Papers and Originals

Future of Public Health*

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The public health services are concerned with the prevention of disease and the provision of a wide range of domiciliary services, and in neither role can they remain static. On the preventive side the traditional subject for attack has been infectious disease, whereas in the future it is towards chronic conditions that attention must increasingly be turned. In domiciliary care, services must be adapted so as to provide more help for the elderly and for the mentally disordered in the community, while at the same time facilitating the growing tendency towards earlier discharge from hospital to planned aftercare following childbirth or illness. In all these tasks workers in the public health field must co-operate even more closely with their colleagues in general practice and in hospital.

This need for greater co-ordination of effort is self-obvious in the case of domiciliary care, but is less widely appreciated so far as prevention is concerned. This is unfortunate because, for example, in the enormous task of trying to persuade the public to give up cigarette smoking, only the united efforts of family, hospital, and public health doctors offer any hope of success. Similarly, in the application of modern screening techniques for the secondary prevention of various diseases it may well fall to the general practitioner to identify those likely to give the highest yield of positives; to the public health service to teach the populace the desirability of being screened and possibly to supply the mechanism for screening; and to the hospital service to provide the facilities for confirmatory diagnosis.

To turn to the specific roles of the public health service in the prevention of disease, it must, in the first place, continue its traditional interest in environmental control, but at the same time public health doctors must never hesitate to hand over to others those jobs which do not require their full professional skills as well as those in which others are, indeed, more competent. There is a tendency to cling to those things which are familiar and never to ask whether some jobs might not be done at least as well by health educators, public health inspectors, architects, engineers, or others. Failure to delegate appropriate responsibility may be superficially justified by the pretext that medical knowledge is essential, but all too often it simply betokens personal insecurity.

There is also need to look critically at certain lacunae in the present preventive services. For example, in the obstetric field there remain sociomedical factors which are inadequately understood (World Health Organization, 1963) as well as the problems of abortion, prematurity, and congenital deformities. These call for epidemiological studies and, in some cases, for an approach based as much on sociology as on medicine. The recent commencement of a system of national registration

of congenital deformities is a step in the right direction, as are current attempts to introduce an "at risk" approach to obstetrics and to paediatric care.

It is important to remember the directions in which the main efforts should now be concentrated. Infectious conditions have long since yielded pride of place as causes of death to cardiovascular disease and cancer; diseases of poverty have given way to maladies of plenty; and our increasing longevity has paved the road for chronic diseases which must either be prevented or promptly treated. The greatest problem of all, mental disorder, must likewise be looked upon, in its fullest extent, as a subject vitally affecting the public health.

This is no longer an era in which legislation can of itself make a notable contribution to the health of the people, but instead individuals must be persuaded of the importance of observing certain rules if they are to remain healthy, and the recently published Cohen report on health education (Ministry of Health, 1964) has shown some of the directions in which the medical profession must strive.

Whose Responsibility

In the extending field of preventive medicine, and in the provision of effective domiciliary services, there is room for all who practise medicine, and there is certainly no need to make exclusive claims for any one branch. The ultimate test should be who can best do any given job. Thus many local health authorities have abandoned the holding of antenatal clinics because this can be done more effectively and with less confusion of responsibilities by general practitioners and the hospital service. Instead, such public health departments are nowadays running relaxation and mothercraft classes in which health teaching is made available to women at a time when they are particularly receptive. Similar changes must be considered in the case of child welfare clinics, for there is much to be said for these being run by family doctors, as indeed is already happening in numerous localities. However, the present manpower position in medicine makes it unlikely that a complete changeover will come about in the near future, and the profession will be faced with a dual system of child welfare facilities for some years to come.

Essentially similar remarks might be applied to the future of the school health service, in so far as the general practitioner may eventually undertake much of its routine work. He will never, on the other hand, completely replace the school medical officer, as the latter will always be required to provide specialist advice on matters appertaining to the common ground on which health and education meet. The ultimate future of school health work will lie in that direction and in the provision, in conjunction with the teaching staff,

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of widely based programmes of health education. There is also need at the school-leaving stage for an effective medical link between the school health service and industry (Herford, 1957) and, it might be added, for public health participation in the development of industrial health services.

The public health service, on the other hand, has advantages over general practitioners when it comes to matters of large-scale organization, and these advantages can prove directly valuable to both parties. Thus the use of data-processing machines in the administration of immunization programmes has been successfully pioneered in West Sussex, to the mutual benefit of family doctors and the county health department (Galloway, 1960, 1963). In the all-important realm of health education the public health service again has an initial advantage. This is an important and specialized field, especially when it is remembered that the subjects which will in the future have to be put over are much more complex than those of the past. Any attempt at mental health education is less easy than is a campaign to secure a high level of acceptance of diphtheria immunization; and the job of persuading an apathetic public that they should not smoke cigarettes is much more difficult than that of teaching expectant mothers the importance of antenatal care.

There is nowadays a blurring of the distinct line which once appeared to separate preventive from curative medicine. Diabetes mellitus used to be regarded simply as a disease to be treated once the patient had presented himself to his doctor, often after many months of symptoms and with complications already established, whereas attention is now being turned to whether it can, at least in some, be prevented from developing into its florid state; and cancer of the uterine cervix is being looked upon as a disease which is susceptible, if not to primary, then at least to secondary prevention. There is, in fact, room for prevention in every branch of medicine, and the public health doctor must in the future be regarded not as the sole worker in the field of prophylaxis but rather as a specialist whose techniques are at the disposal of others in order that all may apply the principles of prevention to their own spheres of medical practice.

Increasing Integration

In achieving these new forms of prevention and in providing an adequate standard of domiciliary care, there is an agreed need for a much closer co-ordination of the three branches of the National Health Service, and public health staff can do much to facilitate this. So far as relations with family doctors are concerned it is pleasant to see the rapprochement which has typified the past decade, and it is clear that the future will see general practitioners working even more closely with many of the medical officer of health's team. The liaison which exists between general practitioners on the one hand and district nurses and midwives on the other is traditional. Similar schemes for health visitors are clearly on the way (Swift and MacDougall, 1964) and should greatly extend the quality and range of services which general practitioners can provide, the only danger being that health visitors might in the process become too isolated from the main stream of thought in their profession and thus fail to keep up with the development of new techniques in their work of health education and the prevention of illness in the family setting. What is needed is a system of attachment which does not completely sever the link with the local authority, so that they are kept in touch with their colleagues and with all relevant current trends.

Mental welfare officers and other kinds of social workers have increasingly important parts to play in community care, and here again the need is for, if not total integration, at least maximum availability so far as family doctors are concerned.

Specialist health educators are likewise valuable members of the local health authority staff, and it is to be hoped that their skills and facilities will be available to practitioners who recognize the need for help.

A greater use of common premises would assist co-operation between public health and general practice, and it is a pity that health centres have failed to develop for a variety of reasons, of which finance is certainly one, although it now seems that the sharing of premises on a basis less than that contemplated for health centres is at least beginning. It is, however, by the direct attachment or ready availability of public health staff that this branch of medicine and general practice will come closest and most effectively together.

Liaison with Hospitals

There is substantial scope for exchanges of staff between hospitals and local authorities on the nursing and midwifery sides, and there should also be more joint staffing schemes. Public health doctors might well undertake certain paediatric and geriatric work in hospitals, and midwives should be freely interchangeable between the two services. This latter point is of particular importance because, if district midwives were enabled to bring their patients into hospital for delivery, taking them home again several hours or a day or two after confinement, much of the present controversy about the relative merits of hospital and home confinement would be overcome. Similarly, if domiciliary nurses spent regular periods in their district general hospitals, this would pave the way for efficient schemes of earlier hospital discharge.

Health visitors can form a constructive link between hospital and community both by providing a background of relevant social information prior to a patient's admission and by supplying aftercare facilities in conjunction with general practitioners. In certain fields, such as diabetes mellitus, the load on the various health services is becoming so great that only by the employment of specially trained health visitors to supplement the work of hospital clinics and family doctors will there be any hope of maintaining an adequate service in the future.

In the realm of psychiatry there is again scope for integration of the social work staff. There is no advantage in having hospital psychiatric social workers coming into the community in order to carry out investigations or to undertake aftercare while at the same time the local authority's mental welfare officers are attending psychiatric hospitals in order to keep in touch with patients towards whom they have responsibilities. The logical scheme is a combined hospital and community psychiatric social work staff, with equal rights in either sphere and with loyalties to the patients and to the doctors caring for them no matter whether in hospital or in the community. The possibility of some similar joint scheme linking hospital almoners with the growing number of local authority social workers is also worthy of consideration.

There is particular need for an integrated hospital and community service so far as the care of the elderly is concerned, for it is in this group that nutritional and social problems are increasingly seen which, several decades ago, were the unhappy prerogative of infants in poorer homes. The hospital geriatrician should have a part-time appointment with the local authority, where he can advise the medical officer of health on the development of domiciliary services for the elderly, and, in the case of the welfare services, co-ordinate the arrangements for residential care. In this connexion, as well as from the point of view of the care of the permanently handicapped, it is reassuring to note the increasing tendency towards the amalgamation of local authority health and welfare departments under the overall supervision of the medical officer of health. There is much to be gained and nothing to lose by the fusion of these complementary services, as the boundary between them is artificial and

stems from historical reasons rather than from present-day needs.

The ultimate step in linking the local authority and hospital services, leaving aside any possibility of the Porritt (1962) type of arrangement, might lie in the establishment in every major hospital of a department of social and preventive medicine, with a senior member of the local health authority's medical staff as consultant-in-charge. The functions of such a department would be to ensure that every patient is discharged to adequately planned aftercare ; to provide a base from which health visitors, mental welfare officers, and other local authority staff could carry out their hospital work ; to give the health educator an entry to hospital, as the scope for health education there is enormous and virtually untapped ; to provide a resettlement clinic ; to supply liaison in the control of infection in the hospital ; and, perhaps most important of all, to facilitate the mixing of hospital and local authority staff.

Medical Education

Of crucial importance to the future pattern of development will be the adequacy of undergraduate medical education so far as public health and social medicine are concerned, for without a satisfactory foundation family and hospital doctors will be quite unable to make the best possible use of domiciliary services. No medical student is shown a stethoscope for the first time only after passing his final examination, yet that is precisely what happens at some medical schools so far as the public health and social services are concerned. The basic minimum which should be included in the medical curriculum is a knowledge of how social factors may operate in the causation of disease and how they must be manipulated if treatment is to be fully effective ; the scope for prevention in all fields of medicine ; the range of local authority health and social services ; and the objects and methods of health education. The undergraduate should receive this tuition largely in the community and at the bedside—in other words, modern public health teaching must be a matter of people and not of drains and boring descriptions of administrative machinery.

It is also desirable that instruction in public health should form an integral part of all trainee assistantships, for if these facilities are to provide an adequate introduction to good general practice trainees should understand how the local health authority can help them in their work. Co-operation can be further helped by ensuring that public health has its fair share in local postgraduate training courses ; by the production by medical officers of health of annual reports which are readable documents ; and by the issuing of efficient and regularly revised brochures of local health services.

Public Health Doctors

The medical members of the public health staff should in the future be smaller in number but more highly specialized than at present. In the past it has been regarded as an advantage for them to have had experience in the field of infectious disease ; but more emphasis should now be laid on general medicine, geriatrics, psychiatry, and, if possible, on experience in general practice. The medical officer of health can no longer hope to be an expert on everything in his field of work, ranging from child health to infectious diseases, health education, mental health, ambulance services, health visiting, nursing, midwifery, epidemiology, school health, environmental control, and so forth. The future calls for fewer assistant medical officers but more senior staff with career structures which enable them to specialize in one or more of the branches of preventive and social medicine. Thus each health department should have senior medical officers with responsibilities for child health, epidemiology, and mental health, and, possibly, for geriatrics, the care of the disabled in the community, and health educa-

tion. This would leave the medical officer of health free to concentrate on major policies and the co-ordination of his services with the other two branches of the National Health Service and with voluntary agencies.

It is difficult to predict the most appropriate future training for medical officers of health. There is no doubt that the Diploma in Public Health provides a usefully wide background, and it may be that the most satisfactory qualification will consist of a modification of it, possibly with an increasing use of elective subjects, and certainly with more attention to such matters as sociology, social psychology, health education, and the epidemiology of non-infectious diseases. There is also need for a truly higher degree relevant to public health and social medicine, for the only present possibilities consist of a Doctorate of Medicine which, like wine, varies in quality with the place and the year, or membership of one of the Royal Colleges of Physicians, which are, understandably, concerned primarily with the field of clinical medicine. Consideration must also be given to the need for training for the higher realms of medical administration both in public health and in other fields (Brockington, 1964 ; Elder, 1964).

Without dwelling on the career prospects and remuneration of public health doctors it must be recognized that both are obviously relevant to recruitment, and if public health is to reach its full fruition in years to come this must be adequate both in quantity and, more important, in quality. Unless this can be achieved, the present vicious circle of difficult recruitment leading to work determined by the training and ability of the staff rather than by its relevance to modern requirements will be perpetuated.

Organization

In considering the future organization of public health in this country the Porritt Report is mentioned only in passing, as this paper is based on the assumption that public health will remain the responsibility of local health authorities, although most of its suggestions would be equally applicable to work under area health boards. It is at first sight unfortunate having one branch of the National Health Service financed largely from a different source from the other two, and it must frankly be accepted that, as long as public health remains a local authority responsibility, the standard of service provided will vary from one part of the country to another. On the other hand, in recent years the greater flexibility of local compared with central government finance has in many areas given the public health service an advantage over the hospitals. It must also be remembered that the considerable freedom which goes with local government allows the more progressive authorities to experiment with and to expand their health services in a way which might be less easy if they were controlled by larger regional or national bodies.

The great future need is for local health authorities of a size adequate to provide sufficiently differentiated services with, as has already been suggested, specialized staff to run the various departments, and it is doubtful if this can be achieved with a population under a quarter of a million. In a few cases there may be overwhelming geographical reasons why local authority populations should be smaller than this, but generally there is much to be said for a basic unit serving at least a quarter and preferably nearer half a million people. It is unfortunate that the current terms of reference of the Local Government Commission, while leading to some interesting proposals, are at the same time perpetuating or establishing authorities which are undesirably small from the point of view of health and, it may be suspected, of other services.

There is also urgent need to rationalize the medical administration within English counties. In county boroughs the

medical officers of health have total responsibility for all health functions, but in counties the work is split between county medical officers and their colleagues in sanitary districts. Many of these districts are anachronistically small and inimical to progress in public health because of the way in which they occupy so much of the time and energy of their medical officers in attending numerous meetings, writing multiple reports, and dealing with various matters which do not call for the skills of doctors, thereby distracting them from the new and wider medical problems which are nowadays clamouring for attention. Dr. Snoddie is a splendid character, but Tannochbrae is not a suitable administrative area for modern public health purposes. These remarks are, of course, aimed solely at the present organizational framework in England and should not in any way be taken as criticism of those who must perform work within it.

While some improvements may be brought about by the review of internal boundaries of counties which is gradually taking place, the correct answer lies in strong central county health departments, with responsibilities for all local authority health functions, and with specialist medical staff available, leaving day-to-day peripheral responsibility largely in the hands of public health inspectors. This type of system works well enough in Scotland and is likely to be perpetuated in the proposed two-tier local government structure for that country. Its adoption in England would supply a much more logical and efficient service; would be more economical in medical manpower; would give a more straightforward and satisfying career structure; and would eliminate the present public confusion regarding the precise division of responsibilities between local health and sanitary authorities. In the case of the more populous counties there could be delegation of responsibility to medical officers of all-purpose divisions of at least 100,000 population, thus again ensuring overall control both of the environmental and of the personal health services, while maintaining a central specialized staff to whom these divisional medical officers could turn for advice on particular subjects.

Conclusion

This paper represents a brief and far from comprehensive attempt to survey some of the tasks with which the public health branch of medical practice is now faced. It has tried to emphasize that medical education, both at undergraduate and at postgraduate levels, must have much greater regard to social and preventive medicine, and that there is still enormous scope for the development of even closer relations between hospital, public health, and family doctors. This calls for experimentation both in organization and in the type of services provided, and it is important that, as new approaches evolve, the opportunity should be taken of carrying out concurrent operational research in order to measure their efficacy.

The reorientation of public health to meet the needs of to-day and to-morrow is already under way, but is taking place at widely varying speeds in different areas. The process would be greatly helped by the establishment of a working party containing a sufficient number of representatives from outside public health and, indeed, from outside medicine, with the task of reviewing the present age and qualification structure as well as the recruitment, training, status, and career prospects of public health doctors. It should also consider the present organization of public health services in order to decide whether this is in keeping with present and future requirements. This suggestion is prompted solely by the belief that public health is a vital branch of medicine and one which, with a modicum of encouragement, could contribute even more to the profession and nation in the future than it has in the past.

Summary

The public health services must continue certain of their traditional roles in prevention and in the supply of domiciliary care while, at the same time, adapting themselves to present and future needs. There is an increasingly blurred line between clinical medicine on the one hand and preventive medicine on the other. This points to the need for greater integration of the three branches of the National Health Service and for adequately comprehensive medical training at the undergraduate level. It also implies that public health staff, including health visitors, district nurses, midwives, health educators, and various kinds of social workers, must have direct personal relations both with family doctors and with hospitals. There is also a case for having a department of social and preventive medicine in every major hospital. The future field of public health work calls for changes in the training of its medical staff and in the organizational framework within which it is practised. The trend must be towards units which can offer adequate career prospects within staffs large enough to allow some degree of specialization. Progress in all these directions might be hastened by the establishment of a working party to study the factors involved and to make recommendations.

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