

Prevention and Medical Education

Prevention has become an integral part of the fabric of health and medical care in the United States. And none too soon.

The burdens of illness—whether expressed in personal, family, or fiscal terms—are becoming too great to bear, not just for individual citizens but for society as a whole. And though our biomedical research community continues to develop brilliant new technologies in curative and reparative medicine, these are costly. A balanced approach to the burdens of illness has to encourage greater emphasis on prevention. I must underline the term “balanced”: there is no thought of displacing or denigrating any accepted, traditional approach to medical practice, nor should we become biased against ways to strengthen such approaches. But we are at the point where we must balance the traditional practices of health and medical care with a new understanding of the role of prevention.

The prevention concept, while receiving a great deal of attention, is itself not new. We already possess a large and growing body of knowledge about it. A new sensitivity to the role of prevention exists among researchers and practitioners. The extent of this interest—and its depth—may be gleaned from the papers in this issue of *Public Health Reports*.

Prevention is also a major element in our national health policy. As Secretary Richard S. Schweiker promised to do last year, the Department of Health and Human Services has “put preventive health care and preventive medicine at the very top of the Federal medical agenda.” I, and the Public Health Service, are committed to this. Despite the restraints placed upon our

budgets during this time of fiscal austerity, we have strengthened the concept of prevention as an integral piece of national health policy, planning, and program implementation. We have begun a coordinated prevention research initiative at the National Institutes of Health and at the Alcohol, Drug Abuse, and Mental Health Administration. Prevention is a priority in the research programs of all Service agencies.

At the symposium on “Prevention and Medical Practice,” highlighted in this issue, we recognized the concern among many professionals that the budgetary belt-tightening may tend to obscure our commonly held priorities in health. I do not think it does. I believe the task before us is not defined or circumscribed by dollars. Our real task is to insure a place for prevention and health promotion in the future of American medical practice. And that is a task essentially for medical educators, scientists, and practitioners, not accountants. Future issues of *Public Health Reports* will include additional material on prevention, bringing to your attention aspects of theory and implementation that can contribute to the achievement of our goals.

In the Public Health Service materials sent to the Congress as part of the President's budget proposals for fiscal year 1983, we pointed out that a key objective of this Administration's support for health professions education is to “improve the health status for all Americans through disease prevention and health promotion activities.” Specific programs will emphasize the “strengthening of curricula to enhance the skills of public health professionals in the area of disease prevention and health promotion.” We have asked for funds to support preventive medicine residencies, and we note that the

“principal goal of this program is to inhibit the onset or the spread of illness and disease.”

As in every other activity of the Public Health Service, this, too, will be successful only to the extent that we all work together: professionals in health and medical care in both the public and the private sectors, representatives of our vigorous and committed voluntary organizations, and others equally concerned about the continued enhancement of physical and mental health in our society.

This Administration hopes to shape the Federal role to fit a more robust concept of “partnership.” We all understand that maintenance of the health and well-being of our citizens is a complex trust. No one sector, interest group, or organization has all the answers. Yet, most answers can be provided by dedicated professionals working together. It was within such a context that the symposium on prevention was held, part of a common effort in medical education to bring prevention into the mainstream of contemporary medical practice. I urge your thoughtful consideration of the papers in this issue and your active participation in making prevention of disease and promotion of health a national achievement.

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