A different type of preventive medicine

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With the growing number of terrorist attacks disrupting the everyday lives of common people and with the fear of such attacks growing in society, our world is not only faced with the problem of responding to such events, but with the bigger challenge of preventing them from happening. In 1981, the World Health Assembly declared that "the role of health workers in the preservation and promotion of peace is the most significant factor for the attainment of health for all". However, this statement has yet to go beyond words into actions. Although healthcare professionals are among the first to react in crises and are also one of the more essential parts of a crisis relief team, there is a lack of involvement from their part in preventing such crises. Medical professionals should not limit their mission to treating the effects of war and conflict, but should also cooperate with Government and Military bodies to help promote and sustain security.

Conflict disrupts infrastructure and essential services such as medical care and sanitation. It affects trade and the economy of the whole population. It impairs food and water production and distribution, and also displaces communities from their homes. All these have a health component or a health impact. As with other medical issues, doctors should deal with etiology and prevention, and not only treatment. Therefore, in view of the needs of the current world, an exclusively biomedical model of death and disease that deals only with the effects of war and has no conflict prevention component is no longer sufficient in today's context.

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Medicine is a bridge between societies because it sets out common concerns for prevention and care and through this it may hold the potential to protect World peace. Public health is still insufficiently used as a tool against terrorism and conflict. It has been stated that public health, by tackling issues such as harm reduction, disease and poverty and using population approaches to health and social medicine, "might do more good than air marshals, asylum restrictions and identity cards"[1]. However, the various bodies that act towards securing world peace still do little to involve health professionals in the planning of their activities and agendas. Neither do they promote an interest in peace-keeping actions among these professionals. There are medical professionals that are active and enthusiastic fighters for peace, but looking at the general picture, there are still not enough of these individuals involved in high-level decision making within the respective bodies that are responsible for maintaining security and peace.

Irina has spent this year abroad as a Rotary Ambassadorial Scholar in Albert-Ludwig University Freiburg, Germany. Besides the clinical aspects of medicine, she is also interested in "alternative" areas like public health and medical journalism. She is a student adviser for Student BMJ, and has carried out internships at British Medical Journal, World Health Organisation and Harvard School of Public Health. She highly enjoys working in international environments and travelling is one of her greatest pleasures.

The problem is not only at one end. There is also a lack of awareness, skills and leadership among health professionals concerning their possible roles in targeting root causes and preventing the incidence of war. Although there has been some recent movement in Medical schools towards introducing "Peace through health" as an academic discipline, still very few do so. As such, most medical students worldwide leave universities unprepared and unaware[2]. However, by the nature of the medical profession, most health professionals have or develop a humanistic spirit and dedication for humanity. Their input might be invaluable in finding solutions for preventing conflicts.

If medical professionals go beyond the curative perspective towards a more visionary one, they can act as a link between Security and Health, thereby filling in some gaps by helping secure world peace though one of its core elements: Health.

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A new way to look at the obesity epidemic: a perspective from my summer studentship

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Obesity is becoming one of the major health issues of our lifetime. Over the last 25 years the prevalence of obesity has doubled in New Zealand adults.[1] However, even more alarming is that this once adult disease is increasing in our children. The Children's Nutrition Survey found that 31 per cent of New Zealand children were overweight or obese, with this figure being over half in some population groups.[2] Egger and Swinburn,[3] state that we need to move away from the traditional view of obesity and take an ecological approach, regarding obesity as a normal response to an abnormal environment:

'To combat the obesity epidemic we first need to cure the environment.'[4]

This environment has been termed the 'obesogenic' environment, and results in an environment which promotes both overeating and physical inactivity.[4]

There are many factors in this 'obesogenic' environment, but one that is very topical currently is the advertising of high-sugar and high-fat foods to children. The situation is summarised well by Saatchi and Saatchi, a leading international marketing company:

'Children are much easier to reach with advertising. They pick up on it fast and quite often we can exploit that relationship and get them pestering their parents.'[5]

Before starting medicine, Anthony completed a BSc degree in human nutrition. As a result he has a large interest in obesity research, especially childhood obesity. He has another summer studentship this year examining food advertising around sports venues in Wellington.

Children are an ideal market because they not only spend billions of their own money, but even more of their caregiver's money (through persuasion and 'pester power'). In the United States it is estimated that children under 12 spend $25 billion of their own money but may influence another $200 billion of spending.[6] The Hastings report is one of the largest reviews of the effects of food promotion on children.[7] The report describes the 'big 5' product companies as the central players in advertising; comprising sugared breakfast cereals, confectionary, savoury snacks, soft drinks and fast food companies. The most important finding, however, was that advertising influences both food preference and purchase behaviour. Essentially this means that advertising affects what children like but more importantly what they spend their money on.

Television advertising is the main medium used by food companies, with upwards of 75 per cent of advertising being spent in this area.[7] In New Zealand, research has found that food advertising during children's television viewing hours is relatively unhealthy and predominantly features foods high in sugar, fat and/or salt.[8] However, there have been no published studies of outdoor food advertising in New Zealand or elsewhere. Furthermore there has been no work on the 'obesogenic' environment around schools – despite some work by Carter and Swinburn [9] assessing the 'obesogenic' environment inside primary schools. My studentship therefore attempted to examine the food advertising and food availability environment around secondary schools in this country, and was published in the 15 July edition of the New Zealand Medical Journal.[10]

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Obesity Epidemic (continued)

We designed and carried out a pilot study assessing the amount and type of advertising and shops within a 1 kilometre radius of 10 secondary schools in the Wellington (urban) and Wairarapa (rural) regions. The schools were chosen both to represent an urban/rural difference as well as the extremes of socio-economic status (SES). Schools were only included if they were situated in neighbourhood environments, i.e. those in central business areas and totally rural areas were excluded. Information about type, product, size, distance, category etc was collected. One of the most important aspects of the study was developing a system to classify advertisements as 'healthy' or 'unhealthy,' using the New Zealand 'Food and Nutrition Guidelines for Adolescents'.[11] What we found was that overall there were a total of 1408 outdoor advertisements around the 10 schools, and 61.5 per cent of these were for food. Of these advertisements, 70.2 per cent were for 'unhealthy' foods. There were more food and more 'unhealthy' advertisements in higher SES areas; however food advertisements were on average closer to schools in lower SES areas. The three major categories of food advertisements were soft drinks (21.6 per cent), frozen confectionary (16.2 per cent) and savoury snacks (11.4 per cent). The majority of the advertisements were associated with dairies, in fact on average there were 22 advertisements on dairies and only three on other outlets. There was an average of 224 outlets around each of the 10 schools, of which 56.3 per cent primarily sold food and 67.9 per cent sold some food. Furthermore food outlets were on average closer to schools than other outlets. Rural neighbourhoods had a lower proportion of food stores. The most common outlets were dairies and takeaway stores, each making up 14.7 per cent of the outlets.

Despite the pilot nature of the study, it has provided some initial information about the prevalence and relatively 'unhealthy' content of food advertising in secondary school neighbourhoods. The next step is to carry out a nationwide large-scale study to better place outdoor food advertising into a context of total food advertising exposure. However, these findings provide tentative support for responses by policy makers to reduce aspects of the 'obesogenic' environment in order to stem the obesity epidemic.

So what can be done? Possible directions may follow the path of tobacco laws in the United States by creating safe zones around schools.[12] Currently the economics of food promotion far outweigh those of health, since it is estimated that for every $1 spent by the World Health Organization on trying to improve nutrition, $500 is spent by the food industry promoting processed foods.[5] So, regulations (or even taxes) could be used to shift the balance of advertising towards 'healthy' foods. Indeed, advertising need not be always negative as it has been major force for improving some aspect of the New Zealand diet (e.g. industry marketing of olive oil). However, a co-ordinated approach needs to be taken to ensure that further controls in just one area (e.g. outdoor advertising) does not lead to ballooning of advertising in other areas (e.g. television and internet advertising).

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