The importance of the past in public health

Virginia Berridge, Martin Gorsky

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This editorial comments on a paper by Scally and Womack in the same issue.1 It announces the establishment of a new journal series on history. It reports the launch of the Centre for History in Public Health at the London School of Hygiene and Tropical Medicine. It summarises the launch lecture on the importance of history in the assessment of globalisation. It argues for more involvement of history and historians in the teaching of public health professionals and for revision of the professional curriculum.

There are some recent and forthcoming developments on this front. The authors mention the lack of a regular historical series in public health journals, with the notable exception of the American Journal of Public Health’s long running “Public Health Then and Now”.

There will be a new historical series, “Public Health Past and Present” in the Journal of Epidemiology and Community Health. Contributions are welcome on any topic relevant to the subject. We hope to publish short research based papers that will enable historians to interact with the public health field and vice versa.

Exchanges between the two fields have been taking place in other ways. The launch of the new Centre for History in Public Health at the London School of Hygiene and Tropical Medicine in November 2003 has the aim of strengthening the links between historians and public health professionals. It builds on past joint work, emphasising the need to expand historical knowledge and understanding in the public health profession. A new Centre for History in Public Health, running “Public Health Then and Now”. This issue contains a paper by Scally and Womack that emphasises the need to expand historical knowledge and understanding in the public health profession.

The journal is launching a new historical series and contributions are invited. A new Centre for History in Public Health has been established at the London School of Hygiene and Tropical Medicine. Its launch lecture was a powerful historical critique of the connection between globalisation and economic growth. Civic society was historically important. History teaching for public health professionals is important but neglected in the professional curriculum. This needs to be remedied.

Key points

- The journal is launching a new history series and contributions are invited.
- A new Centre for History in Public Health has been established at the London School of Hygiene and Tropical Medicine.
- Its launch lecture was a powerful historical critique of the connection between globalisation and economic growth. Civic society was historically important.
- History teaching for public health professionals is important but neglected in the professional curriculum. This needs to be remedied.
Intervening in communities: challenges for public health

Helen Roberts

There is still a long way to go in developing and implementing sound interventions at a community level

There used to be a touching belief that public health interventions were exempt from the kind of scrutiny that we might normally expect to be a pre-requisite for messing around with peoples’ bodies and their lives. Even once it became accepted that physicians and surgeons could inadvertently do more harm than good, some areas of public health and health promotion occupied a privileged place. A few leaflets here, telling parents how to do their jobs better, a bit of social engineering there, trying to iron out a little local difficulty with housing or transport. What could be the harm in that? So long as people’s hearts were in the right place, brains were not thought to need to be quite so fully engaged in changing communities as in changing lipid lowering medication.

All that is now starting to change. The public health field of the Cochrane Collaboration is producing guidelines for those working in public health; the UK Medical Research Council has produced guidelines on complex interventions, including those delivered at a population level for health promotion purposes, the Campbell Collaboration, which is a sister collaboration to Cochrane, but producing reviews in an entirely simple. However straightforward the intervention, human creativity and cunning knows no bounds in subverting random allocation. William Silverman’s wonderful story of attempts to undermine a trial of the use of oxygen in premature babies illustrates this. Different coloured marbles would be returned to the dish if they were the “wrong” colour for a baby thought to need the intervention; allocations in sealed envelopes would be held up to the light. Of course we don’t do things that way these days, but if there are problems with even relatively straightforward interventions in relatively well organised clinical settings, the problems of large scale community trials are even greater.

Archie Cochrane was there first, of course. He described the gap between the scientific measurements based on randomised controlled trials and the perceptions of benefit in the community. “There is”, he wrote, “a gulf which has been much underestimated.” The article by Penny Hawe and her colleagues in this issue is therefore a welcome addition to the relatively sparse community trials literature to which her group has already substantially contributed. Their piece,

implications for training in public health.

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REFERENCES


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which is based on a cluster randomised controlled trial of primary and community development intervention to promote the health of mothers and babies, describes a mixed methods study designed to explore how context may affect the uptake, success, and sustainability of interventions. Their ambitious aim is to find out more about what aspects of context seem to matter most, and the ways in which that might lead to adjusting the intervention—the community equivalent of dose titration. They rightly point out that when it looks as if a complex intervention may have “worked”, it is difficult, if not impossible, to work out which bit has worked and why.

The evaluation of Sure Start,12 the UK early intervention programme designed to achieve better outcomes for children through increasing the availability of childcare, improving health, educational, and emotional development for children and supporting parents, is a case in point. The outcomes are described as being to meet their needs and stretch their aspirations. Perhaps the most central outcome is that of enabling children and supporting parents, is a developmental, and emotional development for children and the ways in which that might lead to adjusting the intervention—the community equivalent of dose titration. They rightly point out that when it looks as if a complex intervention may have “worked”, it is difficult, if not impossible, to work out which bit has worked and why.

For us to understand more, we need to be franker about failure as well as success; about problems as well as solutions. But funding imperatives make this difficult and dangerous. To sustain funding, there are considerable pressures to present every initiative as a success and to create a fairy story. The components of the interventions described by Hawe et al all have face validity, and the potential for long term gains. The careful qualitative and quantitative methods they describe have the potential to engender good reflective practice.

We still have a long way to go in developing and implementing sound interventions at a community level. We need to know much more about using the expertise of people who live in poor communities, and who for the most part enjoy considerable success in bringing up families in conditions of adversity. We need to be more savvy about appropriate methodological triage, and develop potential interventions in a step-wise manner, with the more expensive components preceded by sound qualitative work to enable investigators to develop interventions that mean something to those on the receiving end.

Big public health problems such as the “epidemic” of obesity, social and emotional difficulties experienced by children and young people, people coming to parenthood before they are ready, smoking and alcohol use, and growing inequalities in health mean that public health is moving up the agenda. In the UK for instance, the recent Wanless report15 advocates the importance of moving from a position where we know a good deal about the determinants of poor health to knowing more about what we can actually do about it, and strengthening the evidence base for public health policy and practice. While there may be more focus on individual change, and less on some of the big social drivers and obstacles than some of us would like, in general, he advocates precisely the kinds of work to improve our knowledge of effective implementation described in this issue.

REFERENCES


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Competing interests: I work on community interventions, and have been funded in the past, and currently to work on inequalities in health, and mixed methods in trials.
Sixth version of the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals": lots of ethics, some new recommendations for manuscript preparation

Ana M García

Formal education on publication and on publication ethics is an important gap in health careers

In November 2003, the International Committee of Medical Journal Editors (ICMJE) published a revised version of their Uniform Requirements for manuscripts, first launched in 1979 by a small group of editors of general medical journals then simply named the Vancouver Group. This committee has produced six editions of the Uniform Requirements, the last one reviewing the whole document and including in the text a number of separate statements published independently by the ICMJE in the past years. The fifth edition was published in 1997.

More than a half of the present document is devoted to ethical principles related to the process of evaluating and publishing manuscripts in biomedical journals and the relationships between editors, authors, peer reviewers, advertisers, and the media. A considered reading of the text is recommended mostly to editors, authors, and readers of biomedical literature; some main contents are commented on below.

Ethical principles in science publication are as critical as ethical principles in research conduct. Publication is an ultimate stage of scientific research; in fact, as it has been stated, science does not exist until it is published. Scientists have a critical role in most of today's societies, which are firm believers in science dictates. Health sciences, moreover, deal with very sensitive constituents of people's happiness and welfare. Hence, it would be desirable that researchers strictly respect conduct principles to better serve the interests of the community and to causing no damage.

Among the several ethical issues discussed by the ICMJE, authorship is probably one of the major fields for misconduct in biomedical publication, and in which more discrepancies are to be found among researchers, and also among authors and editors. Also it should be said that most of the time misconducts regarding authorship will have no important consequences for the public's health, but they have an effect on the public perception on the reliability on biomedical science.

Perhaps most of the authors in biomedical sciences simply do not know authorship criteria. Perhaps only readers keen on publication theoretical aspects, the same people who are already familiar and reflective over issues such as authorship, are now reading this editorial. In a survey of 66 researchers from a university medical faculty in Britain—half of them with more than 30 published papers—only five respondents were able to quote all three criteria of the ICMJE for authorship, and only one knew that all three criteria were required to credit authorship. We believe that formal education on publication and on publication ethics is an important gap in health careers. But as most of the "authors" of biomedical articles ignore or directly flout common rules regarding authorship, it could make sense first to ask: Do we need any criteria for authorship? And if so, what kind of criteria do we need?

We do think that we need some criteria. And that the criteria by the ICMJE are good enough. The key issue is to guarantee public responsibility for the published information, if really not feasible for every author for the full manuscript, at least of every contributor to the parts in which he or she has participated. But it would be necessary too for at least the designation of a "guarantor" or main person responsible for the work as a whole, as it has been said emulating "ministerial responsibility". The ICMJE criteria fit this approach: they no longer claim for "public responsibility for the content" to each author of a paper, as in the 1997 edition. They refer to "substantive intellectual contributions" for the authors and they recommend the identification of at least one person "responsible for the integrity of the work as a whole". The famous three criteria for authorship credit ("1. Substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2. Drafting the article or revising it critically for important intellectual content; and 3. Final approval of the version to be published. Authors should meet conditions 1, 2, and 3") are still in this version of the document with only minor variations: the words "or acquisition of data" were not in the fifth edition. This criterion was added by the ICMJE in 2000 as a separate statement after the experience of the Lancet in disclosing the contributions of their authors: it was noticed that the criteria for authorship outlined by the ICMJE were not completely congruent with the self identified contributions of researchers. Although the claim to accomplish all the three conditions has been criticised by editors' and authors', in fact criteria (2) and (3) are not strict nor "astonishing out of touch", as it has been stated, but rather attainable by any category of coauthor. The key issue is then accomplishing the first criterion; and to keep in mind the necessary public responsibility for the whole or appropriate contents of the work. It is worth remembering that the acknowledgements section is a wonderful place to recognise any kind of contribution to the work—for everybody participating in the study to feel that their work has been fairly and publicly acknowledged, as respectable as the byline under the title. Curiously, contributions in the acknowledgements section are commonly described in detail, but the same is the exception for contributions in the byline.

Conflict of interest is another ethical issue profusely discussed in the ICMJE document as related to individual authors' commitments, to project support, or to commitments of editors, journal staff, or reviewers. As defined by the ICMJE, conflict of interests exits when "an author (or the author's institution), reviewer or editor has financial or personal relationships that inappropriately influence (bias) his or her actions (…). These relationships vary from those with negligible potential to those with great potential to influence judgement, and not all relationships represent true conflict of interest. The potential for conflict of interest can exist whether or not an individual believes that the relationship affects his or her scientific judgement".
difficult to handle. As it is not habitual to declare any kind of conflicts, the discloser seems immediately suspicious. But occurrence of conflict of interest is not synonymous of misconduct: a researcher can become immensely rich, let’s say, as a consequence of a published discovery, without transgressing any ethical principle in the conduction and publication of the study. However, the right procedure is to disclose any previous relationships that could be affected by the performance or the publication of the study.

Becoming immensely rich is not a frequent risk among public health researchers. Most of the famous cases of conflict of interests are related to research on drugs. But also public health issues are frequently related to strong financial interest, tobacco is only one of several examples. As stated by Richard Smith, transparency is the key. And the emphasis should be on disclosure of conflict of interest associated to financial relationships, as these are “the most easily identifiable forms of conflict of interest and the most likely to undermine the credibility of the journal”, according to the ICMJE. However, as long as disclosure of conflict of interest is not common, authors will continue to be reluctant to expose themselves to the suspicious of editors and readers. More knowledge is needed on the effects of disclosure and non-disclosure of conflict of interest, as well as more education on these practices for everyone.

Several other interesting recommendations related to ethical issues are discussed in the ICMJE document, as they state, “based largely on the shared experience of a moderate number of editors and authors, collected over many years” and “accompanied by a rationale that justifies them”. It is not possible to comment here on every aspect presented in the document (editorial freedom, peer review, overlapping publication, electronic publishing, medical journals, and the media, etc) and again we recommend a thorough reading of the full text.

Lastly, this edition of the Uniform Requirements also presents some new points regarding manuscript preparation that deserve attention. Authors are encouraged to follow reporting guidelines relevant to their specific research design, and a reference is done to the CONSORT statement. For observational research, the use of guidelines such as the proposal for reporting meta-analysis of epidemiological studies\textsuperscript{9} could be also worth considering. The ICMJE establish that manuscripts should be accompanied by a cover letter providing information on redundant publication, conflict of interests, or authorship if that information is not included elsewhere. If the manuscript has been previously rejected by another journal, it is recommended to include the previous editor’s and reviewers’ comments along with the authors’ responses to these comments, a laudable procedure that may help editors to “expedite the review process” (perhaps even more than that would be desirable for the already rejected authors).

Some new recommendations relate to the use and citation of references in the manuscript. References to original research are preferred to references to review articles whenever possible. Extensive lists of references are claimed not to be necessary; moreover, we would suggest that these lists now could be indicative of intellectual laziness or poor literature knowledge by the part of the authors, and are not really useful to the readers (although surely contribute to increase individual’s and journal’s so-called “impact” factors). The ICMJE has introduced some changes in the style of references; most noticeably, for articles in journals a full stop should be now added at the end of the journal’s abbreviated title, and citation of changing electronic material on the internet should include, together with date of citation, the updated date of consulted information.

Writing and publishing in health sciences are necessary stages for the knowledge and diffusion of critical issues related to people’s health and welfare. The sixth edition of the ICMJE Uniform Requirements establishes some basic principles related to these tasks, which must be known for every actor in the scene: mostly authors, editors, and readers. The ICMJE document also contributes to the debate on many new and old issues related to publication in health sciences, basic ethical principles and other concerns. Although, as suspected by Davidoff\textsuperscript{10} it is likely that “we will still wrestling 50 years from now with the same patchwork, after-the-fact, fundamentally unsatisfactory solutions to the same vexing ethical problems we are struggling with today”.

REFERENCES

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Editorials


THE JECH GALLERY

Sweet smell of success

Successful traditional methods

In the medina of Fès, an acrid stink leads you to the tanneries, the most pungent souks (markets). Visitors grasp sprigs of mint to abate the smell. Redolent of medieval life, soft hides are stomped with red, yellow, and brown dyes. In the high noon sun or bone chilling air, men and boys squat over, or stand in the colourful (albeit toxic) giant vats. A challenge in the informal sector, such as parts of Morocco’s famous leather industry, is that it is less regulated, and perhaps, less safe. This raises the importance of smart choices, influenced by all the social, economic, and cultural factors that affect behaviour. Successful traditional methods can benefit from innovations, such as those that increase productivity and reduce pollution from heavy metal laden effluents. Large wastewater projects developed in Fès and Casablanca are evidence that plants for water treatment and recycling chromium can meet modern safety standards.

Evolution of work organisation

In some parts of the world, the organisation of work is moving from hierarchical to a flatter organisation. With this power shift, leadership is required of every worker, with the capacity to make independent decisions. On the bright side, a flatter organisation can offer workers more authority and autonomy. While increasing personal choice is generally attractive, when it comes to health and safety on the job, relying on individuals to protect themselves is the least desirable form of protection. The preference is to engineer hazards out of the workplace.

Ethical issues

Eventually, codes of conduct need to be developed to protect health and safety of workers throughout the world. In the USA, most Fortune 500 companies already have codes of conduct or voluntary initiatives for socially responsible, sustainable business. Voluntary standards such as ISO 9000 for quality, ISO 14000 for environmental management, and the hazard analysis and critical control point (HACCP) food safety system are becoming mandatory for trade. By the same token, global standards need to reflect the current reality of labour, and promote health and safety with enlightened, fair minded policy.

Fair trade labelling

Thanks to concerted action by consumers and producers, fair trade certification is already available for certain agricultural products (for example, coffee, cocoa, sugar, bananas). Manufactured products are future candidates for Fairtrade certification. Ethical issues have boosted the Trade Justice Movement in the UK with the Fairtrade Labelling Organisations (FLO) outlining a range of international labour standards and health and safety requirements. In the USA and Canada, Fair Trade is marketed via Ten Thousand Villages, SERRV, Equal Exchange, Global Exchange, and Bridgehead. With impressive buying power, consumers may yet have the greatest impact on how products are manufactured and food is grown, how items are processed and delivered, and ultimately, who profits in the scheme of things.

Principles of economic and social justice

Unfortunately, low literacy and low levels of training in many areas dampen available choices or hopes of the sweet smell of success. Although awareness of health and safety problems is low among workers in the informal sector, awareness of ways to improve working conditions is even lower. Clearly, the reward of formal education in developing skills is of great consequence. Progressive leaders can shape policies to comply with international labour standards (providing effective enforcement). Beneficiaries are the artisans and workers in the small scale industries, and those who purchase their wares.

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