



# IN THIS ISSUE

John R Ashton, Carlos Alvarez-Dardet  
Joint Editors

## A CRI DE COEUR AGAINST THE "MARKETISATION" OF PUBLIC HEALTH

Big questions in one of our Editorials this month from one of our board members, the highly respected Professor David Hunter, social scientist and health policy analyst, who states that the "public health community's voice needs to be heard as an advocate for sustained political will and for the stewardship role of governments". Implicit in Hunter's critique is the question of whether naked free market choice is compatible with public health, and his thought provoking Editorial throws into relief the paradox of all the talk about evidence based policy and practice when so much of what is currently happening on the health front seems to be a blind leap in the dark (see last month's article by Nancy Milio).<sup>1</sup>

Hunter charts the British government's retreat from a conventional public health approach, with its emphasis on appropriate government intervention on behalf of the poor and the dispossessed, to one that equates public health with a series of personal lifestyle choices. Quoting Mexico's Minister for Health, he points out that, "public health has historically been one of the vital forces leading to ... collective action for health and wellbeing ... The widespread impression exists today that

this leading role has been weakening and that public health is experiencing a severe identity-crisis as well as a crisis of organisation and accomplishment." This crisis and the associated marketisation could not have come at a worse time, with the globalisation of everyday life and the threats posed to sustainability by unfettered individualism and consumption. September 11 may have been a wake up call; the kaleidoscope may have been shaken, but faced with bioterrorism, SARS, and pandemic flu, what shape are our public health systems in to protect the public and to fulfil our historic responsibilities? Surely New Orleans has given us cause for thought.

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Compared with this issue, the technical contributions from many of our authors this month must take a back seat, worthy as they are. Relevant points that seem pertinent in this heavy context include continuing debate on race issues (Agyemang *et al*), and McPherson and Mant's commentary on hormone use and breast cancer that concludes that simple analyses of existing studies should have led to a better understanding of attributable breast cancer risk of menopausal symptoms sooner.

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Other findings this month include:

- the decline in male birth in California is largely attributable to demographics (rather than environmental causes);
- the burden of food related ill health, measured in terms of mortality and morbidity, is similar to that attributable to smoking;
- public health needs to be more passionate about the health issues caused by human progress, challenging the assumptions behind that notion of progress;

**See pages 1047, 1054, 1030**

Finally, and perhaps not surprisingly, a monetary incentive increases postal survey response rates for pharmacists (are they really any different from other professional groups?)

**See page 1099**

### References

- 1 Milio N. Ideology, science, and public policy. *J Epidemiol Community Health* 2005;59:814-15.