

POLITICAL PRIORITIES AND THE PUBLIC'S HEALTH

Recently, *The Lancet* had public health squarely in its sights. "Where are the zealous physicians and public health advocates of the 19th and 20th centuries? Where is the new Jenner, Semmelweis, Virchow and Snow?", it asked. "Public health has become complacent. It is failing."

This was prompted by the perceived failure of public health physicians and policy makers to tackle rising rates of obesity. Worldwide, people are becoming fatter, and are facing the inevitable consequences — diabetes, cardiovascular disease, stroke and cancer. And Australia is fast becoming a pacesetter in the "fat stakes".

But does *The Lancet's* criticism apply equally to us? Can we not point to nationally coordinated campaigns against our burgeoning obesity? Have we not been bombarded with media messages extolling the health gains of being lean and active? Do we not have a "fat tax" on energy-dense food? Do we not have urban environments that encourage walking, cycling or simply playing outside?

Unfortunately, confronting obesity is not a pressing priority for our politicians or their public servants. Medicare and the woes of public hospitals consume their energies, leaving little time to address an accepted "circuit breaker" for our sick hospitals — a persuasive program promoting health and disease prevention.

Implementing such a program requires thinking outside the square, beyond the life of parliaments, jurisdictional divides, cures for diseases, and moving beyond unilateral to multidisciplinary action. Health ministers need to engage other portfolios, and their public servants other departments, as health and disease prevention requires changing the priorities and lifestyles of individuals and communities.

Making obesity Australia's newest National Health Priority Area would be a good start. Creating ministers for health and disease prevention would be another.

Martin B Van Der Weyden

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