Health promotion: time for a new philosophy?

'The aim of medicine is surely not to make men virtuous; it is to safeguard and rescue them from the consequences of their vices.'[1]

THIS quotation serves as a crude but effective definition of the scope of traditional medicine: until recently most doctors saw their job in terms of repairing, as best they could, the victims of misfortune and misbehaviour. But this viewpoint is now said by some to be obsolete, and health promotion is widely canvassed.[2] Indeed, under the terms of the new contract, health promotion is enshrined in the duties of every general practitioner.[3]

Unfortunately, such a radical shift in emphasis has been advocated without sufficient scientific appraisal, or evaluation of the personal and political consequences. The result has been that the prevailing philosophy of health promotion is — in important respects — ill-considered and self-contradictory. There is a danger that the robust, traditional view of the role of medicine might be usurped by an uncritical advocacy of health promotion; where any intervention, imposition or expenditure is justified on the grounds that it might prevent illness or promote good health, and is based on the unfounded assumption that it can do no harm.[4]

The relationship between health promotion and scientific research is of vital importance. Health promotion is not self-evidently valuable: it must be proved to be effective. However, utopian programmes for improvement, such as that of the World Health Organization,[2,5] are often not based on the results of rigorous research and give insufficient consideration to the scientific and political problems of application. Even the more measured publications of the British government[6] lack an explicit awareness of the difficulties involved in converting visionary models into sociopolitical reality.[7]

Philosophical difficulties begin when we consider the implicit health promotion model often used to legitimate medical intervention in community affairs. Stripped of its modern rhetorical idealism, much of what passes as health promotion uses classic public health strategies which were developed for the control of infectious disease, such as John Snow's curtailment of a cholera epidemic by removing the handle of the Broad Street water pump, and the eradication of smallpox by a programme of compulsory innoculation.[8] However, this kind of simple, autocratic strategy is ineffective when brought to bear on complex problems such as human behaviour patterns, the effects of profound collective disadvantage, such as mass unemployment, or the control of poorly understood, 'multifactorial' disease processes.

What is at issue here is the gap between knowledge and behavioural change, or between idealism and biology: for example, between knowing that smoking is bad for you and stopping smoking; or between knowing that poverty causes disease and abolishing poverty. The missing link can be provided by social sciences such as psychology, sociology and political theory, which have generated a wealth of research data on the subject of putting theory into practice. Furthermore, there are many tried and tested models of human behaviour, and especially of behavioural change, which may be used in health promotion. Such models form a bridge between ecology-based population studies and the physiology of the individual patient. Theoretical models also act as a guide to evaluation in that they tell us what kind of behavioural changes we should expect from a given intervention.[7] Potentially, the social sciences can contribute to our understanding of both individual and group behaviour in ways which are directly relevant to health promotion, and thus deserve a higher profile in general practitioner vocational training schemes, if health promotion is to be practised seriously.

Lifestyle interventions and social engineering are disruptive to people's lives and raise the political question: do people want to be healthy? This is not a facetious question, as there is always a price to be paid for health. For some people health is not a top priority. Some actively seek high risk pastimes such as rock climbing, fast driving or excessive drinking. Alternatively health may be accorded a relatively low priority by individuals suffering psychological difficulties or social deprivation. In such circumstances we must ask whether people have a right not to experience interference, and whether health promoters are in danger of becoming a 'safety police'? While good health is a physical and psychological state in a person, as soon as we practise social engineering in order to enhance that state we are making health into a political value. And as a political value, it may not be shared universally.

The same criticism applies to many politically radical community development health projects which, while eschewing dictatorial educational approaches, are nevertheless often detached from the research which could inform practice.[7] The community development perspective tends to assume that a group of people working together on a project will inevitably act for the common good. However, we all know that well-meaning initiatives are often hijacked for other purposes: by dominant individuals for personal advantage, by professional groups to establish a self-serving bureaucracy, or by political organizations for their own ends. There is an automatic assumption of altruistic motives in the community which has become incorporated in the idea of health as a political value, with little allowance made for the badness of which humans are capable. The fact that health promotion is a 'good cause' does not mean that it should be immune from ethical scrutiny or scientific criticism.[9]

This problem is compounded by the difficulties of assessment. On the one hand the public are able to evaluate, in however crude a fashion, whether they have a good or bad doctor; and if they object to clinical treatment they have a right to change their general practitioner (a right made explicit by the new contract) or withdraw from treatment altogether. In the case of health promotion, on the other hand, the lay public has no guarantee of effectiveness nor means of evaluating what is done to them or on their behalf. Neither can they always refuse to comply with treatment. This further emphasizes the need for expert and professional scrutiny of both the effectiveness and the ethical justification of any health promotion intervention, in exactly the same way as a new drug is evaluated by the committee for Safety of Medicines, and therapeutic trials are regulated by National Health Service ethical committees.[9]

A further paradox concerns the emphasis placed by some health promotors on patients taking responsibility for their own health.[2] It is conveniently forgotten that the notion of intervening in selected problems on a population basis goes against the concept of individual choice.

These philosophical paradoxes of health promotion seem to follow from its pathogenic orientation, which it shares with mainstream medicine. Despite the emphasis placed on the ideal

of 'positive health', most current health promotion campaigns are basically trying to prevent illness, just as public health has always done. The proposed interventions are derived from the insights of clinical medical science, but in fact there are few lifestyle interventions which are confidently known to be useful in preventing illness. Once patients have been advised not to smoke, not to drink too much alcohol, and to take some exercise, everything has been said; any other advice, at present, is not based on the results of rigorous research.

A new philosophy of health promotion might look at the human condition in a more Darwinian fashion. Once it is acknowledged that the healthy human being is actually a rare and delicate organism — something achieved in the face of a variety of attacks which range in nature from the genetic, through the microbiological, to the environmental — a clearer philosophy becomes possible. Instead of being concerned to examine only the development of disease in the healthy, it would also be interested in how most people manage to be healthy in the face of so much possible disease.[10]

In the light of the above criticisms, it seems clear that the present wave of idealistic health promotion, both in primary care and through community-oriented programmes, must be exposed to thorough scientific, moral and philosophical scepticism. While acknowledging that the traditional view of medicine is both naive and incomplete in itself, and that much of accepted clinical practice has little scientific basis; to embrace the current philosophy of health promotion without serious critical appraisal would be an expensive recipe for disillusion and disaster in the long term.

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