Making Public Health Policy Through Litigation: The Case Of Tobacco Control

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Introduction

Many proponents of tobacco control have advocated litigation as a way to execute public health policy objectives because they believe that politicians and regulators have not passed and implemented strict enough tobacco control regulations. In the context of the discussion around tobacco control policy, this paper investigates the connection between lawsuits and the development of public health policy. The key issues are how social policy should be developed addressing tobacco use and which organizations should be in charge of enforcing tobacco control laws: the political system (i.e., the legislative and executive arms of government), the market, or the legal system. Overall, we conclude that going to court is the second-best option. Instead of serving as a substitute for the conventional political system for developing and enacting public health policy, we envisage litigation playing a separate role as a supplement to a more holistic, all-encompassing approach to tobacco control policy formation. According to our study, public health objectives are often more directly feasible through the political process than through litigation, while certain circumstances, like those involving tobacco control, muddy the lines between the two. A public conversation about smoking's place in society has been sparked by litigation, and it may well influence future legislative decisions. But we conclude that the basis for significant policy changes should be a consistent legislative and regulatory presence.

Globally, the use of cell phones is expanding tremendously. Both healthcare professionals and patients are using them more often. Smartphone technology specifically has two new difficulties that influence health policy: Smartphone applications are gateways to a multiplicity of health treatments with unprecedented immediacy to health consumers, and smartphone app shops may operate as large worldwide media outlets to support or harm public health activities. The regulation, safety, privacy, and quality of smartphone applications are all discussed in this essay.

REGULATION

Apps that encourage unhealthy behaviors, such As the case of "pro-smoking" applications, broke local and international public health rules in several countries, not only by promoting to adults but also by directly and indirectly targeting children. The main stakeholder that may play an immediate role in this is the government. The app shops, which are functioning as commercial organizations, play a crucial part in the regulatory process. need to follow national and international legislation. Fortunately, Apple modified its app age rating policy and added a new section outlining the procedure for releasing apps that are intended for children in April 2014.

Apple included a table in the new policy that compares its rating to that of other media rating organizations, like the "Entertainment Software Rating Board" and the "Pan European Game Information."The two aforementioned criteria do not apply to ratings for video games, but smartphone applications may have a combination of audio, video, literature, and software

SAFETY

There is still more work to be done in terms of safety and medical regulation, as well as the role of authorities in regulating health and medical applications. The US Food and Drug Administration, for instance, has decided to only regulate apps that fall within the regulatory definition of "controlled medical devices," leaving out a large number of medical applications that might cause harm to users if they malfunction. For instance, recent research discovered that three of four smartphone apps misclassified at least 30% of melanomas as being "unconcerned." In addition, many apps help in medication dosage calculations which also could be harmful. Thus, medical regulation authorities, or perhaps health policymakers, should consider establishing some guidelines to allow users to critically appraise health-related smartphone apps. Such guidelines could also feed directly into the app stores' regulation policies and, consequently, enhance them.

PRIVACY

Privacy rules must be set in addition to regulation and safety. Consumers' health-related data may become more vulnerable to abuse as the adoption and use of health-related applications rises, especially given the absence of security safeguards and industry standards for transmitting such data. People may experience social stigma and prejudice if their health information is revealed through unauthorised usage of smartphone apps. The new Apple "health" app, for instance, may compile information from other health applications, medical equipment, and compatible medical records and also make the data accessible to other health apps for usage and access.

QUALITY

The correctness of the information, the caliber of the user data, privacy protection, and the prevention of negative effects and damages from app malfunctions are only a few of the numerous factors that contribute to the quality of health-related applications. According to several evaluations of the quality of health-related applications, the majority of the apps that were made accessible for different ailments were of poor to extremely low quality. The approaches used in the health literature to judge the caliber of health-related applications also have their limitations. Disease-specific self-management guidelines might be used to outline the mandatory information that must be provided to enhance the quality of assessment techniques. The usability and evidence-based approaches for presenting and providing health information to consumers must also be considered in these. The greatest app for teaching and/or altering the behavior of health consumers may not always have the highest quality health information available. Therefore, the usability and best practices for disseminating health information should also be considered when evaluating the quality of health-related apps.

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