PostScript

LETTER

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A master of public health must be the minimum prerequisite for a health minister: a timely proposal to discuss the necessary qualifications of the ideal health minister

Ten editorials described the ideal minister of health (MoH).¹⁻¹⁰ The next step is to find out how to choose him/her.

"Ethics is important. Trade is more important", said a MoH during a European Union meeting on tobacco advertisement. One could not find a better example of the completely opposite of the ideal MoH. Why do we permit people that think as if they were trade ministers to become MoH? What is the safety valve that keeps such a (trade) Trojan horse outside the health sector?

I propose that a master of public health (MPH) should be the minimum qualification for anybody to be considered for this post. Otherwise s/he will: misinterpret health as being determined by health services (which represent only a very limited determinant¹¹); not give battles for health in the Council of Ministers (cabinet); not create multisectoral strategies and partnerships for sustainable health.¹² If an essential prerequisite for the ideal MoH is to be a reader of this journal,⁸ the essential prerequisite for being a reader is an MPH. Ministers are supported by technical staff, but all MoH need a minimum training—that is, an MPH—to understand staff without being governed by them (or by "conflict of interest"), and to inspire staff and society.

It is inconceivable for somebody without advanced studies in economics to become finance minister. Why do we accept this for the MoH? Do health professionals also rank health at the bottom of the cabinet's agenda?

Economically naive finance ministers would not last, while health naive MoH tend to flourish. Do health professionals recognise, accept, and expect a genuine lack of health sophistication among MoHs? The science of health differs from the politics of health, as the science of economics differs from the politics of economics, however nobody accepts a finance minister without studies in the science of economics.

Will the proposed safety valve work every time? Perhaps not, but someone can expect it to work most times. An MPH is just the minimum guarantee. Moreover, MPH holders could help a colleague to live up to the occasion; but first of all they should demand that nobody without an MPH could become a MoH. Public health managers "must be trained in public health to postgraduate level"¹¹; it is ironic that the same is not a prerequisite for the manager of managers, the MoH. Do we believe in born MoHs?

Acknowledgements

I am thankful to Dimitrios Dimoliatis, Efrosini Pappa, Thomas Trikalinos, and my reviewers for their constructive comments.

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References

- 1 Dwyer J. The ideal health minister. *J Epidemiol Community Health* 2002;**56**:888.
- 2 Pearce N. The ideal minister of (public) health. *J Epidemiol Community Health* 2002;**56**:888-9.
- 3 McPherson K. My ideal minister of health. *J Epidemiol Community Health* 2002;**56**:889.
- 4 La Vecchia C, Garattini S. An ideal minister of health. *J Epidemiol Community Health* 2002;**56**:890.
- 5 Barreto ML. The ideal minister of health. *J Epidemiol Community Health* 2002;**56**:890-1.
- 6 Breilh J. A minister of health. *J Epidemiol Community Health* 2002;**56**:891-2.
- 7 Kapoor SK. The ideal minister of health. *J Epidemiol Community Health* 2002;**56**:892.
- 8 Takano T. The ideal minister of health. *J Epidemiol Community Health* 2002;**56**:892-3.
- 9 Labonte R, Williams A, Biggs L. Wanted: one ideal Canadian federal health minister (who walks on water). *J Epidemiol Community Health* 2002;**56**:893-4.
- 10 Oreskovic S. The ideal minister of health. *J Epidemiol Community Health* 2002;**56**:894-5.
- 11 WHO Europe. *Health 21 - health for all in the 21st century*. Copenhagen: WHO, 1999:68, 67, 146. (<http://www.euro.who.int/document/health21/wa540ga199heeng.pdf>)
- 12 Boelen C. *Towards unity for health—challenges and opportunities for partnership in health development*. Geneva: WHO, 2000. [WHO/EIP/SD/2000.9]

BOOK REVIEW

A dictionary of public health

J Kishore. (Pp 625; \$30.00). Century Publications, New Delhi, 2002. ISBN 81-88132-05-5

"This is a comprehensive collection, compilation, interpretation, and definition of public health vocabulary. It encompasses various disciplines and related fields including Epidemiology, Statistics, Social Sciences, Demography & Population Sciences, International Health, Occupational and Environmental Medicine, Health Planning, Mental Health, Community Medicine, Preventive Medicine, etc". This presentation of the book made by the author summarises perfectly the purpose and contents of the book.

The relevance of the book is possibly that it includes terms related to a great variety of subjects and disciplines in public health, usually only included in specific volumes.

The author, as it is recorded on the back of the book, "has been actively involved in social, mental and environmental health movement in India". This professional career is in accordance with the important psychosocial approach that is kept through the book. He compiles with the same relevance traditional definitions like "intention to treat analysis?" or "global burden of disease", with others more recently incorporated to public health, such as, "social capital", "equity in health", "medical negligence", or "medicalisation" among many others. Definitions related to new health problems as "dioxin" or "Creutzfeldt-Jakob Disease" coexist with old health problems such as "diphtheria" or "HIV/AIDS".

Finally, this dictionary contains more than 1500 entries that include a considerable number of tables, graphics, figures, and formulas. In addition, more than one third of the definitions contained in this dictionary are supported by recently updated bibliographical references. This is another noteworthy aspect that makes this dictionary, easy to read and manage despite its length and large number of definitions.

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CORRECTION

An error occurred in this article by Calafell and Malats (2003;**57**:398-400). On page 399 in the section "Missense mutation" the first sentence should have read ATG GTG CAC CTG ACT to ATG GTG CAC GTG ACT ATG [not GTG CAC CTG ACT to ATG GTG CAC GTG GCT].