Market forces are part of a vision of a health care system in which individuals buy the care they can afford. With this view, if the 80 year old or the 40 year old can pay for the surgery then it is offered. Otherwise it is not available. This way of allocating resources faces the problems of justice in the same way as the QALY view, but immensely increased. In effect the distribution and quality of health care will be entirely on the basis of personal wealth.

Conclusion

Doctors may feel that in many cases surgery is not clinically indicated. The word "clinically" here can be dangerously misleading, for the decision being made has a major ethical component. It is as important to clarify the ethical judgments being made as it is to understand the basis for technical decisions.

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Public health medicine and purchasing health care

Rajinder S Bhopal

Public health medicine is a goal driven medical specialty. Although the tasks of public health doctors are always changing, their goal remains firm: improving the health of the population. As the route to this goal is neither obvious nor agreed and differs between places and eras continuous debate is essential and occasional heresy welcome. Thus Whitty and Jones argued recently that public health medicine embraces the purchasing role at its peril.¹ They achieved their main aim—debate^{2,3}—but I now examine whether their analysis was correct.

Health care and health

Underpinning Whitty and Jones's argument was the belief that health care only minimally influences health. This owes much to McKeown and Lowe who suggested that socioeconomic and environmental circumstances are the prime determinants of longevity.⁴ If the goals of public health medicine are health promotion and the prevention of ill health, warn Whitty and Jones, then the specialty is in danger of veering off course in pursuit of the purchasing function, which "is likely to be ineffective in improving the population's health and may even be in direct conflict with this role."¹

Whitty and Jones's analysis stands or falls on the meaning of health, whether health services have an impact on health, and on the central functions of public health medicine. I examine these variables below.

MEANING OF "HEALTH"

The meaning of the term health is not self evident.⁵ Health is usually described as either the absence of disease or infirmity, the efficient functioning of human beings, or a state of wellbeing. The World Health Organisation's definition that health is a state of

complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity⁶ redresses the medically biased emphasis on disease or infirmity. But disease and infirmity cannot be ignored.

IMPACT OF HEALTH SERVICES

The NHS, through its preventive, curative, and rehabilitative services, reduces premature death and disability^{6,7} and improves people's ability to function. Health services enhance wellbeing by providing care, reducing distress and pain, and issuing a diagnosis or prognosis which may provide reassurance or comfort. The benefits of health services are not well quantified⁷ and may never be quantified, particularly in the face of scientific, technological, and organisational change. Absence of evidence is not synonymous with evidence of ineffectiveness.

Compared with social, economic, lifestyle, and environmental factors health services have a limited impact on life expectancy and health status. Nevertheless, the findings of McKeown and Lowe⁴ should not be interpreted as denying the role of health services in improving health. Instead, they should be taken as emphasising that the determinants of health—particularly as they affect life expectancy and the incidence of disease—are mainly environmental. McKeown and Lowe arranged the main influences responsible for falling mortality in descending order of importance as a rising standard of living, improved hygiene, and specific preventive and therapeutic measures.⁴

McKeown's analysis of life expectancy and (mainly infectious) diseases in the eighteenth, nineteenth, and early twentieth centuries requires updating. Szreter's counterargument—that the fall in mortality in the nineteenth century was deeply influenced by "human agency in the form of politically negotiated expansion

Department of
Epidemiology and Public
Health, The Medical
School, University of
Newcastle upon Tyne,
Newcastle upon Tyne
NE2 4HH
Rajinder S Bhopal, professor
of epidemiology and public
health

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Compared with lifestyle and environment health services have only limited impact on life expectancy and health

JOHN TWINNING

of preventive health provisions and services, rather than the impersonal invisible hand of rising living standards"—may be even more pertinent now.⁸

CENTRAL FUNCTIONS OF PUBLIC HEALTH MEDICINE

Public health medicine takes responsibility on behalf of the medical profession for many of the medical functions that cannot be discharged at the bedside or in the consulting room. These include policy development; analysing the causes, control, and prevention of disease; promoting the health of communities; and developing frameworks for effective and efficient health services. Public health doctors are not, however, the sole custodians of these responsibilities; arguably, the prime custodians are politicians. Other health care professionals and scientists working in the health sector also have an important role. But it is the specific duty of public health doctors to ensure that the entire medical profession and those whom medical practitioners work with and seek or need to influence (including health authorities) are working towards improving the public health. Discharging these responsibilities requires public health doctors to work with both purchasers and providers.

Cochrane's criticism of the impact of health care¹⁰ has had a lasting influence and is often used to undermine health services. He emphasised the ineffectiveness of many health care activities and the importance of evaluation to determine which of them benefited health. As the first president of the faculty of community medicine (now public health medicine) his view on the role of the specialty remains pertinent—with "specialists equally skilled in administration and epidemiology and with a broad view of social medicine and its research" we should have the chance of making the NHS more effective and efficient.¹¹ Public health doctors cannot shrug off their recent or distant legacy of a central role in health care.⁹

ACHIEVING PUBLIC HEALTH GOALS

In this light the interest of public health doctors in the purchasing function is clear. It gives them a new opportunity to refocus priorities for improving the public health. When we are spending about 6% of our gross national product on health services we have a right to expect improvements in the public health from them, both directly and through the influence of health service staff on health policy. If improvements do not occur health care policies need changing.

Public health doctors are more likely to influence public health if they collaborate with the million or so

people employed in the health service. They should ally themselves with health service workers (including managers) and inspire them to help analyse the determinants of good and bad health, assess health needs, promote health, and evaluate services, thereby achieving public health goals, albeit indirectly. When a million health care workers are arguing that social, economic, and lifestyle factors underpin health and that health care plays a lesser, though important part their arguments may influence politicians and the public. Then we may see a reversal of the policies whereby the deepest roots of public health misery are often ignored.

PURCHASING FUNCTION AS LEVER FOR CHANGE

Whitty and Jones's gloomy predictions about the future of public health medicine in an era of purchasing are premature. Much more debate is required. Potentially, the purchasing function provides a powerful lever for change. If applied with wisdom and science the purchasing of health care could speed the evolution of those effective and equitable services that improve health. Purchasing will also clarify the necessity of and priorities for health services research.

Two dangers of the purchaser-provider split are that collaboration among health care professionals may be undermined and the provider aspects of the public health role may become removed from the purchasing role.

Doctors trained in epidemiology, statistics, and the social and management sciences are needed to help manage the implementation of purchasing policy. For public health doctors to withdraw from or refuse to give support to the task at this critical moment would greatly endanger the specialty, as people without the necessary combination of medical and public health skills would attempt the job.

The challenge is to influence purchasing policy to achieve better public health. It is in the nature of a goal oriented specialty to take on new tasks, which has often been necessary in the past.⁹ The NHS reforms¹² and *The Health of the Nation*¹³ provide an unprecedented opportunity to shift health services into an explicit health improvement mode, and public health medicine must guide the change. Whitty and Jones fear that traditional public health tasks may be ignored in this process. Adaptation to a changing environment may be necessary as before⁹ to achieve traditional goals.

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