

The Cult and Science of Public Health – a sociological investigation

Kevin Dew

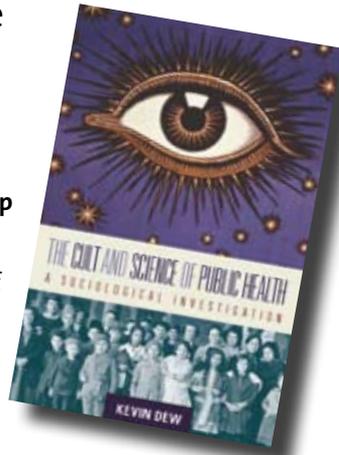
Berghahn Books, 2012, £42, 179 pp
ISBN 978 0 85745 339 6

Kevin Dew is Professor of Sociology in the School of Social and Cultural Studies at the University of Wellington in New Zealand, with an impressive publication record in health and social issues. In this scholarly book, he lays out in seven chapters the history, development and role of public health in contemporary societies. He describes how factors such as the Victorian hygiene and sanitation movements, mass vaccination, the military need for a healthy population with the ability to fight and defend empires, coupled with the work of pioneering epidemiologists such as Jon Snow and Rudolf Virchow, all combined to establish public health as an influential scientific discipline. The book is rich with historical tidbits such as how, in 18th century Prussia, a group of “enlightened despots” known as the medical police sought to impose a systematic health policy from womb to tomb.

Professor Dew argues that public health has now partially filled a gap left in contemporary society created by the decline of religion and the rise of the cult of humanity. He cites the work of Emile Durkheim (1858–1917), a French sociologist who argued that if religious belief declined then other belief systems would be needed to maintain cohesive forces in a secular industrial society. Professor Dew’s main thesis is therefore that public health has extended from its scientific foundation to have a wider role as a moral force influencing international and national health policies around the world and even directly impacting the modern clinical consultation through health promotion initiatives.

He explores the politics and political uses of public health and how it has been used cynically as a tool by totalitarian regimes and how public health can act against the unbridled excesses of capitalism, for example the tobacco lobby. He also explores the penetration of health initiatives in hard-to-reach groups and he examines interactions between health economics and public health.

As a microbiology trainee, I was interested to read how germ theory – based on observation followed by logical conclusion and typified by the work of Pasteur and Koch, which displaced Miasmatic theory in the 19th century – impacted early public health legislation and thinking. It was also interesting to consider some of the concepts in the book from a sociological perspective, such as the gap between health experts and the general public and how this can lead to mistrust and misunderstanding between the public and healthcare professionals. This gap sometimes exists because, as scientists, the degree of proof we require to imply causality is not fully understood by the public at large, making it harder to get health promotion arguments across.



The thesis in the book is well constructed, plausible and accessible to a general readership, although with a little effort. My overall impression is that this is an informative and well-researched book, but suited more for sociologists than a wider scientific audience.

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Testing Treatments: Better research for better healthcare (2nd edition)

Imogen Evans, Hazel Thornton, Iain Chalmers, Paul Glasziou
Pinter and Martin, 2011,
£9.99, 199 pp
ISBN 978 1 90517 748 6

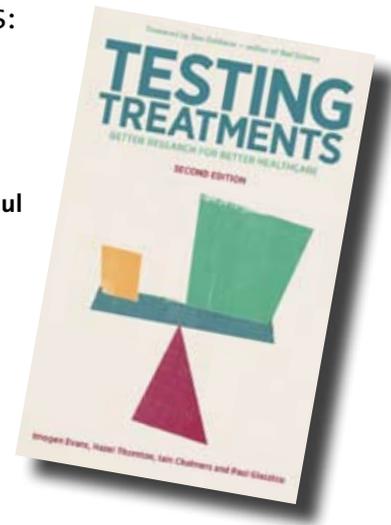
I began reading this book and I found it one of those that is very difficult to put down. In 13 succinct chapters, the authors describe the challenges facing the medical profession and the public in general of how to sift evidence about medical therapies in an intelligent way, such that medical treatments are constantly best suited to improve healthcare and patients’ needs.

In my view, the book is aimed at the informed patient and the medical profession. It explains how new medical treatments are researched, and how that relates to the experience of the patient being treated. The book strikes a tone that is halfway between academic text and general reading. Each chapter provides summaries of key points, which are very helpful.

The authors use many illustrative examples – ranging from the treatment of scurvy in the 18th century to the controversial clinical trials of breast cancer in the recent past – to stress how much money, time and effort is or can be wasted if therapies are not focussed on constantly trying to answer specific questions. Moreover, they indicate the different types of trials that can be done in particular circumstances to best answer such questions by advocating an approach of real partnership between patient and doctor.

The reader is encouraged to look sceptically at the need for treatments and screening, and try to see through the marketing and media hype. These principles do not sound particularly challenging, but the authors go on to show how daily medical practice is complicated by vested interests, including those of commercial companies and the paternalistic attitudes of some clinicians. Robust research is not always easy to produce in a busy clinical environment, but the authors argue that this is all the more important to try to achieve.

For those of us who would like to delve further into the subject, there is a wealth of references and a comprehensive



list of additional resources for general and specific information about current research, even about further training in the skills of assessing research evidence. It is a tribute to the authors that they have updated and published a second edition of this work and that they have made it freely available online (testingtreatments.org). Moreover, they are in the process of producing an interactive site (TT interactive), which should be on every medical student's (or other healthcare professional's) smart phone. I have no hesitation in recommending this book. I am sure that I will be referring to it (or the website) on a regular basis.

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When I Die: Lessons from the death zone

Philip Gould

Little Brown, 2012, £14.99, 228 pp
ISBN 978 1 40870 398 X

Philip Gould was a political strategist, born on 30 March 1950. He died of carcinoma of the oesophagus on 6 November 2011, at the age of 61 years. This book was written in the final stages of his illness and runs to some 225 pages. As is my habit,

I turned to the back of the book first, to read the notes. The notes in this case include a cast of those people who played a part in his care during his illness; care in the United States, in Newcastle upon Tyne and in London.

I don't care much for mawkish articles, features and books yet currently there appears to be a significant number published in Sunday newspapers and book biographies. Perhaps this is what 'the public' want. When I was asked to review this book, I knew that I would be critical as I was aware of this book even before it was published. There had been a number of newspapers articles that covered much of the contents and I had also seen television articles relating to Philip Gould's illness.

Philip Gould grew up in Woking, Surrey. He did not do well at his GCE O-levels but he did gain four GCE A-levels and went to the University of Sussex in 1971. His career was in advertising and then became a polling advisor and strategist for the Labour Party. He worked with the Labour Party under the leaderships of Neil Kinnock and Tony Blair.

Philip Gould developed carcinoma of the distal oesophagus and, following biopsy diagnosis, made an informed decision to have his primary surgery conducted in the United States. Regrettably the surgical procedure was not as successful as it could have been and he ran into immediate post-operative complications, which took some good while to settle. Subsequently it became apparent that he had

developed recurrence of the tumour and it was necessary for further oncology treatment and surgery. When he returned to the United Kingdom, he was treated at the Royal Marsden Hospital and subsequently at the Royal Victoria Infirmary, Newcastle upon Tyne.

I found the first half of the book slow going and, although the style of writing is easy reading, there are undoubtedly tracts that are fairly repetitive. It is when you get to page 123 that the author concentrates more on the aspects of purpose for writing this book. He gives a good account of the pain that is caused by cancer and of the multitude of other symptoms and complications that are part of the decline of a patient dying of a cancerous illness. He makes an excellent point when he says: "what's the point of pain if it does not do me any good?" He then goes on to say that he had an interview with the medical staff, who told him that he had "seven lymph nodes full of cancer and that the outlook was not good".

Much of the following pages relate to his interaction with family members and friends, and the change in his emotions as he nears the point of death. Shortly before he died, he made an eight-minute documentary (which is available on YouTube, with the same title as the book). In this video he indicates that his urn of ashes is to be interred at Highgate Cemetery in North London. This prompted me to look at Highgate Cemetery's list of notable grave sites and it is an astonishing list of individuals. The most famous, of course, is that of Karl Marx, whose tomb survived two attempted bombings in 1965 and 1970. One of my favourite authors also lies in Highgate: the author, Beryl Bainbridge.

Would I recommend this book? I have to admit that I struggle to see the target audience for a book such as this. If you are aware of Philip Gould and are interested in the time that he spent in the Labour Party, then this serves the purpose of closing this last episode of his life, but the book provides no information about his political career. If the purpose is for the reader to understand the personal effects of a major malignancy then this book does provide useful detail regarding the stages that one may go through. Some parts of the book are indeed mawkish, but others are much more informative. It is really a very personal book and expresses emotions and relationships with family members and friends, including Tony Blair.

I have one specific irritation, albeit rather petty: there is no mention made of the role of the histopathologist. The results of the various biopsies are mentioned very briefly in passing but, as so often happens in my experience, those who describe their illnesses place the emphasis on the clinical management of the disease process. Many of the clinicians listed in the cast are well regarded and indeed well known on the international stage. No histopathologist's name is even listed. I find this sad; understandable – but sad. It would have been nice if the role of the histopathologist had received just one mention in this book as Philip Gould's illness, the treatment of his illness and the staging of his illness all required significant input from histopathology.

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