In *Health Promotion: Philosophy, Prejudice and Practice*, David Seedhouse seeks to expose the fallacy of pretending that the notion of good health, and thus the promotion of good health, is value-neutral, a fallacy undermining the integrity of the health promotion profession. Types of health promotion, he argues, are inextricably bound up with views as to how people should and should not behave and with notions of the good society. It is only by facing up to the inescapably evaluative nature of health promotion that health promotion professionals can replace unexamined prejudices with mature moral positions clarified in the light of philosophical analysis, thereby overcoming the theoretical vacuousness at the heart of health promotion. Health promotion does not possess a ‘unifying rationale’ (p. 27). There is no consensus within the profession as to what is the point and purpose of health promotion principally because there is no consensus as to what health consists in. This fact is reflected in some official definitions of health promotion, such as, ‘any planned measure which promotes health’ which, as Seedhouse caustically points out (p. 20), is hardly illuminating in the absence of any generally accepted definition of health.

Seedhouse begins his analysis of the various possible conceptions of health and health promotion with the view assumed, often tacitly and uncritically, by most health promotion officers (and indeed most governments), where health is defined as the absence of disease or illness, and health promotion is about ‘good preventive work’ to ensure ‘that the least possible number of patients present themselves at the doors of the medical profession’ (p. 70). This conception, which he labels *medical health promotion*, is, he argues, prudent, utilitarian and conservative (p. 88). He contrasts this conception with *social health promotion* which he sees as inspired by such political ideologies as anarchy, social democracy, socialism, Marxism and egalitarianism (p. 91) (although utilitarians could conceivably be in favour of social health promotion and hedonistic disease-inducing behaviour).

Social health promoters, inspired by leftist political ideology, are more likely to be concerned with health inequalities, with poverty and unemployment. Medical health promoters, on the other hand, are more likely to focus their concern on specific behaviours associated (an association, Seedhouse argues, which is usually overstated) with disease, smoking, heavy drinking, etc. But both medical and social health promoters share a concern with less mortality and morbidity which rather begs the question. Disease-inducing behaviours may in fact be means to self-fulfilment for the persons concerned: ‘If a person chooses a “hard living” lifestyle, even if that person becomes diseased as a result, this does not automatically mean that his was a bad choice (not if this is the life he genuinely wanted to live)’ (p. 79). He then turns to *good life promotion* where health promotion is subsumed under the wider goal of promoting the good life, arguing that good life promotion represents an ‘illegitimate extension of health promotion’: health promotion, Seedhouse argues, ‘is about promoting health—not about promoting good lives’ (p. 94).

This critique leads the reader into the most significant section of the book, part three, in which Seedhouse outlines his own theory of what health and health promotion ought to be about, the ‘foundations theory of health promotion’. He defines health in terms of autonomy. This is not unusual. Many writers, including myself, see the promotion of autonomy as the
core value in health care. The ‘foundations’, in Seedhouse’s theory, are meant to be functional prerequisites to this human autonomy and self-fulfilment, although perhaps potentially confusingly, Seedhouse denies that these ‘foundations’ are necessary to human autonomy and fulfilment which somewhat diminishes their central importance at least for some persons; the foundations ‘tend to be the prerequisites for a fulfilling life’ (p. 155). The emphasis is presumably on the word tend.

Some of these ‘foundations’ are the basic needs of food, drink, shelter, warmth and purpose in life, access to the widest possible information in influencing a person’s life, the skill to assimilate this information and the recognition that the individual is never totally isolated from other people and the world (p. 137). These in turn imply access to continuing education, meaningful employment and global citizenship. Such a list obviously has radical implications; it is incompatible with that tradition in political philosophy which is concerned with minimizing the role of the state, as Seedhouse recognizes (p. 179).

Foundational health promotion should ‘close the gap’ between people’s actual conditions of existence and their ‘possession of a sound platform for achievement’; yet once this ‘platform’ is achieved people’s ‘performance’ and the ‘level of well-being’ they achieve should be left to the individual or group concerned (p. 143). This is to distinguish, presumably, the ‘foundations theory’ from the more expansive and paternalistic good life promotion. The object of health promotion ought to be to promote the ‘foundations’ of all citizens not of any one or any one group of citizens, although, as noted above, Seedhouse does not see his ‘foundations’ as necessary prerequisites for each and every person to achieve a fulfilling and worthwhile life (thus these foundations should not be imposed upon them against their wishes) and the nature of persons’ potentials, varies with the individual concerned (p. 151). Further, there is even the possibility of introducing some system such as quality-adjusted life years (QALYs), along with this latter system’s utilitarian underpinnings, so long as the basic ‘foundations’ are satisfied for all citizens.

Seedhouse acknowledges that it is his own theory which is likely to excite most critical attention. He seems, for example, to want to combine both libertarianism and egalitarianism in his account of health promotion. Society should not seek in the name of health promotion or, one assumes, any other value, to impose a unitary conception of the ‘good life’; further equality should not be imposed ‘beyond the provision of those things which the great majority of us require to give us the chance of a worthwhile life’ (p. 159). Yet what is a worthwhile life? Does agreement on the nature of a worthwhile life need to precede agreement on the nature of the ‘foundations’? If autonomy is defined in terms of the freedom to realize ‘chosen and biological potentials’ (p. 135), which potentials are we referring to? Further, what is the point of enhancing a person’s autonomy if not to promote the Good?

Seedhouse’s answer to this last question seems to rely on J. S. Mill’s ‘harm principle’ (Preface, p. ix). Yet harm is a notoriously vague concept as many commentators on Mill have pointed out. It is also peculiarly problematic to identify actions which do not materially affect the ability of others to make their own choices and shape their own lives. Is it a good thing that persons should be left free to pursue their own conception of the good life, or is it a claim grounded in some conception of justice? Seedhouse also wants to include a communitarian element in his conception of autonomy. We need to consider not only individual potential but group potentials. A sympathetic reader can readily see the reasoning here; there is, however, obvious room for potential conflict between the individual and the individual as part of a group.

Autonomy is differently conceived by different political philosophical schools. It may be defined as negative liberty, freedom from interference; it may be defined as positive liberty, self-direction or self-mastery. Further self-direction can be individual self-direction or collective self-direction (submission to the rule of Rousseau’s ‘general will’). One can, then, readily agree that the central task of health care and health promotion is to ‘create autonomy, thoughtfully, for everyone’ (p. 150); but it is a matter of dispute as to just what autonomy consists in and why it should be promoted.

David Seedhouse’s book is a forthright and challenging exercise in philosophical critique and advocacy. It raises as many questions as it seeks to answer, yet this does not detract from its wroth. It should prove illuminating to students and practitioners alike.

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Dietary guidelines translate scientific recommendations into advice to populations about healthy eating. As such, they are often referred to as the cornerstone of nutrition policy. *Implementing Dietary Guidelines for Healthy Eating* uses the term in this generic sense to describe a range of policy recommendations and interventions. The real focus of the book is, in fact, the implementation of food and nutrition policy. Readers with an interest in healthy public policy should therefore not overlook it, by mistakenly assuming it is some sort of ‘how to’ manual for nutrition education. On the other hand, practitioners expecting a more practical guide may be disappointed. Nutrition scientists may also not find the book quite to their taste, as it does not purport to review the scientific evidence behind the dietary guidelines or the process by which this evidence is translated into dietary guidelines.

Policy-makers, nutrition planners and program implementation managers should find the book most useful. While there is significant scientific evidence and political support for nutrition policy development there is a noticeable lack of information in the literature about its implementation. In some cases this is because good intentions do not translate into actions requiring resource allocation. Many public health nutritionists have suffered the frustration of witnessing hard-earned policy and strategy plans end up ‘on the shelf’ because the resources provided for their development did not extend to their implementation. Alternatively, interventions that have occurred are often not documented resulting in a lack of evidence-based information in the literature from which to learn for future activities.

*Implementing Dietary Guidelines for Healthy Eating* helps overcome the latter problem. It brings together in one substantial volume an impressive collection of authorities who have prepared a series of case studies that take the reader on a ‘world tour’ (predominantly of the northern hemisphere) of selected policies and interventions.

While each of the 25 chapters is well written and could stand quite happily alone, paradoxically this presents difficulties to the book’s structure and coherence. Essentially, this is an eclectic collection of self-contained chapters, rather than an integrated and systematic review of policies and healthy eating interventions. The book may have benefited from a brief introduction discussing theoretical aspects of dietary guidelines, including their purpose, to provide a context and more explicit rationale to the case studies that have been selected and those omitted. The short preface states ‘Hopefully, [the book] will be of value to anyone interested in improving nutritional standards.’ However, there is no discussion or critical analysis which might provide ‘added value’ beyond the reader being presented with a substantial amount of information.

The book’s opening section addresses nutritional surveillance. The first chapter, written by Anna Ferro-Luzzi and Laura Martino, provides an excellent overview of nutritional surveillance systems. Two practical examples of nutrition monitoring in Eastern Europe are then discussed. Nutritional surveillance systems are described as decision-supporting systems which support the design and evaluation of public health programmes and provide the basis for updating dietary guidelines. As such this section is a logical starting point for the book.

The second section of the book is devoted to exploring national policies in Bulgaria, Canada, Denmark, Greece, Ireland, Italy, New Zealand, Norway, Scotland, Spain, Sweden and Great Britain. These countries are at different stages of progress with respect to developing policy or implementing initiatives. Norway has been held up as a model for food and nutrition policy development and action since its pioneering work in the mid-1970s. Other countries, including Italy, Ireland and Greece may not have an explicit policy but are implementing a number of initiatives to achieve healthy eating, for example, food guides, monitoring and surveillance activities. Most interventions and policies described rely on the socially and economically ‘softer’ tools, for example, information campaigns and nutrition education activities to achieve their
goals. Some examples of ‘harder’ tools, for example, legislative measures, with respect to food law and fortification policy, are also provided.

Historically, national nutrition policies were concerned with nutrition deficiencies; now the focus is on health promotion and chronic disease prevention. Among the countries included, Scotland would appear to face a particularly strong challenge. It is described as having ‘a more unhealthy diet than any other country in the Western world’ and a population with an apparent penchant for ‘deep-fried Mars bars’. The chapter on Great Britain is prepared by the book’s editor and provides a thorough analysis of governmental processes and deliberations with regard to the promotion of healthy eating. The level of detail is significant and reveals valuable insights into the machinations of government in responding to advice from their own scientific committees. For example, the British government’s action (or lack thereof) in response to the National Advisory Committee on Nutrition Education (NACNE) and the Committee on Medical Aspects of Food Policy (COMA) reports of the mid-1980s.

The second half of the book is divided into three sections that describe a variety of initiatives for putting policy and dietary guidelines into practice. A section on public sector policy initiatives combines a broad mix of chapters that discuss: regional nutrition initiatives (Catalonia, Nova Scotia); a program in the Netherlands designed to reduce the fat intake of the Dutch population; and dietary guidelines for the elderly.

The book’s fourth section examines industry initiatives, and comprises case studies from different components of the food chain. The retail sector is represented by a description of Sainsbury’s healthy eating initiative. Food manufacturers’ response to government dietary guidelines are discussed with examples from Heinz and Nestlé. The authors describe the industry’s role in educating consumers on the proper use of these foods and in producing and marketing ‘healthy’ foods; for example, Heinz policy is a programme of gradual salt and sugar reduction rather than attempting massive reductions overnight. The effect of the dietary guidelines on the primary food sector is discussed within the context of the red meat industry where many of the linkages in the production and consumption of lean meat are described. Interestingly, this chapter is immediately followed by a chapter on mycoprotein, produced under the brand name Quorn, which the author refers to as one of the foods that is a ‘healthier’ alternative to meat, as it is a ‘model of how a new food can be used to bring wide-ranging benefits to the nutritional status of the average consumer’.

The final section of the book is devoted to those policy initiatives that are co-operative ventures between the public and private sectors. Given the emphasis on intersectoral collaboration to achieve health outcomes and the move by many governments to encourage industry participation in public policy activities, it is surprising that there is only one chapter in this section. Appropriately it is ‘The National 5 a day—for Better Health!’ Program that has been selected as the content for this chapter as it is an exemplary case study of a public/private policy partnership. The authors of this chapter have provided a detailed account of the programme from the policy and scientific underpinnings that contributed to its establishment and strategic operation to the subsequent establishment and implementation of the nationwide programme. There are many exciting aspects of this programme and it appears to have potential as an effective model for interventions designed to achieve population based dietary change both in the US and other countries.

It is disappointing that this book does not take the opportunity to do more than simply assembling these otherwise valuable case studies. In particular, it suffers from not including a concluding section that could synthesize the diversity of issues in this collection of papers. The editor could have taken advantage of this material to analyse critically what works and what doesn’t work, exploring contemporary challenges facing dietary guideline implementation and fleshing out common themes and lessons about the effectiveness of interventions. For example, the appropriateness of conventional disease prevention programs is being increasingly challenged. Few large-scale health education programs, for example, Multiple Risk Factor Intervention Trial (MRFIT), have been able to demonstrate effectiveness in changing behaviours, including behaviour in accordance with the dietary guidelines, or improving health outcomes (several authors in this book acknowledge this challenge). The appropriateness of interventions attempting to achieve population dietary goals by focusing principally on individual dietary behaviours needs to be challenged. Contemporary thinking
espouses the need for interventions that address the social determinants of health to promote population dietary patterns consistent with the dietary guidelines. The failure of conventional interventions and the challenges this presents for the implementation of dietary guidelines in the future are not addressed in this book.

*Implementing Dietary Guidelines for Healthy Eating* provides the reader with an overview of public health nutrition policies and initiatives that are occurring in selected countries around the world. The inclusion of an introduction and a conclusion to set a context and to analyse the information would have ‘value added’ considerably to the text. Nevertheless, each individual chapter is well written and informative. The strength of this book is that it acts as a catalogue bringing together a collection of valuable information into the one volume.

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