Lessons learned and public health's political role: An interview with John Last

Ross Graham, MSc, CHE

Dr. John Last

John Last is a pre-eminent Canadian public health scholar. A prolific author, scientist and teacher, Dr. Last's work is used by schools of public health as well as community medicine and epidemiology practitioners throughout the world. His contributions to the fields of epidemiology, environmental health and public health ethics include editing the 11th, 12th and 13th editions of *Public Health and Preventive Medicine*, the reference textbook eponymously known as Maxcy-Rosenau-Last; collating and editing the first four editions of the *Dictionary of Epidemiology*; serving as author and editor for several of the World Health Organization's papers on the environmental impact of energy production and combustion; and leading development of the International Epidemiological Association's guidelines on ethical conduct of epidemiological research, practice and teaching. For his contributions, Dr. Last has received numerous honours and awards – including appointment as an officer in the Order of Canada, the Canadian Public Health Association's R.D. Defries Award, and the Sedgwick gold medal, the American Public Health Association's highest award – and honorary doctorates from Uppsala University in Sweden and the University of Edinburgh in Scotland. See his online profile at the University of Ottawa for a more detailed biography.¹ As well, since 2010, John has maintained a blog entitled *Last's Words*, which chronicles his personal and professional journey.² The blog will certainly appeal to those interested in the personal stories behind such a prolific career.

Interview

Ross Graham (RG): What attracted you to public health?

John Last (JL): Throughout my career, since my student days in the middle and late 1940s, I have been interested in protecting and improving the health of populations. After 4 years of hospital training and 5 years of general practice, I began thinking about what I wanted in life. I felt uncomfortable taking money from those in distress. It didn't seem right that money changed hands when people were at their most vulnerable. It also seemed more sensible to address 'why people got sick' and take action to prevent that sickness or injury. Several events precipitated my move from general practice to public health. During the Asian influenza pandemic in Australia in 1958, one of my patients was a young man with whom I played golf. Unfortunately, he died. Several weeks later, his mother visited me and insisted on paying for the visits I had made to her son. Later that day, the partners of our practice met with our accountant who said it had been financially the best month we'd ever had. While the other partners were cheering and congratulating each other, I saw in my mind's eye this woman's sad face. That was a moment of truth. I didn't want to go on practicing medicine that way any longer.

Then, several weeks after that epidemic was over, I got dangerously ill with a viral pneumonia. While I was convalescing, I had time to think, and I decided that as much as I

enjoyed general practice, I wanted time to think, to study, to do some research, to find ways to keep people healthy rather than trying to patch them up after they got sick or injured.

RG: What are some key lessons you've learned over your career?

JL: I've been in public health for over 50 years, and I've learned a lot. And I'm still a student. I learn something new every day. I think of myself as a perpetual learner. I believe it's helped to keep me youthful: I am an old man in years of life lived, but I've preserved my youthful enthusiasm for learning, and that has kept me young in spirit. In terms of key lessons, avoid getting locked into rigid positions. Tolerate ambiguity. Conditions are changing and they're going to go on changing. It's absolutely essential to keep an open mind, keep your options open, and of course, keep your skills up-to-date. And be prepared to defend controversial issues. Remain flexible, so you can adapt to changing conditions. A species that over-specializes to cope with a particular set of conditions is in danger of extinction when

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conditions change. Over-specialized professional people likewise risk extinction (i.e., becoming redundant) when conditions change. That's why it's essential to remain flexible and adaptable.

RG: *Broadly speaking, what are your thoughts on the state of public health in Canada?*

JL: While I'm not as close to the cutting edge as I was years ago, I have an impression that we have fallen into the hands of political parties that view the populations they serve first and foremost as taxpayers. They are focused on saving taxpayers' money. I don't think newborn babies, low-income pregnant women or people dying of cancer or dementia in old age are merely taxpayers. They are people with needs, including considerable health needs. We must get out of the hands of political parties that see the population that elects them primarily as taxpayers. That's not the way to run a society. We have to recognize that money must be spent in order for a society to survive and move forward. Money must be invested wisely. Routine environmental surveillance by career public health scientists is a vital safeguard to maintain the people's good health. Its costs have been targets of tax-cutting zealots, and the consequence of such mindless destruction of essential infrastructure is unnecessary disasters like Walkerton. That's something the Harper government doesn't understand. It has led to dismantling of essential environmental surveillance and monitoring systems and services, notably early warning signals of climate change.

RG: *Are there opportunities for public health to better influence the political process?*

JL: Public health professionals should try to educate the political parties. Gather and display information to refute the suggestion that the only thing that matters is to cut taxes. Toronto is a good example. Toronto was one of the cities around the world that started the healthy cities movement over 30 years ago – which was supported by the city administration. However, that's changed. Toronto is now run by an administration that is primarily determined to cut taxes. And when you do that, there is a high risk that all the good things you've been working on are sacrificed.

RG: *Are there other areas where greater public health action is needed in Canada?*

JL: Yes. Safe injection sites for drug users, such as in Vancouver, for example. The drug user populations are small, but if the problem is not addressed, illicit drug users' dirty needles can spread contagion (HIV, hepatitis C) to a wider at-risk population. Public health officials have an obligation to look after these individuals. However, conservative ideologues believe drug abusers must be punished and constrained by strict law enforcement. That's one example of where public health officials need to show leadership, as safe injection sites are needed to prevent unnecessary deaths and disease in other Canadian cities.

Another public health problem much more urgently needs action. This is the problem of addiction to carbon-based fuels, especially oil and coal. Extraction and refining of these fuels has caused ugly wounds on our only home, planet earth. And transporting petroleum fuel in supertankers and fragile pipelines

continues to cause environmental catastrophes when accidents occur. Much greater harm is done when carbon-based fuels are combusted. The atmospheric burden of accumulating carbon dioxide produced by combustion continues to increase relentlessly. It is causing increased acidification of oceans and lakes with consequent damage to aquatic ecosystems, endangering the delicate base of aquatic food chains. Even more dangerous, the increasing atmospheric burden of carbon dioxide, accentuated by other greenhouse gases, is changing the world's climate. The 2014 report of the Intergovernmental Panel on Climate Change states that unless immediate action is taken to arrest the rising atmospheric burden of greenhouse gases, the consequences will be dire. Irreversible climatic and weather extremes (floods, droughts) will endanger food production; migrating environmental refugees (i.e., people displaced due to environmental changes) will raise the risk of violent conflicts; warmer, wetter weather will favour proliferation of insect vectors, so malaria, dengue, viral haemorrhagic fevers, and water-borne disease risks will all increase. Public health infrastructure will be strained beyond the breaking point, especially if the tax-cutting political parties have their way. The climate system (which includes ocean currents, akin to convection currents in a cauldron of water as it heats up) will be irreversibly changed, endangering the future of all life on earth, including the life of future humans. Empirical evidence of harms already caused comes from many directions. The numbers of environmental refugees are increasing alarmingly, up from 5 million in 2005 to 47 million in 2010; food crops in several of the world's major grain-growing regions have been drastically reduced by unseasonable weather extremes such as floods and droughts. Long-term global food security is seriously threatened. The political leaders of many national governments have chosen to ignore or deny the irrefutable evidence and ignore the warnings of responsible scientists. Few if any national political leaders are as hostile to science as the current leaders of Canada: they seem to be convinced that they know better than the scientists. If events over future years prove these political leaders to be wrong, they will carry a terrible burden of responsibility. I wonder how they can look upon their faces in the mirror and sleep peacefully when or if they reflect on this fact, and its implications for their children and grandchildren.

Summing up, our duty as public health officials is to assemble, assess and evaluate the evidence on public health problems affecting the population we serve. We must show leadership in presenting this evidence to elected officials to whom we are answerable, and must be prepared also to communicate this evidence to the general public, along with actions needed to control the public health problems that we identify. We must be prepared to defend our decisions, which are sometimes opposed by eloquent representatives of powerful vested interest groups. To be effective in this role, we need political savvy – sometimes the most important of the skills we possess.

REFERENCES

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2. Last J. Last's Words, n.d. Available at: <http://lastwords.blogspot.ca> (Accessed December 2, 2014).