Editorial

Vices and virtues

It would be remiss of a journal targeted at the interface between public health research and practice not to provide coverage to the influenza pandemic (H1N1) 2009. The quarterly publication cycle of JPH however makes it difficult to respond in a timely fashion to public health emergencies such as the present global outbreak. Much has transpired between the typesetting deadline of the June issue, during the time when the novel influenza strain was barely beginning to be recognised in Mexico, and now. More generally in these highly time-sensitive situations the scientific print media has largely been supplanted by the wider blogosphere and web-based information engines such as ProMED and the spatially explicit HealthMap. Only the online editions of the handful of well-resourced, top-tier generalist journals could come close to matching the timeliness of the daily broadsheets or the content delivery of the “twittering” scientific blogs. Is this unsatisfactory state of specialist scientific reporting insoluble and fundamentally incompatible with modern day communication needs? Or perhaps a consortium approach (resembling that of major airline alliances) to covering different aspects of an emerging health crisis as a collective could be explored amongst cognate journals. This is an open invitation to my fellow journal editors.

Having pleaded mea culpa about our reporting inadequacies, let us remain in the confessional to avow the “vices” – tobacco,1–4 alcohol,5–6 drugs7 and fats8 – that contribute so much to the public health burden. While it is relatively easy to document their respective adverse health impact, actionable solutions are rather less obvious and certainly by no means universally applicable. For instance, the epidemiology of alcohol abuse between say the UK6 and Russia9 is very different; the “French paradox” has not appeared to apply in developing Asia10; and perceptions are easily manipulated but hard to break once formed especially during the impressionable teenage years.3–4,9 On public health action, the battle against trans fat and caloric imbalance is a much more diffuse target than the single bull’s eye of big tobacco, in part because the causal pathways between exposure and outcome are orders of magnitude more complex and partly due to the more nuanced interventions required for nutritional problems as opposed to a straight abstinence or ban message for cigarettes. These practice-based conundrums surely make up a challenging research agenda already.

Where does one find redemption in all this? Despite public health’s socialised traditions, virtuous deeds can sometimes be hard to find. It has been particularly gratifying to have received an increasing number of good quality reports of efforts aimed at reducing disparities. The present issue contains six of them.11–16 They vary in geography, setting, object and outcome, yet draw inspiration from a common philosophical foundation. Immanuel Kant’s exposition of modern liberal thinking, threaded through John Rawls’ “justice as fairness” and most recently articulated by Amartya Sen as “capabilities” available to individuals provide moral justification to our raison d’être as public health practitioners.17 These ethical theories have recently found renewed expression, notably in WHO’s landmark report on tackling social determinants of health last year.18 This has since spurred numerous supranational efforts like “DETERMINE: an EU consortium for Action on the Socioeconomic Determinants of Health”. On the global level, the real challenge is to reconcile these ideas that are very much rooted in the Enlightenment with post-modern, communitarian schools of thought that underlie alternate political arrangements, ranging from Middle Eastern theocracies to Chinese “harmonious societies” under a capitolsocialist system.

On the topic of virtue, imparting knowledge and wisdom are a central part of being virtuous. This Platonic (as well as Confucian) belief has inspired a new occasional series, “Public health education and training” to raise discussion on how best to prepare a new generation of public health professionals for practice and academia as well as how to engage others outside public health, whose role is so crucial. In the first of this series, Evans19 gives a historical perspective of the role of schools of public health. Although some articles will be commissioned, authors who may wish to contribute to this field are welcomed to suggest topics to the editors.

Vices and virtues are everyday public health practice. Seize every opportunity to turn each former into the latter.

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References