THE SEDUCTION OF MEDICINE BY HEALTH OUTCOMES: FROM MEANING TO MEASUREMENT

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The pattern of contemporary morbidity in young Australians (15-20 per cent mental health problems) is indicative of widespread community, social and family dysfunction.

Much political and professional energy is devoted to identifying strategies which will deal with the problems of contemporary morbidity. But these efforts are often controlled by those who have been heavily influenced by the advances of modern 'scientific' medicine. This has been dominated in the past hundred years by the widespread application of the germ theory of disease, with its focus on interrelationships between single causes and effects. Even when it is clear that health and social problems – or outcomes – have multiple causes, e.g. intellectual disability, interventions usually focus on changing things that make a measurable but marginal contribution. Consequently, rather than unravelling what it is about the quality of a domestic environment that has a major impact on this outcome we tend to focus on things like lead.

The health outcomes approach focuses attention on "interventions in the health – or other – social systems which have measurable effects and are able to demonstrate health gains". Sometimes, however, the gains are both minuscule and peripheral. The assumption that adolescent suicide in rural areas will be reduced by reducing the level of gun ownership, improving skills of community health workers and increasing the numbers of mental health workers ignores the fact that gun ownership has always been more common in rural communities and that it has not been a decline in community mental health services which has resulted in the rising suicide rates. Community mental health services have always been deficient in rural areas. But it is easy to demonstrate improvements in these proxy measures and continue to ignore the underlying social malaise that has given rise to the problem. Indeed, it is a clinician's reductionist response to a public health problem which needs to be tackled closer to its source rather than so far downstream.

This approach is another example of the consequences of reductionism and specialisation, of people acting like carpenters and seeing every problem as a nail waiting to be hit with a hammer. What is needed is an integrative approach. For this to occur people will need to break out of the mould into which specialisation has placed them and begin to collaborate with a much broader range of disciplines. By becoming "feral scientists" (to use the term coined by Charles Birch) and attempting to achieve transdisciplinary academic synthesis they may gain an understanding of how the different styles of discourse, research and scholarship can contribute to a deeper, more holistic, understanding of the contemporary human dilemma.

Society finds it difficult to deal with many contemporary social health problems because of their complexity. Further, effective solutions pose a challenge to existing social norms and values. To deal with them effectively would require a profound social and ethical change which would be especially threatening to those who control resource allocation. These are mostly middle-aged and usually male decision makers and politicians whose agenda reflects that of much of society – to enable the pursuit of the virtue of selfishness (to quote Ayn Rand) and the continuing growth of personal autonomy and self-actualisation while hoping that any consequent social and family costs won't be too great. If as much money and energy as has been directed towards immunisation coverage and environmental lead reduction was spent on translating the knowledge we have about the roots of family and community dysfunction into developing strategies to address these problems, the overall level of community well-being would be much better.

The focus on health outcomes is often at the top of the pyramid rather than at its base. What is needed, instead, is the development of reliable and valid ways of understanding, describing and measuring the characteristics of individuals, families and communities (including schools). Through this not only can the links between good environments and good outcomes be more clearly demonstrated (and vice versa) but also what it is about some individuals that grants them resilience. Sometimes these characteristics are best described rather than measured. In many instances, therefore, qualitative approaches to problem solving are more likely to help our understanding rather than the quantitative approaches which most health professionals have inherited as the only way to interpret reality.

The challenge for the "health outcomes movement" is to incorporate this approach into its theory and practice.