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THE ENLARGING FIELD OF THE PUBLIC HEALTH OFFICER

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I.

THE health officer of a community has the obligation of emphasizing in the course of his professional activities, the importance of promiscuity in the causation and spread of venereal disease, according to the opinion of no fewer than thirty-two of forty-three representatives of national agencies concerned in one way or another with the venereal disease problem. The representatives of four of the agencies preferred not to make a statement; four, expressed the opinion that this was no concern of the health officer, and three seemed to take a doubtful position.

The question whether the physician who acts as health officer is transgressing the limits of his professional activity by influencing patients or others with whom he comes into contact in a professional way towards ethical and moral living, has, of course, been discussed and debated on countless occasions. Obviously, an answer to the question involves a definition of medical practice. If medical practice is interpreted to mean therapeutics or disease prevention through the physical forms of treatment, clearly the issue might well be raised whether the physician has any obligation to warn his patient about the moral implications of his actions in the treatment of such diseases as the venereal diseases. In all seriousness also, has the question been raised whether a physician may urge an alcholic to amend his ways on the basis of moral or religious motivation rather than merely on the basis of medical considerations. In these days of psychosomatic medicine, however, when we are beginning to re-emphasize the total personality of the patient and when we stress again the fact that the patient rather than the disease is the object of the physician's attention, it should be easy to introduce moral considertions as well as moral and religious motivations into medical practice. In fact, a far reaching and comprehensive view of the entire field of medicine, as we understand it today, makes it almost mandatory to introduce into medical practice and into the personal relationship between patient and physician, a richer content of moral and religious considerations.

II.

The question of the inclusion of warnings against promiscuity in a public health program designed to control venereal disease, came

emphatically to the front during the war period, particularly in late 1943 and early 1944. It became generally recognized at the time that the menace of a sharp increase in venereal disease, as a threat to both our Armed Forces and to the nation's war workers, might possibly be imminent and might assume serious proportions. It was recognized that information to the public about venereal disease, the encouragement of early diagnosis and treatment, the control of infected individuals and information about "safety" procedures would of themselves be entirely inadequate to eradicate or even to control venereal disease, even if the more specialized problem of the control of recognized prostitution could be solved. Those who were in touch with the situation at that time, will recall that important moves were made by responsible agencies, both governmental and private, to use certain forms of advertising in the achievement of otherwise laudable objectives. The question arose, however, against what should advertising in this area be directed—against the disease? Against the consequences of the disease? If this were done, the moral, social and deeply human problems so frequently involved in venereal disease incidence would be completely ignored and the problem would be regarded entirely as a medical one. Clearly, this would be only a partial approach to the question even though in some health departments and in other medical agencies, it was the long accepted traditional approach.

Official agencies faced this question with no little caution realizing as they did, that a misstep might be extremely costly and might be provocative of extensive and acute controversy. The question was proposed to the Advisory Committee on Public Education for the Prevention of Venereal Diseases of the United States Public Health Service. This Committee, again realizing the import of the question, decided to seek an answer not analytically but through the technique of a group conference and accordingly, invited a number of public agencies and associations to a discussion of a number of questions all centering in the broad question of responsibility for veneral disease control. Forty-three agencies responded and a two-day session reviewed the many questions which had been propounded. Answers were sought and formulated not altogether by the procedure of majority votes but rather by the procedure of detailed individual responses to the various questions.

The question which occupied the greatest amount of time and attention of the conferees was whether it is really within the province of official health agencies in their venereal disease control program to emphasize any but the medical aspects of the question, that is, the etiology of the diseases, their serology, epidemiology, and therapeutics, the control of their sequelae, and their prophylaxis. More specifically, the question was formulated by several of the conferees, extremely pointedly, in some such form as this: In the anti-venereal disease program, especially when educational processes are used, does the health officer

have a right or obligation to warn against promiscuity? A surprising diversity of opinion, first of all, as to the understanding of the question and secondly, as to the application of principles to the matter in hand, was developed.

There emerged from the discussion, the expression of a multitude of viewpoints as to the relations between medicine and public education, between medicine and public health activity, between official health activity and the moral and religious agencies of a community, between the schools and the health agencies of a community, and a large number of other considerations, all pointing to the need of better understanding and better definition of ever so many of the elements of our communal organization which in our selfsatisfied way, we are but too apt to take for granted and concerning which we very complacently assume a measure of unanimity and agreement. Probably we have permitted patterns of group and personal conduct to develop without attempting to make ourselves aware of the implications. It was clear too from the discussions, which were attended by at least a sufficient number of persons (fifteen physicians) who understoood the medical viewpoint and responsibility, that considerable confusion existed in the lay mind concerning the place of the physician not only in the health care of the community but in the health care of an individual. When the opinions were evaluated, however, it was found that no fewer than thirty-two of them favored the inclusion of caution to the patient against promiscuity among the responsibilities both of the health officer in public health work and of the physician in his private practice. Needless to say, instruction of the patient concerning the dangers of promiscuity will be given by the physician with the requisite tact and competence.

III.

When the conclusion of this conference with reference to the point here being discussed became a matter of public information, it soon resulted in good effects. In a meeting of the National Venereal Disease Committee of the Community War Services, Social Protection Division, Federal Security Agency, scarcely a year and a half after the meeting just reviewed, the definition of social protection activitiy was discussed. The limitation of the activity in these terms

> "The role of the Social Protection Division and its representatives has been to assist communities to organize so that each of the four phases of the program—health, education, law enforcement, and social treatment—may add strength, support and effectiveness to the others"

is prefaced by the statement that the Social Protection Division

> "is proud to be a member of the wartime team which has been combating prostitution, promiscuity and venereal disease during the past few years."

In further explanation of the definition, it is stated:

> "It was also recognized that the mental hygiene aspects of prostitution were of even greater importance than the venereal disease aspects; that preventing prostitution means both the repression and the correction of the conditions which led to promiscuity and prostitution, and, therefore, covers juvenile delinquency".

The minutes of the meeting to which reference is here being made then contain a number of very significant statements. It was indicated that even during the last days of the war, the Social Protection Division of the Federal Security Agency had materially changed its policy

> "Formerly the general program of the Division had been to attack prostitution and promiscuity because they spread venereal disease and threatened the health of the Armed Forces. The present approach . . . . . is to point out to communities that prostitution and promiscuity are evils *per se*, and that the federal government is concerned because such conditions affect the welfare of all citizens."

IV.

The findings derived from the questionnaire of the Advisory Committee on Public Education for the Prevention of Venereal Disease and from the testimony of the hearings held by the Committee, were correlated with the program of a meeting on education and community action of the National Conference on Postwar Venereal Disease Control held in St. Louis in November 1944. The Conference was attended by the best known leaders of this country and of some foreign countries. In the resulting formulation, it is clear that the health officer acting not merely in his administrative but even in his professional position as a physician, is expected henceforth to be responsible for much which in the past, at least in many localities, was scarcely regarded as being within his province. It is emphasized that our local health departments in supoprt of the physicians' efforts need the aid of other agencies, both official and voluntary in "conducting programs of education and community action." It was pointed out, however, that the segregated emphasis on venereal disease is undesirable and that programs for venereal disease education "should be conducted as part of an intensified general health education and community organization program". If this is to be done, obviously we must develop qualified health educational personnel both for ensuring a sound medical approach and for preventing abuses of the program. The personnel as well as the program must be retained within the responsibility of the health departments, and hence of the health officer.

In connection with the aid which the health departments are to receive from the churches, a special formulation has been attempted. It is said

that the churches can support the health departments by encouraging general knowledge concerning "the facts about the high incidence of venereal disease" and concerning the legal and medical programs for prevention and treatment. The churches can also lend support to programs for fostering broad social programs which influence the spread of venereal disease. Most of all, however, it is obviously the function of the church to emphasize the sanctity of marriage, the integrity of the family, and the obligation of moral living.

In this matter again, the whole vexed question of sex instruction and the part which the physician in his practice plays in regard to individual and family counseling came up for discussion. A physician can achieve indescribably great good if he is aware of his moral obligations as a teacher and a physician of souls as well as of the body. How few physicians, however, are ready to undertake and to carry through these great responsibilities.

In the matter of sex education, visual aids are apt to be distinctly over-emphasized for reasons sufficiently obvious to all. In the report of the Conference the recommendation is made

> "that the United States Public Health Service stimulate the production of films of high artistic, educational and moral merit suitable for showing not only to classified and selected audiences, more or less homogeneous, but for the public as well; the script and action to be graded in content, appeal, motivation and presentation, thus adapting them to sound educational principles to the audiences for which they are intended".

With reference to this recommendation, the author of this present review filed an individually signed minority opinion, as follows:

> "In my opinion, radio and motion picture scripts cannot be produced according to sound educational principles if they are intended for the general public. It is generally admitted by all the members of the Advisory Committee that to be effective, radio and motion picture scripts must be graded 'in content, appeal, motivation and presentation' for classified and selected audiences. What justification can there be for producing pictures or radio scripts 'for the general public,' that is, for children and adults, the educated and the less well educated alike? What sound educational principle is being followed in such production? The reason for emphasizing this point is that the degree of responsibility 'of those in charge of local control programs' is quite different when radio or motion picture appeals for the control of venereal disease are made before general than when they are made before selected audiences."

A further responsibility was placed upon the local health officers in the following words:

"the local health officer has an official and professional obligation to initiate general health education programs in his community, if none already exist. Where there are established programs, comprehensive in their objectives and medically, socially and morally justifiable as to content and method, the health officer must be obligated to support and cooperate with them. It should be emphasized that whether the health officer initiates new, or supports existing programs, he is equally responsible for the degree of excellence of all the phases of the program since the lessened excellence of any one phase of the program may decrease the otherwise superior results of the remainder of the program. These obligations of the local health officer for educating the public have an even greater force with respect to venereal disease than they have with reference to other threats to the public health, such as smallpox, typhoid and other communicable diseases."

In this same connection, it is recommended that venereal disease education should be brought to the attention and within the comprehension of industrial groups. Finally, the Committee took a position deserving of the most emphatic condemnation with reference to instruction in prophylactic practice. The Committee's report states:

"The majority of the Committees reiterates its belief that more emphasis must be given by official health agencies and private physicians to providing instruction in personal prophylaxis for persons who obviously need this information and who will not respond to advice on moral or educational methods of prevention."

On this point, the present author again filed his individual minority opinion:

"Instruction imparted with the intention of effecting personal prophylactic practice, if by these words is meant contraceptive procedure, can never, in my opinion, be justified, certainly not when it is given by an official health agency, and even if it is given to persons who will not respond to advice on moral or educational methods of prevention."

V.

If all of the foregoing indicates a trend, it is clear that the field of responsibility of the physician not only of the public health officer but also of the physician in private practice is conceived as enlarging and extending. Medical practice belongs to the areas of the most intimate human relationships and, therefore, anything which influences those relationships is conceivably potentially effective in influencing the lives of individuals for good or evil. The patient's confidence, on the one hand, and the physician's competence and responsibility, on the other hand, may interplay not only in the field of organic or psychological problems

but also in the fields of morals and religion. For us Catholics, all of this in principle is more or less familiar ground. We are accustomed to regard ourselves as responsible not only for our actions but also for the immediate and remote consequences of our actions. We are moreover, accustomed to take that responsibility extremely seriously because for us it has the sanction of an obligation that is radicated in the Commandments of God under penalties that are eternal. Again, it becomes obvious that the sanity of the Church in dealing with these fundamental human problems is vindicated by all that we have discussed above. Frankly, I believe it would have been seriously questioned not only by those who interpret medical practice in a very restricted manner but also by those who otherwise would be inclined to interpret that practice liberally, if two decades ago it had been said that the physician is responsible for the advice which he gives his patient concerning social association and companionship. Yet now, this insistence emanates from no fewer than seventy-five per cent of the agencies that have been asked to express themselves upon this point. Surely, a Catholic physician will not be afraid to live up to the obligations which this trend would seem to indicate.