

## From the Chief Executive



*As we gear up to the autumn programme of work, a number of key themes and tasks emerge. The first is to address the fast moving changes in the NHS.*

*The Government consultation document, *Shifting the Balance of Power within the NHS*, sets out the new NHS structure and the place of public health within it. It stresses the need for an inter-disciplinary approach and proposes a board level appointment for public health in each Primary Care Trust. PCTs will carry major public health responsibilities. The Royal Institute is working with other public health bodies, who will be making suggestions to the Government about how this can best be realised. Ensuring that public health specialists and practitioners have the appropriate skills and experience in this new environment is an important issue and this makes the newly published National Standards for Public Health Specialists (see below) very timely.*

*To turn to the more domestic issues. If you have visited the Royal Institute, you will know that our gracious Adam building in central London houses not only our offices but meetings rooms for hire – (don't forget the 10% members' discount). However, if we are to stay here, we have to improve access for disabled people and upgrade the facilities in general. After much soul searching and consideration of the alternatives, the Trustees have decided that we should upgrade the building. This will be a huge task. We are in the process of raising funds at the moment, with a view to starting work in the new year.*

*Finally, you will know that members have voted to shorten the Royal Institute's name to 'The Royal Institute of Public Health'. As we have a Royal Charter, permission was needed from Her Majesty The Queen. This was granted earlier in the year and we have now set 1st January 2002 for the change to the new name. So as from the New Year, we shall officially be The Royal Institute of Public Health and the post nominal letters for Fellows will then be FRIPH, and for Members, MRIPH.*

## Hygiene is dead – long live hygiene

John R Aslton C.B.E.

*The news that the Royal Institute of Health & Hygiene is to drop the 'hygiene' from its title is sad but perhaps not surprising. The history of public health is littered with examples of renaming and rebadging to catch the passing trade. Ironically these name changes have often been spectacularly mis-timed as the relevance of the recently abandoned handle metaphorically jumped up to hit its assassins in the face.*

Just think of the sequence of name changes that surrounds the world of public health; from the epithets of public health and of hygiene themselves to the recent walk-on parts played by social medicine, environmental health and community health (with or without the appalling 'studies'). The department where I worked for many years at Liverpool University managed most of these names at one time or another before we were able to reinstate 'public health' on the back of the Acheson committee report of 1988. And, of course, some bright sparks began talking of 'the new public health'. So why should one be upset about the demise of 'hygiene'?

For one thing, as all students of public health know, the provenance of 'hygiene' is without peer. Well almost. The two fundamental schools of thought in relation to health date from the disagreements between worshippers of the Greek goddess Hygieia and those of Asclepius. For the worshippers of Hygieia good health was the natural order of things; a positive attribute to which people were entitled if they

governed their lives wisely. The role of medicine was to discover and teach the natural laws which would ensure a healthy mind in a healthy body. However, the more sceptical followers of Asclepius believed that the chief role of the physician was to treat disease and to restore health by correcting any imperfections caused by the accidents of birth and life.

In the context of the public health movement, which developed in the great British towns and cities of the last century, a differentiation can be identified between the environmental emphasis of prevention of the early years (c1840-1870) and the personal prevention measures of hygiene that followed. This differentiation was an important bridge of understanding and action between the environmental perspective and the bio-medical which began with the Pasteurs and the germ theory of disease, but only really got into its stride with the discovery of insulin in the 1920s.

This hygiene bridge encompasses the crucial perspective which brings together behaviour, culture, religious

## National Standards for Public Health Specialists

The newly published National Standards for Public Health are the outcome of the Tripartite Group initiative, led jointly by the Royal Institute, the Faculty of Public Health Medicine and the Multidisciplinary Public Health Forum. The aim of the project, which was set up in 1998, was to recognise, develop and harness the contribution of all relevant professionals in public health, by developing multidisciplinary national standards.

Government funding was secured and Healthwork UK, the National Training Organisation for Health and Social Care, was commissioned to do the work. Following extensive consultation, the Standards have now been finalised. Details can be found on Healthwork's web site at: [www.healthwork.co.uk/projects/public-health.htm](http://www.healthwork.co.uk/projects/public-health.htm)

The Tripartite Group will now be working to ensure that the Standards are widely disseminated and that they inform the new public health appointments.

and other belief systems in their interaction with the physical and built environment and the range of human habitats and settings for everyday life, mediated by the tricky business of negotiated public policies. Soap and water may have been delivered to the humble dwellings of the poor by feats of chemical and mechanical engineering but the adoption of satisfactory food and personal hygiene practices was dependent on an ability to influence often deeply entrenched behaviours, wherein an understanding of anthropology is as important as biology or the physical sciences. Achieving good personal hygiene among clinical staff continues to defeat us as testified by the frightening levels of hospital acquired infection and their equivalent in the community. Which brings me to the nub of the case for keeping a sharp and clear focus on the importance of hygiene in public health. Consider the dramatic evolution of new public health problems over the last 20 years: - HIV and AIDS, Legionella, Salmonella, Hepatitis, BSE, Variant CJD, penicillin resistant gonorrhoea, chlamydia, the resurgence of syphilis, the rise in suicide and self-destructive behaviours in young men (and now women); the list is not exhaustive. If we consider this list and we reflect on the extent to which these problems are wrapped up in the way we, as an animal species, interact with our environment, natural, social and built, it is blindingly clear that we need that clear focus on health and hygiene in relation to food, water, air, sex and habitat.

I am sure that there will be a positive side to life as the Royal Institute of Public Health, particularly if it can provide the umbrella for a genuine multidisciplinary home for public health professionals, but somewhere, somehow in the near future, do not be surprised if a young Turk has the inspiration to establish an organisation for the study of Hygiene and Public Health.

*John Ashton is the Regional Director of Public Health for the North-West of England.*

#### Reference

*Adhesion Report.* Public Health in England: the report of the Committee of Inquiry into the Future Development of the Public Health Function. (Cm. 289). London: H.M.S.O., 1988.

# Long live hygiene . . . .

## *A response from the Chief Executive*

*I welcome this opportunity to respond to John Ashton's robust defence of hygiene – which makes me feel an explanation of our name change is required!*

To give the historical context: when Queen Victoria became our first Royal Patron in 1897, the organisation was called 'The Royal Institute of Public Health'. We later merged with the Institute of Hygiene and then more recently with the Society of Public Health. And, in the all-embracing spirit that typifies the public health world, we simply adopted all the names, so that by 1997 we were known as 'The Royal Institute of Public Health and Hygiene and Society of Public Health'. By this time our Finance Manager was asking if we could possibly find a new name which would fit on a cheque. And so, the major reason for changing the name was, quite simply, to make it more manageable.

But why does it have to be the word 'hygiene' that is dropped? Are we just 'renaming and re-badging to catch the passing trade' as John Ashton suggests? In dropping 'hygiene' are we kow-towing to a passing view that the word is unfashionable?

Well, firstly, there can be times when names should keep pace with fashion – particularly if you consider that in 1886 the name of this organisation was 'The Society of Medical Men Qualified in Sanitary Science'. 'Sanitary science' may enjoy a revival but I think that the 'Society of Medical Men' has had its day.

But, more seriously, omitting the word does not denote any diminution of concern about hygiene; we devoted a whole symposium last year to hand washing, and our very public commit-

ment to hygiene in food preparation is manifest in the thousands of candidates who study for our food safety qualifications each year.

Our view is that hygiene is a necessary and integral part of public health – as is epidemiology, as is a multidisciplinary approach, as is a concern for underlying socio-economic determinants of health – and so it does not need stating separately; indeed, it could be argued that to include both 'public health' and 'hygiene' in the title is tautologous.

When I told my son that we were dropping 'hygiene' from our title, he said "Oh good, perhaps you'll stop going on about it". This was because I had recently suggested that it might be wise to wash his hands after catching frogs and before making a sandwich.

But no, he is wrong. Our commitment to hygiene stands.

If the Royal Institute's PR machine were truly humming, I might now say that we took 'hygiene' out of our title only in order to provoke a response from eminent commentators, thus ensuring media debate about hygiene. But sadly, I cannot honestly claim such adroit spin doctoring.

Although I stand by our decision to shorten our name, I do, nevertheless, welcome John Ashton's comments, and this opportunity to restate our unequivocal dedication to hygiene. And I should make it clear that, in spite of the name change, our advice on washing your hands between frog catching and sandwich making still stands.

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