

Offline: Where is public health leadership in England?



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On Aug 26, 2011, a public health registrar wrote this message to fellow trainees on a public health Yahoo group: “the situation is terrible and unless something gives, I honestly think we’ll see the winding up of our specialty as we know it...we’re being wiped out.” Another wrote: “Why are we not setting the agenda, lobbying for what we see as (evidence-based) public health policy in England, setting our vision for an evidence-based system that will be the best opportunity to improve the health of the population in 1, 2, 5, 10, 20 years’ time?...Where is our coherent voice?” Over 100 public health trainees wrote to the Chief Medical Officer, Sally Davies, earlier this year to express “concern” about the “uncertainty” and “disinterest” they faced as a “lost tribe” of highly skilled health professionals. She replied on Sept 2, reporting that that she was “concerned and disappointed” at the predicament faced by trainees. She planned to commission “some additional work” to look into the problem. She offered her “support”. But her answer fell short of any direct action to resolve this emergency.



Faculty of Public Health

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Senior public health scientists are also unhappy about the extraordinarily ambiguous behaviour of public health leaders. Here is one public health academic: “I completely despair. The Faculty is complacent and largely irrelevant. There is no leadership at all”. Or another: “The Faculty [of Public Health] has demonstrated weak leadership during a turbulent period when a stronger voice was necessary... We have a number of issues which may deserve to be addressed specifically...The political independence of the Faculty and currently its embarrassing closeness to a toxic government”. And finally, “The Faculty [is] in need of dramatic reform”. How has public health leadership come to this point of collapse in England? Why has it lost its fire? Why has it mutated into a discipline more concerned with management, administration, structure, bureaucracy, and achieving Royal College status? Why has it become “unconsciously anti-science”, as one public health scientist put it to me?

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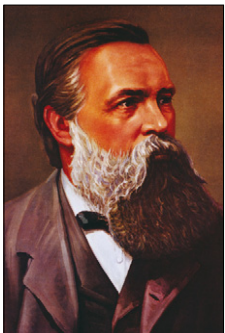
England has a glorious tradition of public health, one that has shaped the meaning and practice of public health globally. Public health has fantastically motivated

and skilled trainees and qualified professionals. But the leaders of public health have become divorced from the science that should be shaping public health policy and advocacy. The result is that public health leaders in England—and those in the Faculty of Public Health in particular—spend too much of their time looking inwards, missing opportunities to translate important new science into robust policy. For example, when new evidence is reported showing that market solutions will fail to turn around the epidemic of obesity, does the Faculty embrace those findings and use them to hold government accountable for its failed policies? No. Instead, its leaders continue to sit at the government’s table, taking part in what they know is an utterly corrupt “responsibility deal” that betrays not only the science of public health, but also the professionals who have to put unscientific policies into practice. The same indifference to science can be found in the Faculty’s silent reaction to new findings on the effects of the financial crisis on suicide rates or the appalling figures for stillbirths in the UK. Meanwhile, public health in medical schools continues to languish. Surveys show that public health exists within a culture of neglect at universities. The contributions of those who teach public health are persistently undervalued.

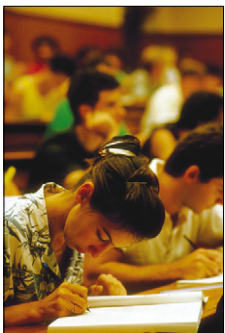
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There was a time when public health in England was driven by passionately articulated values and compelling research, a time when its leaders were concerned about social reform and political change. England has so many comparative advantages in public health—superb science, a committed body of public health practitioners, proven solutions to some of the gravest health threats facing our populations, and a new generation of students who have an inspiring global vision for public health. Yet today’s leaders in public health prefer to collude with a mendacious government and preside over the decimation of public health in the NHS. Public health is the science of social justice, overcoming the forces that undermine the future security of families, communities, and peoples. Public health leadership in England is failing. It is time for those leaders to discover courage and purpose.

Richard Horton
richard.horton@lancet.com



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