old, is accelerating 21st century threats by
destroying lives, health, infrastructure, and
human rights, as well as causing massive
displacement and severe environmental
damage. The blockade of Ukrainian grain
exports from the Black Sea, theft, and the
extensive damage to crops and farmland,
as well as to storage and distribution
facilities, has created the threat of famine
and malnutrition in many parts of the world,
particularly in Africa. The extremes of heat
this year, undoubtedly linked to climate
change, has deepened the risk. We are also
facing a global energy crisis and rampant
inflation with inevitable political turbulence.
Furthermore, the COVID-19 pandemic is
not over, as Tedros Ghebreyesus, Director-
General of the World Health Organization,
warned us recently.2 The four horsemen —
pestilence, famine, war, and death — gallop,
poorly controlled, across the ravaged earth.

UNFAIR TRADE AND THE ‘NEW
COLONIALISM’
The book begins with an overview of health
and health systems, pandemics, politics,
climate change, and global solidarity. The
subsequent chapters delve more deeply into
these topics and explore new ways of thinking
exemplified by innovative, community-based
solutions in other countries as well as in the
UK. Crisp also addresses ‘unfair trade’: how
health workers from lower-income countries
are siphoned off to work in richer countries
— and imposing trade deals, which benefit the
donors as they privilege their own goods and
services. Instead of building up local capacity,
dependence is maintained by importing
foreign expertise, extracting repayment of
loans, and creating debt. Arguably this is the
new colonialism. But aid does save lives and
the UK’s shameful reduction in foreign aid
will cause direct harm and avoidable disability
and deaths.

Crisp criticises UK politicians’ simplistic,
financially driven approach to healthcare
reform, focusing mainly on funding and
costs. To this I would add the disproportionate
emphasis and funding for secondary care,
rather than primary care, even though robust
evidence shows that a strong primary care
system leads to healthier populations and
improved health equity. Crisp endorses this
view and argues that strong primary care
and public health, with community participation
and optimal use of data, can lead to resilience
and sustainability. For an elegant, lucid, and
succinct analysis I would recommend Jake
Chapman’s slim book System Failure. Why
Governments Must Learn to Think Differently
on how the dominant mechanistic and
reductionistic thinking in UK policymaking
fails to reflect the way the modern world
operates, and how it leads to unintended
consequences and failures, as well as to the
crises of public services we witness today.
Chapman and Crisp, with many others,
advocate for a different mindset and the
adoption of a systemic, holistic ‘ecological’
approach, abandoning the top-down,
command and control form of leadership
and management sadly still so prevalent in
the NHS. A whole system approach is also
needed in government, not just in health care.

A ‘ONE HEALTH’ APPROACH
An ecological approach or ‘one health’
approach recognises that health is
intimately linked to the environment in
which we live — in other words, the social
and environmental determinants of health.
Most GPs witness daily the adverse physical
and mental impact of isolation, unsupported

HUMAN AND PLANETARY HEALTH
The extensively revised 2nd edition of Turning
the World Upside Down Again by Nigel Crisp
covers key challenges of our times: the crisis
in health care and public health, pandemics,
the impact of climate change on health,
and how entrenched power imbalances
and dysfunctional political and healthcare
systems create barriers to progress. The
title is derived from the idea that the way
forward is to start with understanding society
— applying the findings from natural and
social sciences to medicine rather than the
conventional opposite.

The author, a distinguished expert on
health care and global health, sets out his
case in the beginning of his book, arguing that
the Western scientific models of health and
health care are inadequate for 21st century
problems, such as global warming, mass
migration, demographic changes, chronic
disease epidemics, and escalating inequality.
The world has become more complex,
more interconnected, more global, and less
predictable. We are living in ‘VUCA’ times —
volatile, uncertain, complex, and ambiguous.

“The world has become more complex,
more interconnected, more global, and less predictable. We are living in ‘VUCA’ times — volatile, uncertain, complex, and ambiguous.”
childcare, poverty, poor housing, unhealthy cheap diets, chronic stress, and precarity at work. The link between health and wealth is stark, leading to gross differences in life expectancies, not to mention misery. Inequality worsened during the decade of austerity in the UK and more recently with the COVID-19 pandemic. This ‘syndemic’ revealed in shocking statistics the impact of inequality as well as the lack of global solidarity in terms of vaccine provision. Human health and our very survival depend on planetary health. Climate change impacts clean air, safe drinking water, sufficient food, and shelter. To tackle this huge complex problem needs global cooperation and political will, yet we witness how a few politicians and corporate barons with wealth, power, and vested interests can sabotage efforts to control emissions and develop a ‘green agenda’, undermining climate pacts and sustainable development goals.

COMMODIFICATION OF HEALTH CARE

Crisp criticises the marketisation and commodification of health and health care, and challenges the top-down professionalised and commercialised mindset so common in high-income countries. He asserts that we have much to learn from lower- and middle-income countries that have been forced to be more innovative and creative with fewer resources at their disposal. They have learnt to engage patients and communities in their own care, to prioritise prevention and ‘health creation’ (defined as providing the conditions and enabling people to be healthy), and to use technology effectively while keeping costs to a minimum. Examples include the Bangladesh Rural Action Committee (BRAC), Brazil’s community health workers, and Pakistan’s Lady Health Workers Programme. He also refers to Hazel Stuteley’s C2 Connecting Communities website: ‘...disadvantaged communities are not the problem — they are the solution’. Crisp also highlights the importance of education for women and how maternal health is the best indicator of health of an entire health system.

This is an important book that covers a great deal of ground relevant to human health and flourishing. The key messages are to be found in the first three chapters and in the concluding chapter. The others, albeit very important and relevant to all those working in health care, would be of greater interest to those working in public health and global health rather than general practice. I did find myself getting rather overwhelmed by the sheer number of ideas, concepts, statistics, examples, and anecdotes, despite the clear headings and subheadings. I also diverge from the view that personal responsibility (for health) and solidarity are necessarily in conflict, as one can embrace both.

Other excellent books on related topics I would recommend are Margaret Hannah’s slim volume Humanising Healthcare. Patterns of Hope for a System Under Strain, and Hilary Cottam’s Radical Help. How We Can Remake the Relationships Between Us and Revolutionise the Welfare State.

Paquita De Zulueta, Paquita is a recently retired GP, Honorary Senior Clinical Lecturer at Imperial College, and past volunteer for Doctors of the World London Clinic.

Email: p.dezulueta@imperial.ac.uk

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