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Agenda item No.9

GUIDELINES FOR A UNIFORM ORGANIZATION AND TEACHING IN PUBLIC HEALTH

by

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The broad purpose of the present meeting is the achievement of mutual recognition by the Schools of Public Health within the regions concerned and this can only be achieved by mutual respect based on a firm conviction that the teaching and the standards reached by the several schools are of uniform merit. This does not imply strict uniformity of content - there must be differences to meet local requirements - but rather that the academic standing reached is of equivalent merit.

In assessing the effectiveness of a teaching institution, two matters must be considered. The first is the subject matter taught and the second is the manner of its teaching. Both of these are the concern of this meeting but this particular paper will concern itself with the content of the curricula rather than with the teaching methods employed. It is

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thought that teaching the right things is more important than the manner in which they are taught.

This is not to denigrate the importance of teaching methods, quite the contrary. It is merely an expression of the belief that pedagogical science, like all other sciences, is making progress and, willy-nilly, teachers of public health will find that their methods must keep pace with the times. The reduction in the importance of the formal lecture in the teaching of public health, which to-day is evident in all schools, is merely a reflection of current thought in teaching methods generally.

The decision of what to teach in any one school is a matter for grave concern and when such a decision affects many schools the gravity of the decision is correspondingly multiplied. Furthermore, it becomes necessary for us at this juncture to assume the role of prophet and attempt to decide what are likely to prove the key problems in public health administration in the twenty-first century. This is necessary because some at least of the students trained in the next ten years or so will become the men who will sit in the seats of power at the beginning of the twenty-first century and, for better or for worse, determine the public health policies of their countries. It is essential therefore that these men be given a training which will fit them adequately for the duties which will for certain prove more arduous and more complex than those which we and our generation have known.

The role of prophet is a notoriously hazardous occupation but there are two things which can be foretold with some degree of certainty. The first is that in the twenty-first century the human race will be much thicker on the ground, and the second is that the current technological

explosion will have in no way abated in force. There is a third probability - that the gap between the needs and the capacities of the under-developed nations on the one hand, and the advanced countries, on the other, will diminish and, with time, the narrowing of the gap will accelerate. This, however, has a greater degree of uncertainty than the first two assumptions put forward, but in planning a course some estimate must be made of the speed at which the present divergent needs will converge. In the meantime existing differences must be recognized and coped with.

An expanding population and an expanding technology both play fundamental roles in the nature and extent of public health problems. The necessity for regard for the Public Health (I am sufficiently old fashioned to believe in the existence of an entity which we may refer to as the 'Public Health' with capital letters) arises only when man aggregates himself into a group and increases the population density in a given area. The denser the population the more urgent the need for the application of the principles of public health, and the development of technology, however primitive, greatly intensifies public health problems because characteristically it increases the non-biodegradable contamination of the environment.

In a recent admirable paper on Schools of Public Health (1) attention is drawn to a fact which is often over-looked, namely, that they are a comparatively recent phenomenon and are, in a large measure, a product of the twentieth century. The explanation is, I am sure, that they came into being to meet the needs created by the urbanization and

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(1) Grundy, F. (1969) Schools of Public Health (WHO Chronicle 23(6), 251-255

industralization which occurred in the western world in the nineteenth century. Of equal significance, also, is that in their comparative brief existence the content of their curricula has undergone profound changes. So great has been this change of recent years that there is great danger, if 'danger' is the right word, that the traditional five major areas recognized by WHO Expert Committee in 1960 - organizational subjects, environmental health, microbiology, health statistics and epidemiology - have come to be obscured by emphasis on more esoteric subjects.

These five major areas are still fundamental. Nevertheless, it is true, and it must be accepted, that new problems have arisen which insistently demand more attention from the public health practitioner. Such are those associated with age, chronic disease, mental disorders, and drug addiction, and it is being merely platitudinous to say that these new problems must be accommodated within the framework of public health.

In short, public health is an expanding and changing entity, and in deciding what is to be taught in preparation for the twenty-first century we find ourselves confronted not with one but with two problems - not only to decide what will be the urgent problems of the future but also how to encompass the teaching of an increasing corpus of knowledge.

A third problem, which we might notice only in passing because it is becoming increasingly self-evident, is the need for the provision of a system of re-education or, better still, of continuous education. The time was when, as an apprentice, a man learnt a trade and the knowledge that he acquired at this time sufficed for the remainder of his working life. As in any other calling, this is no longer true in

the practice of public health and provision to meet this situation must be made.

It is already an impossible task to fit into a single uniform curriculum all the material which it would seem desirable to include in the course. We are, therefore, confronted with two choices. The first of these is to accept the 'less and less about more and more' solution. The second is the 'more and more about less and less' approach - that is to say an increasingly narrow specialization and a fragmentation of the subject, a solution which, it seems, is being forced upon us.

Some temporary respite might be gained if we took a long, hard look at the core subjects, and asked ourselves whether some of those currently taught might be reasonably regarded merely as pre-requisites. It would appear, for instance, not unreasonable to require the applicant for admission to a diploma of public health course to provide evidence that he already possesses competence in, for example, elementary mathematical statistics; or to expect that a competence in microbiology can be taken as much for granted as a knowledge of chemistry and physics.

A second approach might be to consider what might reasonably be hived off as a discipline in its own right, as biochemistry, and more lately biophysics, have hived off from physiology. It may seem sacrilegious to suggest it, but should preventive and social medicine, after a long and happy marriage, be divorced? In those countries which possess a highly sophisticated national health service, social medicine tends to be concerned with the problems of the individual and the reconciling of the provisions made by the service to his needs. This might

well be regarded merely as an extension of clinical care and come within the ambit of departments of medicine and surgery and the administrative aspects, on a national scale, might well be given over to a Ministry of Social Services.

It is an expression of this increasing uncertainty concerning the content of public health medicine which had led to the recent revision of the requirements for diplomas in public health by the General Medical Council of the United Kingdom(2). It is significant that the Council now lays down not rigid requirements but recommendations that the content of the course should include the study of subjects grouped under four main headings - the quantitative sciences, the behavioural sciences, environmental factors, and health services organizations.

The last of these, health services organization, indicates that in public health, as in the affairs of a wider world, heed must be given to consumer demand or, if you wish, satisfying the customer - the customer in this case being one seeking employment in the administrative side of a national health service of his employers. It would seem reasonable to query whether this subject, without in any way questioning its importance, has its right place as a basic subject in a public health course.

Linked with the question of what shall be taught is the question of whom we shall teach. It must be agreed that in the field of public

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(2) General Medical Council (1967) Recommendations as to Diplomas in Public Health and Similar Qualifications.

health there is a demand for specialized knowledge - scientific and technical - of ever increasing depth, a depth which is unlikely to be found in the possession of one whose basic training is medicine. Nevertheless, there must always remain a hard core of graduates in medicine practicing public health. They are, or should be, motivated by an intense concern for human welfare, a concern which has sometimes been shockingly disregarded, probably through sheer lack of thought, by technologists as a class. They may also be expected to provide in any administration the overall direction and exert a unifying force, to preserve a balance and to counter tendencies to fragmentation.

Technology is at once the creator of problems and the means for their solution but, on the way, it does tend to provide incidental problems of a public health nature - a matter which recently received attention at the Twenty-Second World Health Assembly(3). Undue emphasis on technology as applied to public health may result in the under-developed countries, for reasons of prestige, laying too much stress on the role of sophisticated technological measures and insufficient on the elementary needs of sanitation, water supply and housing, the foundation of sound public health.

The final and crucial problem which remains to be decided is - what is likely to be the dominating health problem of the twenty-first century? It is my firm belief that the interaction of industrial expansion and population growth can have only one result - an ever increasing pollution

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(3) The Application of Evolving Technology to Meet the Health Needs of People. Wld Hlth Org. A22/Technical Discussions/5 (1969).

of the biosphere and that the all-important public-health problem of the future will become that of keeping the world fit to live in.

The World Health Organization has, in the past, devoted much of its energy and resources to cultivating the field of public health and the results bear ample evidence of the wisdom of this action. It, therefore, gives me great hope for the future to observe that WHO, by its active participation with other bodies such as UNESCO in the planning of corrective measures, indicates that it appreciates the great threat that increasing pollution poses for the 'Public Health'. This is for me a very heartening thing to contemplate, and I would urge that, as a group, this meeting should heed the collective wisdom of the World Health Organization and plan accordingly.