Politics, Evidence and the Public Good

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Speech

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In reflecting upon what I might say tonight -and how it would relate to your work in the public health arena- two concepts came to mind.

Firstly, "evidence" and, secondly, "the public good".

We want evidence to help us make good decisions, avoid bad ones, and to assist where there are conflicting objectives and scarce resources.

However, this begs the question: "What counts as evidence and how do we find it?"

What about the public good? Itis the all-important point of our endeavours but unfortunately isn't easy to identify. In fact it is - and always will be -heavily contested territory.

The public good involves both "the public" as in the collective that gives ballast to our democracy and "the good" as in that which each of us believes to be true about people and the meaning of progress.

The public good involves values, and they are, of course, amongst our most valued possessions. Values can inspire us and indeed occasionally delude us but they are part of what we are as human beings.

That takes me to politics and the political class. Politicians are -and have to be in a society like ours concerned with public opinion. Public opinion can be frustratingly inconsistent or annoyingly prejudiced. It follows that politicians will often need convincing when it comes to "the right thing to do"; that is to say that for which there is compelling evidence gathered, compiled and interpreted according to the highest standards. Even those with a pragmatic disposition may need convincing that what appears the right thing to do, can actually be done -and with minimum political fuss.

It follows I believe, that public health can't just be seen as the application of the empirical sciences to law and policy, but also as an outlook needing a movement to back it up.

Such a movement won't find it easy. It will come up against those who see liberty as more important than solidarity and those who see culture as more important than reason.

You may recognise this in your work as criticism of "the nanny state" on the one hand, or radical support for "freedom of religion" on the other.

In recent years, I have been privileged to undertake some work with public officials in Africa, South-East Asia and the Pacific. I remember asking a group of public health officials on Africa, what it was that posed the greatest challenge to the achievement of their goals. "Witchdoctors" and "religious fanatics" was their answer.

We, too, have our witchdoctors, and not all of our fanatics are religious. This is not surprising, given the continuing power of the three great ideas of the French Revolution liberty, equality and fraternity. Embraced separately -and out of context -they can prove highly resistant to evidence.

The rigid and uncomplicated nature of such deeply ideological thinking gives it strength in the battle for the hearts and minds -and votes -of people.

"Freedom is too good to lose or compromise", say the libertarians.

"Faith is too powerful to question or ignore", say the fundamentalists -of left and right.

I would suggest that the way forward for public health is a position that goes beyond, but is not contemptuous of, freedom or faith. Public health is consequentialist but certainly not value-free. It asks two very important questions:

"What are the actual consequences of the freedom being sought or defended?"

"What are the actual consequences of the laws or cultural practices endorsed by faith?"

The politics associated with such an outlook are less definitive and determinate than those of their critics. There are no absolutes. It is, as George Soros would say, the politics of the open society. In traditional terms it is neither left nor right but rather open to new research-based ideas that may mean more government rather than less in some cases, and less government rather than more in others.

Think, for example, of the research that has favoured more interventions than is the case today in alcohol and tobacco policy, but less than is the case today in illicit drug policy.

When you think it through, however, there isn't necessarily a contradiction here. In the first instance, it might be a case of more regulation short of criminalisation, and in the latter, it might be a case of decriminalisation of use but not legalisation or deregulation of supply.

This is, I think, what we mean when we say we believe in the importance of evidence, particularly evidence about how life is being experienced by individuals in the wide range of circumstances in which they find themselves. When there is ill-health and suffering, we are impelled to act (compassion) but in ways relevant to the situation (science).

However, to repeat a point made earlier, our very definitions and measurements of ill-health and suffering will be contested. Some people may not want help. Some may even say the very mentality associated with helping is the problem -and causes ill-health.

So, too, will definitions of "risk" and "moral hazard" vary - parents in the suburbs want government overkill, others in the hills and valleys of hippiedom want no government interference at all!

We can expect, as well, differences in the interpretation of the facts. Consider, for example, the difference in outlook between those who say we are experiencing an epidemic of mental illness and those who point to a self-indulgent society creating a class of "worried well".

What good politicians will be looking for from their research-based advisers will be a degree of self-awareness about the assumptions and attitudes they bring to their research. "Yes", they will ask, "that is what your research is telling me, but is there only one way to read it".

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Sometimes in fact, I have found that researchers can oversell their findings to politicians, and often in the name of science. It may be a case of tunnel-vision. Sometimes it might be avoidance of that which is an inconvenient truth. Whatever the cause, it can undermine the respect we need from politicians, who are always under pressure from fundamentalists on one side and political opportunists on the other.

I say this because I do believe that the evidence we gather when following best-practice principles is important and should be taken seriously when decisions are being made. However, that has to mean a proper dialogue between politicians and researchers. We need to understand the political mind and how it can help or hinder evidence- based policy.

At a practical level this also means that the way we present findings and recommendations will be important. Ideally speaking, they should always be translated into a story about the health and well-being of our society.

Remember what you are saying to politicians may not fit into the frameworks they work under, or indeed the beliefs they have about "right" or "wrong". This is a reality that needs to be managed both strategically and on a day-to-day basis. There's no way around it -public health officials and their scientific advisers need that mix of "commitment to the cause" and "political nous" that we would expect from our political leaders. Neutrality won't work, but neither will single-mindedness that ignores complexity in the development of policy. It's not just about politics or principle but about the intersection between the two.