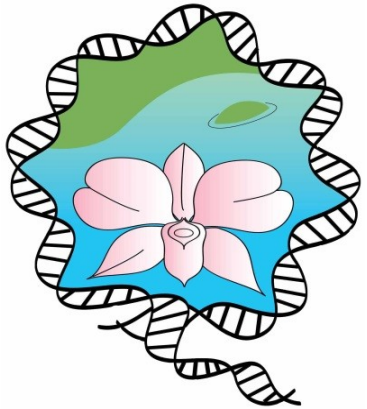
Towards a model of preventative health – as if evidence mattered

By Geoff Edwards



The Royal Society of Queensland

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The journey to date

- Interest of several expert members of the Royal Society…
- Aligned with PwC's desire to sponsor 3 events on health.
- First event (26 March) on pre-conditions of chronic obesity
- Second event (9 August) on youth disadvantage and foetal alcohol
- Third event (20 February) on health in remote and Indigenous communities
- Outcome: a *model* for government and stakeholders on how to establish pre-conditions for healthy Queenslanders.

Scientific method: Enlightenment

1. The European Enlightenment from mid-1600s marked flourishing of curiosity-led inquiry.

2. Weakened influence of religious rigidity.

3. Understands world through observation - not speculation, or faith in supernatural forces.

4. Based on rationalism (application of reason and logic) and empiricism (generation of evidence through experiment).

5. The Society inherits that tradition – comparable bodies in all states after colonisation.

Way forward

1.Model to be completed by 31 March 2019. Draft model to be exposed for public and sectoral input

2.Manuscripts invited for special issue of the *Proceedings of the Royal Society of Queensland* close 31 March 2019.

3.After completion, engage Treasury and Minister for Health.

4.Recommendations for a citizens' forum to assemble scientific advice and pre-digest it for political attention. (An improvement on Healthy Futures Commission proposed by previous government).

Summary of the challenges - 1

To develop a model of health for the Queensland Government that:

- is *ethical* - focused on serving *public interest*, not providers' interests;
- is *evidence-rich* - vacuums up evidence from *numerous disciplines*; validates and *translates that evidence* into a format that policy can digest;
- is *logical* - avoids fallacies, resists bias, identifies preconditions;
- can be *implemented* - allows operatives to *overcome fatalism* when they don't control the tools that lie in a different agency or jurisdiction.

Summary of the challenges - 2

1. All evidence is contestable.

2. World views of opinion-leaders and academic disciplines diverge widely, some cannot be reconciled.

3. In senior policy circles a narrow pro-market world view prevails.

4. Sectoral groups e.g. unions, AMA sometimes speak from self-interest, sometimes from public interest, difficult to differentiate.

Observations

1.Few confident scientists or medicos are in positions of policy influence (i.e. parliament and senior public service).

2.Doctors are educated in fix-symptoms medicine, inadequate training in policy or scientific method, even in nutrition.

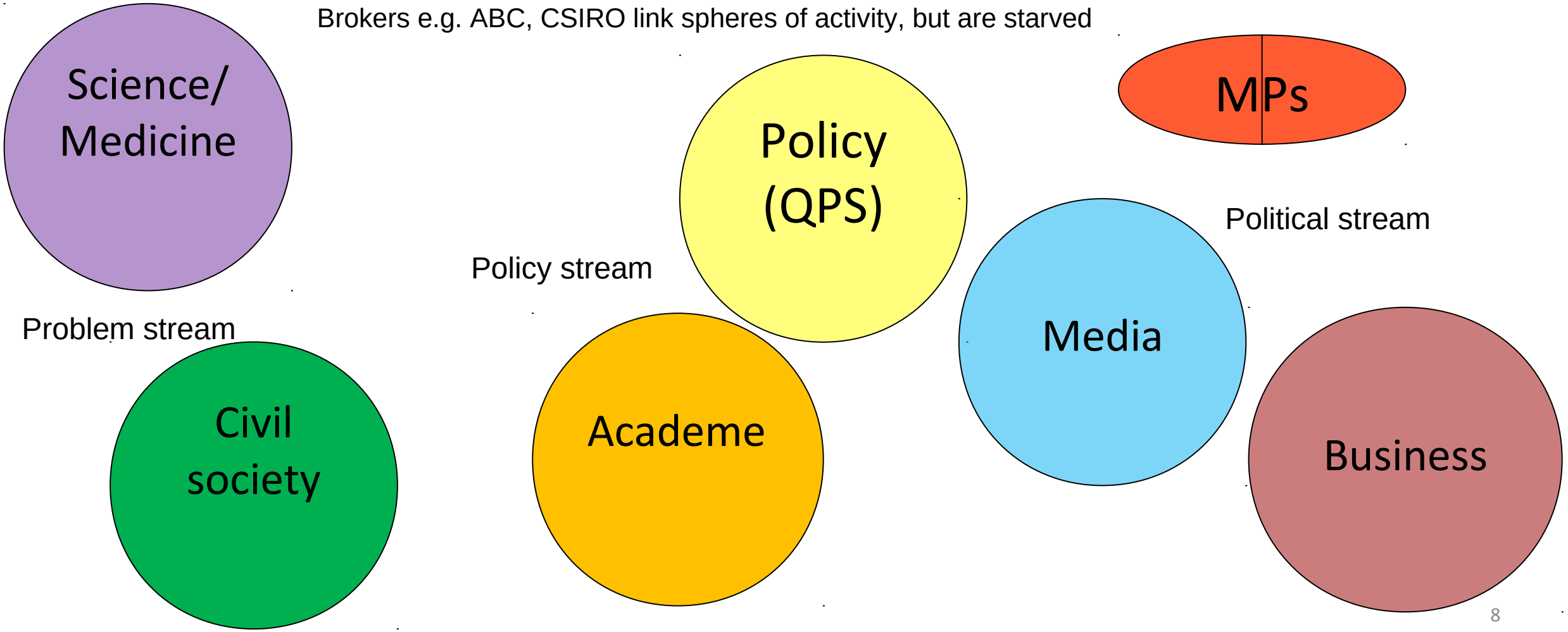
3.Doctors are pressured by pharmaceutical companies, operate on fee for service, not on patients who aren’t sick.

4.Dept. of Health does not control budget, Treasury doesn’t know medicine.

5.Preventative programs can't demonstrate success within budget evaluation timelines.

Communication circles

Sectors operate in semi-independent circles, using different methods of internal dialogue. Public service is both a centre of activity and broker.



Main themes of draft model to date

1.There is weakness in *theory*: some causes well understood, some not.

Example: is there a theory on how to 'Close the gap"?

Example: is animal fat a cause of obesity?

The model will supply a theory of biophysical health and also of feasible paths – how to connect knowledge to frontline practice.

- There is a weakness in *central coordination*, the ability of the Queensland Government to muster capacities for maximum results. *The model will include a theory of governance and will contradict nanny-state rhetoric.*

- Biological pre-conditions e.g. foetal alcohol, diet, hearing loss are under-emphasised compared with sociological. We operate on Old Testament world view: punish personal inadequacy. Biological explanations allow practitioners to escape moral judgements. *The model will shine a light on the inter-relatedness of spiritual, socio-cultural and biophysical determinants of health.*

- Successful programs are not replicated or stop when funds run out. *The model will include an analysis of value-for-money interventions.*

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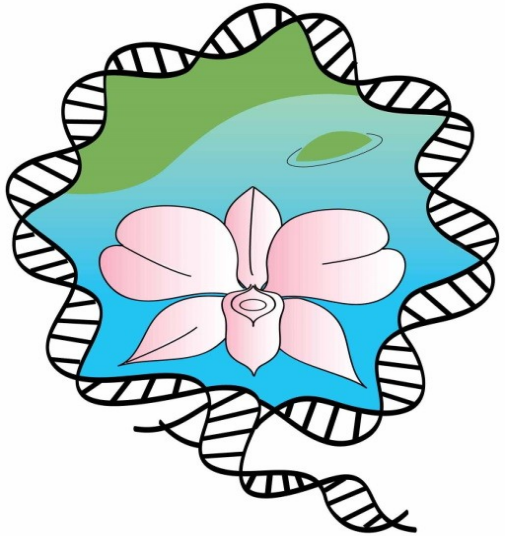

Established 1884.

Successor to the Philosophical Society of Queensland (1859).

Colonial successor to Royal Society of London (1660).

The residual generalist learned society.

Scope – philosophy, science, application of science
(technology, systems, etc),
evidence-based policy, education.

Supports curiosity-led inquiry + scientists; *advocates* but is not *activist;*
non-partisan; not an environmental campaigner.

No scholarly barriers to membership.