

Health Promotion in Canada: Provincial, National and International Perspectives

Ann Pederson, Michel O'Neill, Irving Rootman
Saunders Canada, £20, pp 401
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In the health promotion world, the cognoscenti still talk wistfully about life "before Ottawa" and "after Ottawa." Something happened at an international conference in the Canadian capital in 1986 that changed the face of health promotion for ever.

The Ottawa charter was a consensus statement setting out the fundamentals of what health promotion should really be about in the late 20th century, and it heralded a sea change in the way we think about and practise health promotion.

Hitherto the emphasis had been on the individual and his or her risk factors—a medical approach aimed at changing health behaviours. Although this is still an important element of current health promotion, and the essence of the approach taken in primary care, the Ottawa charter set it in the context of a wider, more holistic public health movement. Its emphasis was on creating more healthy environments, developing personal life skills, facilitating community action, reorienting health services towards prevention, and building healthy public policy.

We recognise all these elements clearly enough today—witness the breadth of activity against smoking, from no smoking at work to banning tobacco advertising—but in the mid-80s they were fairly radical, at least for mainstream health promotion.

In fact, though Ottawa was undeniably crucial in this "paradigm shift," the movement had begun long before—again in Canada. The Lalonde report on the health of Canadians, published by the Minister of Health and Welfare in 1974, laid out these broader concepts in a framework of "health fields"—in effect the first national health strategy. This, in turn, influenced the US Surgeon General, who set out a similar strategy, with quantified health goals in 1980—a model for the rest of the world.

In Britain, in the early 1980s, a group of us at the then Health Education Council attempted to persuade the government to adopt a comprehensive health strategy with unambiguous targets for the year 2000, but we were firmly rebuffed. Indeed, it was to take another decade before any such strategy would emerge, first in Wales, then with *The Health of the Nation* in England.

All this is to give an inkling of the part Canada has played in the global evolution not just of health promotion but of public

health policy. *Health Promotion in Canada*, with contributions from several of those who helped to shape the movement, is a valuable historical account of the thoughts, influences, and events that characterised it.

Of course there is a strong Canadian theme throughout, with a large chunk of the book covering provincial perspectives from Nova Scotia, Alberta, Yukon, and elsewhere, but there is enough of universal interest to fascinate anyone who cares about the way ideologies in health develop.

For me the book resounds with nostalgia for those heady days when we thought we could shift the mind set of clinicians and politicians as well as specialists in health promotion. The reality is that the health scene is still dominated by care and cure, the medical model of health promotion is still paramount, and the prospects for truly healthy public policy, for the time being at any rate, remain bleak.—ALAN MARYON DAVIS, senior lecturer in public health medicine, UMDS, St Thomas's Hospital, London

Clearing the Fields: Solutions to the Global Land Mines Crisis

Ed Kevin M Cahill
Basic Books/Council on Foreign Relations,
\$25, pp 237
ISBN 0 465 011772 2

Clearing the Fields is a collection of essays arising from a symposium held in New York last year. It is a most disturbing book, which is already influencing discussions taking place in many nations and organisations such as the UN. Those who read it cannot but feel an overwhelming sense of disgust at what is being perpetrated in so many not-so-distant lands.

What happens when a farmer tilling his field steps on a mine, or a child scoops the clay to grasp the brightly coloured plastic that beckons from the soil? The short answer



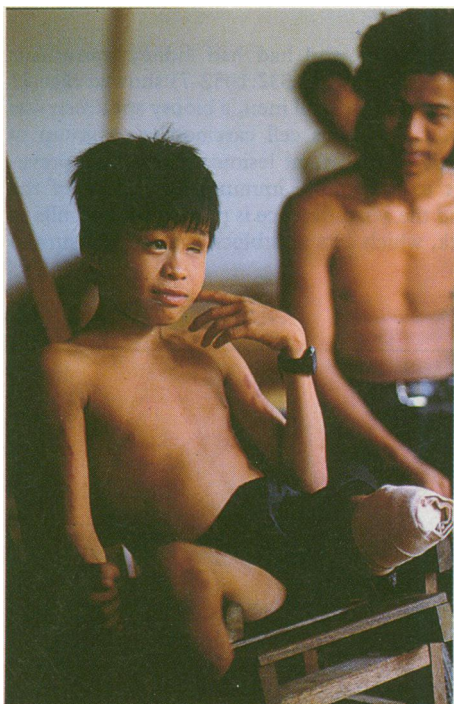
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Who will read *The Healing Arts* (Oxford University Press, £18.99, ISBN 0 19 262319)? Readers who know of the successful efforts of the editor, R S Downie, professor of moral philosophy at Glasgow, to broaden the humanistic base of medical teaching, will need no persuading. For others this is a truly extraordinary anthology of prose, poetry, musical extracts, and illustrations, designed to show how insights into health and sickness can be provided by the arts.

A lucky dip can give only a taste of the breadth and variety. The illustrations range from Leonardo and Rembrandt (his exquisite *Two Women Teaching a Child to Walk* is shown here) to John Bellamy, Roy Calne, and Posy Sim-

monds's cartoons. There are descriptions of their illnesses by famous composers, Fanny Burney's searing account of her mastectomy, the story of the military surgeon James Barry, who turned out to be a woman, and a long extract from Joseph Heller's *Catch-22*.

Nearly two thirds of the poems are from the 20th century, and none the worse for that. Auden and Larkin are obvious editorial favourites; doctor poets include Edward Lowbury, Dannie Abse, and Miroslav Holub. Handel, Schubert, and Stephen Sondheim are among those who provide the music. To stretch the imagination and deepen medical understanding are the editor's aims—try him and see.



A child may need multiple reamputations as the bone grows out through the soft tissue

CATHERINE LAMBERMONT/GAMMA/FSF

effectively. What is not taken into account is the legacy of destruction and tragedy they bequeath to generations of civilians. The Gulf War offers a salutary example. The allied forces rocketed one mine for every Iraqi man, woman, and child into the civilian lands far from the battlefield. Recall the hypocritical concern expressed by military commentators on television as they allayed international anxiety by demonstrating that allied rockets struck military rather than civilian targets. We were told nothing about the mine assault on civilian lands. And now when the war is ended, the mines go on killing and maiming in Iraq and Kuwait.

In *Clearing the Fields*, support for a total ban comes from nine of the eleven authors, including Cyrus Vance and Boutros Boutros-Ghali, people of exceptional stature who rarely raise their voices in relation to unresolved controversy. The ultimate achievement of a total ban on mines, while depending on the influence that individual politicians, non-governmental organisations, and the medical profession can bring to bear on the military, rests with the public. Kevin Cahill and his fellow contributors to *Clearing the Fields* have done much to give us, the public, the facts. It is now over to us to give the movement for a total ban on mines the impetus that is so urgently needed.—EOIN O'BRIEN, professor of cardiovascular medicine, Royal College of Surgeons in Ireland Medical School, Dublin

Descartes' Error: Emotion, Reason and the Human Brain

Antonio R Damasio
Picador, £16.99, pp 312
ISBN 0 330 33927 3

Documentary makers find the brain sexy at present; surf the television channels and the workings of the psyche are hard to avoid: violence, paraphilias, psychopathy, all are explained.

Brain books are similarly popular. They come in three varieties. There is the "you're only" school: you're only a cluster of neurons (Francis Crick), processes (Daniel Dennett), microtubules (Sir Roger Penrose) and so on in a reductionist vein. Humans are considered from a pathological/laboratory perspective. Computer metaphors abound (your mind is your software!) and there are boxes and arrows in profusion. Such books usually end with an appeal to our higher instincts: yes you are only a cluster of x or y but that is no reason to be pessimistic! Dennett even holds out the possibility of eternal life (as a computer program).

Second: biography, where the struggling individual is treated like a person, his plight infused with what Victor Frankl termed values (only humans may choose to imbue suffering with meaning and purpose). Oliver Sacks (literary/artistic), Harold Klawans (detective neurology), and Anthony Storri (eclectic/analytic) are the main exponents.

Finally there is dualism; very unfashionable and out of step with contemporary neuroscience. Sir John Eccles hypothesises "psychons" which act at the synapse by quantum mechanics (and thus preserve the possibility of a soul beyond the body).

Descartes's (dualistic) error is here interpreted as splitting the brain from the body. Antonio Damasio, a respected neurologist, wishes to reintegrate the two. His mode is reductionism in sheep's clothing (but for some reason he repeatedly denies this). He begins with the oft told story of Phineas Gage, a man whose personality was radically changed by the passage of a tamping iron through his frontal lobes. Gage underwent such a change that those who knew him said "he was no longer Gage." He displayed the lack of social skills and forward planning we now associate with the frontal lobe syndrome. He died in penury.

Damasio is interested in subjects who reason inadequately "because" they do not feel. His population is brain damaged and shares many characteristics with psychopaths. He wishes to show the following: (a) that emotions are necessary for reasoning; (b) that they are "represented" in the brain as body states (his "somatic-marker" hypothesis); (c) that the right parietal lobe is the site of such representation (on the basis of anosognosia); and (d) that ventromedial frontal pathology impairs reasoning (specifically that encompassing emotions or values).

Each point is potentially interesting but never fully elucidated. The relevant data are submerged beneath frequent perseverations of the main theme, and the author never quite decides on the relations between his regions of interest. In an era which values connectedness and the parallel processing properties of the brain Damasio fails to avoid a narrow localisation of mental faculties. His references are highly selective, and his inclusion of philosophy and endocrinology is minimal.

Towards the end Damasio appeals to our need for altruism and values in society. He believes that science will bring about equality. Would that this were so.—SEAN SPENCE, research fellow, MRC cyclotron unit, Hammersmith Hospital, London

is that the victim is left not just without an arm or leg—or often both legs and arms—but also with a wound that would challenge skilled surgeons operating with first class facilities. But the catastrophe for those who survive is far worse than the mere loss of a limb. The blast of the mine ensures that soil and bacteria contaminate the wound while at the same time burning and coagulating the tissues at the site of injury and driving soil, grass, metal or plastic fragments up into the leg or arm to burrow between the tissue planes, causing severe secondary infection. Multiple operations are required to save the victim and to provide a stump capable of sustaining an artificial limb. As a child matures, the bone of the amputation stump will grow more rapidly than the surrounding skin and soft tissues. The child may need multiple reamputations as the bone grows out through the soft tissues, causing pain and infection in an amputation stump that cannot support an artificial limb. A 10 year old child with a life expectancy of another 40 years may need 25 prostheses in his or her lifetime.

About 250 million land mines have been manufactured in the past 25 years and over 700 varieties are produced at a rate of 10 million a year by more than 100 companies and government agencies in 56 countries, netting an annual income to the mines industry of \$100-200 million.

Mines are as attractive to the military leaders of developed democracies as to insurgent commanders engaged in civil war in poor developing nations, because destruction can be wreaked on large areas quickly, cheaply (a mine can be purchased for less than \$3), and

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