

## PUBLIC HEALTH PROBLEMS\*

D. SINCLAIR-SMITH, M.D., D.P.H., D.T.M. & H., *Medical Officer of Health, East London*

During a recent discussion on the future of Public Health in South Africa at a representative meeting of Medical Officers of Health I was decidedly surprised by a statement from one of the senior members to the effect that eventually environmental sanitation would become the province of the City Engineer, leaving to the Medical Officer of Health only general health supervision as presently exists with water supplies and cleansing services. I was taken aback not only because such a statement, with its profound repercussions on health in this country, should be made but also because of the absence of a strong reaction from the members present. It appeared that there was a general acceptance of the suggestion or at least no marked aversion. Yet if this change did occur, it would represent the demolition of what has always been the main pillar of public health throughout the world and a sphere of endeavour in which much remains to be done in the areas of even the most highly developed health authorities.

### SOCIAL MEDICINE

I puzzled over the matter, seeking a reason for this opinion about the future of environmental sanitation, and gradually came to the conclusion that it was associated with the conscious or unconscious development of an appreciation that in this world of welfare states and socialization, public health must expand and keep in concert with modern expectations. Social medicine is coming ever more to the forefront and is demanding increasing attention to man's physical and emotional well-being and less to the mechanics of his environment. In other words there is

\* Presidential Address to the 16th Annual Health Congress of the Health Officials Association of Southern Africa, Johannesburg, October 1958.

developing a far wider concept of Health, with a realization that its ramifications extend into all branches of medicine and, indeed, into practically all aspects of life and living. We should always remember that the constitution of the World Health Organization describes health as a fundamental right of every human being.

What are these fields into which health administration must expand? They are legion, for the social fabric itself has come to be regarded as relevant to the problems of health and disease. Has not Professor Grundy of the University of Wales given the following definition? 'Social Medicine is not merely another name for public health or socialized medicine. It embodies a particular research method, an aspect of education for health, and above all a new point of view which often finds expression in the socialized medicine of our day. It is the common meeting-place of preventive and therapeutic medicine, a borderland fringing medicine as a whole, a region where medicine merges with economics, sociology, ethics and the machinery of government. Its approach to medical problems is broad and humanistic, and it has much to contribute to clinical studies. It is a name for the resources—other than medical resources—which can be used to help relieve sickness and mitigate its social consequences'.

Surely one of the main demands is a closer integration of curative and preventive medicine. It is the most unfortunate feature of all major revisions in the reorganization and reconstruction of medicine that treatment and prevention have been more or less rigidly separated. The National Health Service in Britain is by and large essentially a curative service. Our own Gluckman health scheme had as its most undesirable imperfection the division of health services into personal and non-personal. The prevention

of ill-health demands a knowledge of the earliest stages of disease, in fact a recognition of the factors existing in the 'pre-disease' phase. This knowledge is within the scope of the general practitioner, and a welding together of the information from this source with the epidemiological appreciation of the sanitarian will produce over the years a new concept in the elimination of many diseases. Isolated instances of this cooperation do exist, notably in the investigation into cancer and rheumatic diseases, but Public Health must widen its environs beyond the boundaries of infectious diseases. Traditionalism must not become a menace to preventive work. Fundamental to this new outlook must be a change in teaching methods, and it is of interest to note that in 1956 WHO held a conference on public-health training of general practitioners. This conference found that generally throughout the world the preventive side is lost in conventional clinical instruction, and recommended that in the student days the importance of the preventive and social aspects of medicine must be inculcated, and that general practitioners should be kept informed of what the health department is doing and how it is prepared to assist them in their work.

Here we have a field where immediate cooperation can be encouraged and the barriers existing between the practising doctor and the health department broken down. Our aims are the same though the approach is from different angles—theirs that of the individual and ours of the community. The health department, through its health inspectors and health visitors collects much information which could be of assistance to the practitioner in his understanding of his case—housing, overcrowding, insanitation, economic conditions, statistical information, and so forth. Similarly the medical practitioner can refer back his own observations and a partnership of common interest be established. At Oxford, and also in London, health visitors have been seconded from their respective health departments to work in liaison with group medical practices. They attend sessions with the doctors, give them the benefit of their knowledge of the health problems of the whole family, and generally supervise the baby welfare and infant feeding laid down by the medical practitioner. Cordial relations have developed between doctor and health visitor—relations which do not universally exist in South Africa.

There are many other ways in which the barriers between health officials and those who practice therapeutic medicine could be broken down and true collaboration be developed in order to further the attainment of positive health. For we believe with Dr. Cyril Banks that, 'We aim not only to postpone death but to prevent illness, with its train of sequels, bodily and financial. We aim to make the path of sufferers smoother. We aim to lessen the social difficulties caused by illness. We aim to improve environmental conditions so that family life may be happier and healthier. We try to make things more convenient for expectant and nursing mothers, not merely safer. We try to help mothers to raise their families in a state of health, bodily and mental'.

#### HEALTH EDUCATION

Health education is becoming increasingly more important and it is imperative that health departments should take a leading part. The recent memorandum from the Secretary for Health is thus doubly welcomed in that it reinforces the appeal made last year by our President and the recommendations made by Congress. Health education is the basis of true disease prevention; only by the propagation of health knowledge can the public be expected to seize the advantages of the health security available to them. Health authorities must take advantage of the awakening interest of the people as a whole.

In a society that exhibits a high rate of divorce and suicide, a breakdown of family life and a great percentage of discontented restless persons, health departments have a definite contribution to make because such conditions are adverse to the health of the individual family and to the community. At present this is the sphere of voluntary organizations working in isolation from health departments. The important and topical subject of mental health is to form the subject of one of the sessions of the present Congress.

After referring to atmospheric pollution and atomic energy in industry and other fields as health problems the speaker proceeded:

#### OLD AGE AND CHRONIC DISEASE

Geriatrics and the public health aspects of chronic disease present new fields for health authorities, including the provision of accommodation and the making available of domestic help. A new field of medicine is opening up and the public health implications will in future form one of our major preoccupations. The prevention of chronic disease brings us straight into the realm of general medicine and emphasizes the need for collaboration. How else can prevention be developed without utilizing the vast store of medical knowledge about such diseases as cancer, rheumatic diseases, cardio-vascular diseases, chronic respiratory disorders and diabetes? The aetiology of these diseases is largely obscure, and much research is necessary in the evaluation of their earliest stages—an excellent field for the intervention of preventive medicine. Prevention depends upon detection of the disorder and this implies periodical medical examinations, which have their limitations in medical man-power. This has led to the introduction of screening designed for application to groups of persons and relying upon a series of tests and other procedures of rapid use to provide presumptive evidence or absence of disease. A proper educational approach is necessary to secure optimum response from groups of the population and thus bring the benefits of early detection to the masses of the people. Multiphasic screening makes possible the simultaneous testing for tuberculosis, diabetes, anaemia, syphilis, hypertension, hearing defects and certain forms of cancer and heart disease.

The rehabilitation and the social security of the chronic sick and the elderly person are also our concern and there are many ways in which we could assist. One excellent service in Britain is the provision of domestic helps to provide visiting, home care and feeding for the sick, the aged and the mentally ill, and latterly in the handling of problem families. One of the fears of the aged is to be moved away from their homes to an institution. Assistance by home helps would provide a solution and would save the demand on hospital accommodation.

#### PUBLIC HEALTH RESEARCH

It is pleasing to note that one session in our Congress is being devoted to Research. We have tended to lag behind in public health research and have neglected many possibilities of research in the social sciences which would be productive of lasting good. As one writer put it, what the laboratory bench is to the virologist, what the medical ward is to the clinical investigator, the community should be to an inquiring health officer. Allied to this is the need for greater development of epidemiological and statistical investigations and recording in South Africa than is the case at present. Good public health practice is based on research and research relies upon adequate statistical data. Is there not a case here for greater central direction?

I do not claim to have covered this vast subject and have made no mention of such important topical matters as nutrition, water fluoridation, midwifery services etc. One point comes to mind. Would not the objects be greatly furthered by the creation in the Department of Health of more specialistic posts for specific purposes such as Health Education, Epidemiology, Radiation and so on? This would give greater impetus and coordination. Precedent exists already in the case of Tuberculosis. The positions need not necessarily be filled from within the Department. Promotions from Local Authority service should be entertained. Why not a Planning and Coordinating Committee comprising initially Central and Local Authority health representation, and later adding other membership from the Medical Association and Provincial Councils?—not a large body like the National Health Council but a committee unfettered by statutory and other restrictions—small, selected and active.

#### CONCLUSION

In conclusion may I leave with you the aspirations of William Morris and ask you whether he was begging for Utopia when he demanded:

'First of all I claim good health. To feel mere life is a pleasure; to enjoy the moving of one's limbs and exercising one's bodily powers; to play, as it were, with sun, wind and rain; to rejoice in satisfying the due bodily appetites of the human animal without fear of degradation or sense of wrong-doing: Yes, the wherewithal to be well formed, straight limbed, straightly knit, expressive of countenance—to be in a word beautiful—that also I claim.'