Issues in the definition and philosophy of public health in relation to core competencies

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Abstract

Introduction There are various definitions of 'public health', as it operates under different and sometimes conflicting skills sets, finance models, professional paradigms, legal authorities and political environments. Official documents in Ethiopia do not attempt to give a formal definition of the term. A collective deliberation and position on these issues is therefore required.

Method A rapid review of documents was undertaken to define 'public health', in order to help guide the preparation of core competencies for public health training in Ethiopia. Philosophical, theoretical and programmatic materials were also reviewed.

Findings and conclusions: The review reveals that various definitions of 'public health' persist and the situation is even worse in the neglected and even more controversial field of the philosophy of public health, whose complexity almost implies addressing the philosophy of everything. This is compounded by the quasi-absence of units/departments of public health philosophy and public health journals. The impact of this in the development of more impactful human resources for public health should not be underestimated. Even though public health will always be judged by what happens in practice, the better developed schools of public health in Ethiopia are called upon to develop mechanisms to articulate a philosophy of public health for the country. [*Ethiop. J. Health Dev.* 2020;34(Special issue 1):34-38]

Introduction

During the workshop to finalize the Core Competencies in Public Health, there were calls for definitions and/or a philosophy of public health (PH) that may serve as basis for domains and competencies. A framework is essential as we move to the more detailed future tasks,such as strengthening the evidence-base/undertaking (population) research and developing learning materials. Curriculum development will also require "re-imagining of curriculum as a complex conversation that elicits uncomfortable questions, interrogates our own taken-for-granted ideas, and encourages divergence and dissidence (rather than conformity) in ways that offer valuable opportunities for discovery and growth"(1).

Defining PH has always proved difficult because "Public health is a scientific and technical as well as a social and political endeavor that aims to improve the health and wellbeing of communities or populations [which can have varying concepts]" (2-7). Actions are determined by contexts with "What can be done […] determined by scientific knowledge and the resources available. What is done […] determined by the social and political situation existing at the particular time and place" (8,9). Thus, not only should there be agreements on what the words 'public' and 'health' mean, not easy tasks by any standards, but these terms also need to be interpreted in a highly inter/multi-disciplinary context (10-13). As underscored by Islam, "'Interdisciplinary' is the innate nature of public health that lets the discipline to extract 'knowledge' from many other fields… [and] be a distinct interdisciplinary field which crosses traditional boundaries between… academic disciplines and various schools of thought. Thus, 'knowledges of different fields' are transformed into the 'knowledge of public health'" (13).

'Health' – including the new concept of "Health as the ability to adapt and to self-manage, in the face of social, physical and emotional challenges"(14) – also has various definitions, particularly in the 'public' context. In spite of uncertainties (15), most agree that "Health is a primary public good because many aspects of human potential such as employment, social relationships, and political participation are contingent on it" (16). However, as Kelly & Charlton point out: "While good health is a physical and psychological state in a person, as soon as we practice social engineering in order to enhance that state we are making health into a political value. And as a political value, it may not be shared universally" (17).

Definitions of public health

Various definitions of PH should be expected, as it operates under different and sometimes conflicting skills sets, finance models, professional paradigms, legal authorities and political environments (18). For Fagot-Largeault, the main concern of public health, which implicitly crosses centuries of human history, is to ensure that: "a population in good health reproduces well, provides strong soldiers, good workers and fertile women" (19). As recognized by WHO (20) "differences exist in how the [WHO] regions frame disease prevention, health care, emergency preparedness, social participation and communication within public health… These difference[s] within the global public health community are a challenge to efforts to come to a consensus on the operational definition of public health". Attempts at defining public health should be seen only as a means of facilitating communication between the various agencies and individuals working in the field and not as the 'last word'. We recognize "that even with respect

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to purely biophysical health, we have great difficulty arriving at a view of health that would be consensual or objective and that does not lead to value-based views that are open to debate" (15). As indicated by WHO (21); "As experience grows and ideas evolve further the terms will need to be regularly assessed for their meaning and relevance." This applies even more so for the related 'public health workforce' (see, for example, (22-26); forreconceiving population/public health as convergence science for differences in the US context (27,28).

Ethiopian official documents (29-31), do not attempt to define PH. They thus leave the reader to surmise the meaning of various uses such as 'PH issues', 'PH services' from the context. This also holds for 'PH emergencies' – a field that has gained prominence in recent years: "… disaster preparedness is an essential component of public health, whether the disaster is an epidemic such as influenza or the occurrence of typhoons and other natural disasters" (9,32). One textbook (33) cites Acheson's definition (see below), without attribution, or any discussion or elaboration. A more recent document on PH training (34) does not offer any definition. At its establishment, the Amharic rendering of the Ministry of Public Health was '*yehezeb tena tebeka*', which had the connotation of 'protecting the peoples' health' (35). The authors resisted pressure from reviewers to include a definition of PH, only mentioning it in the Preface, in order not to detract readers from the main issues (35). Some have suggested, in another context (36), that academics should perhaps focus more on solutions than definitions.

Globally, there is a plethora of definitions, seemingly in an attempt to address the various shortcomings engendered by the complexity of issues involved and the high multi-disciplinary approaches required. This is because public health encompasses various disciplines and related fields, including, but not limited to, epidemiology, statistics, social sciences, demography and population sciences, international/global health, occupational and environmental medicine, health planning, mental health, community medicine, preventive medicine. The most often quoted definition of PH is Winslow's (37):

"*the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals*"

or the slightly abridged version of Acheson (38):

"*the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society*".

These and a number of other definitions (39) have been criticized for a number of shortcomings and attempts have been made to agree on essential public health services or functions (11,21,40-43). As the effort to develop A Global Charter for the Public's Health (GCPH) has shown, even these have proved difficult, as contexts vary and evolve over time (19,44). Thus, without going into semantic debates for unresolved issues and detailed functions), we could adapt the recent WHO framework to facilitate future developments (9,20):

"*Public health: all organized measures (whether public or private) to prevent disease, promote health and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and they focus on entire populations, not on individual patients or diseases ... The three main public health functions are to: assess and monitor the health of communities and populations at risk to identify health problems and priorities; formulate public policies designed to solve identified local and national health problems and priorities; and assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services*".

This was the implicit position of the team in developing the domains and competencies, with the proviso that one of the immediate measures should be a collective deliberation and position on these issues.
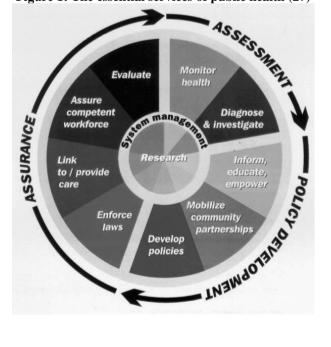
Figure 1: The essential services of public health (27)

The philosophy of public health
The philosophy of PH is a neglected (6,13,45,46) but a very important field. PH actions based on implicit assumptions could have a major impact on the health of

the population, in addressing inequalities in a rapidly globalizing world, in particular (44,47,48); for a wider discussion of 'distributive justice and for potential traps even in seemingly straightforward interventions such as universal health coverage (17,49).

Philosophy is a highly contentious field. "Just what philosophy is itself a matter for controversy. Philosophy can be seen as an activity that includes, besides other areas, the philosophical part of any discipline. Still more generally, philosophy can be thought of as a discipline or interdisciplinary and multidisciplinary activity that examines, evaluates, and helps guide the theory and practice of fundamental features of any human pursuit—public health-related activities, as well as science, medicine, the arts, religion, ethics, law, etc." (50,51). The controversy is even more pronounced for academic PH or for the development of human resources for PH in particular, as there is no "academic discipline that can be existed (*sic*) and progressed unless it is underpinned by philosophy since the aim of philosophical inquiry is to gain insight into questions about knowledge, truth, reason, reality, meaning, mind, and value". The controversy persists in spite of some 200 years of PH as an autonomous academic discipline (13). As noted by Weed (45), "… the disclosure of philosophical perspectives is essential to the resolution of complex issues in public health… public health experts would make better choices if only they would disclose their ontological orientation towards the paired notions of "public" and "health". In general, "Philosophy matters because it helps us to better understand the problems of public health and how they are connected to the problems of medicine, science, and society" (52).

The challenges ahead
The richness and diversity of themes that can be explored from the perspective of the philosophy of PH are very high (2,6). However, the quasi-absence (6) of units/departments of PH philosophy and journals (except for PH ethics) is testimony of the inherent difficulties and underdevelopment of this critical field (including in PH ethics). As Lee & Zarowsky (11) indicate, "In early 2015, we have not yet arrived at a consensus theory, framework, or approach to modern public health ethics." While waiting for some of the better developed schools of PH in the country to establish units, in association with departments of philosophyas suggested in a different context (50), all those in the academic field should be aware of this lacunae and its potential impact in the development of a more impactful human resources for public health. In the words of Weeramanthri & Bailie (7): "Fifteen years into the twenty-first century, the challenges for public health may have changed but have not diminished… Partly because of its historical origins, public health remains part of the health care system, though its success relies heavily on partnerships with other sectors… no single definition has been particularly effective in galvanizing community and political support for investment in public health, or even in convincing health colleagues of its place or importance… Public health professionals and policy-makers have principles, which we call on, such as the

"precautionary principle," "proportionality," or "intergenerational equity," but these are not complete philosophical answers, nor can they ever be … The success of public health policy can only be measured by what happens in practice, with the other contextual "P" of public health being politics. And since anything inherently political is always controversial, public health practitioners have to be prepared to defend and argue their points of view… Public health is a knowledge industry, driven by the importance of ideas ("the head"), and delivered by the hands of its diverse workforce. But, at its heart, it is under-pinned by a passion for people and a commitment to change; passion and commitment reined by a reasonable demand for evidence base" (53).

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