Correspondence

Future role of public health medicine

Sirs,

Frada Eskin in her contribution to the debate on the future role of public health medicine makes interesting points on the interrelationship between leadership, politics and public health. In particular, she laments that public health doctors have been too involved in ‘unnecessary detail’, as their job is to ‘create the vision’ so that ‘others can make it happen’.

Although a firm believer in multidisciplinary public health, one detail that I think would be useful to get right is the correct attribution of professional background. In the first sentence of her paper, Eskin refers to the German writer Virchow as a ‘sociologist’. Rudolf Virchow (1821–1902) was in fact medically qualified; indeed, he was an early, brilliant exponent of cell theory, holding the first chair of pathological anatomy at the University of Wuerzburg. By application and interest, however, Virchow could indeed be described as a sociologist. He fully comprehended the connection between economics, industrial and everyday life, and patterns of disease and ill health. Virchow was elected to the Berlin City Council, and through this position dealt with public health matters ranging from sewage disposal and meat inspection to school hygiene.

To get to my point, the public health field should be populated by committed ‘leaders’ of all professional stripes, ranging from medically qualified polymaths like Virchow to ordinary mortals (and sociologists) such as the current writer. The role of leaders is not only to set out the vision – ensuring that co-workers and local communities are full participants – but also to have the acumen, experience and capacity to carry it out. By implication, there is no room for a public health ‘officer class’ that thinks it is a cut above everyone else – and if there ever was, that time is surely over.

Reference


Yours faithfully

Geof Rayner
9 Dalebury Road,
London SW17 7HQ
E-mail: mail@rayner.uk.com

(Geof Rayner is a freelance specialist working in the public health field; he is also chair of the United Kingdom Public Health Association)

First, first among equals, or equals? Challenging the medical role in public health

Sirs,

The paper by Eskin outlining the need for those engaged in public health medicine to increase their level of political activity and acumen makes disturbing reading. The proposal for increased political activity in public health is in itself valid. However, Eskin’s work raises concerns in two key areas. The first area of concern is Eskin’s fundamental misunderstanding of the role and allegiance of medicine as a profession in contemporary society. The second is the inflated importance that Eskin assigns to those trained in medicine within public health.

Eskin fails to appreciate the reality of medicine as an instrument of social control. Medicine cannot be an instrument of social transformation as it has been bought and brought into supporting the status quo. Ample evidence of this phenomenon can be seen in research relating to medicine, public health medicine and psychiatry.

Eskin is gracious in approving or at least acknowledging that non-medically trained professionals should be allowed into the Faculty of Public Health Medicine (even if he states that the faculty has been ‘trying too hard to include them’). However this ‘crumb from the table’ is a diversionary sideline that distracts from a much needed radical overhaul of public health leadership. One cannot help but hear clear echoes of a strict social/class order in Eskin’s work, with medicine firmly entrenched at the pinnacle of the public health hierarchy. However, medicine must accept its status as no more than a ‘former pedestal profession’. Medical input is of course important within public health. However, in the same way that the role of the Medical Officer of Health can provide this input to a health board/organization, so medicine can provide that input on a miniature scale into Departments of Public Health. In Eskin’s schema our heroic public health physicians (‘used to making life and death decisions’) should be the ‘conductors of the public health orchestra’. However, the legitimacy of medicine to call the tune has waned. Few would dispute Eskin’s assertion that public health medicine has lost its way. A new paradigm of public health leadership is therefore required to lead it out of its current quagmire. Leadership of Departments of Public Health needs to be open to all those working in the field, as is the case in some other developed countries, such as New Zealand. Medical leadership in public health is a legacy, rather than a necessity. The medical monopoly of public health leadership needs to end, and end soon.

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