Public health is about making people healthier but people’s health greatly depends on the conditions they live in. Our environment is, to an unusually large extent, a human byproduct, shaped by social actions, regulations, economic forces, relations of power, international relations, and so on. In many cases we are not still even aware of all those interrelations, and of how actions in one place affect other areas of our ecosystem. Therefore, environmental changes tend to be regarded as “unavoidable” or as the “unforeseen” consequences of profound economic and cultural changes that are being “brought on to us” without “anybody having the possibility or the ability to do anything about them”. Social wisdom seems to be about adapting to changes and incorporating them into new social norms rather than to understand their causes, implications, and/or explore alternatives. Moreover, the driving force for those changes is not social wellbeing (and long term health of society) but mostly economic gains and profit maximisation. Should those continue to be the driving forces of society? Or to put it more bluntly, can that state of affairs continue? What is the role of public health in all this? What is the relation between human ecology and public health?

There are some reasons to be concerned about continuing that inaction into the future. Humans, as all living beings influence the environment in which they live, but we, humans, have an enormous impact in shaping our ecosystem. And there are reasonable doubts whether the changes that are being introduced in our ecosystem will contribute, or not, to increase its ability to maintain future human life in the mid-term or long term. For example, as the “world becomes smaller” in the global society and we grow larger in numbers the eco-system is simplified and natural buffers overwhelmed. Global warming may be just one example of that. Should public health be viewed as the discipline that tries to ensure a safe and healthy ecosystem for humankind?

If so, what might be the implications of those thoughts towards defining the scope of an ecology minded public health? In terms of its content, all those factors that are part of our ecosystem are legitimate objects for public health research and practice. International relations, trade agreements, land use, urbanisation types, have health consequences and are legitimate objects of public health research, and, ultimately, of public health action. The consideration of the short-term and long term health implications of interventions on all those fields is also a legitimate concern of public health. Public health sciences may need to recapture ecological concepts and principles as key elements of analysis.

What considerations may be derived for the research agenda? One would like to know more about the interaction between a myriad of human environmental and social interventions and health and social wellbeing. The comparative analysis of different societies may provide a fruitful ground to generate and/or test hypotheses. What was known as “health transition” may be understood as the process of human adaptation to changing (“new”) environment. Public health has mostly functioned with a simple univariate model action-reaction, or at most, multilevel relations but always with clear directionality. Interactions are more complex in ecology and models require a larger degree of sophistication.

What are the parameters (physical, social, cultural...) that characterise our human environment? What interactions exist between those parameters? How do changes in one variable affect others? Through which pathways?

May we reasonably expect, as humankind, to always be able to cope with the “unforeseen consequences of our actions” or should we seriously plan on learning about the complexity of our environment and how to engineer it to make it healthy and sustainable? Is that an appropriate part for public health to play nowadays?

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