

PREFACE

Tuberculosis presents the global health care community with a paradox — the development of modern short course chemotherapy is one of the greatest triumphs of ‘evidence-based’ medical science as it is not only one of the most effective, but also one of the most cost-effective of all known therapies. Yet, far from being conquered or even controlled, tuberculosis is currently the most prevalent infectious cause of human suffering and mortality and, in 1993, the World Health Organization took the unprecedented step of declaring it a ‘Global Emergency’. For the sake of the millions who suffer and die from this preventable and curable affliction each year, it is essential that we look carefully at the reason for the paradox and seek novel ways of addressing this major public health problem, even if this means challenging the very axioms and structures on which current health care practices are based.

The principal theme of this book is evident in its title ‘Tuberculosis — An Interdisciplinary Perspective’. A wide range of disciplines is represented, including clinical medicine, social science, epidemiology, health policy, economics, nursing, education, ethics and history. By bringing together different academic disciplines to address a health issue such as tuberculosis, we are provided with an opportunity to study and understand different perspectives and approaches and, thereby, through a different vision, to approach the global issues of disease control in perhaps more creative and effective ways.

Interdisciplinary collaboration is, however, not the only theme in this book. As we read each of the chapters, we were struck by the other major themes that emerged: poverty, vulnerability, health care structures, globalisation, transcultural issues and the uneasy relation between quantitative and qualitative research methodology. It is apparent that perspectives on health are changing and that there is an increasing awareness that an overarching and all-embracing concept of health can help to link people working in different disciplines and even in different sectors. There is, within the field of public health, the increasing realisation that it is not sufficient merely to prevent disease, but that we need to be involved in the active creation of health and ‘healthy communities’.

A feature of this book is the interaction and cross-over of the disciplines that occur in each of the chapters. Although a person may, for example, be labelled as an epidemiologist, their writing indicates that they resort to other disciplines such as history and the qualitative methods of the social sciences to construct their arguments. Each chapter stands alone and there is thus an inevitable overlap. Nevertheless, the contexts are quite different, as are the processes that are described. They amply demonstrate the *complexity* of ideas expressed in the field of public health — a complexity which, though fascinating, often makes arguments difficult to understand. This complexity should, however, be seen positively and as an incentive to developing novel ways of working together. For this purpose, each of us needs to develop a clarity of vision and engage in ‘healthy’ debate in order to resolve any conflict that might ensue.

One possible area of conflict is between those who espouse the reductionist ‘evidence-based’ approach and those who advocate a more ‘holistic’ viewpoint. But there need be no conflict. Implicit throughout this book is the fundamental importance of modern short course therapy, and the vast amount of effort devoted to its development by many distinguished scientists over the last half century is in no way denigrated. Likewise, recent developments in immunology and molecular biology are to be welcomed as the likely key to much more effective preventive,

diagnostic and therapeutic approaches. We do, however, agree with Sir Douglas Black (1998) that ‘evidence-based’ biomedicine is but one facet of the whole complex structure of modern medicine and not without its limitations in addressing major public health challenges. We also acknowledge the dangers of ‘scientism’, defined by Leggett (1997) as “an approach to medical practice that regards the scientific understanding of the disease as the only relevant issue, whilst ignoring any other factors”. This belief system — and it is surely no more than a belief system — is firmly entrenched in many sectors of academic medicine and may prove to be a very powerful barrier to interdisciplinary communication and collaboration.

One of the represented disciplines, ethics, is a focus for the development of concepts, ideas and reasoning. Interestingly, the changes and shifts witnessed in health care and in public health are also occurring in the discipline of ethics. Over the last decade, in the field of bioethics for example, there has been an eclipse of ‘foundationalist’ projects aimed at the development of a moral theory capable of providing the framework for the deduction of principles and rules that could then be applied to particular cases. There has, in fact, been a shift away from the search for the foundations of morality towards a greater reliance upon the coherence of practical moral reasoning and common sense. According to Rawls, moral reasoning is based on the linkages between “a rich tapestry of principles, intuitions and norms” that together constitute a relatively stable, coherent, wide reflective equilibrium (Turner, 1998). Indeed, Murphy (1995) has remarked that “Bioethics seems to be shifting from the image of a layer cake, with theories supporting principles that justify rules which lead to particular conclusions in specific cases, towards the image of the web, where the web consists of a rich, ‘thick’ body of maxims, rules and norms that are a matter of shared public reason”. The various strands of this web are mutually strengthening, with no one aspect providing a ‘foundation’ for the other components.

This book provides us with a web of complexity — a mosaic — around the subject of tuberculosis. All of those who have contributed have provided us with a “rich tapestry of principles, intuitions and

norms” that can facilitate the development of a structure for tuberculosis control that is part of the overall public health goal of ‘creating health’ and ‘healthy communities’. Rhetoric, however, is not enough. To create this process we need to engage in debate and, possibly, conflict, with a clear understanding of who we are and of the power vested in our roles as health professionals and how this power can be used to a positive or negative effect. We are living in a time of complexity and change — the expression ‘paradigm shift’ is often heard today — and, far from being led to despair, we are provided with an opportunity to challenge axioms and dogmas and to create novel approaches to the control of tuberculosis to the betterment of the health of communities worldwide.

We hope you enjoy reading this book. We feel that it is an important contribution to the subject of tuberculosis and we hope that it will also be of use to people working in many different disciplines of health care.

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References

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