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The Ethics of Menu Labelling

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Abstract

In this commentary, I explore the ethically relevant dimensions of menu labelling. The evidence that menu labelling changes purchasing or consumption behaviour is contentious and inconclusive; there is some suggestion that menu labelling may preferentially influence the behaviour of healthier and wealthier citizens. Some suggest that menu labelling is unjust, as it fails to direct resources towards those who most need them. An alternative is to see menu labels as just one of a set of strategies that can increase people's real opportunities to be healthy. Complementing strategies will be necessary to ensure that all citizens can consider and value food choices, which may include becoming a more critical consumer in the food marketplace. Menu labels may also have the potential to (i) shift our attention from people to food, (ii) reallocate (some) responsibility in the food environment and (iii) facilitate structural change. It would be a mistake to expect too much of menu labels alone: rather, they should be integrated into a broader programme that supports health opportunities, especially for the least well off.

In this Issue, Catherine L. Mah and Carol Timmings (2014) discuss the public health strategy of menu labelling, which they define as: "... display of standardised information about the nutrient content of food and beverages in a readily available, clearly visible format at the point of sale, intended to inform people's purchasing and consumption decisions."

Mah and Timmings draw particular attention to the relevance of menu labelling for health equity. In response, I argue that menu labels cannot alter health disparities alone, but may contribute to a set of strategies that increase real opportunities for people to be healthy, including those who are least well off. In addition, menu labels have the potential to problematize food rather than people, reallocate responsibility and drive structural change.

It is Difficult to Reason from Consequences about Menu Labelling

The culture of public health practice is loosely consequentialist, focused on outcomes and evidence. This is reflected in frameworks for public health ethics that start from effectiveness or utility (e.g.

Kass, 2001; Childress et al., 2002). However—as ten Have et al. (2013) note—the benefits of most ‘obesity interventions’ are ‘unknown, unfavourable or hard to prove’. This includes evidence about the effect of menu labelling on purchasing behaviour, which is limited and generally of ‘poor’ epidemiological quality (Swartz et al., 2011; Skov et al., 2013). There is contention over what study designs should be used (e.g. controlled experiments vs real-life observational studies), what label formats employed and what outcomes measured (Allison, 2011). Systematic reviews conclude that the evidence for effects on purchasing or consumption is, at best, inconclusive (Skov et al., 2013; Gittelsohn et al., 2013; Krieger and Saelens, 2013).¹ Making a clear case for menu labelling based on consequences for health or health-related behaviour alone thus seems extremely difficult.

Is There an Equity Case to be Made for Menu Labelling?

Mah and Timmings’ title directs us away from effectiveness, and towards equity. The authors’ main concern in this regard is that menu labels may preferentially benefit the already-healthy and well-resourced, and that this may be unfair.² The authors present a trade-off. Should public health pursue easily achieved behavioural change as an efficient route to maximizing benefits within a limited budget? Or should public health prefer the resource-intensive path towards change in disadvantaged communities? Many have argued—and I am broadly in agreement—that distributive and/or social justice should be the fundamental concern of public health (e.g. Powers and Faden, 2006; Cribb, 2005). Exactly what this requires—ensuring sufficiency, equality or priority to certain groups; ensuring opportunities to be healthy or achievement of health—differs between theoretical approaches, but these approaches generally direct attention and intervention toward the least well off.

Asking Different Questions about Menu Labelling and Equity

There may, however, be a different way to understand the relationship between justice and menu labelling. Menu labels can be seen as one strategy in a set of strategies that can increase people’s real opportunities to be healthy by complementing their existing knowledge about food.

Humans know quite a lot about food without any help from public health. By adulthood, we generally know about the sensory experience of different foods, our food preferences, about costs and affordability, about how to access food. This knowledge is linked to our experience of pleasure and is necessary for our short-term survival (Cohen and Babey, 2012). It is also persuasively (and not always honestly) augmented by the marketing activities of food sellers, particularly corporate restaurant brands (Cohen and Babey, 2012; Elbel et al., 2011).

What people often lack, however, is an understanding of the relationship between food and long-term health. People of lower socio-economic status (SES) generally have less of this knowledge than higher SES people do (Wardle et al., 2000). We can think of long-term physical health as a capability, or an opportunity one can effectively exercise (Daniels, 2010). We can think of an understanding of the relationship between food and long-term health as one factor contributing to this capability or opportunity. If this factor is systematically unevenly distributed, this becomes a matter for justice.

The question that researchers most commonly ask about menu labelling and equity is, ‘do menu labels change food purchasing behaviour in high SES people more than they do in lower SES people?’ So far, with caveats, it seems the answer is yes. But if we know people of lower SES are

systematically excluded from opportunities to understand the relationship between food and long-term health, this result seems almost inevitable.

Better research questions might be:

1. What kinds of interventions best support people, especially lower SES people, to consider whether and how eating for health is relevant to their values?
2. What forms of menu labelling best support people, especially lower SES people, to make health-relevant decisions in restaurants if they wish to do so?

This approach recognizes that health is only one of the several important and potentially conflicting dimensions of human well-being (Powers and Faden, 2006; Cribb, 2005). The resulting interventions may not always reduce weight or ‘improve health behaviour’; rather, they would provide an opportunity to consider and value food choices, including becoming a more critical consumer in the food marketplace. This approach also contextualizes menu labelling as only one possible strategy for increasing people’s real opportunities to be healthy. This would recognize the potential of menu labels, while not having unrealistic expectations about what they can achieve.

Other Morally Relevant Dimensions of Menu Labelling

Three other dimensions of menu labelling seem relevant to their moral evaluation. Menu labels may have the potential to (i) shift attention from people to food, (ii) reallocate (some) responsibility in the food environment and (iii) facilitate structural change.

Menu Labels May Shift Attention from the Person to the Food

The contested evidence on menu labelling includes this finding: the effect of labels may be greater in high-kilojoule foods than in low-kilojoule foods, and greater when labels provide surprising information (Krieger and Saelens, 2013). That is, menu labels can draw attention to relevant qualities of the food itself. This seems potentially morally significant. Public health responses to the ‘obesity epidemic’ often focus on fat people. Consider, for example, graphic social advertising campaigns such as Stop Sugarcoating it Georgia (Lohr, 2012) and LiveLighter (2012), which make strong connections between fat bodies and negative emotions. As others have noted (Goldberg, 2012; ten Have et al., 2013), such interventions may cause substantial harm, particularly via increasing existing stigmatization of overweight and obese people. Menu labels, within the set of possible public health interventions, seem morally significant because they problematize particular foods, rather than identifiable individuals, minimizing the risk of this harm.

Reallocating (Some) Responsibility in the Food Environment

Since the mid-20th century, the food system in high-income countries has changed to make high-kilojoule food available almost everywhere, all of the time: this systemic change has been a central driver of population-level changes in weight (Egger and Swinburn, 2010). The food industry is an important agent in this system, and has benefited substantially from it. Many would argue that this benefit has been gained at the cost of harm to the industry’s own consumers, and cost to society. Menu labels can be seen as a very small reallocation of responsibility to fast food providers, requiring them to at least acknowledge the possible health relevance of their products.

(Possibly) Facilitating Structural Change

Requiring restaurateurs to acknowledge that their products contain kilojoules is not a particularly stringent transfer of responsibility. However, menu labelling may prompt a more demanding form of responsibility-taking: food reformulation. Dodds et al. (2014) give an example of menu labelling introduced in school canteens and kiosks in the state of New South Wales in Australia. A traffic light labelling system—interpretive signage indicating that food is a ‘healthy choice’ (green) an ‘OK choice’ (orange) or an ‘unhealthy choice’ (red)—led manufacturers to reformulate their products to offer fewer red, and more orange and green, options. If menu labelling could stimulate food reformulation more broadly, this would be a significant shift towards necessary systemic change.

Conclusion

The evidence that menu labels change purchasing and consumption behaviour is inconclusive and contentious; with these caveats, the evidence suggests menu labels may have larger effects in more advantaged people. I have argued, however, that pitting health improvement in advantaged people against health improvement in disadvantaged people may be the wrong way to frame the issue of menu labelling. If menu labels are recognized as one small strategy to increase knowledge about the relationship between food and health, they can be incorporated into a much broader agenda that seeks to support people, especially lower SES people, to relate eating for health to their values, and to make health-relevant decisions in restaurants if they wish to do so. In addition, menu labels may shift attention from people to food, reallocate responsibility and facilitate necessary structural change. It would be a mistake to expect too much of menu labels alone: rather, they should be integrated into a broader programme that supports health opportunities, especially for the least well off.

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Footnotes

- 1) This is not unusual in public health practice, which often and unavoidably involves acting in the context of uncertainty (Upshur, 2012), but it does make it more difficult to reason from consequences.
- 2) Recalling that the evidence is generally weak, what evidence there is suggests that lean, health conscious women—that is, the already-healthy—may be most responsive to labelling, a not-uncommon demographic pattern (Krieger and Saelens, 2013).

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