Round Table

Claude Got

Health, economics, politics and publicity

Economics, politics and publicity have profound influences on people’s health. Advertising, for example, is often in conflict with the interests of good health, through both the promotion of harmful products and the reliance that politicians place on it for their own advancement. Adverse influences on health should be vigorously exposed and opposed by all concerned with people’s well-being.

It is difficult to analyse the complex interactions in modern societies because of the great speed with which change is occurring. In the economic field, fluctuations in the prices of petroleum, tin, coffee, cocoa and many other raw materials create uncertainty and instability, while countries no longer able to pay their debts are finding that fear of financial chaos is their only remaining safeguard. As regards the media, new technologies are flooding the world with words and pictures, some creative, others destructive.

In the health sphere there have been many technological advances, and, on the other hand, many problems have been created by some kinds of behaviour, such as smoking and dangerous driving. And now we are confronted by AIDS with all its ramifications, symbolically summing up a situation involving the environment and behaviour, infection and sexuality, drugs and cancer. Economic conditions are restricting the room for manœuvre not only in national policies but even more so in the international arena. International development activities tend to be seen as affordable in times of growth but an expensive luxury when there is a crisis. The promotion of business is again becoming the primary concern of industrial societies that, until relatively recently, endeavoured to advance social welfare, and international solidarity which gave them a comfortable feeling of virtue.

Those working for health have always endeavoured to reconcile conflicting interests and lessen inequalities of access to care. They have two possible approaches to meet the situation existing today:

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either a strategic retreat could be made so as not to offend anyone and retain as many resources as possible, with restriction of activities and programmes to the areas of immunization, epidemiology, knowledge transfer, or the organization of health care systems;

— alternatively, such activities could be backed up by exposing how the world community claims to be striving to protect life and freedom while promoting misery and death. This kind of view is sometimes expressed in official meetings but is not given sufficient prominence by the mass media that promote, for example, alcohol, tobacco and fast cars. The health and related professions have not yet learned how to combat misleading advertising, and their concern not to interfere directly in national policies means that they have to remain mere spectators when battles are waged on these problems.

Linked factors

Economic crisis strengthens the power of the business community. Every government considers that the constraints it can put on politicians become incapable of offending the businessmen at the source of economic wealth.

The promotion of business and its products through advertising has undergone rapid change. Whereas advertising used to be unsophisticated, descriptive and informative, it now draws on the resources of psychology and presents packages that appeal to the great motivating forces of human activity such as pleasure, fantasy, sex, travel and rivalry, so as to lend prestige to products in a way that is totally inconsistent with education and information.

Expenditure on advertising is increasing rapidly, allowing advertisers to recruit the best brains and force through their methods and objectives. We can see what has happened if we compare the salary of a university lecturer with that of an advertising executive! The principal objective of our societies is no longer to educate but to persuade and condition consumers.

Users of the media, not fully realizing the importance of safeguarding the autonomy of the press, radio and television, are unwilling to keep them financially independent and prefer to allow advertisers to contribute more and more to their resources. If the only harmful consequence were for television films to be interrupted by commercials, the implications would be purely cultural. But in practice the independence of the media is being destroyed, since they cannot afford to defend policies that run counter to the interests of their financial backers.

This kind of dependence has spread to politics. In the past, when the advancement of political ideas and canvassing on behalf of candidates were mainly in the hands of...
voluntary workers, the funds needed for an election campaign were relatively small. The decentralization of the communications media was another factor that kept vested interests at bay. We are now living in a different world, where the cost of a presidential campaign in an industrialized country doubles every five to seven years. By accepting this situation, politicians have made themselves subservient to the advertising industry. How can they vote for laws restricting the advertising of alcohol when its producers are funding their parties and the campaigns that put them in power? There is nothing new in this dependence of politics on the economy; the important point is that the media and advertising are now involved. Sometimes feeble attempts are made to restrict candidates’ spending on elections. The only effective solution would be to ban all political advertising, but the powers that be are reluctant to take such a step.

Another highly regrettable development is that large trucks, much too fast even for the motorways of industrialized countries, are being exported to countries where the road networks are still comparatively primitive and the hazards are correspondingly greater.

- A close watch is kept on alcohol. It is an ambiguous product and most societies are aware of its capacity to provoke violence,

With consumer freedom comes a need to defend people against being conditioned to indulge in dangerous behaviour.

Health activities restricted

The three examples that follow clearly illustrate the increasingly close links between politics and advertising that are combining with economic difficulties to restrict health action against unsuitable or dangerous products.

- It has been clearly established that the risk of road accidents increases with traffic speed. The logical consequence of this is to introduce speed restrictions. The manufacturers of motor vehicles, however, aware that some buyers are susceptible to sales arguments based on speed, are putting cars on the market with performances that far exceed permitted speeds. The political authorities allow this to happen, while the police and courts have the impossible task of enforcement.

disease and death. It is, however, being promoted more and more aggressively by the advertisers, either directly or through sponsorship that buys the healthy image of a sport or a cultural activity. Consumption is on the increase in many countries. In many developing countries the large-scale manufacture of beers with a relatively low alcohol content is a serious problem. They are replacing traditional home-made beers drunk occasionally at big celebrations and are leading to habitual alcohol consumption. This trend is accentuated by advertising, particularly on television.

- Increased public awareness of the health damage caused by tobacco has led to a major shift in opinion in the industrialized countries, where restrictions on advertising have been introduced. However, these are often ineffective since prosecutions are rare or are avoided by such stratagems as using cigarette brand names on other products, or sponsoring formula-1 motor-racing cars in such a way that races seem to be between brands of
Conditioning people to smoke cigarettes manufactured by big companies in the industrialized countries forms part of an economic strategy that puts profit before health. This position is aggravated by a policy of exporting the cigarettes with the highest tar or nicotine content to the developing countries.

Situations such as these do not only arise as a consequence of the relationships that exist between the industrialized world and countries that possess little wealth or power. They also occur in the most developed countries, which are prepared to accept a stratum of people who lead lives of misery.

The present problems have largely been brought about by the trends in the means of production and by the employment situation in industrialized countries. The demand for skills and special knowledge is growing so fast that neither educational systems nor people's ability to adapt can keep pace. The need for unskilled and semi-skilled labour is dwindling, while robots, computers and other devices are improving productivity. The new poor are the people who cannot cope, who are unable to find any place in a world dominated by economic competition and its demands for a labour force that does not use its hands.

Within this social and economic upheaval, the advertising of death-dealing products is expanding like other forms of business. The excessively rigid social systems that were tolerable in a period of growth fall apart under the pressures of economic crisis, and with them disappear some of the basic elements protecting society.

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Advertisers present advertising as a means of developing the economy but it can also serve to condition people and destroy life.

When each country is vigorously defending its own products, opposition to the promotion of items that endanger health is not easy. Action is all the more difficult when politicians become incapable of standing up to the advertisers since they are prisoners of their sponsors and of the media that put them where they are.

With consumer freedom comes a need to defend people against being conditioned to indulge in dangerous behaviour. This cannot be achieved as long as advertisers are displacing educators.

The international organizations should draw up a charter for advertising in the health field and should then clearly denounce any infringements of it. The greatest danger for the defenders of health is not conflict with governments but inaction and consequent loss of moral authority.

To be effective it is not enough to point the finger at tobacco, alcohol, and fast cars—we must confront the people responsible for producing and promoting these things and attack them on their own ground, be they media people, industrialists or publications.
Discussion

Kumariah Balasubramaniam

—Greater restraints are needed on marketing practices

As Professor Got suggests, in organized societies too little attention may be given to health because of the pressures of the marketplace. In addition to the examples given by him, this can also be illustrated by reference to the promotion of drugs. About US$ 500 million have been mobilized to promote the concepts of essential drugs and rational drug use. This represents only about 5% of the amount spent in a single year on drug promotion, much of which undoubtedly contributes to irrationality and inequity in the use of drugs (1). Although the concept of essential drugs, introduced by WHO ten years ago, has been accepted by all Member States, thousands of drugs, most of them non-essential and some positively harmful, are marketed in many countries (2-4). In the USA, prescribers have easy access to scientific journals, and the drug control and regulatory system is comprehensive and efficiently implemented. Yet prescribing habits are strongly influenced by commercial pressures. In the developing countries the majority of doctors have no regular access to scientific journals and drug legislation is often weak.

Proponents of a free and competitive market maintain that the standard economic approach is to rely on signals sent by market forces. Consumers are expected to have well-defined preferences and are assumed to be able to choose the supplier whose prices

are lowest. A supplier will produce goods at the minimum possible cost and offer a range of qualities from which consumers may purchase; otherwise another supplier may take his business away. If there is an inefficient group of suppliers in an industry, it is assumed that firms from outside the

industry will enter the market in pursuit of profits, thereby ensuring that the goods consumers most wish to purchase are produced at minimum cost (5).

The real situation, however, is as follows.

- The patient can never choose the best form of therapy; the basic assumption of consumer sovereignty does not, therefore, apply.
- For the individual clinician, different brands of a single substance may be the only substitutes under consideration; it is even doubtful whether some physicians will consider different brands as real substitutes.
- There are no standard guidelines in therapeutics, but instead a variety of acceptable treatments. Physicians have, therefore, a wide latitude in their choice of therapy.
- Physicians are not rewarded for cost-effective prescribing.

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The more goods and services doctors in private practice provide, the higher are their incomes. Consequently, they tend not to choose the lowest-cost suppliers.

Firms outside the pharmaceutical industry have great difficulty in entering this market.

The paradox is that while about two billion people in developing countries have no regular access to even a limited number of essential drugs (6), thousands of ineffective, unnecessarily expensive and very harmful drugs are freely marketed in these countries. As long as issues related to health and pharmaceuticals are subordinated to the law of the marketplace, this chaotic situation will continue. Professor Got’s suggestion that international organizations should draw up a charter for advertising in the health field and denounce any infringement of it is therefore most appropriate.

2. **Transnational corporations in the pharmaceutical industry of developing countries.** New York, United Nations Centre on Transnational Corporations, 1983.
5. **Newhouse, J. P. The economics of medical care: a policy perspective.** Reading, Massachusetts, Addison-Wesley, 1979, p. 79.

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**Peter Baume**

*–Tensions between economic and social purposes must be eased*

Intersectoral action for health requires lateral thinking of a new and imaginative order. Professor Got provides an example of such thinking. He discusses the widening range of conflicts between economic and social purposes which bedevils developed societies and limits the options for the poorest ones. Professor Got chooses to discuss the social consequences of overpowered motor vehicles developed in pursuit of profit, the marketing of alcohol and tobacco, and the development of advertising as a medium of indoctrination rather than as a source of information. He uses these examples to illustrate his point, but they are not presented as an exclusive or complete exposition of the problem. Many other examples are available and new ones

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continue to emerge in different countries with different social and political systems.

The tensions between economic and social purposes hinder the achievement of better health. They are, for example, relevant to the issue of inequalities in health outcomes, and bear directly on the policy implications of the sponsorship of sport and culture by the retailers of damaging drugs. Inequalities in health outcomes have been a constant feature on the map of illness and unhappiness in every society. They are well documented and the differences are increasing. Interestingly, variations in medical service provision do not in themselves explain the observed differences in health, whereas occupational status and, particularly, income, are related to health outcomes. This is not to deny the critical importance of medical services to individuals suffering from particular treatable illnesses. Nevertheless, one questions whether the provision of more accessible or better quality health services does much to lessen inequalities in health, which is typically worse among economically disadvantaged people than among the economically advantaged.

Differences in health outcomes are highly predictable, being issues of social consequence with intersectoral policy implications. They involve questions of income, wealth distribution, opportunity, caring, mutual obligation, poverty, systems of income support, welfare services, educational practice, and so on. They are indicators of something deep and important — of imperfections and structural inequalities within and between societies — all of which require attention by governments as matters of fairness and justice. The more one examines the links between differences in social and economic circumstances on the one hand, and health outcomes on the other, the more it becomes clear that the elimination of health differences requires attention to the economic and social inequalities that produce them. This is the only effective way to resolve the problem and is the political imperative arising from the demonstration and documentation of the differences.

In the intersectoral context, this calls for action in the areas of economic policy, both domestic and international, and of wealth creation, growth, tax policy, employment policy, redistribution of wealth, and measures to reduce discrimination. Above all, a passionate political commitment is needed to the widest possible equality of opportunity for all citizens.

In my country, Australia, there is an emerging appreciation of some of the dangers of legal drugs but there has been a failure to address adequately the challenges posed by the aggressive promotion of substances that cause more than 96% of all drug deaths. The sponsorship of sport and culture by the tobacco and alcohol corporations has been recorded and discussed, and I have called for measures to withdraw public underwriting from such activities, which takes the form of tax write-offs allowed to corporations in respect of all advertising and some sponsorship. Not only does Australia permit these things to happen, but the names of leading figures from the tobacco and alcohol industries appeared recently in a list of those honoured for "public service".

The need for advocacy of different tax regimes to encourage different health outcomes is one example of a necessary intersectoral action to achieve health for all.

It seems that there are greatly differing perceptions among policy-makers, some favouring economic agendas without consideration of social consequences, others
preferring social agendas with scant regard for economic effects. Members of the first group adopt the mercantilist stance that is so popular at present. They believe that more corporate profit will trickle down through society to provide increased well-being, and different players in the policy area. Intersectoral policy development will need to concern itself specifically with communication matters; until these are addressed, value questions like those raised by Professor Got cannot be satisfactorily resolved.

It seems only a few years ago that thinking about health was blinkered and confined to questions of medical organization and the delivery of medical services as conventionally defined. That we have moved to a position where we can make a rational analysis of intersectoral issues is a sign of hope for the future.

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**Samuel W. Hynd**

*—Health has too small a voice in the political arena*

Professor Got's article is important because everyone should be aware of the interrelationships between the areas he discusses, in both developed and developing countries. People are becoming increasingly concerned about the conflicting interests of health, economics, politics and publicity. Through the media, the issues are becoming more widely known. The transistor radio in particular has contributed to an information revolution. As a result we are seeing an upsurge of unrest, riots and even terrorism. World leaders are having to pay attention to these matters and to reorient their priorities. The failure of experts to provide solutions gives the global community the feeling that matters are out of control.

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As Professor Got clearly demonstrates, we are heading for a crisis. How can disaster be averted? One cannot but agree that the only options before us are strategic retreat or radical entry into the fray.

Against the gains made in the health field have to be set the health hazards resulting, as Professor Got mentions, from excesses in human behaviour. The permissive society, with its encouragement of sexuality, has led to an increased prevalence of sexually transmitted diseases, including AIDS. The abuse of alcohol, tobacco and drugs is now of such magnitude that the health sector is being overwhelmed.

African communities, already struggling with food shortages, malnutrition, diarrhoea and water-borne diseases, now find themselves having to cope with commercial interests of immense financial and organizational strength. Through their encouragement, poor peasant farmers grow crops that do nothing for the nutritional status of their people and indeed are the source of harmful products.

In the political arena, health still has but a small voice, and even this is being gradually suppressed for various reasons, one being that health personnel have been so busy attending to health problems that they have not been able to engage in radical political activity. In the Third World, ministers of health are low in the political hierarchy and generally have little influence. Scant attention is paid to their pronouncements of danger.

There is an emerging realization that blatantly hypocritical approaches to health in almost every country are threatening vital services. Unacceptably low standards are being created. Those concerned with health must recognize that the time has come for them to assume a more active political role, and must state loudly and clearly that humanity is destroying itself.

Professor Got identifies three areas demanding special attention, where hypocritical attitudes are most manifest. The harmful effects of alcohol used as a beverage have long been known, yet governments, commerce, industry and the media continue to conspire in its promotion. Governments desire the taxes on alcohol, commerce and industry claim that employment opportunities are enhanced, and the media need the advertising revenues. Not surprisingly, perhaps, health education on alcohol is given a pitifully small budget. With regard to tobacco, the media coverage of scientific findings is minimal, whereas advertisements suggesting that smoking is a habit of the strong, brave, handsome and sexually attractive occupy vast spaces. The effects on the environment, through deforestation and the growing of tobacco as a cash crop in the place of food crops in countries where people are starving, are matters that go unremarked. Where advertising is questioned and even legislated against, other channels of promotion are found, such as that of sport. The situation is worse in the developing countries than in the industrialized ones. In the Third World

Above all else a charter for honesty, integrity and decency is needed.
It has to be admitted that politicians cannot easily escape from the difficulties that have arisen. Furthermore, double standards are not confined to the area of politics: they exist in the health sector as well. The World Health Organization has only recently banned smoking in its headquarters buildings. Alcohol is still served at WHO receptions, as it is at those of many ministries of health. Nevertheless, headway is being made towards restricting the use of tobacco, and when it is seen that promoters of health are doing something against alcohol the world will undoubtedly sit up and take more notice. The AIDS pandemic may force changes in behaviour patterns. This dreadful disease starkly demonstrates that, unless there is a change in attitudes, behaviour and life-styles, very little will be left for ourselves or our children to enjoy.

Professor Got seems pessimistic and he has good reason to be. His solution is a charter for advertising. Above all else, however, a charter for honesty, integrity and decency is needed if we and our planet are to survive.

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**Carl Ditlef Jacobsen**

*Obstacles to prevention should be swept aside*

In order to be a good health worker, one should be aware of the main health problems in one’s country and of how to deal with them. As soon as one realizes that their resolution largely depends on political decisions, one’s approach to them can harmful by-products of industry and transport, but also alcohol, tobacco and, equally important, even the extensive “pollution of the mind” by the entertainment media and big business. It is easy to criticize politicians, many of whom are indeed ignorant, careless and possessed of a marked dislike of experts. However, doctors and scientists are especially blameworthy.

Let us consider alcohol, tobacco, drugs and fast cars and motorcycles, which are some of the major causes of ill health. The key to dealing with them lies in prevention. Basically, this means applying common sense and reorientating our minds towards preventive measures. Politicians and officials responsible for health policy should be kept informed on these matters. Health officials who set bad examples in their life-styles should be dismissed. The education of health workers, including doctors, should be reorganized. Hospitals should not be havens for doctors who want to spend their time writing papers; they should be places where not only diagnosis and treatment but also guidance on primary and secondary prevention are available. Restrictions should

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*Political decisions often remain unimplemented because of the blocking tactics of senior officials.*

increase in effectiveness. Professor Got’s article helps us towards such awareness. He describes a sick society dominated by commercialism and, in a broad sense, by pollution, encompassing not only the

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be imposed on the sale of two of the most harmful products of our time, tobacco and alcohol.

It is interesting to observe that the fight against tobacco and alcohol was not initiated by doctors or other health workers, nor by scientists who studied the effects of these products. Only rarely do our prominent cancer researchers urge restrictions on the importation and sale of tobacco. Do surgeons who deal with road accidents give any consideration to the need for stringently applied speed limits and other traffic regulations? Will these doctors ever take strong action against the production and unrestricted sale of fast cars and motorcycles?

My country, Norway, is a democracy. Nevertheless, certain individuals have the capacity to change our society, especially persons with key positions in health politics. In such a small country with indifferent mass media and strong commercial interests, political decisions on tobacco, alcohol and other health-related matters often remain unimplemented because of the blocking tactics of senior officials.

Nancy Milio

—"Political" information is essential

National and international pressures on governments to take a broader policy approach to health—to move beyond traditional health services—will grow, reflecting not only the issues of tobacco and alcohol but also the preconditions for health covered by such policy sectors as those of food, the environment, energy, housing, child care, employment, education, transportation and communication.

Some governments now acknowledge that only small health gains have been achieved by costly technology-driven health care systems among their aging populations, who have rising rates of chronic disease and injury. The costs are not only increasing public budget deficits but are also adding to employers’ production expenses indirectly and causing absenteeism among workers. At the same time, informed sections of society, particularly in the light of recent environmental and nuclear power disasters, are increasingly aware that health protection and promotion extend well beyond the scope and instruments of conventional health care policy. Consequently, many governments have tried to broaden concern for health by adopting an intersectoral approach.

This approach faces many obstacles, but the basic problem is to gain access to policy-making processes in order to further the public’s health interests. Too often, such efforts have been ad hoc, uncoordinated, and narrow, relying too much on trying to get individuals to change but failing to mobilize broad, sustainable support for policy changes.

It is one thing to recognize that the mass media have become influential in policy-making processes, to acknowledge that the advertising of commercial products and the “packaging” of politicians affects people’s buying and voting, and that the associated finances create dependence in the media and among political leaders, as Professor Got points out. It is quite another thing to alter the situation.

Although it is important to confront the purveyors of misleading information, that is
not enough; nor is an international code of advertising. As is well known, international organizations, like governments, are subjected to pressures from powerful vested interests. Moreover, even if attempts were made to denounce infringements of a code, the effort would require widespread access to the mass media, which itself is a problem for defenders of health.

The increasingly popular use of “health advertising” is not a sufficient counterweight. The influence of mass-media advertising of any sort is limited. Its effects are short-term and selective, conditioned by costs and relative value at the point of individual action. For example, a three-year controlled community trial among 20 supermarkets in the USA used a well-planned, mass multimedia, attractive, accurate food and nutrition advertising programme. Although health knowledge increased, actual buying patterns corresponded to the food items that were on sale from week to week.

The table suggests that the mass media can affect people’s health, both directly and indirectly, sometimes inadvertently and at times by planned efforts. By simply reporting news about health they may unintentionally influence some people’s behaviour; television documentaries, soap operas and commercial advertising also have their effects, not necessarily beneficial. Planned health education messages in the media may have some small positive influence.

More indirect and powerful, but unintended, is the encouragement given by media news to the taking of action by groups of people; this in turn can have widespread consequences for health. Thus in 1964, when the first report on smoking and health was broadcast in the USA, local and national health groups, long frustrated and unheard, mobilized themselves and won policy changes in states and localities, including smoking restrictions and increases in tobacco taxes, long before national policies began to change. This organized activity had a far wider anti-smoking effect than the individual behaviour changes made in direct response to the report. Another indirect way in which the mass media can influence health occurs when organized groups, whether pro- or anti-smoking, contrive special events with a view to attracting television cameras and thus winning the attention of policy-makers.

The evidence suggests that potentially the most influential media route to affecting people’s health is that of indirect, inadvertent mobilization, and that the weakest overall effect is obtained through the more direct, planned, conventional health education and promotion approach, which usually urges individuals to change their behaviour. Information without organized action does not lead to the policy changes that are needed to ensure health. Furthermore, the types of and targets for information must be re-examined.

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Routes to potential health effects of mass media

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Organization and strategy

Having acknowledged the political and economic realities of policy-making, including the various ways in which the media may influence policy, the next step for health proponents is to develop an organized, sustainable approach to the problem of gaining influence. This means mobilizing one’s own group or groups to do strategic planning. The aim is to create or strengthen a supportive climate in which policy change can occur, and to develop ways of inducing targeted policy-makers and organizations to put specific issues on their agendas.

In this connection it is essential to monitor selected aspects of the environment and of the organizations whose cooperation is required. Information is needed on economic issues, political agendas, social and demographic patterns, media depictions of issues and public perceptions, as well as target organizations’ agendas, policy preferences, and sources of support. It is then necessary to deduce the implications for strategic planning, with reference to: the development of healthful policy options on priority issues; tactical options for action; the timing of action; positions for negotiating with potential allies and competitor groups framed in ways that will appeal to their priorities; and the design of public communications.

The information needed for the public is not of the conventional type that urges personal behaviour change. It should convey the unhealthful effects of a current policy or situation and demonstrate how a new specific policy option could be health-promoting at an acceptable cost; this kind of health education, although rare, has been successfully carried out. An alternative policy might be proposed to counter, for example, industry or government justifications during news reports of health-damaging situations. In addition, continual attempts can be made to convey messages through television and radio “talk shows”, public access channels on cable television and radio, letters in the press, and so on.

Proponents of health development should also pursue their interest in the development of national and international policies relating to the new information technologies, including the use of broadcasting, satellite cable television, and computers. Without guarantees of publicly financed, universally accessible channels of communication, alternative voices cannot be heard.

At least some of the resources required to develop and use the strategic capacity for this work could be obtained by reallocation of current sources of support. Resources could be increased by coalition-building, which would also serve to raise political influence by presenting a common front, broadening the constituency base, and defusing potential opposition. Groups might include research institutions, programme-based organizations, and some businesses.

The basic problem is to gain access to policy-making processes in order to further the public’s health interests.

and government units relevant to health development. In any case, basic financing must be sustainable and, just as importantly, designed so as to provide an incentive for members of the coordinating group or coalition to develop a shared interest in the group’s effectiveness.
Beyond a sustainable resource base, including a committed, qualified staff, enough influence must be developed by proponents of healthful policies to affect the agendas, priorities and resource allocations of target governmental units and other organizations. Influence can develop if proponents are credible, selectively visible, reliable, fair, and persistent.

In general, strategic planning should primarily support emerging trends and actions favourable to health in the political and social sphere and within targeted organizations. This includes the expression of support when leaders and organizations take effective action. Attempts should be made to deter retrenchments and to redirect actions unfavourable to health. Tactically, with respect to particular organizations and groups, this might mean providing them with information, technical assistance, training, or seed money; proposing options for action; helping to build their links with potential allies; and otherwise developing sets of organizations or infrastructures capable of taking health and well-being as a legitimate item on their agendas.

In other words, strategic planning for proponents of an intersectoral approach to health requires a soundly based, well-supported and sustainable information strategy for education, communication, and action-inducing purposes, backed by an organized entity.

Scientific or "factual" information is not sufficient to persuade policy-makers or organizations to act in ways they view as contrary to their interests or to view their interests differently: "political" information is essential. This may involve presenting policy proposals that serve to legitimize new perspectives, draw in potential gainers, and provide a new standard by which stakeholders' actions can be judged; it may also involve drawing attention to projections of economic and population changes, the actions of competitors, changes in public and policy-maker opinion, and potential rewards or penalties. The coverage of any such information by the mass media will usually help to focus the attention of stakeholders within and outside government.

Qiu Renzong

—A matter of ethics

At the Second National Conference on Medicine and Philosophy in Beijing in December 1983, I asked whether the press should refuse to advertise new drugs that had not yet been confirmed as safe. At that time, the newspaper with the largest circulation in China, the People's Daily, had prominently advertised a drug solely on the strength of remarks made by some patients and doctors—the results of laboratory tests, animal experiments and clinical trials were not mentioned at all. I argued that this was unethical because patients might be harmed and doctors might feel under pressure to use the drug. The response from the medical personnel, health administrators and philosophers of medicine who were present was by no means enthusiastic.

In 1986 the People's Daily reported that a doctor working in a hospital in a small town had devised a new treatment for polio sequelae, and that it had a success rate of 92%. Thousands of patients converged on the town, many of them having to sleep on the ground because of a shortage of beds. The 'doctor' turned out to be a quack who was unfamiliar with even elementary sterilizing procedures. A great number of

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patients were infected when he operated on them. Only after a delay of several months was a small correction published, in which it was said that the report had not been true. There were no comments, however, on the malpractice of the quack, nor on reporters' and newspapers' responsibilities to their readers.

Cigarette advertising is prohibited in China, but foreign cigarette companies give financial support to sports events, thus receiving publicity on television and reaching hundreds of millions of people. Government revenues from the cigarette industry are second only to those from the petroleum industry. The money for development comes from industry, some products of which harm people's health and consequently, in the long run, actually impede development. Sport is good for people's health, but sponsorship may mean that they are tempted to consume health-threatening products. Managers of newspapers and television channels are eager to get money from sponsorship deals so as to improve the financial condition of their enterprises. People have the right to shape their own behaviour patterns, and the values of personal freedom, institutional interest and the common good are often in conflict.

As Professor Got says, health workers should not be mere spectators in these matters but should exert pressure on the authorities with a view to reducing health hazards of all kinds, including those presented by tobacco, alcohol and inadequately tested drugs. If care-givers stand by with folded arms while people's health is threatened, they throw away both autonomy and integrity. If they do not raise their voices to demand improvements, who will?

However, if a person decides to consume a harmful product even after having been fully informed of its properties, his or her decision should be respected in the name of individual autonomy. This does not mean, for example, that smokers should have the right to smoke in public places, thus obliging nonsmokers to suffer the consequences.

Finally, it is worth pointing out that development and health are interdependent. In a developing country like China it is unjust to allocate many resources to the development of industries whose products are hazardous to health. Publicity can increase demand for such products and encourage excessive investment in these industries. Poor health results and, eventually, development is impeded.

In China there is certainly a need for legislation on publicity, and care-givers should play their due role in bringing it about.

Raimo Salmi

—it is a government's duty to define and pursue the goals of health policy

My country, Finland, has a market economy highly dependent on foreign trade. Since 1978, output has grown at an average annual rate of over 3.5%. Living conditions

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have rapidly improved and private consumption per capita has reached the same level as in Sweden. General government expenditure is 41.5% of the gross domestic product. The government defines the objectives of health policy and allocates resources, applying five-year plans

In Finland, price policy is regarded as the most efficient means of restricting the consumption of alcohol and tobacco.

that are revised annually. The general lines of health policy are laid down and decisions concerning investment and increases in personnel are incorporated. The government's influence over public health policy derives from its provision of 31% to 64% of current health care costs incurred by the municipalities in accordance with national plans. In 1986, 7.5% of the gross domestic product went to health care expenditure. In 1984, life expectancy at birth for males was 70.3 years and that for females was 78.8 years. Finland's infant mortality rate is among the lowest in the world. The high frequency of cardiovascular disease, particularly among men, is regarded as one of the country's most serious health problems.

Professor Got tackles several questions that are at present being debated in Finland, including the problems associated with the consumption, pricing, taxation and advertising of tobacco and alcohol, and transport policy and its connections with road accidents. In addition there are areas of friction between agricultural and health policies, and certain problems of political decision-making.

The production, importation and sale of alcoholic beverages are controlled in Finland by a state-owned company. Alcohol policy is a matter for the Ministry of Social Affairs and Health, although in questions concerning pricing and taxation the Ministry of Finance has extensive powers. After 1974 the consumption per capita of alcoholic beverages stayed nearly unchanged for a long time. During the last three years, however, it has risen again, and in 1987 it was equivalent to 7.06 litres of 100% alcohol per person. A tenth of those drinking alcohol consume half of the total quantity. Alcohol consumption is a significant etiological factor in cardiovascular disease and certain kinds of cancer. Moreover, it causes road accidents, crimes of violence, drownings and industrial accidents, thus placing a major strain on the resources of the health care services.

Tobacco products are both manufactured and sold by private enterprise. However, their sale to minors is illegal and they are also subject to special taxation, the proportion of tax in the retail price of an ordinary cigarette being 68%.

In Finland, price policy is regarded as the most efficient means of restricting the consumption of alcohol and tobacco. Here, however, the short-term interests of health policy and economic policy conflict. The contribution of alcoholic beverages and tobacco to the consumer price index amounts to 8.6%. Increases in the prices of these products greatly increase government expenditure, since all pensions and many other social security benefits are legislatively tied up with either the consumer price index alone or the average of this index and that of wages and salaries. Index clauses have also at times been included in agreements on wages, salaries and agricultural incomes, and increases in prices have thereby been restrained. During the early months of 1988,
however, the interests of health policy and fiscal policy have coincided: because of the need for a tighter fiscal policy and for restriction on the growth of consumption, alcohol and tobacco prices were raised by about 12%.

The advertising of both alcoholic beverages and tobacco is prohibited, and drawbacks of the kind mentioned by Professor Got are not, therefore, associated with advertising. However, there is hidden advertising, and demands are at times made for lifting the ban on advertising.

The output of milk products in Finland exceeds consumption by 25–30%, and egg surpluses are also large. The surpluses are exported with the help of heavy subsidies. Agricultural and short-term fiscal policy interests consequently require high domestic consumption of both milk fats and eggs. A tenet of official agricultural policy in Finland is that output should be reduced to a point closer to self-sufficiency. However, little headway has been made in this respect. In particular, milk production is significant for both regional and employment policies, and its rapid reduction therefore seems unlikely. This is the background to a policy on edible fats whereby the price of butter is subsidized and margarine based on vegetable fats is heavily taxed so that its price is maintained at 75% of that of butter. The fact that various qualities of milk, differing in fat content, have been priced equally, has also led to questions about health policy.

In recent times, increasing attention has been paid to the link between blood cholesterol and cardiovascular disease. Heart specialists have recommended that the target value for total cholesterol be substantially reduced to 5 mmol per litre, and have pointed out that a plentiful consumption of eggs and milk fats tends to raise blood cholesterol levels. The producers and distributors of milk have for their part launched a counter-attack, seeking to invalidate claims that there is a connection between the consumption of edible fats and deaths due to cardiovascular disease.

The public discussion of these matters has obviously served to accelerate the fall in the consumption of milk fats. Butter consumption is already below the level previously anticipated for the year 2000.

Discussion concerning the artificial price ratio between butter and margarine is growing increasingly lively. However, the conflict between the interests of agriculture and short-term fiscal policy on the one hand and health policy on the other seems likely to continue for a long time.

Professor Got's observations on transport policy are applicable to Finland, although here, perhaps, the situation is less serious than in many other countries. A rapid rise in real incomes and the fall in petrol prices have resulted in an increase in the number of motor cars and large-scale road building. Railways have lost market shares to road transport, both in passenger and freight traffic. The change is being speeded up by a recent decision making larger loads permissible on the roads. The public appears

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to accept the dangers associated with traffic, and there is a reluctance to consider that hospital costs attributable to road accidents have anything to do with transport policy.

Very recently, interest in health economics has increased in Finland and it has become possible to discuss, in public, health policy choices and their connections with other policy sectors. The most recent indication of this is the appointment by the government of a committee with the task of drawing up a plan of action for the prevention of coronary disease and the reduction of mortality caused by it. The committee will be expected to determine what kinds of subsidizing, pricing and taxation measures related to the production and consumption of foodstuffs ought to be adopted in order to change eating and drinking habits in such a way that the risk of coronary disease will be reduced.

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The World Health Organization is very grateful to the Russian cartoonist Vladimir Frolov for permission to reproduce the above cartoon.