Anne Wylie and Tangerine Holt, academics at Australia’s Monash University, have undertaken a comprehensive and detailed review of the place and practice of health promotion in medical education. The aim articulated in their preface was ‘not . . . to provide a definitive health promotion textbook but . . . to enable health promotion to be a more visible, integrated and less fragmented curricula component [in medical education]’. This laudable ambition reflects both the importance of the subject and the shift towards integrated, problem-based approaches to teaching and learning in medical education. As the authors imply, there are already many good undergraduate health promotion textbooks that for those wishing to design a programme of learning in this field, but the authoritative textbook of health promotion for medical practice in particular has, sadly, yet to be written.

The 21 chapters of the text are ordered in five sections ranging from the rationale for the subject to learning outcomes and assessment. Anne Wylie was lead or co-author on 15 chapters and many other academics and practitioners contribute chapters, including the outgoing President of the UK Faculty of Public Health Professor Alan Maryon Davis. The majority of chapter authors teach health promotion in major medical schools, most notably Mount Sinai in New York, King’s College in London and the University of California. This breadth of experience greatly enhances the text and highlights shared aspects of perceived best practice in the teaching of health promotion. Unfortunately, there is no representation from medical schools from low- and middle-income countries faced by very different challenges in the burden of disease and availability of resources for medical education.

Many chapters provide summaries of different aspects of curricula across these diverse schools, serving both as a prompt to those redesigning their own programmes and illustrating the progress that has been made in weaving health promotion education throughout undergraduate medical training.

There is an occasional lack of clarity in the delineation of health promotion as a specific domain of public health practice from other preventative interventions such as screening and health service development. This approach reflects diverse international definitions of health promotion and diffuses the assumption that health promotion for clinicians is merely about simple cook-book approaches to individual patient behaviour change. Such a broad definition also risks portraying health promotion teaching as everyone’s business and no-one’s responsibility, and may be more reflective of the practice of full-time health promotion specialists than that of most clinicians daily involved in health service delivery and development.

The lack of detailed consideration of different models of health promotion and their relative merits for the clinical staff that the vast majority of medical students will later become is somewhat surprising. This is in accordance with a general lack of specificity on the content of health promotion curricula, although smoking cessation is referred to as key in a number of chapters. American guidance for medical schools on the teaching of tobacco-related health promotion are well developed and tobacco control advocates in the UK have provided a number of papers proposing evidence-based advances for medical training in this area, but these are not considered in depth. This is a missed opportunity given the strength of consensus about the poor state of current practice, and what needs to be taught and how.

More broadly, the almost entire absence of UK NICE guidance on health promotion in health service settings is alarming—this work sets the benchmark for evidence-based practice in health promotion and should be both taught to and practiced by all medical graduates. A variety of guidance on individual behaviour change, smoking cessation, alcohol brief interventions, interventions to increase physical activity and prevent teenage pregnancy and the transmission of sexually transmitted infections is now available and can be easily adapted for teaching purposes.

On a more positive note, a useful consideration of course evaluation studies serves to highlight the paucity of longitudinal investigations of the long-term effects of different pedagogical approaches on subsequent clinical practice. This is clearly an important and under-researched area for future
The text is also successful when considering the health promotion teaching in the context of the broader evolution of medical education, particularly the ways in which this subject can fit within problem-based learning.

Judged by its own standards, this book helps show how different medical schools are integrating health promotion teaching across courses and years of undergraduate teaching and learning. There is a profusion of specific examples upon which medical educators can draw for inspiration and some valuable insights on the teaching-learning cycle drawn from experienced practitioners in the field. The editors are wise to steer away from prescribing what or how this important subject could or should be taught, but the resulting lack of clarity can be frustrating. Nevertheless, this text illustrates how health promotion can be taken as an important and integrated part of undergraduate medical education and this clearly supports longstanding calls for the reorientation of health services towards prevention.

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Jenny Griffiths and her colleagues have pulled off a remarkable feat. They anticipated what was needed and had ‘The Health Practitioner’s Guide to Climate Change’ out and ready in 2009, the same year that the NHS issued its first Carbon Reduction Strategy.

My advice is go straight to Chapter 7 ‘How you can make a real difference’. It was 2005 when I abandoned my cosy belief that the Kyoto agreement and all of our world leaders had things under control. I realised I had no clue what life with a ‘one planet’ footprint might look or feel like so I thought I should better find out. Chapter 7, written by Lindsey Stewart and Alan Maryon-Davies in characteristically chatty, direct and good-humoured style, takes you through some key thought processes, and the practical steps. If you have already done all those things then it is helpful to have their clear summary, and if you have not – then this Chapter gets you started, and who knows where it will lead you? When I turned my household energy stats into a carbon graph starting in 2004, who would ever have guessed that 5 years later I would be showing this to my Member of Parliament on Bristol’s Green Doors day? But there he was, perched on a beer-stained sofa in our teenager-friendly bicycle-festooned basement, discussing how we manage without a car and how alien the contents of supermarket shelves seem once you change your view of food shopping.

Cutting my footprint to a third of what it used to be, and increasing my citizen footprint several-fold, has made my life better not worse. So why as a nation does it feel so difficult? The answers are in the book, and we have to start with the fact that habit, fashion and needs of the moment dominate most of our decisions about behaviour. We think we figure things out logically and rationally, but mostly that is a myth. Product and lifestyle marketing have successfully shaped many current behavioural patterns, and once something is seen as ‘normal’, desirable or what people like me do, then that is a habit. And habits are hard to shift. Chapter 8 explains ways of using these same marketing principles in order to adjust behaviour towards more sustainable ends.

Chapter 9 guides you through ways of achieving change in your community and public health skills can be invaluable for this. How you say things, and how you handle group dynamics, can be the factors that determine whether it is a joy or a headache. Focus always on what you will gain, not what you will lose. Acknowledge where people are now – no guilt no blame. Try framing the sustainable approach as normal and the unsustainable as weirdly alternative.

The book even contains unintended evidence of successful community action in the photograph at Figure 8.2—a city centre tree lined path packed with walking commuters. This path and the trees in Castle Park Bristol were destined to be lost to new offices. The plans were shelved in the face of well-argued submissions from local sustainability groups. This leads of course to the subject of how to incorporate health and sustainability into spatial planning, which is beautifully covered in Chapter 6 by Barton, Grant and Insall. The final chapters look at what the health service should be doing (David Pencheon) and at how to prepare for some of the inevitable impacts of climate change (Giovanni Leonardi).

The first half of the book gives valuable information, including a good resume of the facts about greenhouse gas emissions, the health impacts of climate change, the links between environment and health more broadly, and a summary by Ian Roberts of the synergies between actions to cut greenhouse emissions and actions to improve the food we eat and the amount of physical activity in our daily lives.