In this number

Philosophy and epidemiology

The philosophy of epidemiology and public health in general, and the philosophy of coping with uncertainty in particular, are themes which this number of *JECH* continues. Colleagues from the Netherlands have contributed an Editorial commenting on (and not entirely agreeing with) an original article from London on causation in epidemiology. The similarities in theme between these articles and a recent Editorial in the Journal of Public Health Medicine (September 1993) indicate that critical thinking about epidemiological concepts, methods and meanings is still required.

Cochrane and evidence

The 4th Cochrane lecture also picks up the theme of evidence in epidemiology and clinical medicine, and is complemented by a Comment from Oxford about systematic reviews which itself follows on from an article from the Cochrane Centre which appeared in *JECH* of June

1993. The link is completed by yet another paper in this number on a consensus panel for prostatectomy, a special theme in the Cochrane lecture.

Correspondence and short reports

The enlarged correspondence section in the last two numbers indicates an increasing volume being received, and I hope that authors and readers will continue to question and debate in this way. The next number will begin regular publication of "short reports", which will enable us to get preliminary work, or studies which are original primarily because of where they are conducted, or other brief papers, into print more quickly than more extensive papers. They will be refereed as for other papers – details can be seen in the Instructions to Authors which will appear inside the back cover of each number of *JECH*.

STUART DONNAN, *Editor*

Editorials

The philosophical foundations of public health: an invitation to debate

After the "golden age" of public health in the second half of the 19th and the first half of this century, many people nowadays are speaking of a *crisis in public health*. Medical and epidemiological approaches have been very successful in the detection of causal relationships that apply in the battle against problems such as unhygienic conditions, malnutrition, and infectious diseases. Because of its pioneering *avante garde* position, medical science is often even considered the *doyenne* of human sciences. Did not the sociological work of Talcot Parsons,¹ Robert Merton,² and George Homans³ stem from their teacher Lawrence Henderson⁴ who was a biophysicologist? How then can this present crisis in public health be interpreted?

Public health is increasingly seen as a complex area in which social conditions such as poverty, the absence of hopes for the future, a popular hedonistic culture, and systemic economic influences play important roles. On one hand, our attention to complex social relationships has increased significantly, and on the other, modern medicine has

retreated more and more into its own professional domain. Thanks to modern scientific and technical successes, the medical sector has become a growth sector. Its performance is applauded generally in both the developing and the industrialised world. Investment in medicine has been shown to be big business, as long as the aversion to dying continues to gain strength. But in our generation, *quality of life*, not just *survival* has appeared as a core issue for public health. What we mean by health can be looked at from different perspectives such as disease, sickness, and illness.⁵ Medical diagnosis has tended to widen to include social dimensions and personal perceptions.

Our proposition is that most theoretical debates about the pros and cons of public health approaches are confined to the methodological scientific level. Philosophical foundations such as underlying ontological notions are rarely part of public health discussions, but these are always implicit and lie behind the arguments and reasoning of different viewpoints or traditions. The basic question is,