

## Editorial

### Social and preventive medicine: A scientific approach to questions of practical relevance

When, in the early Sixties, the Swiss government decided to include social and preventive medicine in the national examination for physicians, there were very few who had specific ideas about what this new discipline represented. During the following years, all universities with complete medical faculties (i.e. in alphabetical order Basle, Berne, Geneva, Lausanne and Zürich) established departments in this field, but uniform terms of reference for these departments were never formulated. Nevertheless, thanks to the close and cordial contacts between the departments, the Anglo-Saxon training in public health of much of their staff, and the long-term collaboration within the Swiss Society of Social and Preventive Medicine, an implicit consensus about the nature of the discipline emerged, even through certain differences between departments persisted.

The celebration of its 20th anniversary in June, 1992<sup>1</sup>, gave the Department of Social and Preventive Medicine of the University of Berne an opportunity to review its own understanding of its tasks and to present the results in two scientific symposia organized on June 25 and 26, 1992 in connection with the annual scientific meeting of the Swiss Society of Social and Preventive Medicine. The present issue of "Sozial- und Präventivmedizin" is devoted to the presentations and discussions of these symposia.

One central feature of the work of the anniversary department is its bridging function between science and practice both in clinical social and preventive medicine and in public health. A number of practical issues were addressed at the symposia, including the target of reducing social and occupational differences in health status, the prevention of smoking-related diseases, the organisation of care for the disabled elderly, and the organisation of screening programmes for breast cancer.

In the *first part* of this issue (first symposium) on "*The Public Health Perspective of Social and Preventive Medicine*", the task is to start from knowledge about differences in disease rates (in particular by social class), and to try to identify more specific causes for these differences. *Michael*

*Marmot*, the invited speaker for this symposium, shows how social class differences in mortality rates can be partly explained by social class differences in health behaviour, but that differences persist, even after all current knowledge about the causation of disease is taken into account. *Horst Noack* uses data from the Swiss Intercantonal Health Indicators Project to identify the factors responsible for these differences. *Christoph Minder* presents an analysis of Swiss mortality data confirming the general social class trends known from England and Wales, but showing that for reasons which must have to do with the high proportion of foreign workers in Switzerland and their migration patterns, the lowest social class does not follow this pattern. My own contribution finally is an attempt at showing how, in the celebrating department, epidemiologic and intervention research has been used to develop suitable intervention strategies and programmes in the prevention of tobacco-related diseases and in the context of care for the disabled elderly. In his contribution, *Fred Epstein* puts his finger on open questions and compares different approaches.

The second part of this issue is devoted to the comparison of a primarily technical and a primarily health-promotion-oriented approach to solving one of today's health problems. Based on the second symposium on "*Breast Cancer Screening: Mammography vs. Self-Examination of the Breast*", it confronts the two approaches with each other and asks whether self-examination, if taught appropriately, performed regularly and if positive, followed without delay by mammographic confirmation, may not be a less expensive and better acceptable option than periodic screening by mammography, as it is currently recommended. The invited speaker was *Gisela Gästrin*, a Finnish radiologist turned health educator, who shows how in her country, in a programme based mainly on women's organisations and public-health nurses, it was possible to arrive at a very high rate of long-term participation. *Fred Paccaud*, on the basis of plans for a pilot project in the canton of Vaud, presents current concepts of mammography screening, followed by *Ursula Ackermann* who compares the approaches and suggests an attempt at combining them in future programmes. The question is thus one of weighing up technical (e.g. higher sensitivity of mammography vs. higher chance of detecting

<sup>1</sup> The establishment of the department was in 1991, but for practical reasons the anniversary was celebrated in 1992.

rapidly growing tumours thanks to monthly self-examinations), psychosocial (willingness of women to participate) and economic aspects.

Altogether, these symposia attempted to convey to the participants how university departments of social and preventive medicine can play a key role not only in conducting academic research, but also in interpreting its results in terms of strategy and

programme options. Their position between public health and clinical practice places them optimally for this task. We hope that the readers of this issue of “Social and Preventive Medicine” will enjoy sharing the contents of the symposia with the participants.

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