PUBLIC HEALTH - AN EVOLVING CONCEPT

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Summary

The task of Public Health is to protect and improve the health of a society's population. Originally broad in its concept and mission Public Health was for a long time reduced to sanitation and hygiene. In the 20th century, it was again extended and now includes a wide range of activities, reflecting the diversity of conditions and factors, which determine health and well-being of today's populations. Close co-operation of many sectors, professions and sciences is characteristic for the modern Public Health. Health Promotion has become a central concern, and involvement and empowerment of the people an important means to improve their health.

The need for actions along these lines is emphasized by the special problems that now meet the health services, such as major changes in the disease panorama, resource constraints, and the infinity of demand for services, unequal distribution of resources and utilization of care, and concern for the quality of care. These are all problems that cannot be solved by medicine or medical actions alone.

The principal areas of Public Health are education and training, research and practice. Especially notable is the considerable growth all over the world of schools, faculties, and institutions involved in Public Health training, on both under-graduate and post-graduate levels.

The huge scientific discoveries in the last centuries in genetics, molecular medicine, and biomedical technology have created an overall dominance of the individual aspects of medicine, of the big hospitals and of the natural sciences. It is, therefore, one of the great Public Health challenges to convince the public and their leaders of the need for a broader view on the citizen's health: The place of Public Health should not be on the *periphery of medicine* but in the *center of health*.

1. The Task of Public Health and its Development

The task of Public Health is to protect and improve the health of a society's population. This is done by correcting health problems - the *past*; protecting and promoting health - the *present*; and preventing problems from emerging - the *future*.

Over the years, the content and focus of Public Health have changed, according to the actual perceptions of health problems and the opportunities to improve health through new discoveries or technologies.

From the very beginning Public Health was broad-gauged in its concerns. Already Hippocrates was aware of the importance of the environment on the patients' health, but the larger scale recognition of the environment's role for population epidemics and the necessities of concerted social actions to cope with them were not born until the scourges of the European plagues in the 14th century. In France, in the first half of the 19th century, Public Health was considered to comprise a wide scope of areas, such as vital statistics; maternal, child and adolescent health, including abortion and the hygiene of pregnancy, physical exercise, alcoholism, prostitution, water supply and sewage disposal; hygienic conditions in hospitals, prisons, and homes for the aged; housing; mental health; cholera, malaria, tuberculosis, and other infectious diseases; nutrition; heat and ventilation; rural hygiene; and industrial poisons, occupational disease, and the relation of health to social class.

The role of social circumstances for health was reinforced in the 19th century, when Rudolph Virchow, the famous German pathologist, argued that medicine is a social science and that politics is nothing else but medicine in a larger scale. This, today very modern view on Public Health, was later replaced by a more narrow focus on hygiene and communicable disease prevention and control, and the general population was seen as the passive recipient of information on matters of hygiene.

To protect and improve the health of the citizens has always been a central task for the society, mainly for economic but also for humanitarian reasons. Cicero, in formulating the Roman laws, declared: *Salus populi, lex suprema*, i.e. the Health of the People is the Supreme Law. Other great leaders, such as Disraeli, Bismarck, Churchill and Kennedy, have followed through in their eloquent support of the paramount importance of health of the people. And the European Union in its Maastricht Treaty from 1992 stated, *"Health protection requirements shall form a constituent part of the Community's other policies"*. Many countries have formulated ingressions to their general health policy statements in a similar way.

To subscribe to these proclamations is easy, but to identify the meaning of health is quite a complex issue.

2. The Concept of Health

Many attempts have been made to define health, and however they differ there is a general agreement that a positive and multidimensional state is at stake, not only freedom from disease. Most well-known and still most quoted is the definition of health given in the 1946 constitution of the World Health Organization, (WHO): *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*". This historical definition is a statement of WHO's vision and a reference point for its objectives. It is not supposed to be operational. Nonetheless, it has been heavily criticized for being imprecise, utopian and impractical. Later, WHO has developed a more functional concept of health, which is directly related to the individual's situation and allows her to cope with the demands of life. Thereby, health is the ability to resist endurance of a physical, mental, and social nature, so that they do not lead to reduced life span, function, or well-being. This broad view is necessary for everybody who is involved in health, also clinicians. The natural sciences are not enough, and the big hospital and its technology are not the ultimate solution. These thoughts have been more poetically expressed by the Danish author and scientist Piet Hein in his prologue to the celebration of the World Health Organization's fortieth anniversary in 1988:

Health is not bought with a chemist's pills,
nor saved by the surgeon's knife.
Health is not only the absence of ills,
but the fight for the fullness of life.

Medical care is but one of many factors in improving the health of a population, and it has been claimed that historically its role has been marginal in comparison with the role played by the general improvement in welfare, thanks primarily to better nutrition, better housing and less physical hardship. In 1986, WHO in its Ottawa Charter stated *"the fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, and social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites"*. Already in the early 19th century, Esaias Tegnér, a Swedish poet, academician, bishop and politician, claimed that *"peace, potatoes and vaccine,"* were the most important ways to secure the health of the population.

Today, when improved welfare in the privileged part of the world has created the conditions for a long life, the provision of appropriate effective medical care is nonetheless essential for good population health, in treating and where possible curing infirmities, in enhancing our ability to function, and in providing relief when cure is not possible.

In its various strategies WHO has further adopted special goals for their member states' social and health policies. Thus, a central objective should be a level of health to enable everyone to achieve a socially and economically productive life, where health is a resource for everyday life, not the objective of living. This notion fits well with the way individuals increasingly are thinking about their personal health. The underlying philosophy or ideology of WHO's goal is equity; equity within and between countries, and social justice in health.

Although the theoretical arguments for these views have been the same for many years, expressed in reports from governments, universities, international organizations and professional societies all over the world, the practical consequences have not been obvious.

These aspects are now more important than ever. The post-modern society has brought about profound changes in social structures, environment and lifestyles, reflected in the actual problems of the health care systems, problems that are usually described as a crisis.

3. Actual Problems of the Modern Health Care Systems

The health systems all over the world suffer from structural problems, which clearly demonstrate the inadequacy of the purely technical and biological approach.

3.1. Major Changes in the Disease Panorama

The previous epoch of poverty diseases (infections, tuberculosis, malnutrition etc) was replaced by the diseases of living well, "civilization diseases", (cardiovascular diseases, injuries, cancer etc) from the middle of the last century, ending up in today's epoch of social diseases and psychosomatic complaints, of frustration and existential problems. Many of these new health problems cannot be solved by conventional medical treatment. In spite of enormous investments in medical technology and new drugs, the people's health problems have not been solved in a way that was expected and hoped for. It is becoming more and more clear to a wider circle of politicians and professionals that the causes of diseases, and thereby also their remedies, are to be found outside the medical sphere, in the environment, in the living and working conditions, in the personal health behavior, "the life-style" and in the human relations.

3.2. Resource Constraints and the Infinity of Demand for Services

The range and the complexity of the health care technology that has become available have grown dramatically. Demands and expectation for its use coming from the public and from the professions have matched the growth, and the costs have risen

accordingly. Demographic factors, notably the ageing population, are another part of the same problem. On top of that, economic constraints have resulted in a reduction of the public sector, and an increasing doubt that the public sector is the right one or the only one to take the responsibility for all health services.

3.3. Unequal Distribution of Resources and Utilization of Care

The differences, so obvious both within countries and between them, are reflected in funding, staffing, facilities, and equipment. They can be seen between geographical areas, ages, sexes, and socio-economic groups. Too often there seems to be no defensible explanation of the differences. Rather, it is apparent that the "Inverse Care Law" applies, i.e. social groups most in need of good medical care are least likely to receive it. This can be seen in the rich countries, but is of course much more evident in the developing part of the world. Here the vast majority of human deaths and ill-health is directly related to poverty, and the cure is economic and social development.

3.4. Quality of Care and Sensitivity to Patients

Health care services have too long been dominated by the concerns, interests and preferences of the providers, and the user have had very little to say. Now, users' views are being expressed much more forcefully. It is argued that quality of care also means being treated with sympathy and consideration. It means being able to see the same doctor on successive visits to the hospital or health center, being connected with the person asked for. It means being able to choose your own doctor and hospital and to be treated without stressful and unacceptable delay.

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Biographical Sketch

Lennart Köhler received his medical education at the University of Lund, Sweden. Licensed as a physician in 1961, doctoral thesis in 1973 on an epidemiological study of child health in Sweden. From 1969 Head of Child Health Services in a county, from 1973 also Associate Professor of Social Pediatrics, University of Lund. Professor of Social and Preventive Medicine 1978-1986, in Social Pediatrics from 1987 at the Nordic School of Public Health, Göteborg, Sweden. Dean 1978 – 1995.

Secretary General of the European Society for Social Pediatrics (ESSOP) 1977-1987, Honorary President from 1987. President of Association of Schools of Public Health in the European Region (ASPHER) 1987-1989, member of the Board 1985 – 1997. President of the Nordic Association for Care of Sick Children (NOBAB) 1980-1985.

Member of the International Pediatric Association's Advisory Expert Panel on Social Pediatrics. Scientific adviser to the Swedish National Board of Health and Welfare and the Swedish National Institute of Public Health. Member of the Scientific Board, Centre for Community and Social Pediatric Research, University of Warwick, Coventry, England Member of the Technical Advisory Group of Adolescent Health and Development, WHO, Geneva.

Temporary adviser to WHO in public health and child health. Member of the Advisory Board of the WHO Kobe Centre, Japan, 1996-2001. Member of the Editorial Boards of Child: Care, Health and Development (London); European Journal of Public Health (London); International Journal of Health Sciences (Groningen);Developmental Period Medicine (Warsaw).

Honorary Doctor of the Athens School of Public Health in 1992.

The Spiros Doxiadis Award in Public Health 1992. (Athens)

Allmänna Barnhuset's Great Award for outstanding contribution to Social Pediatrics, 1996. (Stockholm). The Nordic Public Health Award 1997 (Goteborg).