The fight for public health


One of the tiresome things about being a medical journalist (and it's worse when you're a teacher of medical journalism) is the knee-jerk reaction of doctors towards a group of tradesmen whom they consider in the same light as tobacco barons and child molesters. A week or so ago I had barely finished my introduction to a writing course when a young public health doctor started to parade the stereotypes: "The press are just there to manipulate you into the most sensational stories"; "They never get anything right"; "I've never yet met an honest journalist". Imagine my surprise when, a few days later and barely 20 pages into Chapman and Lupton's book on public health advocacy, I came across statements such as "in the mass society of the late twentieth century the mass media are simply unparalleled as vehicles for setting public and political agenda" and "The news media have an impressive record in directly influencing political and policy outcomes".

The authors do not go so far as admitting that some of their best friends are journalists; in fact they state that the best relationship with a journalist is a strictly professional one. But they do show that the media—and those who work for them—must be seen in their social context with, like any other institutions, their own needs and values. Understanding how these institutions work will not only destroy the simplistic view of good doctors versus evil media folk, but will enable "public health advocates" to use the media to their own advantage.

The authors give many examples of public health advocacy, from the international campaign against the Nestlé company's continuing promotion of breast milk substitutes to more local efforts to divert the siting of toxic dumps, set up safer traffic schemes, and reduce child drownings by fencing of swimming pools. In Chapman's own specialty, progress has been spectacular: "In a matter of only 16 years the Australian tobacco industry finally lost perhaps its most prized possession, the freedom to promote its products".

After careful and scholarly explanation of how the media work, the book goes on to explain how public health advocates can make the media work for them. The second part of the book is written in the form of an A to Z: it roams over "acronyms" (BUGA-UP, TREES, and MAD) through "bluff" and "boycotts", to "media releases" and "what to do when a journalist phones and you're unprepared".

My only regret is that I didn't come across the book earlier: it might have rescued a difficult training session. However, one thing that emerges strongly is that you should learn by your mistakes: I shall now recommend it to every passing public health physician.

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Primary health care in an international context


Health problems in the community are remarkably similar the world over. But cultural values influence the way illness is presented and treated by a practitioner. Countries differ in the way health care is provided, including the structure of care, the amount of money spent, and particularly the role of primary care. A comparison of countries with different systems seems an obvious way to explore the effectiveness of health care, although it usually raises more questions than it answers.

John Fry and John Horder, as true founding fathers of modern general practice, were among the first to seek proof of the effectiveness of good primary care. Fry died last year, so this book represents what must be their last international crusade. Twelve countries in Europe, North America, and south-east Asia were visited and their health care analysed. A checklist included "hard" data such as life expectancy, birth rate, and infant mortality, but the book includes many personal observations and impressions. The main part of the book is a description of these countries from a primary care perspective, summarising strong and weak points. The reader finds that Japan has the "eastern paradox of highly efficient economic and technological society with disorganised, inefficient and wasteful system—in spite of good health indices and low GDP% costs", and that the French system is "bureaucratic and expensive to administer". In the last part the countries' primary care orientation is...
Causes of death in transplant patients

- Rejection: 8%
- CAD: 5%
- Other: 6%
- Pulmonary: 15%
- Infection: 55%

for more information and refer to Chapter 12.

Surgery of the Cervical Spine

Chris van Weel

University of Münster, Germany
Department of Orthopedics

The data

In the absence of much expectation by
the data. They should confirm read-
rational in its favor, on the basis of
further interest in an initiative
ional concept is a sympathetic promo-
primary Health Care in an Internet

- Acute ReL: 6%
- Malnecancy: 2%
- NSEF: 9%
- SUD: Death: 3%
- Other: 23%
- Bleeding: 8%
Selected books: pediatrics

Andrew O. Ransford
Midwessex HN 4LP, UK
Roy Fox National Orthopaedic Hospital Trust, Stanningley


