For debate

Public health medicine: the constant dilemma
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Summary
There is a well-known quotation by the nineteenth-century sociologist Virchow (quoted in Ref. 1) that aptly captures the dilemma that has confronted public health medicine since the specialty was created as a discrete entity in 1848. Virchow said: "Medicine is politics and social medicine is politics writ large!" What does this mean in relation to effective public health medicine practice and how is it likely to affect its future? There is increasingly limited freedom of expression within the current context of political correctness, central control and a rapidly burgeoning litigious climate. The purpose of this paper is to explore these issues and to propose a means of maintaining public health medicine integrity within a working environment where action is becoming rapidly constrained by political rigidity.

An additional factor to be included in the dialogue is the current context within which public health physicians work. Because the majority of public health doctors are employed within the National Health Service (NHS), they are finding themselves being expected to take on tasks and responsibilities marginal to their essential purpose and function. For example, public health physicians spend a great deal of time involved in detailed deliberations about health service provision. Although there is a great deal of evidence to show that good quality health care provision positively affects the health of the individual, there is no evidence to show that this activity has any effect on the population’s health status. The essence of public health medicine practice is the prevention of ill-health and the promotion of the health of the population and, consequently, attention needs to be focused on the root causes of disease. However, as these are outside the aegis of the NHS, public health medicine involvement in such issues as education, nutrition, housing, transport and poverty is regarded as marginal to the NHS corporate agenda.

Keywords: public health medicine, political acumen, selection training

Background
The creation of public health medicine in the mid-nineteenth century arose as a response to the gross damage to human life engendered by the industrial revolution. To seek work and financial security, there was mass emigration from rural into urban life. The towns were not prepared for this and the consequent overcrowding, squalor and poverty created serious misery and disease affecting a large proportion of the working population. Over time, this threatened to engulf English society as a whole as disease spread across the poverty line into ‘polite’ society.

Public health medicine sprang into life to deal with these root causes of ill health. Legitimated by the 1848 Public Health Act, the first Medical Officer of Health was appointed to Liverpool in that year. In the intervening years, changing social and political philosophies have altered the way in which the health of the population is perceived and disease managed. This has resulted in a wide variety of approaches to managing the improvement of health. Some of these approaches have reflected fundamental changes in attitude whereas others have been structural alterations within the same philosophical framework. However, all have affected the manner in which public health medicine has been able to practise its art.

The great public health medicine practitioners of the nineteenth and early twentieth century assertively attacked the health issues of the day, often succeeding in facilitating profound change, but at the expense of creating a climate of opposition and conflict from those who stood to benefit from abusing the labouring classes. In those days, public health physicians were men of courage, usually bolstered by private incomes and, therefore, largely impervious to the demands of earning a living and other such mundane matters. Making enemies of men who, in the course of their business dealings, exploited the poor for gain, did not worry them.

Although today’s public health doctors are still courageous men and women, there have been significant changes in society’s systems and structures, and the pressure to conform is much more insidious and far reaching. In contemporary society, because public health medicine is based mainly within a government-controlled framework it is, potentially, much more personally damaging for a public health physician to attempt to utilize the system to improve the lot of the deprived and disadvantaged. Public health physicians have now to achieve their objectives through their political acumen and practising the art of the possible.

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The latest report by the Department of Health’s Chief Medical Officer is the most recent in a series of government documents on public health, its role and practice published since the first NHS reorganization in 1974. Each of these reports has made recommendations purporting to improve public health medicine practice and the ability of public health physicians to achieve their objectives. Over the years, a variety of these recommendations have been implemented, but the results have yet to be able to satisfy successive governments that the public health role is uniquely the province of doctors or that it is sufficiently distinctive to warrant the deployment of highly paid doctors in non-clinical environment. One of the factors contributing to this apparent lack of confidence is the long-term perspective of much of public health activity. It often takes many years to achieve a successful outcome and the relatively impermanent nature of governments does not easily lend itself to long-term change.

More recently, there has been a major movement away from what is seen as the medical domination of public health. The latest re-engineering of the NHS promotes the creation of non-medical public health specialists equivalent to public health physicians who, it is proposed, will be able to perform the same functions without the benefit of a medical degree. If this is so, then the utilization of expensive medical staff in pursuing a role that others are perceived to be able to perform, with equal expertise and lower salaries, must be seriously questioned. Are doctors now surplus to requirements in the public health domain?

**Public health – a political force for change**

The most quoted definition of public health is: ‘the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society’. On the basis of this, if Virchow is correct and social medicine is ‘politics writ large’ then it follows that to achieve their defined brief, the key attribute of public health physicians must be political acumen. The question that must then follow is: ‘What does politics mean in relation to public health medicine practice?’

Politics is defined in the Oxford English Dictionary as: ‘the science and art of government; the science dealing with the form, organization and administration of a state or part of one and with the regulation of its relations with other states’. Politics determines how a country organizes itself to create a particular social and economic environment. This, in turn, is determined by the philosophical stance of the government of the day. Different political parties view the world in specific ways and implement their philosophies through policies and strategies designed to achieve their particular belief systems.

The health status of a population is determined by the interaction of its individuals with the environment created by its government. The health of an individual is affected by the physical, psychological, social, cultural and economic climate within which he or she lives, works and plays. Policies implemented to provide safe water and food, to prevent air and noise pollution, and to protect the population against a wide variety of infectious diseases will have a positive effect on health, as will universal education, employment opportunities, respect for diversity, safety from personal attack and freedom from war. In addition, the provision of health services that are available to all regardless of the ability to pay for them removes a major source of anxiety as well as both physical and psychological distress when ill health befalls individuals. Where societies have chosen not to focus on these issues for whatever reason, this is reflected in the health status of the population. To improve health, changes have to be wrought covering all aspects of the human environment.

If, as has been noted above, the purpose of public health is to prevent disease, prolong life and promote health; if the health of a society and its individuals is determined by the prevailing environment within which those individuals live; and if the environment is determined by government action, then it follows that public health can only effect change by working politically.

The reality of needing to operate politically to achieve a successful outcome is the essence of the dilemma confronting public health physicians, because improving the health of a population may require action which will sometimes be antipathetic to government policy and practice. And yet, in the UK and many other countries, the majority of public health physicians and their equivalents are employed by government-controlled organizations. Within this context, they walk a narrow and perilous tightrope.

Identification with specific political parties is not a realistic option for public health physicians nor does it allow the achievement of public health goals. As has already been noted, public health action requires a long-term perspective and the transient nature of ruling political parties is not conducive to such a standpoint. As we know from experience, even the replacement of ministers within the same government can lead to fundamental policy changes which cancel existing programmes in midstream. The Health Action Zone project is just one example of what can happen when this situation occurs. It is entirely inappropriate for individual public health physicians or the specialty as a body to exhibit political bias when employed within government-controlled organizations and it does not achieve the desired results. Public health physicians need to be politically astute and, setting aside personal ideology, work at a higher level, taking into account the prevailing political philosophies of the day and working within the structures and systems that flow from these.

The dilemma outlined above may explain why the role and functions of public health physicians are constantly under scrutiny. Although the Government’s recent broadening of public health practice through the creation of non-medical public health specialists may be viewed as a means of increasing public health capacity, it could also be seen as a means of more effective control on public health action. Public health special-
ists who have no medical training are generally not experienced in making decisions which profoundly affect the lives of individuals. Public health physicians, on the other hand, have experienced a medical training which requires them to make decisions and to take responsibility for their actions within a framework of constant uncertainty. They are then exposed to a public health training programme which builds on their medical training and which expands its parameters into a social perspective of health and disease.

There is no doubt that public health requires a multidisciplinary approach, demanding input from a wide variety of fields. Public health physicians cannot be expert in all the areas required to improve the population’s health. They need to work closely and harmoniously with a wide variety of people possessing specific expertise. Their job is to work with populations to determine the components of a better life and to co-ordinate the work required to achieve this. To do this with effect, public health doctors need to be leaders, to motivate others, to create effective teams, to assess political will and to encourage political action which will enable societies to provide a health-promoting environment in which individuals can grow and flourish to their maximum potential.

Public health physicians do not need to do everything themselves. Their job is to create the vision and to articulate it so that others can make it happen. They can improve the population’s health through facilitating the creation of an environment which promotes life. By understanding the essence of politics and the way in which political action affects health and by being willing to work with politicians to enable them to create the appropriate changes in the way in which society is managed, public health doctors can make a profound difference to everyone’s lives. They will not be able to do this by sitting in front of computers manipulating data but only by being fully present at the political table.

There are those who, aware of the dangers of political coercion and its effect on public health practice, have expressed the view that public health physicians should work outside the NHS within independent agencies, providing advice and support on request. However, working outside the system seriously reduces the power base for action and despite the political limitations which may be imposed, the most effective means of implementing change in any system is to work within it. But it is also the most unpredictable and unstable and public health physicians require consummate political skill to engage effectively within this context.

The role and function of public health physicians

The role and function of public health physicians has been clearly established on a number of occasions. When, in 1974, public health doctors were relabelled as specialists in community medicine, their functions were cogently described in the so-called ‘Grey book’ – ‘as a specialist, as an accountable manager, and as an adviser to and manager of services for local government’. In addition, the functions of the district community physician, the area medical officer and regional medical officer were fully outlined.

Since that time, a number of national reports have revisited these functions and redefined certain aspects. There has certainly been no confusion at central government level about what is expected of a public health physician. What has happened is that it has been difficult for public health physicians to achieve NHS corporate goals within a framework of limited resources, lack of support and ability to collaborate across organizations and agencies, and the constant oppression of political pressures including ‘flavour of the month’ demands that are often marginal to public health goals.

Since 1974, the profession has become sidetracked down a number of cul de sacs and has used its energy inappropriately. Public health physicians have been seduced by the high-profile glamour of health care and have spent far too much time involved in the detailed development and implementation of health care policies. Others, including clinicians and managers, can do this as well as if not better than public health physicians. In addition, the profession has spent far too much time agonizing over its relationship with non-medical public health colleagues, trying too hard to include them. They have always been included and respected for their expertise. As has already been noted, public health could not have made progress without statisticians, epidemiologists, health economists, geographers, health promotion workers and all others who have made a major contribution to the population’s health. The issue of their membership of the Faculty has taken up too much energy at a time in the profession’s development that has required attention elsewhere. The eye has been taken off the ball for too long. If non-medical colleagues want to join the Faculty, take the examinations, pay their dues and become members and fellows then they should be welcomed. Public health medicine needs as much support as can be mustered to improve the population’s health and their contribution can only increase the public health power base.

For a variety of reasons already discussed, public health physicians have become immersed in unnecessary detail. They are working with the trees and have ceased to consider the whole forest. The constant changes imposed on the NHS have taken them into cul de sacs where they are not needed, where their work is not valued and where what they do has become marginal to the political agenda. Public health medicine has become overwhelmed with issues which will never make a major difference to health however hard public health physicians work.

In the latest restructuring of the NHS public health physicians are being drawn into working at primary care level, which is now seen as the panacea for all society’s ills. However, Primary Care Trusts are too far removed from the macro-political arena for public health action to have any hope of success. Yet, once more, the profession is being side-tracked into a context of
practice where it is unlikely that any public health effort will achieve the desired effect in terms of improving the health of the population. Public health physicians are constantly extolling the virtues of evidence-based practice. Where is the evidence that we will achieve improved health through working within a primary care setting?

The selection and training of public health physicians

The selection of appropriate recruits to the specialty and their subsequent training is the key to the future effective practice of public health medicine. Much more emphasis needs to be placed on the political awareness of potential recruits before they are selected for training, and the training programme needs to be refocused towards developing political acumen.

Not every doctor can function politically. Operating within a political framework demands specific qualities and skills. It is unfair to select doctors to train in public health medicine if they do not have the capacity to do what is required for a successful outcome. This approach does not negate any of the national work already achieved in determining public health medicine role and functions. What the various reports have not specified as the essential prerequisite for any hope of success is an understanding of the political nature of health and health care. It is implicit in every word written on the topic. However, there are times when a key issue has to be made explicit and this is such a time. We have skated around the issue for too long. Political astuteness and the ability to work in an intensely political environment must be the basic prerequisite for selection into the specialty.

However, there are some serious problems impeding the development of appropriate training. In many ways, contemporary public health has lost its vision, and because of this there is no clarity in respect of the competencies required to be an effective public health physician. The existing ten competencies as currently espoused by the Faculty are of secondary importance. Most are the province of other public health professionals and should be relegated to the status of awareness raising rather than competence.

The most important aspect of the selection process is to ensure that prerequisites for acceptance on the programme are clearly defined. These prerequisites include emotional maturity, tolerance for ambiguity, charm, tact, diplomacy, honesty, energy and a sense of humour. These are qualities that cannot be learnt. They are natural attributes and if candidates lack any of these, they are not destined for a career in public health medicine and should be rejected. It is impossible to develop any of the first-order competencies unless these qualities are present.

In addition, during the training programme, remembering that the trainee is a fully qualified doctor used to making life-and-death decisions, he or she should always be employed on tasks that are central to the objectives of the organization. The trainees should never be regarded as superfluous to requirements. This is not a game or a rest cure for them. The trainees are there to learn the practical public health medicine art. They should work with the same intensity and commitment as any of the public health physicians occupying substantive posts. They should be constantly exposed to the political arena at the earliest stages of their training and an assessment made of their capacity to tolerate the rough and tumble of political life. It is unkind to retain trainees who cannot cope with this – both for them and for their future populations.

Trainees should be given practical experience in each of the six competencies identified above. Academic study should be confined to evenings and weekends but the theory should always be integrated into the work done on the job. This is the only way in which the specialty will acquire the calibre of doctor who can make a real difference.

These selection and training proposals represent a radical change in approach but if they are not implemented, public health medicine will fail to make the necessary difference to the population’s health and will slowly fade away into obscurity.

Conclusion

Public health medicine is a very precious branch of medical practice. It is the only branch of medicine that addresses the widest politically determined issues of medicine and health. Public health physicians need to be trained to focus on the broader issues and to ensure that facilities are provided to enable clinicians to provide the best possible care for their patients. At the same time, they need to ceaselessly survey the environment, always taking into account the political climate and how this can be utilized for the good of the population. Working in concert with a wide variety of people from different expert backgrounds, the public health physician should be providing leadership, facilitating teamwork and collaborative action towards a healthier society. They should be the conductors of the public health orchestras.

Currently, it is not always easy for public health physicians to achieve this level of action. However, with very little effort,
the situation can be changed. With a common vision, action at
the right levels, effective selection and appropriate training,
public health medicine can achieve the success for which it was
created. It is up to the existing public health medicine leadership
to be brave enough to make it so.

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