Elizabeth Hart
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4 November 2026

To:

- The Rt Hon Yvette Cooper MP, Secretary of State for Health and Social Care
- The Rt Hon Dame Angela Eagle DBE MP, Secretary of State for Environment, Food and Rural Affairs
- Professor Susan Jebb, Chair, Food Standards Agency
- Katie Pettifer, Chief Executive, Food Standards Agency

cc:

- Alistair Gale, Chief Executive Officer, UK Flour Millers
- The Rt Hon Esther McVey MP
- Baroness Gerada

Dear Ms Cooper, Dame Angela, Professor Jebb and Ms Pettifer,

Does the UK's mandate for synthetic folic acid in the food supply rest on a flawed ethics report?

The ethics report commissioned by the Food Standards Agency (FSA) in 2007 **set out to answer whether mandatory fortification of wheat flour would be ethically defensible** (para 2) [1].

It recognises that consent is **"the cornerstone of medical ethics"**, and that it is **"equally necessary in matters of medication and matters of food fortification"**, yet accepts that ***mandatory fortification could override consent and autonomy, and argues that doing so is reasonable***.

This report is the only ethical analysis of the mandatory folic acid policy I can find, and **its reasoning fails against the fundamental ethical principles of informed consent and individual autonomy.**

Nearly 20 years after that report, mandatory folic acid fortification is set to take effect on 13 December 2026. **Flour millers will be required by law** to add synthetic folic acid to non-wholemeal common wheat flour [2], used in products consumed by 92% of adults [3]. The Food Standards Agency's own guidance describes wheat flour as a "vehicle for folic acid fortification", and states: "Its primary advantage over fortifying other foods is that flour is widely consumed in some form by most people" [4].

Foods that most people already eat every day will be used to deliver a synthetic additive to them, without their informed consent.

The government says this mass population intervention "will actively help avoid" around 200 of the approximately 1,000 pregnancies affected by neural tube defects each year [5].

To achieve that stated goal, mandatory folic acid fortification is being imposed on the food supply of a population of some 69.5 million people [6].

That is roughly one affected pregnancy avoided each year for every 350,000 people in the UK.

But that stated benefit can only arise through women who become pregnant. **It cannot arise through men, children or women who cannot become pregnant. Their food is being fortified only because the same foods are eaten by the women the policy targets.**

And even for those women, the Food Standards Agency's own guidance states: "Even though pregnant women, or women trying for a baby, will be eating food fortified with folic acid, **they should still take folic acid supplements**. Folic acid fortification is intended to support, not replace, current advice on folic acid supplementation" [4].

So the food supply of some 69.5 million people – most of whom cannot become pregnant – is being fortified to avoid around 200 affected pregnancies a year, while women in the target group are still being told to take folic acid supplements.

This is a grossly disproportionate intervention.

<u>The Report</u>

The report, *The Ethical Implications of Options for Improving the Folate Intake of Women of Reproductive Age*, was prepared by Megan Allyse Fuller-Deets and Professor Robert Dingwall of the Institute for Science and Society, University of Nottingham [1].

Its central question is: **"would it be ethically defensible for the Agency to recommend the mandatory fortification of wheat flour products in order to reduce the number of neural tube defect (NTD) births in the UK?"** (para 2).

The report states:

> "Due to past abuses, consent to medical treatment and experimentation is considered **the cornerstone of medical ethics**" (para 37).
>
> "Over the years, this tenet has expanded to include all aspects of healthcare, including nutrition. In essence, any substance that has a physical or mental effect on the physiology of an individual **must only be administered with that individual's informed consent. Consent is thus equally necessary in matters of medication and matters of food fortification**" (para 38).

It also states that **"actions concerning health or bodily integrity must only be undertaken if they are of active benefit to the individual concerned"** (para 25). Yet most people whose food is being fortified **cannot receive its stated benefit, and have no demonstrated personal need for it**. As the NHS itself states, "Women who cannot get pregnant and men should be able to get all the folate they need by eating a varied and balanced diet" [7].

The report explains that **"population-wide health programmes are opt-out procedures.** The default state is participation in the programme" (para 42). It states that even with effective opt-out procedures, such programmes **"remove the possibility of informed consent"**, and that "A high threshold of justification must be reached before opt-out procedures may be implemented" (para 44).

And the opt-out does not meet the report's own conditions. The report says an opt-out "must be known to everyone participating in the programme" (para 43). It assumes that fortification would be shown on product labels, yet notes that **"it is inevitable that this information will not be read by all"**, and accepts that **"there is a strong likelihood that many individuals will consume products fortified with folic acid without their prior informed consent"** (para 132). Even the labelling assumption is only partly met: added folic acid must be named in the ingredients list [2], but as far as I can find, nothing in the government's guidance requires products made from exempt flours, such as wholemeal, to be identified as free of folic acid, so a person wanting to avoid it must check each ingredients list for its absence. Unpackaged bread is classed as loose food, which does not have to come with an ingredients list [8].

In its summary table (Appendix 1), the report rates mandatory fortification (Option 4) **"Negative" for both autonomy and consent**, the lowest rating on its scale. Its own summary of mandatory fortification says merely that "despite the availability of opt-out, **it suffers from the difficulty of not unfailingly preserving individual autonomy**" (para 141).

The report concludes:

> "...the scientific evidence available to the Agency presents a strong argument that, in this instance, **individual autonomy may reasonably be limited to benefit specific vulnerable groups**, provided that parallel attention is given to minimizing the potential for harm to others" (para 8(d)).

In this report, informed consent, the cornerstone of medical ethics, and individual autonomy are set aside in favour of a public health objective intended "to benefit specific vulnerable groups".

How could an ethics report recognise consent as the cornerstone of medical ethics, expressly acknowledge that it applies to food fortification, and then argue that individual autonomy "may reasonably be limited"?

If this contradictory ethics report commissioned by the FSA in 2007 is the basis for the folic acid mandate, the mandate has no sound ethical basis, and it should be halted.

<u>From Report to Mandate</u>

The report's authors, Fuller-Deets and Dingwall, say it "offers conclusions based on the evidence and analysis covered in this report", but that the Institute for Science and Society "has not been asked to make specific recommendations regarding a best course of action for the Agency" (para 17).

The report did not make a recommendation, but it did provide an answer to the question it set out to address: **whether it would be ethically defensible for the Agency to recommend mandatory fortification** (para 2). Its analysis concluded that individual autonomy "may reasonably be limited" (para 8(d)). The report is dated 17 April 2007. **A month later, the FSA Board voted unanimously to back mandatory fortification** [9].

I have found no later ethical analysis of mandatory folic acid fortification, and no reference to the 2007 report in the government's 2019 consultation document [10] or its 2021 consultation response [3].

If the government relies on this report, commissioned by the FSA, then the ethical basis for overriding the consent and autonomy of a population of some 69.5 million people **rests on a single analysis, prepared by two authors in 2007**.

My Questions

1. **Does the government rely on the ethics report commissioned by the FSA in 2007 as the ethical justification for mandatory folic acid fortification?** Was it considered in the 2019 consultation, or in the 2021 decision to proceed? If not, **what ethical analysis does the government rely on, and where is it published?**

2. If the government relies on this report, **how does it reconcile the report's explicit recognition that informed consent is "equally necessary in matters of medication and matters of food fortification"** (para 38) **with its conclusion that individual autonomy "may reasonably be limited"** (para 8(d))**?**

3. **Which minister or senior official, by name and position,** determined that the public health objective of mandatory folic acid fortification justified overriding the principles of informed consent and individual autonomy expressly acknowledged in the report? When was that determination made, and what ethical analysis supported it? **If no such determination was made, please say so.**

A reply that mandatory fortification is required by law will not answer these questions. It is the ethical basis of that law that is in question.

Please provide a single coordinated response, identifying which department or agency is answering each question. As the mandate takes effect on 13 December 2026, I ask for your response by 27 November 2026.

This is an important matter of public interest. I intend to publish and circulate this correspondence, including your response.

Mandatory synthetic folic acid fortification overrides the consent of the population. If the government's ethical justification rests on this flawed report, it rests on reasoning that fails against the fundamental ethical principles of informed consent and individual autonomy.

The mandate should be halted before 13 December 2026.

Yours sincerely,

Elizabeth Hart
Independent researcher on medical ethics

References
Emphasis (bold) in quotations has been added.

1. Fuller-Deets, M.A. and Dingwall, R. *The Ethical Implications of Options for Improving the Folate Intake of Women of Reproductive Age*. Institute for Science and Society, University of Nottingham, for the Food Standards Agency, April 2007. https://webarchive.nationalarchives.gov.uk/ukgwa/20201010091010/http://www.food.gov.uk/multimedia/pdfs/ethicalfolate.pdf

2. Department for Environment, Food & Rural Affairs and Food Standards Agency. *Bread and flour: labelling and composition* (guidance). https://www.gov.uk/guidance/bread-and-flour-labelling-and-composition
3. Department of Health and Social Care and devolved administrations. *Proposal to add folic acid to flour: consultation response*, 21 September 2021. https://www.gov.uk/government/consultations/adding-folic-acid-to-flour/outcome/proposal-to-add-folic-acid-to-flour-consultation-response
4. Food Standards Agency. *Folic acid* (guidance), updated 10 July 2026. https://www.gov.uk/government/publications/folic-acid/folic-acid
5. Department for Environment, Food & Rural Affairs and Department of Health and Social Care. "Folic acid added to flour to prevent brain and spinal conditions in foetuses", 1 September 2022. https://www.gov.uk/government/news/folic-acid-added-to-flour-to-prevent-brain-and-spinal-conditions-in-foetuses
6. Office for National Statistics. *Population estimates for the UK, England, Wales, Scotland and Northern Ireland: mid-2025*, 1 October 2026. UK population estimate: 69,483,900. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2025
7. NHS. *B vitamins and folic acid*, section "Folate and folic acid". https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-b/
8. Department for Environment, Food & Rural Affairs and Food Standards Agency. *Food labelling: loose foods* (guidance), 3 January 2017. https://www.gov.uk/guidance/food-labelling-loose-foods
9. "UK Experts Vote For Folic Acid In Food", Chemical Online, 22 May 2007. https://www.chemicalonline.com/doc/uk-experts-vote-for-folic-acid-in-food-0001
10. Department of Health and Social Care and devolved administrations. *Proposal to add folic acid to flour: consultation document*, published 13 June 2019 (page updated 21 September 2021). https://www.gov.uk/government/consultations/adding-folic-acid-to-flour/proposal-to-add-folic-acid-to-flour-consultation-document (consultation launch date shown at https://www.gov.uk/government/consultations/adding-folic-acid-to-flour)