WORLD MEDICAL ASSOCIATION STATEMENT
on
HEALTH PROMOTION

Adopted by the 47th General Assembly
Bali, Indonesia, September 1995

1. Medical practitioners and their professional associations have an ethical duty and professional responsibility to act in the best interests of their patients at all times and to integrate this responsibility with a broader concern for and involvement in and professional responsibility to act in the best interests of their patients at all times and to integrate this responsibility with a broader concern for and involvement in promoting and assuring the health of the public.

2. The traditional roles of public health agencies at all levels of government, and of independent physicians' associations involved in the field of public health, include a variety of programs and activities targeted to the identified needs of the population and the capacity to carry out those functions effectively. The key functions of public health agencies are assessing community health needs and marshalling the resources for responding to them, developing health policy in response to specific community and national health needs, and assuring that conditions contributing to good health, including high-quality medical services, safe water supplies, good nutrition, unpolluted atmospheres and environments that offer opportunities for exercise and recreation are available to the individuals.

3. The specific programs and activities carried out in each jurisdiction will depend on the problems and needs identified, the organization of the health care delivery system, and the resources available to address the identified needs. Types of specific activities carried out under these broad public health functions include:

   a) monitoring and protecting the health of communities against communicable diseases and exposure to toxic environmental pollutants, occupational hazards, harmful products, and poor quality health services. This function includes the need to set priorities, establish essential programs, obtain requisite resources and assure the availability of necessary public health laboratory services;

   b) identifying outbreaks of infectious disease and patterns of chronic disease and injury and establishing appropriate control or prevention programs;
c) working with health care providers to inform and educate the general public about their roles in preventing and controlling disease, adopting healthful lifestyles, and using medical services appropriately;

d) providing outreach, screening, and other preventive services and curative care to persons not served by private sector providers;

e) developing and testing new prevention and public health control interventions; and

f) working with the responsible public authorities to create environments in which healthy behavioral choices are the easy choices.

4. Public health agencies benefit greatly from close cooperation with and support by medical practitioners and their professional associations. The health of a community or a nation is measured by the health of all persons in that community or nation, and the preventable health or medical problems that affect an individual person have an impact on the health of the community and its resources. The effectiveness of many programs to enhance the health of the public, therefore, is dependent on the active involvement of medical practitioners and their professional associations in concert with public health agencies.

5. An example of the type of activity that is effectively conducted collaboratively between the private medical sector and the public health sector is public information and education programs to promote healthful lifestyles and reduce preventable risks to health, including those from: use of tobacco, alcohol and other drugs; sexual activities that increase the risk of HIV transmission and sexually transmitted diseases; poor diet and physical inactivity; and inadequate childhood immunization levels. In many countries, health education is one way to reduce infant morbidity and mortality through promoting breast feeding and informing parents about the risks from contaminated water and inadequate nutrition.

6. Other types of activities, such as disease surveillance, investigation, and control are primarily the formal responsibility of public health agencies. These public health activities cannot be conducted effectively, however, without the active cooperation and support of medical practitioners at the community level who are cognizant of personal and community illness patterns and who notify health authorities promptly of problems that might require further investigation and action. Such problems might include identifying populations at high risk for particular diseases, such as tuberculosis; reporting cases of communicable diseases such as measles, whooping cough, or infectious causes of diarrhea; and reporting suspected cases of food poisoning or exposure to lead or other toxic chemicals and substances in the community or workplace. Reinforcement for reporting and cooperation, however, occurs only if there is an appropriate and adequate public health response to the information provided.

7. Regardless of the effectiveness of existing public health programs in a jurisdiction, an important responsibility of professional medical associations is the awareness of community and national health needs that are not being met and public advocacy for activities, programs, and resources to meet those needs. These efforts might be in areas of public education for health promotion and disease prevention; monitoring and controlling environmental hazards; identifying and publicizing adverse health effects from social problems, such as interpersonal violence or social practices that affect the health of people; or identifying and advocating for services such as improvements in emergency treatment preparedness.
8. In areas or jurisdictions in which basic public health services are not being provided adequately, medical associations must work collaboratively with other health agencies and groups to establish priorities for advocacy and action. For example, in a country or area with limited resources in which potable water and sewage facilities are not available to most residents, these issues should be given priority over the expending of resources to obtain a new medical technology that would provide service to only a few people in the population.

9. Some health-related issues are extremely complex and involve multiple levels of response. For example, families of children diagnosed with high blood lead levels often need assistance in securing appropriate medical services, determining the source of contamination, and receiving appropriate abatement services to eliminate the danger. Other health related issues create concern because of the economic effects of policies that promote the health of the public. For example, the potential economic impact of tobacco control policies on an area that derives significant revenue from growing or processing tobacco creates strong opposition to the public health advocacy program. However, economic policy should not deter a strong public health advocacy program against the use of tobacco products. The promotion of tobacco products should be rigorously opposed, and every effort should be made to reduce tobacco consumption in developing countries.

10. The World Medical Association adopts this Statement for the purpose of providing guidance for National Medical Associations as they consider the appropriate role in their jurisdiction for medical practitioners and professional organizations to be involved in public health responsibilities and advocacy for health promotion.