

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

## Public Health

journal homepage: [www.elsevier.com/puhe](http://www.elsevier.com/puhe)

## Guest Editorial

## What is the point of public health in the 21st century?



It was hardly accidental that public health as a battleground for society emerged with industrialisation. The rapid growth of towns, pollution, squalor, work dangers, intensified inequality, and more, threatened the public health. No wonder public health proponents are so celebrated historically. They literally cleaned up the new urban capitalism. In the space of 50 years, cities like London, Paris or Berlin were transformed and civilised – literally made habitable.

But what is the rationale for public health today? That is the question which unites this special collection of papers, drawn from across the world. Some are written from developing countries (Mou, Griffiths et al; Davey, Allotey et al.) – the latter originally commissioned as part of this mini-symposium but published in December 2013, to be seen in context of this discussion on ecological public health<sup>1</sup> – others from the developed (Lang & Rayner) and others the planetary (McMichael, Butler & Dixon); some consider de-industrialising locations (Hanlon and Middleton & Saunders), others how to inject ecological public health into existing organisations (Penchon); some consider the theoretical challenge (Reis, Morris et al.), others the frontline in human health care (Wallinga et al.).

Some might – indeed some do<sup>2</sup> – argue that the pursuit of public health only has a real purpose in the developing world, in places which today exhibit the kind of conditions the West experienced from the late 18th century. We disagree with this, although the needs of the developing nations for public health infrastructure are dire and urgent, as one article in this collection makes clear. But the core question raised in this collection is about the purpose, tasks and soul of public health in the 21st century. In our view, this is still weak at the global and political level yet, as this issue reinforces, there is evidence of enormous tasks ahead, some of which exceed even the imagination of the public health movements of the past. Scientists map awesome environmental, health, economic and societal threats, all of which demand mass engagement, courageous campaigning and extensive experimentation if they are to be overcome.

Where does public health fit into this wider agenda? The rationale for public health can usefully be distilled to at least four arguments which diverge in their implications. Each of these has deep historic roots, and each is and should be voiced today.

## Four arguments for public health

The first and perhaps most intellectually taut and politically effective argument is and was utilitarianism. Jeremy Bentham's argument – followed by his many disciples – that investment in public policy, by implication public health, was to secure the 'greatest happiness for the greatest number'. Social evolution, in this formula, favours cultures that internalise utilitarian maxims intuitively and systemically. According to John Stuart Mill, who named this philosophical system, this was essentially an argument about progress.<sup>3</sup> This was the philosophy behind much 19th century public health legislation, certainly the pioneering English 1848 Public Health Act.

The second argument for public health is a moral appeal. Health should be promoted for its own sake, to advance the development of each and all. Public health is about a decent society, achieved through education in rights and responsibilities. As Immanuel Kant put it, '[a]ny action is right if it can coexist with everyone's freedom in accordance with a universal law, or if on its maxim the freedom of choice of each can coexist with everyone's freedom in accordance with a universal law.'<sup>4</sup>

The third argument is statist, partly manipulative, partly self-preservation. To invest in public health suits the powerful. It prevents the breakdown of social order. It prevents the inefficiencies and dislocations of disease. It even hides (or dampens down) distress, poverty and inequality. The promotion of public health emerges when the interests of the élite coincides with that of the masses. This is the analysis made by Friedrich Engels in the preface to the first English edition (1892) of his book on life in Manchester, England, written decades earlier (in 1844).<sup>5</sup> He observed how 'the repeated visitations of cholera, typhus, small-pox, and other epidemics have shown the British bourgeois the urgent necessity of sanitation in his towns and cities, if he wishes to save himself and family from falling victims to such diseases'. It is a message of self-preservation which can be expanded by economic circumstances into a case for democracy,<sup>6</sup> one which so many ruling groups in the world continue to disregard.

The fourth, like the others, is old but today may best be cited with its modern title – sustainability. To protect the health of the public requires long-term thinking. Immediate,

short-term advances can come from expensive but relatively quick processes such as sanitary engineering or antibiotics or cheaper food (from innovations like chemical fertilisers), but these can and do become compromised by unintended consequences (Wallinga, et al.). In the long-term, ecological imbalances create limits to 'liveability' and have to be addressed. This was Thomas Malthus' argument, first aired at the dawn of the 19th century, but it was also captured by Victorian thinkers as distant in outlook as Edwin Chadwick, a utilitarian and author of the first UK Public Health Act, and Victor Hugo, the author of *Les Misérables*<sup>7</sup> – which continues to play in theatres across the planet – both of whom argued for a sustainable balance between town and countryside, for example by returning human effluent to the soil. Now in the era of climate change it is, or should be, everyone's argument.

These four rationales do not exhaust the case for public health, which must also be rooted in the capacity of humans to fully express themselves in aesthetic, cultural or social terms. In truth, the role of public health is also that of a social movement; one which maintains and expresses the conditions in which humans live, work and play in a health-enhancing, ecologically and socially viable state – including the addressing of what are now expanding inequities – which is itself an urgent driver for the reinvigoration of public health action.

How much evidence does the world, let alone the public health movement, need before politicians have sufficient public support to act firmly to prevent runaway climate change? Or water stress? Or land degradation? Or antimicrobial resistance? Or unhealthy working conditions? Or widening, indeed scarcely credible, inequalities? Or unsustainable urban-rural dislocation? Or the consequences of mass migration? The list of large-scale pressures on public health can be both long and daunting. That itself is part of 21st century public health's challenge: the problem of scale. The sheer scale of problems encourages a reflex retreat to the small and the particular. This is understandable but wholly wrong. On what perspectives can we draw to face the challenges ahead?

---

### ... and the five traditions of public health

If the rationale for public health can be encapsulated into the four arguments given above (and readers may add their own), the response by public health proponents can be distilled into at least five major traditions. We have given long accounts of these elsewhere.<sup>8</sup> Here we present them in more succinct formulae.

The **Sanitary-Environmental** approach applied engineering and regulation to protect health. Classically, from the Romans on, this meant cleaning up streets, water, food and human waste. As one historian has noted, the case for sanitation and hygiene, first set out in Paris but later eclipsed by the hunt for microbes, has come full circle with the Pasteur Institute's call for the reassertion of hygiene.<sup>9</sup> It's a formula: engineering + regulation = health.

By contrast, the approach we term **Techno-Economic** sees the improvement of the public's health as a function of economic advance laced with technological change. This is

expressed, for example, in improving nutrition, the overcoming of scarcity being driven by the agricultural sciences. Associated with Thomas McKeown,<sup>10,11</sup> or since him by the Nobel-winning economist, Robert Fogel,<sup>12</sup> this too may be starkly reduced to a formula: economic growth + technology = health.

The **Bio-Medical** approach is what many see as the classical approach to public health. In fact, it is one among several. Only recently, since the late 19th century, can it claim any degree of proven effectiveness. This formula is stark: medicine = health. And it was this suggestion that public health advance could be reduced to biomedical progress with which McKeown took issue. Today, it is being given a new twist in the form of 'personalised medicine', the acme of choice culture.

The **Social-Behavioural** approach centres on changing beliefs, knowledge and behaviour. It begets another reductive formula: education + changed behavioural norms = health. If this seems a new approach designed for an age when behavioural factors matter more, it actually isn't. Behavioural rules, for example, over what to eat and drink and how are age-old. What differs today perhaps, is that this approach has become mixed up with the marketplace methods for manipulating behaviour, rather than, as Kant would have it, educating people to reject 'the ball and chain' of accepted dogmas.<sup>13</sup> This is health as negotiated 'rules of behaviour'.

We describe the four as conventional public health approaches, in the sense that they solely address the health of populations and not, as with the fifth approach, the interdependency of public health on eco-systems. **Ecological Public Health** sees public health as the outcome of complex interactions over time and a web of interactions. It (re)locates human health within eco-systems health and it recognises humankind's pressures upon nature. Humans exist within biological, social and cultural worlds – each with their own dynamics and crossovers. In the 21st century, this argument is returning with some urgency. Evidence mounts that human health depends on wider biological and environmental health. This reignites 19th century arguments about the importance of sustainability. In the 1960s, this ecological public health thinking proposed that growth of the human species and consumer demand was compromising the ecological base of life.<sup>14,15</sup> Progress in the material aspects of life may be desirable, yes, but in what form? And can a consumerist logic of unsustainable material aspirations be deemed progress if it is to the detriment of the planet? In this approach, the formula is more complex: the reshaping of conditions (material, biological, cultural and social) = health.

---

### Why ecological public health?

The four conventional models of public health have enormous value, but have limitations too. They vary in how much traction they attract in policy and financial support. They vary, too, in visibility and public understanding. Their case is not helped by having competing rather than united champions, but perhaps that is inevitable. They are subject, to varying degree, to political whim. No one model can resolve the pressing issues facing 21st century public health. It is this

Download English Version:

<https://daneshyari.com/en/article/10516181>

Download Persian Version:

<https://daneshyari.com/article/10516181>

[Daneshyari.com](https://daneshyari.com)