



OTAGO BIOETHICS REPORT

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Guest Editorial

PUBLIC HEALTH IN AN OPEN SOCIETY



How often misused words generate misleading thoughts. - Herbert Spencer: *Principles of Ethics* (1879)

Debate about health issues in New Zealand is clouded by a propensity to use slogans instead of clear language. Our major hospitals are now called Crown Health Enterprises, even though the maintenance or promotion of health is not included among their statutory objectives. One of these places for the care of the sick and dying has been insensitive enough to call itself "Good Health Wanganui". Opponents of what they see as "Americanisation" (another slogan) use the words "public health system" to mean either publicly owned or publicly funded hospitals. The Coalition for Public Health should really be called the Coalition for Public Hospitals.

One consequence of this wordmongering is that many lose sight of the true meaning of public health as "the health of the public in general". Internationally, the term has long been used to refer to the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society. Public health includes population based strategies such as programmes to encourage healthy lifestyles, to ensure the provision of safe food and water, and to control epidemics of disease. While the care of the sick must always be a priority, we cannot neglect public health measures because they can often produce greater and more cost-effective improvements in health status.

Everyone is in favour of promoting health until this conflicts with our own interests. Society, like each individual, has to make difficult trade-offs between health and other objectives. If health was our only priority, we would abandon motor cars; yet most of us accept risks of maiming or death because of the convenience of motor transport. Often the choices are finely balanced, and in making choices both individuals and governments need to have access to full and unbiased information. Lobbying by commercial and other vested interests is inevitable, but this should not be allowed to affect the provision of sound information and advice.

The New Zealand Government recognized this necessity when it established a Public Health Commission (PHC). Announcing the decision in August 1992, the then Minister of Health said that the Commission was "one of the two most important developments in the reformed health system", and that "for too long public health has taken a back seat in Government priority setting". The PHC was given statutory responsibilities to monitor the state of the public health and to identify public health needs; to advise the Minister of Health on matters relating to public health; and to purchase, or arrange for the purchase of, public health services. The PHC was obliged to consult with members of the public and other groups, and was deliberately established as a Crown agency - at arm's length from the Government. This meant that it could provide independent advice that was open to public scrutiny. In making decisions the Government might well take account of other matters, but the PHC had a responsibility to ensure that the public health perspective was clearly presented.

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At the end of last year, the Government announced that the PHC would be disbanded on 1 July 1995 - three years after the appointment of its Establishment Board. During its tenure, the PHC established comprehensive reporting on the state of the public health in New Zealand. After wide consultation, it developed a strategic direction to improve and protect the public health, supported by 21 papers providing advice on specific public health issues. All of these papers were published. Many of the goals and objectives proposed in the papers were reflected in the public health programmes purchased by the PHC. There were new initiatives in Maori health, and partnership with Maori resulted in the publication of *He Matariki: A Strategic Plan for Maori Public Health*. Special attention was also given to the needs of Pacific Islands people, with papers being published on their health status and on their need for appropriate health information.

The quality of this work received generous praise from all three major parties during the introduction of legislation to disband the PHC (*Hansard*, 6 April 1995). Indeed the Minister of Health said that the PHC had "done a stunning job". Given such approbation, why was it decided to disband the Commission? The main explanation given by the Minister in Parliament was that "unnecessary complexity has developed in the public health structures that has produced a number of problems". She focused particularly on the "split of responsibility for regulatory public health, which remained with the Ministry of Health, from the non-regulatory section of public health, which is the responsibility of the Public Health Commission". It is true that there were boundary problems, but in the view of the PHC these could have been readily solved if there had been a will to do so. Unfortunately bureaucratic rivalry was a constant fact of life for the PHC. There must surely have been other factors to explain why a decision to disband a statutory agency was rushed through Cabinet after almost no consultation.

My purpose here is not to analyse those various factors, but to draw attention to one important consequence of the legislation to abolish the PHC. In future Governments will make decisions that affect the public health without receiving open advice based on independent assessment of scientific

evidence and on wide consultation. The Ministry of Health will take over some of the functions of the PHC, but a ministry is not obliged to consult and its primary function is to serve its Minister - it can never be seen to disagree with Government policy. Part

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of the advisory role of the PHC will be transferred to the National Advisory Committee on Core Health and Disability Support Services. Critics have pointed out that this committee already has a daunting brief and is not truly at arm's length from the Government, since much of its work is done by the secretariat that is part of the Ministry of Health. A more obvious limitation is that the Amendment Bill provides for the Core Services Committee to advise on the kinds of public health services that should be publicly funded - not on the myriad of other factors that affect the public health. Anyone who has studied public health knows that, for key health determinants such as tobacco, nutrition, and poverty, the most important factors involve not health services but other areas of Government policy. Whereas the PHC had a duty to report on such matters affecting public health, they will lie outside the brief of the Core Services Committee.

With regard to advice of this kind, the *National Business Review* (16 December 1994) reported that "factions within the tobacco and alcohol lobbies are not sad to see the PHC go". Tobacco and alcohol groups had joined with sections of the food industry in lobbying Ministers to have the PHC muzzled. Work on tobacco, alcohol and nutrition had also aroused the ire of some Government Ministers. According to the *Evening Post* (21 December 1994), one Minister had cited tobacco and alcohol advice when he called for the abolition of the PHC, which he described as a "bunch of cretins" and "pointy-headed wasters". He later said that providing hospital care "should have priority over such irresponsible projects as research into the damage done by eating meat or dairy products".

Rational decisions about public health are most likely in an open society in which politicians and citizens can debate choices in the light of the best evidence available. It will be a pity if general confusion about the concept of public health helps to obscure the fact that New Zealanders are losing access to information and advice about measures that could improve the health of the nation. Many considered the establishment of the PHC to be a bold and enlightened step. We now must consider alternative ways of filling the gap it leaves.

David Skegg

Professor of Preventive and Social Medicine, University of Otago (Formerly Chair, Public Health Commission)

Calendar

The International Society of Business, Economics and Ethics (ISBEE) announces the

The First World Congress of Business, Economics and Ethics

25-28 July 1996 Tokyo, Japan

For information:

Professor Yukimasu Nagayasu
Institute of Morality
Reitaku University,
2-1-1 Hikarigaoka Kashiwa-Shi,
Chiba-Ken,
277 Japan
Phone: 81471 733 256 or
Fax: 81-471 733 263

HRC Consensus Development Conference

Whose Genes are they anyway? The use and misuse of genetic information

Concurrent hui, fono and forum, Monday, July 24 Conference 9am Tuesday, July 25 to noon, Thursday, July 27

For more information:

Health Research Council
of New Zealand
PO Box 5541
Wellesley Street
Auckland 1