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Population growth, resources and health: Challenges for public health professionals

Summary

Current global developments as regards demographic growth and resource utilization represent one issue most difficult to tackle, in terms of (general and health) policy as well as in human terms. In the 1960s–1970s, the debate was active and led, among other things, to an expansion of technical cooperation programs aiming at fertility reduction. The 1974 World Population Conference in Bucharest saw controversy about the respective importance of family planning services, on the one hand, and overall development on the other. The debate was then less visible but has recently been given new impetus, in particular at the September 1994 Cairo International Conference on Population and Development. We have a serious, and in some ways seemingly unmanageable problem, marked by the political difficulties and social constraints which are bound to result from effective actions leading to reduction of resource consumption, or to fertility decrease. Public health professionals may make a significant contribution in promoting better information and dialogue and the view that health has to be an eco-sustainable state.

Community leaders, observers of society and philosophers have long been interested in the balance between population and available resources. In nature, the presence of food and other amenities in sufficient quantity permits an increase in the number of individuals in a given ecosystem. Once the system oversteps a point of equilibrium, there is a deterioration of the living conditions, with poorer survival and subsequent demographic decrease. Wide-ranging techno-

logical progress, increased production and use of energy, and efficient international communication and transportation, allowing external support to be provided, result in longer delays before imbalance leads to disastrous consequences. The expression global village, coined by Marshall McLuhan with respect to communication, can also be applied to the economic and political fields, and to the effects of the behavior of some groups on the situation of others far away.

In view of generally accepted objectives of better living conditions for all, our concern is with the serious consequences current (and potentially unmanageable) developments might have: demographic increase (mainly in the South) and resource depletion (mainly in the North).

A sensitive emergency

In the technical cooperation efforts of recent decades, particularly since the time of independence in many Asian and African countries, and similarly in Latin America, a number of voices have expressed concern about demographic growth. It was observed that fertility tended to remain high while mortality was decreasing significantly; the developing world might thus not follow the same demographic transition model as Europe and North America. The widespread public reaction at the end of the sixties to the book "The Population Bomb", by Paul Ehrlich, is a notable example¹. At the same time, Garrett Hardin's "The tragedy of the commons" was also influential².

At that period, Western (especially North American) development agencies, both public and private,

were putting much effort into sensitization to the need for fertility control and were actively supporting family planning programs and related research. The 1974 World Population Conference in Bucharest then saw heated debates, where Third World countries affirmed with force that “development is the best (contraceptive) pill” and that agencies of the North were using scare tactics to serve their countries’ own interests. There were cultural reactions such as the South American fiction film *La sangre del condor* (“The blood of the condor”), by Jorge Sanjines (1969), showing Peace Corps volunteers sterilizing Bolivian women, under the guise of development and without informing the population, leading to a brutal reaction by the Indian community. The fear was evoked that family planning might hide genocidal endeavours. The debate was later somewhat clouded over at the political and diplomatic level and lost much of its visibility. The World Health Organization maintained throughout the eighties that improvements in health, especially maternal, infant and child health, as well as progress in the status and education of women, were main factors in fertility reduction. Recently, however, in evaluating advances on the road to “Health for all by the year 2000”³, WHO recognized the danger that continued uncontrolled population growth may lead to destruction of the ecological support system, with consequences such as Malthus predicted. This concern was also visible in the technical inputs of WHO and others into the Rio de Janeiro Conference on Environment and Development in 1992^{4,5}. But it is noticeable that the World Bank’s “World Development Report 1993 – Investing in health”⁶ hardly mentions, apart from a few allusions to family planning services, the impact of demographic growth on health (in spite of the fact that, in other ways,

the Bank gives attention to population issues).

In recent years, somewhat different protagonists (nonpolitical individuals from the health and social fields) have drawn attention anew to the disastrous prospect of (potentially) irreversible ecological imbalances, due to overuse of resources (in the North) and to population pressure exceeding the carrying capacity of the Earth. Along the lines of the sustainable development model called for by the World Commission on Environment and Development (Brundtland Commission) in its 1987 report⁷, M. King asserted that health should be a sustainable state and that clearly, on that score, some parts of the world are witnessing deleterious evolutions⁸: initially, the productive potential of the earth accommodates population growth; in a second phase the demands of the population exceed the possible sustainable harvest, so that biological and ecological reserves are consumed; in the third phase, when the ecosystem collapses, human consumption is reduced, with severe consequences in terms of malnutrition, morbidity, and mortality. With Elliott, King described in this regard the process of human entrapment leading to local disastrous effects.⁹

Political expediency and practical constraints may becloud the desirable clarity of difficult and complex issues, but that does not make them go away. The world population is still growing fast, as the 1994 Cairo International Conference on Population and Development recently acknowledged. Today we are roughly 5.5 billion people on the planet; according to the most probable estimate by the United Nations, the population will stand at about 8.5 billion in the year 2025¹⁰. Living conditions are deteriorating in many places. The pressures of migration are being felt in various ways all over the world.

A challenge for public health leaders

The goal of avoiding the consequences of population growth, mostly in the South, and unsustainable consumption of non-renewable resources, in the North (and by elite groups in the South), should be shared by public health professionals. In spite of brilliant achievements, in medical terms, of new technologies in some sectors, present developments point towards large scale health and related problems due to the gap between existing and future techniques and the actual possibilities for applying them: because those who are badly in need cannot afford them, and because of logistical problems, cultural obstacles, etc. Does one need to point out that the gap between the haves and the have-nots is continuously growing? How do we sensitize decision-makers to the danger that we might well be providing increasingly elaborate answers to the wrong questions?

It is not the role of health professionals/ministries to adopt Machiavellian principles as guidelines: they should maintain ethical rules for the practice of the art of caring and curing. It is their mission to promote access to health care for all and, beyond that, to contribute to developments that allow all to live in conditions (including food and housing) that are worthy of human beings and are not detrimental to health – physical, mental and social. Those who make decisions for a society, on the other hand, will not escape the necessity of judgements with far-reaching consequences, and they will have to consider the common interest (including that at the global level) versus individual/local interests.

In this perspective, it is imperative to build bridges, to reach a consensus between the health professions’ traditional ethical principles

and concern for the individual, and the new reality of the burdens linked to rapid use of resources and demographic increase, which are in the process of entrapping Mankind and the Earth.

Ethical tensions

Ideally, one likes to think that the best road to appropriate decisions in this regard goes through education and democracy, when informed autonomous individuals, respectful of themselves and of others (of their rights and duties) will arrive at decisions consonant with the long-term common good. The issue is whether we can reach such a situation of unselfish participatory democracy within a time-frame that allows for effective regulatory measures. There is the question of what quantity and quality of social inequity, and how much objective difference in access to goods and opportunities, within and between countries, is tolerable. The issue is by no means new but it has now acquired a special acuteness: today, in contrast to what was often true until now, we can no longer say that we do not know. Mass media inform us daily about the dramatic conditions of millions of our fellow human beings, near and far. How do so many choose to close their eyes while sitting with them wide open in front of the TV set? (as the Polish humorist Stanislaw Jerzy Lec said “One would need hundreds of eyes to close them on everything”).

Knowing the present situation and future prospects of spaceship Earth, a different look must be taken at the ways we define priorities and allocate resources, in the health system and in society in general, however arduous and wrenching those reexaminations might be. Even in those health systems closest to a liberal model, many expenses are supported by public monies (for example in pro-

fessional training and research). A very individualistic approach, leading to the spending of a lot on a few patients for mediocre transitory benefits, is not acceptable when the same means could bring significant results in tackling other problems.

A comparable issue in the training of health professionals

At the macro, global level, society is not anxious to admit that inequities call for more ethical questioning and practical changes. Similar difficulties are found, at another level, in the sensitization of students of the health professions to community health dimensions, as opposed to personal health issues¹¹. One often encounters difficulties in promoting attitudes and practices which give due regard to the fact that, along with individual patients, there is a “patient community” (the community as patient); in transmitting the message that, in spite of excellent science and skills, care of persons will not have optimal results if the “patient community” is neglected.

Concluding comments

We are concerned about insufficient awareness and action vis-à-vis the challenges posed by present developments, which look like a collision course. In the North, even without demographic increase, we are responsible for wide-ranging environmental alterations; in the South, there is rapid demographic growth, which tends to favour the re-emergence of Malthusian plagues (as, according to several observers, the 1994 Rwanda civil war shows). In the North, further, we face the political conundrum of the discrepancy between the potentially available technologies and the collective capacity to pay for them. Locally and globally we have not been able to implement the re-

orientations needed to bring due attention to the community dimension of health. There are no miracle-recipes to change the attitudes and behaviors of individuals, health teachers and workers, or opinion leaders. Yet, today's accelerating pace of change calls for action. Furthermore, we are allowed ever fewer errors while, as regards environmental threats and population increase, we have not yet succeeded in devising error-friendly procedures. A significant dimension of the problem is represented by varying degrees of knowledge availability and differing interpretations given to data, as well as the ideologically tinted glasses through which different people look at the situation. There is a major need for better, mutually credible, communication.

In such sobering circumstances, a comment in a recently-read book was cause for encouragement: in his book on health care ethics¹², David Seedhouse refers to Thomas Kuhn's observation that those who are in the midst of a major collective crisis/mutation (that can be called a change of paradigm) often are not aware of it at the moment, and only later realize the importance of the period they went through. One hopes that such is the case for us as regards a balanced approach to collective life on the face of the earth, and to our relationships with other peoples, other countries, and the biosphere which supports us.

Zusammenfassung

Bevölkerungswachstum, Ressourcen und Gesundheit: Eine Herausforderung für die Fachleute des öffentlichen Gesundheitswesens

Das derzeitige weltweite Bevölkerungswachstum und der zunehmende Verbrauch der Ressourcen führen zu schwierigen Fragen für die allgemeine Politik und die Gesundheitspolitik, aber auch was die menschlichen Aspekte betrifft. In den sechziger und siebziger Jahren war die entsprechende Debatte intensiv geführt worden, was unter anderem zu Entwicklungsprojekten führte, die eine Reduktion der Fruchtbarkeit zum Ziele hatten. Die Weltbevölkerungskonferenz von Bukarest im Jahre 1974 stand im Zeichen einer Kontroverse um Familienplanung einerseits und allgemeine wirtschaftliche Entwicklung andererseits als Mittel zur Einschränkung des Bevölkerungswachstums. Später wurde diese Diskussion weniger auffällig geführt, bis es kürzlich zu konfliktuellen Debatten kam, so vor allem an der internationalen Konferenz über Bevölkerung und Entwicklung in Kairo im September 1994. Das Problem ist gross, und oft scheint es gar unlösbar zu sein. Es ist gezeichnet durch die politischen Schwierigkeiten und die sozialen Auswirkungen, die wirksame Massnahmen in den Bereichen Ressourcenverbrauch und Reduktion der Fruchtbarkeit mit sich bringen. Diejenigen, die im öffentlichen Gesundheitswesen tätig sind, können einen wesentlichen Beitrag zur Problemlösung leisten, indem sie bessere Informationen liefern, die Diskussion anregen und darauf hinweisen, dass auch die Gesundheit umweltverträglicher sein muss.

Résumé

Croissance démographique, ressources et santé: Un défi pour les professionnels de santé publique

Les développements actuels au niveau mondial en ce qui concerne la croissance démographique et l'utilisation des ressources représentent des questions très difficiles, à la fois en termes de politique (générale et de santé) et en termes humains. Dans les années 1960–1970, le débat a été actif et a conduit, entre autres choses, à la mise sur pied de programmes de coopération technique visant une réduction de la fécondité. La Conférence mondiale sur la population de Bucarest, en 1974, vit une vive controverse sur l'importance relative de services de planning familial, d'une part, et du développement socio-économique, d'autre part. Les discussions furent ensuite moins visibles mais ont pris une nouvelle dimension conflictuelle, spécialement à l'occasion de la Conférence internationale du Caire sur la population et le développement, en septembre 1994. Le problème est sérieux, semble même parfois non maîtrisable. Il est marqué par les difficultés politiques et les contraintes sociales que représentent des actions susceptibles de mener efficacement à une réduction de la consommation des ressources (au Nord surtout), respectivement à une réduction de la fécondité (au Sud principalement). Les professionnels de santé publique peuvent apporter une contribution d'importance à cet égard par la promotion d'une meilleure information et du dialogue et en discutant comment la santé doit elle aussi être «éco-soutenable».

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