
WMA STATEMENT ON PHYSICIANS AND PUBLIC HEALTH

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1. Physicians and their professional associations have an ethical and professional responsibility to act in the best interests of patients at all times. This involves collaboration with public health agencies to integrate medical care of individual patients with a broader promotion of the health of the public.
2. The health of a community or population is determined by several factors that go beyond traditionally understood causes of disease. Classically defined determinants of health, aside from the genetic and biological constitution of individuals, include factors that affect behavioural lifestyle choices, factors that affect the physical, psychosocial and economic environments in which individuals live, and factors that affect the health services available to people. Public health traditionally involves monitoring, assessing and planning a variety of programs and activities targeted to the identified needs of the population, and the public health sector should have the capacity to carry out those functions effectively to optimise community health. The key functions of public health agencies are:
 - a. Health promotion:
 1. Working with health care providers to inform and enable the general public to take an active role in preventing and controlling disease, adopting healthful lifestyles, and using medical services appropriately;
 2. Assuring that conditions contributing to good health, including high-quality medical services, safe water supplies, good nutrition, an unpolluted atmosphere, and opportunities for exercise and recreation are accessible for the entire population;
 3. Working with the responsible public authorities to create healthy public policy and supportive environments in which healthy behavioural choices are the easy choices, and to develop human and social capital.
 - b. Prevention: assuring access to screening and other preventive services and curative care to the entire population.

- c. Protection: 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.
 - d. Surveillance: identifying outbreaks of infectious disease and patterns of chronic disease and injury and establishing appropriate control or prevention programs;
 - e. Population Health Assessment: assessing community health needs and marshaling the resources for responding to them, and developing health policy in response to specific community and national health needs.
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, the types and scope of the partnerships developed and the resources available to address the identified needs.
 4. Public health agencies benefit greatly from the support and close cooperation of physicians and their professional associations. The health of a community or a nation is measured by the health of all its residents, and the preventable health or medical problems that affect an individual person affect the health and resources of the community. The effectiveness of many public health programs, therefore, depends on the active collaboration of physicians and their professional associations with public health agencies and other governmental and nongovernmental agencies.
 5. The medical sector and the public health sector should effectively cooperate on the dissemination of public health information and education programs that promote healthful lifestyles and reduce preventable risks to health, including those from the 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 by promoting breast-feeding and providing nutrition education to parents together with providing supportive conditions (at work and in the community).
 6. Other types of activities, such as disease surveillance, investigation, and control are primarily the formal responsibility of public health agencies. These activities cannot be conducted effectively, however, without the active cooperation and support of physicians at the community level who are aware of individual and community illness patterns and can notify health authorities promptly of problems that might require further investigation and action. For example, physicians can help identify populations at high risk for particular diseases, such as tuberculosis, and report cases of communicable diseases such as measles, whooping cough, or infectious causes of diarrhoea, as well as cases of exposure to lead or other toxic chemicals and substances in the community or work place. A spirit of collaboration could be greatly enhanced if public health agencies respond adequately and appropriately to the information provided by physicians and others.

7. Regardless of the effectiveness of existing public health programs in a jurisdiction, professional medical associations should be aware of unmet health needs in their communities and nations and advocate 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 resulting from social problems, such as interpersonal violence or social practices that affect health; 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 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 needs should be given priority over medical technologies that would provide service to only a small portion of the population.
9. Some health-related issues are extremely complex and involve multiple levels of response. For example, those diagnosed with high blood lead levels need not only appropriate medical treatment, but the source of contamination must also be determined, and measures taken to eliminate the danger. At times policies that promote public health create concern because of their potential economic impact. For example, strong opposition to the potential economic impact of tobacco control policies could come from regions or groups that derive significant revenue from growing or processing tobacco. However, economic concerns 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 both developed and developing countries.
10. Physicians and their associations should collaborate with political authorities and other organizations to encourage the media to send positive messages for health education regarding diet, drug use, sexually transmitted diseases, cardiovascular risk, etc.
11. Medical associations should ask their members to educate their patients on the availability of public health services.