

Health promotion or promotion of NHS cuts?

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It is a simple notion that the prevention of disease is more desirable than treatment after its outset. It is far less debilitating to retain good health than to suffer illness followed by treatment often more unpleasant than the original symptoms. It is also generally the case that prevention is far cheaper than medical treatment in a severely under funded health service.

The theory of health promotion has been around for years, but when the Tories identified it as an ideal excuse to cut funding to the NHS, poor health was presented as due to ignorance and of course health promotion was suddenly on the national agenda. It appeared in the contracts of all NHS health professionals and openings for specialists appeared throughout the jobs pages. Health promotion became the only expansion area in an otherwise declining NHS.

However, health promotion has not always been so attractive to the Tories. In 1980, the Black report identified huge inequalities in health between the classes in the UK, resulting from poverty and poor working conditions. It recommended that resources be poured into the areas of greatest need and urged an immediate attack on poverty, emphasising the need for the prevention of ill health. Such was the embarrassment of Thatcher's government that it restricted publication of the DHSS report to 263 copies.

Seven years later, having published similar research, the semi-independent Health Education Council had its government funding withdrawn. The Special Authority status forced upon it effectively placed the new Health Education Authority (HEA) and any activities it undertook, under direct government control.

Detailing the cost of coronary heart disease, alcohol and smoking related harm in millions of pounds and lost working days, the new HEA declared its main functions to be the promotion of 'cost effective alternative strategies to disease treatment'.

The government's recent and most dishonest venture into health promotion is the 1992 White Paper, the Health of the Nation (HoN). Coronary heart disease and stroke are understood to be chiefly caused by poor diet, lack of exercise, nicotine and alcohol intake, and stress.

Eliminating the costs of treatment is clearly in the Tory interest, but so too is retaining revenue from cigarette and alcohol sales and the vast sums paid to their party by tobacco and brewing industries.

HoN places the responsibility for such lifestyles on the individual by offering them 'healthy choices' that they often do not have. There are also penalties such as risking refusal to NHS treatment for smoking related illness. Even war veterans' pensions can be cut if their illness results from nicotine addition, first encouraged by the state to calm the nerves on the battlefield.

Cancers will account for 30% of all deaths this year. Treatment is costly, despite Tory purchaser/provider reforms effectively denying many patients access to relevant specialists. Before HoN, the Tories' only hope of cutting costs was in patients dying between diagnosis and getting a hospital bed.

Certain preventive measures can be taken for some cancers, so the Tories can shift the blame again. As skin cancer can result from over exposure to ultra violet rays, the cheap package holiday so long pushed to the working classes is suddenly a dangerous choice. Lung cancer is widely caused by smoking, so individuals have the 'choice' to give up. Breast and cervical cancer can be treated with early detection, but there is low take-up of screening services by working class women.

Mental illness is less costly for the Tories after the closure of many long stay institutions under the Care in the Community Act. HoN shows the only Tory interest in mental health to be in the reduction of publicised suicide rates. Again responsibility is off loaded on to an already overburdened acute and community professionals.

Sexual health is a tricky area for the Tories. Teenage pregnancies and sexually transmitted diseases are on the increase. Traditional heterosexual family units are contracting HIV. For the Tories, these represent moral decline, and their own failure to impose Victorian family values. The problem for the Tories is how to teach kids sexual health without teaching them about sex.

Even the HEA, vanguard of the Tories' notion of safer health promotion has become a political embarrassment. The organisation whose campaigns usually run at a most superficial level such the 'packet in', anti-smoking campaign sponsored a surprisingly good booklet on sexual health for young people. When a minor minister condemned it as 'smutty', a fearful HEA immediately suspended production of all its sex education materials.

Accident statistics belie the Tory theory that it is safe to close accident and emergency departments. HoN worthily targets the under-15s, 15-24s and over 65 as the most vulnerable groups. Yet explicitly entrusting the safety of most of the working population to employers, a group not known for its concern for workers' welfare while bent on restoring Victorian accident rates by scrapping health and safety laws.

Nevertheless despite the dishonesty of HoN, it is only a thin disguise for the Tories attitude towards public health. It a ham portrayal of a caring government with interests of the nation at heart, and a concern for the quality of life. But this is incongruous with our experience of 15 years of cuts in health, education and social services.

All of this is not to undermine the worthiness either of health promotion or of the professionals engaged in its practice. Most health promotion specialists having studied, witnessed and experienced the effects of inequalities of health tend towards the left. In a socialist society, there would be equal access to decent health and services and a quality of life which would drastically reduce self-abuse of all kinds; by contrast, the current society sees health promotion as a means of cutting resources while placing the burden on individuals' ignorance. Funding would be poured into honest health promotion, into treatment of incurable conditions and into maintaining decent working and living environments. What is needed is to go beyond 'healthy choices' and to fundamentally change conditions in society to facilitate healthy living. If 90% of the wealth was redistributed from the 2% who own it such a society would be achievable.