwall’s account of well-being. Darwall (2002) presents a rational care theory of welfare: he understands well-being as what one should want for someone one cares for.
- 13 The move towards an objective approach also finds support in the idea that certain aspects of our lives are not good because we want them, but that we want them because they are good – hence the goodness is independent from our attitude.
- 14 Objective accounts of well-being can be as diverse as Martha Nussbaum’s capability approach and John Finnis’s natural law theory. Other recent contributions are Skidelsky & Skidelsky 2012; Fletcher 2013. Darwall’s rational care theory of welfare also leaves room for objective dimensions of well-being (Darwall 2002).

- 15 This reflects my coherentist meta-ethical stance towards the relationship between moral intuitions, a theory of the right and value theory.
- 16 NWO 2012.
- 17 The most prominent account of health justice is the Rawlsian account of Norman Daniels (Daniels 1985, 2007). Daniels follows Christopher Boorse's influential theory of health as normal functioning (Boorse 1977). Diseases restrict the range of opportunities that are open to people, and, depending on the causes of ill-health, such restrictions may be unjust from the perspective of fair equality of opportunity. More recently, Sridhar Venkatapuram (2011) combines Nussbaum's approach to justice with Lennart Nordenfelt's (normative) theory of health as ability to achieve minimal happiness. He argues that the basic capabilities can offer substance to Nordenfelt's formal account of minimal happiness, which would imply that health can be considered a *meta*-capability.
- 18 A recent example of such a study in our group is Douwe de Goede's PhD thesis *Understanding robustness as an image of sustainable agriculture*. See for example de Goede, Gremmen, Blom-Zandstra 2013.
- 19 Cf. van den Hoven 2014. Critical reflection on normative assumptions in science may also help to clarify ethical controversies. Too often people assume too easily that ethical controversies can ultimately be answered by 'sound science'. Cf. van den Belt and Gremmen 2002.
- 20 Krom 2014.
- 21 On arguments about nature and naturalness, see John Stuart Mill's critique in *On nature* (1874). Notwithstanding the problems of appeals to nature in moral argument, in ethical reflection it is important to explore how certain common moral intuitions – like such appeals to the natural - can best understood. See for example Brom 1997; van Haperen, Jacobs, Gremmen 2012.
- 22 Cf. van der Weele 2013.
- 23 My emphasis on the practical role of philosophy is in line with Simon Blackburn's 'middle ground' reply to the question about the point of philosophy. Blackburn (1999) also presents other reasons why doing philosophy makes sense. One is to take the 'high ground': philosophical reflection is worthwhile for its own sake, essential for a good life. Indeed Socrates held that the unexamined life is not worth living. Blackburn further gives a much more mundane answer to the question about the point of philosophy. This is that critical reflection on what we think and who we are helps us to avoid dogmas, prejudices, and the habit of merely following common opinion. Although these reasons for doing philosophy are not less important than my practical approach, they will not be the main objectives of our teaching and research at Wageningen University.
- 24 Ogden, Carroll, Kit, and Flegal 2014.
- 25 Van Bakel and Zantinge 2014.
- 26 Some question whether obesity is a public health problem at all. See Anomaly 2012 and a response in Womack 2012.

- 27 New York Times, 30 July 2013, see Gogolak 2013.
- 28 The New York City health programs have been specifically discussed in *Public Health Ethics*: Brownsword 2013, Conly 2013, 2014, Resnik, 2014.
- 29 See for example my discussion in *Ethiek in Praktijk* (2003) and van den Hoven's discussion of responsibility in *Preventie en Ethiek* (2011). One problem is that we often jump from judgments about one type of responsibility to another, as criticised by for example Scanlon 1998.
- 30 In this analysis I use the concept of forward-looking *responsibility* in a rather general way, as referring to what people ought to do – which can include any duty or obligation. A more specific conception of forward-looking responsibility refers to duties to see to it that certain things are going well, see Verweij 2001; Goodin 1995, 81-87; van der Poel 2010.
- 31 Ministerie van Volksgezondheid, Welzijn en Sport 2011.
- 32 In the Netherlands the level of education is often used as an indicator of social class in studies on socio-economic health inequalities. See A. Verweij 2010.
- 33 The idea of “responsibility as a zero-sum game” may fit in some, specifically *retrospective* understandings of responsibility. Think of simple cases of cause and effect in mechanics. Suppose effect E is caused by $(C1 + C2)$. Then the more E is determined by $C1$ the less it is determined by $C2$. But it is questionable whether similar claims can be held in relation to moral responsibility – certainly not in relation to (forward-looking) responsibility-as-obligation.
- 34 Verweij & Dawson 2013.
- 35 Thaler and Sunstein (2008) see paternalist nudges as morally justified given our limited capacities to choose rationally and only under condition that nudges preserve freedom of choice.
- 36 Cf. Dawson & Jennings 2014.
- 37 <http://www.convenantgezondgewicht.nl>
- 38 Cf. Miller 2001
- 39 Turoldo 2009.

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'The curious philosopher often answers questions by raising further, more fundamental questions. How can this be fruitful and practical in the context of Wageningen University? Philosophy offers critical reflection on conceptual and normative assumptions in science and society, and that is necessary for responsible practices. I illustrate this by analyzing the concept of quality of life – a key value in the mission of our university – and by questioning current debates about responsibility for health.'