

Commentary I

At heart of the matter: human rights

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There is a longstanding and ongoing relationship between human rights and public health. One reason for this parallel development is that the history of modern public health is directly related to the upsurge of the modern state. Since the beginning of the 19th century, a set of techniques of observation (like demography and epidemiological surveillance) and of mass intervention (like education and public health) have been implemented to address the new scope of the state. And this modern state has had the complex task to address the needs of both individuals and communities, having to provide at the same time health and human rights. These needs are often convergent (e.g., providing sufficient and safe food), sometimes one sort of needs is thought to precede the other (e.g., prohibiting children at work is a prerequisite for healthy and educated adults), and rarely the needs are divergent (e.g., control on specific lifestyles). This divorce had eventually a dire illustration with the Nazi government in Germany and its strategy in public health (Proctor 1999): the State is the authorised depository of the nation's health, and is therefore entitled to require the citizens to do things to protect themselves and the community.

One of the important contributions of Jonathan Mann has been to invigorate this debate and to put it as a central piece of public health. As shown in this interview, Mann has contributed substantially to link the old tradition of social medicine (as developed by Rudolph Virchow 150 years ago) with the more recent strategies of health promotion. Insisting on the role of environment to promote health is relevant in both developing and developed countries. Several aspects of human rights need to be addressed to control devastating diseases or epidemics in developing countries. Mann insisted on the women's rights as a prerequisite to control most sexually transmitted diseases, including Aids. In developed countries,

the positive trend in the health status of older people is partly attributable to the improvement of their economic and social conditions; this is indeed a future challenge for the developing world (Heslop & Gorman 2002). During the last decades, social medicine has become more psychosocial: Mann gives in this interview a very insightful definition, which includes the personal dimension of health ("people who have a sense of meaning in their lives are healthy").

Another area to which Mann contributes substantially is the meaning of public health, i.e., its core business. He insists (including in this paper) that the discipline should not be only about measurement or analysis, but rather on intervention. Evidence-based public health should not mean that producing the evidence is the beginning and the end of the job: implementing the evidence and applying the available knowledge is the central task in public health. Public health as a rhetoric discipline (however beautiful is the poem!) is not the kind of public health wanted by Mann. In that perspective, its filiations with Virchow are important. Both have been major thinkers of public health, and both have been keen to say that changing the world is a practical task of public health.

Jonathan Mann has left us with a couple of questions which are still to be resolved. Among other examples, the control of drug addiction will have to work upon concepts and intuitions developed by Mann (Heslop & Gorman 2002). Furthermore, community participation has still to be developed: How much democracy can we introduce in the "production" of public health? A recent conference explored the agenda of research in this area, which remains vast although not unexplored (Burris et al. 2001). One of the desired next step will be the implementation of more controlled experiments in this field.

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References

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