

## Blame the patients or blame the politicians?

Pekka Puska

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*The central role of certain behaviours and lifestyles in the etiology of common chronic diseases is well demonstrated. So is the potential of prevention through behavioural changes of individuals and through lifestyle changes of populations. Scientific research on health related behaviours and lifestyles is wide and covers many different areas, like the role of behaviours in disease etiology, behavioural patterns in the population, the determinants of behaviours and various approaches to influence behaviours and lifestyles.*

*The theoretical frameworks to influence behaviours and lifestyles vary from educational and psychological frameworks, that usually concern individual counseling, to sociological and political frameworks that usually deal with issues of population based interventions.*

*It is generally recognized that individual interventions, often by health services that target high risk individuals and patients to change their behaviours is important and have great potential to help these persons. At the same time it has been long recognized that a population based approach aiming at general lifestyle and risk factor changes in the population has the greatest potential for public health benefits (Rose 1985).*

*In practical community based and national programmes both approaches are needed; they are complementary and support each other. Nevertheless, the big issue for national disease prevention and health promotion is how to influence the health related lifestyles in the population.*

*Historically, many earlier programmes have been heavily based on health education of the population, later involving principles of social marketing and innovative use of the media. Success of such programmes has been at best modest (Puska & Vartiainen 1999). Many have criticized such programmes as putting burden on the individuals and neglecting the strong environmental and “ecological” influences. The phrase “blame the victim” has sometimes been used to criticize such approaches.*

*Consequently, modern research on health related lifestyles and health promotion is heavily concentrating on determinants of health related lifestyles and on the environmental and policy issues that influence lifestyles and possibilities to change them. Following this, there are numerous recent strategy papers and plans by WHO, national governments and expert bodies outlining needed policies. Such is the proliferation of the documents that many have remarked that our problem is no more to define needed strategies but issues of their implementation.*

*The heavy emphasis at public health meetings on the question what policy makers should do raises the question, have we moved from “blame the patient” to “blame the politician”? Is it too easy to say that things would be better with better politicians?*

*Should not the next phase be the issue how to influence policies – as well as the private sector – for health promotion and public health? It could be argued that major lifestyle changes in the society are possible only with social change. Political decisions, like actions of the private sector, are in a complex way interrelated with and depend on social change. Thus ultimately the role of public health and health promotion is one of driving social change for health, as change agents for diffusion of health innovations (Rogers 1983). This highlights issues of leadership as well as of broad partnerships.*

*The experience from Finland in changing national diets illustrate those issues well (Puska 2000). Comprehensive activities, involving much media for policy change, have mobilized the population in the way that have led to great changes by food industry and many policy decisions, not only in health policy, but in other policy areas like agriculture. This important public health lesson formed a strong background for the theme “Health in All Policies” during Finnish EU Presidency in 2006 (Puska 2007).*

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**References**

*Puska P* (2000). Nutrition and mortality: the Finnish experience. *Acta Cardiol* 55 (4): 213–220.

*Puska P* (2007). Health in All Policies. *Eur J Public Health* 17 (4): 328.

*Puska P, Vartiainen E* (1999). Heart Health Challenges 1. In: *The Evidence of Health Promotion. A Report for the European Commission by the International Union for Health Promotion and Education*. Brussels-Luxembourg: 55–68.

*Rogers E* (1983). *Diffusion of Innovations*. New York. Free Press.

*Rose G* (1985). Sick individuals and sick populations. *Int J Epidemiol* 14 (1): 32–38.

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