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For the Good of the Public's Health
(Barbados)*

Let me thank you for the invitation to your annual dinner and the opportunity to address you as well. It is not often that one has the opportunity to speak to one's peers in a setting such as this. I enjoy speaking to groups of physicians and have been fortunate enough to do so in many of the Caribbean countries. I confess to being chagrined sometimes that my audience remembers the stories I have told rather than my comments about some of the more important issues of the day. But I suppose as the night goes on as it tends to do at occasions like these, there is less tolerance for profound reflections if they are not accompanied by comments on some of the less serious aspects of our lives. However, I do regret sometimes that my change in status over the years and the risk that what I say will be recorded and appear in print have very often inhibited my natural tendency to share some of the stories which I would not like to see attributed to a Chancellor of my university. These would be stories that Princess Alice, our first Chancellor would not have even heard of as I doubt that English royalty knows anything about the likes of medical smokers or the markets and bars of Papine.

The tradition of banquets and dinners of the professional guilds is an old one and indeed some of the guilds today exist almost for the sole purpose of banqueting, but I suppose that is normal, because if guilds are like humans, as they get older they and their members are more conscious that food and wine are still two of the very few real pleasures left to man. I admit that I like the idea that our profession still has many of the better characteristics of a guild. The medieval guilds had the notion of equality among their members, pride in their profession and responsibility for self government and regulation.

Guilds thrive on tradition and symbolism. They should therefore be committed to having the lore of the profession transmitted by their own griots and it does not matter that many of these stories are embellished to show the guild in a light that was not evident to the younger members at the time. For these younger members will themselves grow into their own stories and create their part of the ongoing tradition. So it does my heart good to see here tonight a mixture of the veterans and the youngsters and by youngsters I mean all those under the age of fifty. Of course the ages and stages of man are marked by things other than numbers.

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So let me claim the privilege of my advanced stage of membership in this guild to reflect first on the people and places that have made me what I am and then on some of the issues that concern me because of what I now do. This evening it is natural to think of the time of my professional life that I spent here in Barbados as a hard working medical officer. When I got married many moons ago, I envisaged that my wife and I would travel to our places of work and study together. That almost fell apart as we prepared to come to Barbados in January 1960. The story of how I almost contributed to her early demise before we reached here is a proof of the motto that the physician who treats himself or his spouse has an ass for a doctor and a fool for a patient.

We did get to Barbados a month late and I recall vividly reporting for work to Dr. Maurice Byer, who was then Chief Medical Officer and is probably the father of public health in Barbados. He greeted me, sat me down and listened to my ideas of what I would like to do and the role I thought the Government of Barbados might play in my further development. He wished me well during what he hoped would be a long stay in the government service and then gave me a piece of advice that has stuck with me and whose salience I have appreciated more and more over the years. He said, "Dr. Alleyne, remember this, governments like all public institutions are very impersonal organizations. They have nothing against you, but they have nothing for you". I have spent all my life in public institutions and as over the years I got to learn more about organizational theory and behavior, the more I have appreciated the wisdom of that advice. I recall it when I hear individuals rail against the government or the University for not addressing some personal want.

I remember with fondness the tutelage of Harold Forde who for me was one of the kindest and gentlest of physicians, who taught me more about medicine than the elucidation of physical signs and symptoms. He had an uncanny sense of the nature of illness and the meaning of what it was to be well. He was firm in his principles, he would not be disrespected and let his displeasure be known when that occurred, but none of this dimmed his adherence to the finest canons of medical ethics in the Hippocratic tradition. Sometimes his caring elicited unsuspected responses, but that is another story.

No one who worked here in the old Barbados General Hospital could have survived without the help of an incredibly competent nursing staff. Ladies such as Sisters Crane, Hamblyn, Husbands and Matron Walters were as much teachers of doctors as they were of nurses. Sister Crane who was my ward sister could draw blood from a stone if it had a vein. But every time I think of the nurses of that era, my mind turns to the tight belts of the staff and student nurses and if there is one thing I share with a President of the United States, it is a sentiment attributed to President Carter who admitted that he lusted in his heart. But let the record show that the sensation remained in my heart and did not even get as far as my aortic valve.

Those were days when there were only six medical officers for the whole hospital and when your turn came to work in Casualty at night, it was almost literally you alone and God. You will of course realize that what I now look back upon with fondness and nostalgia could not have been ideal for patient care, and there are several incidents that on

reflection should not have occurred. This makes the point that the good old days were perhaps not so good after all. But on the positive side, I accumulated a wealth of experience that put me way ahead of many of my peers when I went to London for postgraduate study.

But let me return to the concept of the medical professional guild. In reading about the medieval guilds, I came across a description of the “Death of the Guilds” in which the author describes the four elements that were crucial to guild power. These were control over who could become and remain a craftsman, control over the work place, control over the market and control over the state itself in that it almost exacted from the state its really vast powers. It was partly because the professional guilds sought to maintain these powers to the detriment of the public good that they fell somewhat into disrepute. I also read an interesting paper by the President of the Institute for Healthcare Improvement who raised the question whether medical associations were guilds or leaders. He put forward the view that the guild should concentrate not only on the betterment of and protection of the profession, but also assume the responsibility to improve the systems of health care. He refers to medical associations leading socially responsive improvements in health care and insisting on strategies to improve quality.

I wish to take this further and posit that the guild has to take responsibility not only for individual care, not only for the sick individual but also for the sick populations; not only for the health of individuals, but also for the health of populations. The guild should accept some responsibility for the public good. These are concerns that might be considered as falling within the realm of public health.

I confess that at the time I worked here I thought little about public health. The image I had of the ideal physician was one who cured or cared for the individual. My good friend Kenneth Standard who had completed his training in public health with distinction was then Medical Officer at the Six Cross Roads Health Center and was making a name for himself in terms of outreach to the community. We would discuss the two branches of medicine as if they were separate and never the twain should meet.

Because of the Scottish tradition of the first Professor of Medicine, Eric Cruickshank, we were taught of the influence of the environmental and social factors on individual health and illness. But I had no real concept of public health in the sense of the health of the population as a whole. After all one could not elicit a Babinski reflex from a population; populations did not have disturbances of electrolyte metabolism or abnormal urea to creatinine ratios. And it was not that I did not have inducements to change my opinion. My wife and I once went to visit Archie Cochrane who was one of the early princes of epidemiology- a visit that was remarkable for many reasons. But I remember him challenging me to think of a career in public health by saying “Why don’t you do something useful with your life instead of mucking around with rats and trying to treat patients one at a time?”

The idea or opportunity to affect the lives of more than one person and the belief that health had to have a role beyond medicine was perhaps the factors that led me to join

the Pan American Health Organization. But it was Geoffrey Rose who really crystallized for me the importance of the difference between sick individuals and sick populations. His 1985 classic by that name has to be one of the most important papers ever published. He showed how the cause of cases differed from the determinants of incidence in a population. The most ambitious application of the second concept is in the attempts to change societal norms of behavior.

There is no doubt at all that the major problems that affect and will affect medical thinking and practice in Barbados and the Caribbean have to be seen not only in terms of the sick individual, but also in terms of the health of the populations. I have been privileged to chair the Commission on Health and Development that was established by the Heads of Government recently and we are clear that the Caribbean has to face squarely the mega problems that are a product of three factors. The first is the health transition that results from the demographic shift; the second is the result of globalization which brings with it the influence of vectors of various kinds. The vector of propaganda is inducing our people into life styles that are fairly new to us. Another vector is the human one which brings new infectious diseases. The third factor is the social fracture or the decline of our social capital. Thus we have to confront the modern epidemic of obesity and its co morbidities such as cardiovascular disease and diabetes. The infectious disease that concerns us most now is HIV/AIDS. The result of the social fracturing is the epidemic of injuries and violence. Perhaps for completeness I should add the mental illnesses, but these do not represent a new phenomenon or an escalating problem-at least I do not have evidence of such.

If we are faithful to the basic tenets of our guild and have progressed conceptually to care for the public good, then we must be concerned about the societal conditions that influence the public's health. If we are true professionals then we owe it to the public to be concerned for its health. I will not dispute the claim of those who say that the body public is made up of individuals and the personal care physician is therefore doing his or her part to care for the public's health. But I believe that as a group, our responsibility goes beyond that and we should articulate a position on how those societal influences on the public's health should be addressed. For example, we have the responsibility to say that the epidemic of obesity must be confronted and dealt with aggressively and of course we should set an example ourselves.

We have a responsibility to address the issue of AIDS, and not only from the point of view of the individual case. I have become very involved in the issue of AIDS in the Caribbean and wish to see more hands on deck and involved in the struggle. The situation locally and globally is a serious one and men and women of good will as well as their associations cannot stand aside and watch. As Dante wrote "The hottest place in hell is reserved for those who remain neutral in times of great moral crisis".

There is considerable debate and discussion over how this epidemic should be addressed and indeed Barbados is often cited as an example of a vigorous, successful program. Those who are involved should feel proud of the success to date. Perhaps this is one of the reasons, in addition to her own considerable professional and personal qualities

that led to Dr. Carol Jacobs' election as Chair of the Global Fund for AIDS, Tuberculosis and Malaria. I congratulate her here publicly and I should hope that your Association has recognized the significance of her preferment.

The cocktail of sex, religion, blood and money is a potent brew for stirring emotions around this epidemic which is like no other of modern times. It is hedged around with a fence of political, legal, ethical and social thorns and I have been impressed by the depth and quality of the report prepared by Professor Walrond to address some of these. I wish to congratulate him, as it has taken a considerable amount of courage to write objectively about many of these sensitive matters. I have followed some of the debate in the press and read some of the correspondence that seeks to vilify him. I may have missed it, but I have yet to see the position that your Association has taken on this Report. I would have thought for reasons of solidarity if nothing else, but more importantly because of professional responsibility you would have entered the lists. If there are differences of opinion, as there must be, then let the thousand flowers of opinion bloom, but be not silent.

Silence cannot be caused by doubt about the evidence adduced to buttress the positions he takes. This is not the place to expand on the Report, but I believe that it can evoke a reaction at the level of the individual and at the level of the Association as such. I recognize that individuals will have right to express their own free conscience that is enshrined in our constitution and hold views that are a result of their religious and moral value systems. But I believe that as a guild with the public good at heart, there is room for a corporate position, and of course you will have to judge whether the individual preferences, if there are minority ones should determine the corporate public persona.

I will refer briefly to some of the main issues addressed in Professor Walrond's Report. There can be no debate about the responsibility of the individual physician to offer care and support to ill patients without discrimination. This has been one of the canons of our profession that must have been laid down by Iminotep our father. The issue of encouraging testing for HIV is patently in the public interest and every professional body should support it. There can be no debate about the sacred nature of the pact of confidentiality that must exist between the physician and those who come to seek our help. It is possible that a medical professional body might recuse itself from giving an opinion about the issues of testing for immigration purposes and screening for employment. But is it too much to hope that the notion of fairness and abhorrence for discrimination might stir a good guild to support the need for these issues to be addressed by legislation?

But the part of the Report that seems to have attracted most of the public debate, especially recently, is on HIV transmission in criminal settings and especially the notion of making condoms available in prisons. Let me clear that I support fully his position that condoms should be made available to persons in correctional facilities. I appreciate that there may be legal reasons that seem to prevent this. But given the clear and present danger to the public's health I cannot imagine that it should be beyond our genius to find a way through or around this apparent impediment. The evidence is clear that there is a

health benefit to making condoms available to this population; the World Health Organization has gone on record many years ago as endorsing this means of preventing the spread of the disease. Why should there be acceptance of the ABC of AIDS prevention that has been shown to be effective and deny any population access to the C part of that trio.

I wish King Charles II was with us today. It was he who asked the Earl of Condom to find a method to prevent him from contracting syphilis. The story goes that the Earl used sheep intestine to prepare the condom which therefore has a royal pedigree. History does not record if the monarch avoided the spirochete, but we do know that he had 14 illegitimate children. Perhaps he was selective in its use.

It is not only on the use of condoms that men and women of good will should speak up if they do see themselves having some responsibility for the good of the public's health. Everyone here knows that the stain of stigma and the consequent discrimination are driving the AIDS epidemic underground and making a genuine population health approach difficult. We need individuals of influence to enter the debate and invoke the spirit of charity in dealing with others who are different by way of sexual orientation. We in health today have viewed with repulsion the atrocities committed against other human beings because they were perceived as being different. Surely that same spirit should inform our position on the stigma and discrimination that attends HIV/AIDS and is especially vicious against those who are homosexual. There is a feeling in some quarters that these matters should be legislated by the state and Professor Walrond points out the possible changes in the legislation. This is all well and good, but in many matters the state or rather the executive and legislative branches of the state follow the popular perceptions. Thus, if we believe that popular perception is inimical to the good of the public's health, then there is a responsibility to enter the debate and try to change it. There are numerous examples in history of the extent to which popular perception was not in the interest of all the people.

Mr. President, I know I have touched on sensitive issues, but I claim the privilege of age, a fairly intimate knowledge of the health problems of our part of the world and a firm and unshakeable conviction of the nobility of our profession. It is our professionalism that calls on us to be concerned about the public that has accorded us the status of professionals and rewards us for it. That nobility been expressed in many ways and in many places over the years and I have no doubt that it will continue to be expressed in the Barbados Association of Medical Practitioners for generations to come. You will have your griots speak of these as the good old days and the problems will be seen through lenses that are increasingly rose tinted and I am sure that neither you nor the members of your Association will find yourselves in those hot places to which Dante referred.

I wish you and your Association well.