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EPIDEMIOLOGY DEPARTMENT

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Francis Lecture

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LAB OF PHYSIOLOGICAL
HYGIENE

Dear Henry,

Many thanks for the copy of the excellent number of "Medical Opinion" which you produced. I like it very much - one of the reasons being that it makes me ponder whether or not we are heading in the right direction. I have no problem in supporting preventive medicine in general, and certainly think that you are right to encourage internists and others to follow the good example of paediatricians and obstetricians. I am also convinced by the arguments for encouraging the public to take more interest in healthy living habits. The point at which I have misgivings is at a policy of screening the public in order to designate people with risk factors as "patients", and therefore needing to be under the doctor's care. Clearly, as Illich points out, the first effect of this is a great increase in "illness": people who thought they were perfectly well now learn that they are not. The question is whether this adverse effect is sufficiently balanced by action which can be initiated on the basis of screening findings but could not be initiated otherwise. In the case of hypertension I am satisfied that the balance of benefits lies with screening, at least in middle-aged men. I am not persuaded that the same is true of screening for blood cholesterol or for symptoms and signs of early myocardial ischaemia. Here - by contrast with the blood pressure situation - the ensuing action is rarely likely to differ from what would have been advised without any knowledge of these tests. Your nice chart of the cholesterol distributions in Japanese and Finns illustrates that in most western populations you do not need to measure blood cholesterol to be fairly sure that it is too high. Cholesterol-lowering dietary advice is thus appropriate to nearly all of us, and the function of screening (and the same would be true I suppose for the ECG) is not so much to indicate the appropriate management as to provide a big stick to impel compliance. On the whole I do not think that the doctor should take the initiative in seeking to produce a stick. Perhaps the situation is different where a particular subject says that he wants to know his blood cholesterol level in order to guide him as to how strenuously he should change his eating habits. This would be a reasonable position to take, and in any case, such a person has himself opted for the role of a patient. I do not think that the doctor should take the initiative in changing fit people into patients unless important management decisions require it.

None of the above argues, I think, against disseminating the information that preventive measures are more important for some people than others. Family history, smoking, sedentary life and obesity should be widely known to be indicators of special need for preventive activity. Each of these is something which the individual is free to heed or disregard as he wishes.

Forgive this long and rambling discourse, and take it as an indication that your articles stimulated me to some thought. I hope that one of these days we can follow it up with a talk on these important matters.

Warm regards,

Yours sincerely,

A handwritten signature in green ink, appearing to be 'Geoffrey Rose', written in a cursive style.

Geoffrey Rose