



THIS IS the last of my monthly columns in the present series, so I want to move attention away from organisational and institutional management to an area of development which has rich returns if pursued successfully – health education.

I have criticised the Government's proposals for the reorganisation of the health services, particularly at a recent conference of the Rcn's Association of Nursing Management. It seems that all the proposals are aimed at the institutional management of 1 per cent of ill people, those in hospital – the population at large, and their potential illnesses in the future, are not mentioned.

As this article is being read, nearly 99 per cent of the population are living either in their own homes or in some sort of accommodation outside the NHS, mainly in their own homes. General practitioners and the primary health care team care for over 90 per cent of the population who require medical attention.

Yet the reorganisation plans deliberately separate to a greater extent than at present the family practitioner services from the hospital services. There was just a chance that if the health services were more integrated, a positive attitude towards health could have been planned. As it is, what is being reorganised is an "ill" Health Service. The opportunity to produce positive programmes of health promotion and prevention has been missed.

It is fairly easy to understand why health education is not a popular subject. It does not attract votes, or the sympathy of most people, including health workers. Nurses remain unconvinced that smoking causes ill health – or, if they do, they choose not to remedy the situation in their own lives. The Secretary of State recently said that of each million deaths occurring in the United Kingdom, 0.02 were caused by notifiable industrial diseases; radiation 0.06; murder 12.7; road accidents 126; and smoking 900.

From even these selected figures it can be seen that the curative type of treatment is not going to make a great impact on the health of the nation. A changed attitude by the public to smoking would, however, have quite a dramatic effect on the hospital services – coronary care units would become almost impossible to run because of lack of customers; medical wards may have empty beds for most of the year; cardiothoracic units would see workloads reduced significantly; many children would continue to enjoy a father into their later years, and the wife her husband; industry would benefit from fitter employees; bronchitis, instead of being a high-killing disease, would become far less significant.

The cost, however, is high: A ban on advertising tobacco, very high tax on

A positive push for promotion

Anthony Carr, Area Nursing Officer for Newcastle upon Tyne, thinks an "ill" Health Service is being reorganised: and that the opportunity for positive health promotion and prevention has been missed.

cigarettes, continuing to develop an anti-social attitude towards smokers. All unpleasant actions. Society, until now, has weighed the advantages and disadvantages and decided overall for continuing with smoking and, with it, ill health. It is true some changes have occurred, but still too many people smoke.

Apart from the discovery of vaccines and antibiotics, it has been public health measures – such as clean water, effective sewage systems, rubbish disposal and segregation of people with infectious diseases – that have improved the health of the nation.

The real health drive should be before birth. The evidence does not have to be collated, it is already there. If one is found to be in either social classes 1 or 2, the chances of a long healthy life are very good. In social classes 4 and 5 even being born healthy is much more a risk. We know that if a one-patient situation is added to this then the problems are multiplied.

What health authorities and local authorities need to do is to concentrate a larger part of their resources on the health and environment in which many poorer people find themselves. Perhaps one of the

greatest needs is the provision of modern housing. Unfortunately, the opposite is happening. The local authority housing stock is being sold off and at the same time the building of council houses is either being restricted or stopped altogether. The combination of this action is to affect future generations adversely.

Health authorities should be concentrating on bringing new, sensitive antenatal and postnatal care to the homes of those who are unwilling, or unable, to attend GP surgeries or health clinics. It should be backed by Government-provided financial incentives to the mother from the date of confirmation of pregnancy. A further programme of support for single-parent families should include adequate provision of child-care facilities.

A major aim of Government and all public authorities should be not only to protect the most vulnerable sector of society, but also to realise that all have a vested interest in producing a future, healthy, well-balanced society. For those who say we cannot afford such objectives at present, I would respond that I believe we cannot afford not to plan for a healthy future.

Another area that needs greater understanding and action is the addiction to alcohol which affects between 500,000 and 750,000 people in this country. Although education is an important tool in inculcating positive attitudes to health, example and personal conviction are also very important. In 1965 I remember surveying some schoolgirls and their attitudes to smoking. The result that made the greatest impression upon me was that only one girl admitted to smoking who had parents that did not smoke. Regarding their teachers, the girls were not conscious that teaching regarding smoking had any effect on them. As several said: "It is what the teacher is that is most important."

A health visitor has an important part to play in families, as does the district nurse with new training. Even so, it is what the doctor or nurse is, as well as what they teach, that is important.

There are other modern diseases of society, such as drug taking and overeating. Greater resources would enable GPs and other workers in the primary health care team to spend more time with patients, to listen to them and support them, rather than send them out with a prescription.

In summary, I see nothing in the reorganisation that will benefit the health of the population. It is perhaps up to local authorities and health authorities to come together and to plan joint strategy to combat what have become the modern diseases of society □