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What Is Public Health?

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What is public health?

This paper addresses the question ‘what is public health?’. It is a discussion paper, commissioned by the UK Faculty of Public Health (FPH), through the coordination of Dr Farhang Tahzib, Chair of FPH’s Public Health Ethics Special Interest Group. The paper is intended to inform audiences within and beyond the public health community. More importantly, it is written to provoke discussion and debate about what activities and policies advanced in the name of public health should mean in practice; what sorts of methods and approaches do they imply, to achieve what ends, in consultation with whom, and on what authority?

The paper does not aim to review all possible definitions of public health. It does briefly reflect on answers that have been given to the question ‘what is public health?’. But much more substantively, it goes on to explore ways of finding meaning by drawing from the fields of critical public health and the philosophy of public health. It does this by looking at three things: first, what we can learn from scrutinising public health’s constituent terms (i.e. ‘public’ and ‘health’); secondly, what we see in the different ways that the phrase ‘public health’ is used in practice; and finally, it looks to points of learning from critical debates and disagreements about the proper reach and limits of public health. Ultimately, the paper suggests that when asking ‘what is public health?’, the most significant place to look is to questions of what public health methods and goals should be about, and how and by whom they should be realised.

The paper thus concludes with a call for reflection and debate. Public health is ultimately defined by what ought to be done in its name. It is a field with values at its centre, and which sits within a wider context of politics and social (in)justice. To gain meaningful understandings of public health, we need to be able to settle three fundamental matters. First, there is the question of what our collective aims, as a society, should be in relation to health. Secondly, we need understanding of the appropriate methods available to realise those aims, including with regard to distinct forms of evidence bases, practical approaches, and democratic mandates and constraints. Thirdly, we need to recognise that responsibilities for health reach across society; they are neither the preserve simply of the individual, nor simply of government. And thus, when understanding how to give meaning to public health in particular cases, we need to be able to identify whose rights and whose responsibilities are at play, and how these interconnect across sectors and society.

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This paper is based on research for the following articles and books:

- John Coggon, *What Makes Health Public? A critical evaluation of moral, legal, and political claims in public health*, (Cambridge: Cambridge University Press, 2012)
- John Coggon, 'Global Health, Law and Ethics: Fragmented sovereignty and the limits of universal theory,' in Michael Freeman, Sarah Hawkes, and Belinda Bennett (eds.), *Law and Global Health*, (Oxford: Oxford University Press, 2014)
- John Coggon and Lawrence O. Gostin, 'The Two Most Important Questions for Ethical Public Health,' *Journal of Public Health* (2020) 42:1, 198-202
- John Coggon, 'Is Public Health Just Science? Values, politics and varied but collective practices to secure better health with justice,' *Journal of Public Health* (2022) 44:S1, i34-i39
- John Coggon, 'The Public in Public Health,' in Sridhar Venkatapuram and Alex Broadbent (eds.), *The Routledge Handbook of Philosophy of Public Health*, (Abingdon: Routledge, 2023)
- John Coggon, 'Global Health,' in Tuija Takala and Matti Häyry (eds.), *Concise Encyclopedia of Applied Ethics in the Social Sciences*, (Cheltenham: Edward Elgar, forthcoming)

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What is public health? The report at a glance

- Many examples are available of thoughtful and carefully-constructed definitions of public health. However, these mean relatively little standing alone. They have to be unpacked, whether by the author of the definition, a reader of the definition, or just through the ways they may be seen to play out in practice.
- In this paper there is no value seen in seeking to advance a new definition of public health. Rather, the discussion is presented against a small number of influential, existing characterisations. Most notably, reference is made to Donald Acheson's framing, which has been employed (amongst others) by the UK Faculty of Public Health. This describes "public health as the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society."
- From such characterisations, we can observe that 'public health' is not a single thing. It refers to different aims, methods, and approaches. It is value-laden, complex, dynamic, multi-layered, responsive, and evolving.
- To find deeper clarity and meaning, we can explore the question 'what is public health?' through three forms of critical or philosophical inquiry:
 - First, by examining the meanings and implications of the terms, 'public' and 'health';
 - Secondly, by looking at the ways the phrase 'public health' is used in practice;
 - Thirdly, by considering the assumptions and reasoning found in different critical arguments about the proper scope and remit of public health.
- Ultimately, actions speak louder than words. When asking 'what is public health?', the prize is not in finding the 'true' or best single definition, but in understanding how best to recognise and realise health as a collectively-shared value in society.
- To do so in a way that is rigorous and worthy of respect, we need to focus on three things:
 - The aims to be met in the name of health conceived as a shared value;
 - The appropriate means of meeting those aims; and
 - The question of whose responsibilities are at play in relation to a given instance of 'public health' concern.

1. What is public health?: what should we be asking, why, and how?

1.1. Haven't people already worked out what public health is?

'Public health' is a deceptively familiar term. It is at once something that everyone seems to know about, while also being something that is very hard to pin down. It is a long-established area of expert practice, research, and government responsibility. It might, furthermore, fairly be observed that there is no shortage of definitions of public health that are easily available. We can refer to textbooks and handbooks on public health, or academic journals and professional periodicals. We can find characterisations of the field on the websites of governments, health agencies, professional organisations, service providers, universities, and beyond.

The idea of public health is, moreover, widely recognised through its practical significance across society. Even someone who might struggle to define public health can recognise different ways that our natural, built, and social environments may protect and improve, or harm and threaten people's health. We also see the entrenched importance of something called 'public health' reflected in the fact that it denotes a profession; a specialist workforce with accredited expert competences. And crucially, there is wide recognition of 'public health', whatever it might mean, as a core function and responsibility of government.

So why ask what public health is? In part, it might be about seeking conceptual rigour; checking that there is some sort of coherence to the idea of public health. However, the approach in this paper is to suggest that the real prize is not in finding, or coming up with, some preclusive, 'correct' definition of public health. Rather, it is about identifying the things that matter in relation to health as a shared concern. It is about looking at what health is, and why it might be a collective—including a political—value. And it is about looking at what forms of collective measures are mandated, and which ones not, in order to protect and promote health.

For readers who want to consider systematised reviews and analyses of different approaches to defining public health, various resources may be recommended. For instance, philosophers Marcel Verweij and Angus Dawson provide an excellent conceptual and evaluative overview in their paper 'The meaning of "Public" in "Public Health"'.¹ In her highly accessible *Public Health: A Very Short Introduction*, historian Virginia Berridge offers a rich, reflective discussion of different meanings of public health, set against distinct rationales beneath them, and the different remits and ambitions that they show.² Critical social scientist Samuel Brookfield has advanced understanding of what public health is, drawing out the value commitments that are inherent to it, by asking the question 'what *isn't* public health?'.³ I, an academic lawyer with research interests in the philosophy of public health, have interrogated the topic by exploring the question 'what makes health public?'.⁴

¹ Marcel Verweij and Angus Dawson, 'The Meaning of "Public" in "Public Health",' in Angus Dawson and Marcel Verweij (eds), *Ethics, Prevention, and Public Health*, (Oxford: Clarendon Press, 2007).

² Virginia Berridge, *Public Health: A very short introduction*, (Oxford: Oxford University Press, 2016), chapter 1.

³ Samuel Brookfield, 'What isn't public health?' *Journal of Public Health Policy* (2023) 44, 264-275.

⁴ John Coggon, *What Makes Health Public? A critical evaluation of moral, legal, and political claims in public health*, (Cambridge: Cambridge University Press, 2012).

Like those works, this review paper considers authoritative definitions. However, it does not aim to produce or defend a final definition. Rather, it picks up—as those other works do—distinct, layered themes that emerge when we explore what ‘public health’ might be about. As such, there is not a presentation and review of multiple, apparently authoritative definitions. It will suffice instead to provide a basic characterisation that can anchor the discussion. This will be done in section 1.2, where there is just a brief discussion of definitions. As Verweij and Dawson argue, when asking ‘what is public health?’ we can find *descriptive* approaches to definitions; these are ways of describing a complex practice. But we also find approaches that look to *normative justification* or *direction*; to ways of explaining how and why things should be, or should be done in particular ways.⁵ In what follows, although descriptive aspects emerge, the ultimate concern is with these ‘should’ questions. I will thus go on to argue that we are best off asking what are, and what should be, the aims for and limits on collective actions for health? I reach that provocation for reflection and debate through the following stages of analysis:

- Section 1.2 provides a brief statement on definitions of public health;
- Section 2 advances two ways of understanding what public health is, first by looking to the meanings respectively of the terms ‘health’ and ‘public’, and secondly to the ways in which the term ‘public health’ gets used in practice;
- Section 3 aims further to promote understanding by provoking discussion in two ways:
 - First, it invites consideration of tensions, complexities, and controversies whose resolution comes through—in effect—explaining what public health is and should be about; and
 - Secondly, it presents the challenges that we must face in order to reach that resolution, looking to the mission or aims of public health, the means of realising those aims, and by identifying whose responsibility different aspects of that agenda may be.

1.2 What is public health? Perhaps start, but do not end, with a definition

As explained in section 1.1, there is no shortage of sources that might be consulted in a search for possible meanings of public health. A great many of the definitions that may be found can be traced back to Charles-Edward A. Winslow’s celebrated paper ‘The Untilled Fields of Public Health’, published in the journal *Science* over a century ago.⁶ Winslow wrote:

*Public Health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health.*⁷

⁵ Verweij and Dawson, ‘The Meaning of “Public” in “Public Health”,’ pp. 18-19.

⁶ Charles-Edward A. Winslow, ‘The Untilled Fields of Public Health,’ *Science* (1920) 51:1306, 23-33.

⁷ *Ibid.*, p. 30.

Unsurprisingly, contemporary definitions account for advances in scientific understanding since Winslow's time; for example by ensuring that they can accommodate learning from research in areas such as epigenetics and the social determinants of health. They also present themselves against a broader understanding of health than Winslow gives, to include as well both mental health and wider well-being.

The UK Faculty of Public Health (FPH) is amongst those whose characterisations bring echoes of Winslow's. In its strategy for 2020-2025, FPH provides the following, succinct but wide-reaching encapsulation of public health, which may originally be attributed to epidemiologist Donald Acheson:⁸

*We define public health as the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society.*⁹

FPH's chosen definition, and ones similar to it, do give an answer to the question 'what is public health?'. But to be meaningful, any such definition needs unpacking. Standing alone it says too little. Nevertheless, even a quick review uncovers ideas and practices that span multiple, distinct layers. Public health is not presented as a single thing: it is a cluster of things, falling under the headings both of science and art. Public health is not described as being directed to a single aim: it targets avoidance of disease, achieving greater longevity, and promoting positive states of health and well-being. And public health is not given as the responsibility of any single actor or just each individual person taken alone: it requires efforts across society.

In aiming to explain what public health is, it is the case that a definition of any length leads to understanding only when we explore how its inherently broad-ranging key terms are, in turn, intended to be interpreted, or anyway find themselves being interpreted. Furthermore, as emphasised in section 1.1 of this paper, I am interested to focus not just on descriptive definitions, but questions of normative justification; an understanding of public health explains not just how practices are but also how they should be. Methods of gaining understanding across both descriptive and normative domains can include analysis of the language of the definition, analysis of how people and organisations use the term (i.e. what they intend to imply when they say it), and analysis of the practical contexts within which discussions of public health play out.

When the question 'what is public health?' is asked, therefore, more often than not what is needed is not a definition of a single thing that is public health. Rather, what is sought is an explanation of the ideas and practices to which the term 'public health' gives rise, and from which it draws. And where, implicitly or explicitly, these give rise to evaluations or action-guidance, justification of what is being characterised as 'public health' is also needed; an exercise in understanding values and the making of value judgements.

⁸ Donald Acheson, *Public Health in England*, (London: HMSO Cmnd 289, 1988).

⁹ Faculty of Public Health, *UK Faculty of Public Health Strategy 2020-2025*, (London: FPH, 2019), p. 1.

Assistance in explaining and unpacking those things can be found in (amongst other areas) works within critical public health and the philosophy of public health. These provide focus in particular through three sometimes overlapping points of inquiry. They look respectively at:

- How we might interpret the terms ‘public’ and ‘health’;
- The distinct uses or applications that we find of the term ‘public health’ in practice; and
- Tensions, complexities, and controversies that exist in critical debates within, about, and beyond the public health community.

This paper cannot pretend to give anything approaching a comprehensive review of the literatures that address these three domains, or the further literatures that might also have been looked at.¹⁰ Nevertheless, the remainder of this paper aims to give a sense of each of the three headings listed here. This should enable readers to understand the different ideas that, taken together, they open up. Doing so helps to expose the different sorts of things that we might say public health is, or is not, about. And it allows us to see why we should not worry about trying to pin down some elusive, single, exclusively ‘correct’ definition or exhaustive interpretation of public health.

1.3 Section summary

- ‘Public health’ is a deceptively familiar term, and there is a good and wide-ranging literature that provides and explores definitions of it.
- Any given definition can help us *start* to understand the sorts of things that may be captured by the term ‘public health’.
- In this paper, the central reference-point definition is FPH’s chosen characterisation, which was originally presented by Donald Acheson. This says that public health is “the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society”.
- Even a superficial review of such a succinct definition exposes how multi-layered the term ‘public health’ is.
- This means that a deeper analysis is needed. That can well be provided through approaches from critical public health and the philosophy of public health; as will be shown in the remainder of this paper.

¹⁰ It is recommended to interested readers to look at: Berridge, *Public Health: A very short introduction*; Sridhar Venkatapuram and Alex Broadbent (eds.), *The Routledge Handbook of Philosophy of Public Health*, (Abingdon: Routledge, 2023); Ruth Faden, Justin Bernstein and Sirine Shebaya, ‘Public Health Ethics’ in Edward N Zalta (ed), *The Stanford Encyclopedia of Philosophy* (Spring 2022 Edition) <<https://plato.stanford.edu/archives/spr2022/entries/publichealth-ethics/>>.

2. Looking within, and beyond, definitions of public health

Section 1 of this report listed three approaches to understanding public health. This section looks to the first two of these: exploring the meanings of ‘public’ and ‘health’, and reflecting on how the phrase ‘public health’ is used in practice. Insofar as we benefit from a definition as a practical reference point, I have taken FPH’s chosen characterisation of “public health as the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society.”¹¹ However, what follows is not intended to represent the view of FPH. Rather, it is my illustration of what sorts of things we learn by unpacking definitions such as FPH’s, looking to the respective terms ‘public’ and ‘health’, and by considering the different ways that the phrase ‘public health’ is used in practice. Section 3 of the report will then be framed around the tensions, complexities, and controversies that arise. These afford a further means of learning about the meaning of public health. Significantly, they also indicate where we should turn our attention to create clearer visions of what can and should be done, how, and by whom, in the name of public health.

2.1 Understanding through analysis of the words ‘public’ and ‘health’

The discussion in part 1.2 explained that public health is multi-layered: the initial reflections on FPH’s definition showed that it covers a ranging cluster of distinct ideas and practices. One of the reasons that this is perhaps inevitable is that the terms ‘public’ and ‘health’ have multiple meanings, even when taken individually. In approaching definitions, scholars in critical public health and the philosophy of public health have therefore asked what these key terms actually mean. It is instructive to take them in reverse order, asking first what ‘health’ means, and then what is denoted by qualifying it with the word ‘public’.

2.1.a The ‘health’ (and ‘well-being’) in ‘public health’

As with the phrase ‘public health’, there is something deceptively simple in the term ‘health’ itself. The apparent simplicity of professing an interest in health is belied by a vast and unsettled literature within the philosophy of health.¹² And in more everyday ways, it is belied by the plurality of very distinct practical concerns that fall under the umbrella of ‘health’. This proves all the more true when we are invited, through our focus on health, also to be concerned with well-being.

To help to unpack this, there are three areas where contrasts or tensions can be found in establishing the meaning of health.¹³ These may be summarised by progressing through three questions. First, what is health? Secondly, is health a neutral, scientific concept, or a value-laden concept? And thirdly, who, in practice, gets to define health? Although the following offers just brief reflections on each of these big questions, it provides enough to expose some of the challenges and complexities that come with the term ‘health’ (and ‘well-being’) in ‘public health’.

¹¹ Faculty of Public Health, *UK Faculty of Public Health Strategy 2020-2025*, p. 1.

¹² For an overview and analysis of this literature, see Dominic Murphy, ‘Concepts of Disease and Health,’ *The Stanford Encyclopedia of Philosophy* (Spring 2021 Edition), Edward N. Zalta (ed.), URL = <https://plato.stanford.edu/archives/spr2021/entries/health-disease/>.

¹³ See further Coggon, *What Makes Health Public?*, chapter 1.

Once we scratch the surface, we find that there are big distinctions in how people answer the question 'what is health?'. A key way of testing this is found by looking at differences between so-called 'negative' and 'positive' concepts of health.

What is health? 1 – 'negative' versus 'positive' concepts

Negative concepts of health, sometimes referred to as 'biomedical' concepts, tend to focus on what health is *not*; they look to the absence of an aberrant or undesirable condition. Here, health is the absence of disease (or the absence of a related concept, such as illness, malady, infirmity). Positive concepts of health, by contrast, do not limit their focus to the absence of a state of disease. Rather than look simply to the absence of ill health, they look to the possibility of different and better states of good health; they embrace states of positive well-being. While such concepts may contain biomedical components, they move into a broader space that simply cannot be exhausted by analysis from biomedical sciences.

The World Health Organization claims both negative and positive definitions of health, famously defining it as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."¹⁴ Likewise, the discussion above has shown that FPH embraces both negative and positive concepts. This raises its own questions. Are health and well-being synonyms? If so, why mention both? Or are there distinctions in the meaning and reach respectively of health and of well-being? If so, what are the differences, and what does this mean for claims regarding evidence bases in health policy? Is expertise in (population) health sciences expertise in well-being, or in just a component of well-being?

As well as denoting plural layers, the sorts of questions presented in the above box give rise to inquiry about what values are at play within the concepts of health and well-being, and who is best positioned to define them. Whether defined in 'negative' or 'positive' terms, we find further debates and disagreements on how 'health' should be understood through contrasts between so-called 'normative' versus 'natural' concepts of health. In other words, there are disagreements about whether health is necessarily a *value-laden* concept.

What is health? 2 – 'Normative' versus 'natural' concepts

Normative understandings of 'health' hold that health is necessarily a value-laden concept.¹⁵ This means that, all things equal, where we talk of health we are talking of something good; something that ought to be recognised as important. On this count, we may say that health is good because it is (for instance) fundamental to happiness, or functioning, or flourishing, or freedom. And thus, our interest in health is motivated directly by its importance, and when we make a claim that something is good or bad for health, we are making a value judgement. We are saying that health matters.

¹⁴ <<https://www.who.int/about/governance/constitution>>.

¹⁵ Elseltijn Kingma, 'What is it to be healthy?' *Analysis* (2007) 67, 128-133.

Given the agendas—and indeed controversies—around health, it might seem odd that anyone would contest the question of whether health matters. However, so-called natural understandings of health hold that we can and should approach health without regard to values. Instead, health should be considered a neutral, or scientific, concept. On this view, health may be understood as reflected (for instance) in species-typical functioning; we observe a statistical norm, and simply categorise as ‘healthy’ that which is the more prevalent.¹⁶

While a more ‘scientific’ understanding of health may appeal for giving the appearance of neutrality and thus (moral and political) detachedness, it is crucial to recognise that values are unavoidable, even in apparently descriptive areas of population health sciences.¹⁷ In theory, a value-free concept of health is imaginable. In practice, a worthwhile or useful concept of health that is not linked to questions of value is unimaginable. Furthermore, it is values that guide our priorities, whether those relate to what research questions to ask, or what policies to implement. And anyway, as we find more expansive—‘positive’—definitions of health and well-being, it is just not possible to limit our understanding of health to indicators from within biomedical sciences. Both for its breadth, and its goal-orientation, we thus see values are inherent to definitions of public health such as FPH’s.

In summary so far, even though scientific methods are a signal feature of evidence-based public health policy and practice, health itself is a not value-neutral concept when it provides the foundation of policy and practice. It is, furthermore, a value whose scope may be very broad, covering physical, mental, and potentially even social concepts of positive well-being. We cannot get a complete understanding of the ‘health’ in ‘public health’ without recognising and engaging with questions of value. And that, in turn, leads us to have to ask ‘who, then, gets to define health?’. Responses to this question tend to focus on distinctions between—and the potential combination of—so-called ‘internal’ and ‘external’ accounts of health.¹⁸

Who should define health – ‘internal’ versus ‘external’ perspectives

If, at least in part, values are unavoidable, it is important to recognise the questions of power and (dis)empowerment in establishing who defines states of health, and with what consequences.¹⁹ The contrast of ‘internal’ *versus* ‘external’ approaches to conceptualising health reflects distinctions between subjective and objective perspectives in doing so. Where health is taken to be a subjectively-defined concept, states of health (and well-being) are demarcated by an individual or community.

¹⁶ Christopher Boorse, ‘Health as a Theoretical Concept,’ *Philosophy of Science* (1977) 44, 542-573.

¹⁷ Sam Harper, Nicholas B. King, Stephen C. Meersman et al., ‘Implicit Value Judgments in the Measurement of Health Inequalities,’ *The Milbank Quarterly* (2010) 88:1, 4-29.

¹⁸ Amartya Sen, ‘Health Achievement and Equity: External and Internal Perspectives,’ in Sudhir Anand, Fabienne Peter, and Amartya Sen (eds.), *Public Health, Ethics, and Equity*, (Oxford: Oxford University Press, 2004).

¹⁹ For a radically critical discussion of these questions see Petr Skrabanek, *The Death of Humane Medicine and the Rise of Coercive Healthism*, (London: Social Affairs Unit, 1994). For a position that places health as a foundational capability that is crucial to socially-just policy, see Jennifer Prah Ruger, *Health and Social Justice*, (New York, NY: Oxford University Press, 2010).

Where it is defined objectively, some 'external' observer says what health is, often doing so with a claim of expert knowledge and insight.

Honouring internal accounts of health allows for variation in values, including within the very meaning of health itself. It recognises that health is not a single or monolithic thing, and the individual or community whose health is in question is best, or rightly, placed to determine the answer. However, deferring to internal accounts also risks deference to subjective positions that may be problematically harmful; for instance where a person or community suffers avoidably in situations where there may be good arguments for intervention.

Objective accounts will rest on markers that can be explained and rationalised. But, as indicated above, they will also necessarily draw at some point on value judgements, and they thereby risk the problematic imposition of a moral value judgement.

There are, therefore, both benefits and dangers in honouring internal and external accounts of health. As such, scholars such as economist and philosopher Amartya Sen aim towards methods of defining health in ways that seek to accommodate both internal and external perspectives.²⁰

As this discussion on the philosophy of health (and well-being) shows, it is far from the case that everyone knows or agrees on the meaning of health (less still well-being) in public health. Health (and well-being) will, in practice, denote many and distinct conditions and states. A challenging consequence of this is that health may, or may seem to, come into conflict with itself: a single person may—perfectly coherently—use 'health' to mean more than one thing. This is true even when health is narrowly conceived, as, for instance, when a person submits to a health-harming intervention such as receiving chemo-therapy in order to protect their health. And it becomes all the more complex where, for example, a person suffers costs to their mental health for the good of their physical health: in such cases, qualitatively distinct forms of harm are pitted against one another, albeit they both fall under the broad label of 'health'. Complexity arises too, for instance, when health harms and costs are born of the same cause, but arise at different points in time; such as where protective measures forestall the spread of a virus but come with health costs through diminished access to education. And further complexities arise again where health benefits to one group or community come at the cost of health harms to another group or community.²¹ And a final complexity to note comes with the characterisation of *things*—food, lifestyles, environments—as (un)healthy.

All such questions emphasise the importance of asking who, in practice, has the right and responsibility to protect and promote the value of health at a political level.²² They show that the 'health' in 'public health' operates in contexts of values,

²⁰ Amartya Sen, 'Health Achievement and Equity: External and Internal Perspectives', *Public Health, Ethics, and Equity*, (Oxford: Oxford University Press, 2004).

²¹ John Coggon, 'Living and Dying with Covid: Ethical complexity and health/health trade-offs,' (11th July, 2021) <<https://ukpandemicethics.org/living-and-dying-with-covid-ethical-complexity-and-health-health-trade-offs/>>.

²² Coggon, *What Makes Health Public?*

and of relative power dynamics. Such points come into sharper focus still when we come next to consider directly the ‘public’ in ‘public health’.

2.1.b. The ‘public’ in ‘public health’

Marcel Verweij and Angus Dawson are among those to explore the meaning of ‘public’ in ‘public health’.²³ As explained in section 1 of this paper, they do so by reviewing what they identify as the most influential and widely-recognised definitions of public health, starting with Winslow’s. In looking across these, they distil two distinct and salient senses of public: ‘public’ as people taken collectively, and ‘public’ as action taken collectively.

Two key senses of ‘public’ in ‘public health’

1. ‘Public’ as people taken collectively.

In this first sense, the ‘public’ in ‘public health’ invites a focus on health at a population level; it looks at the health of a public, or of various publics. This in part is driven by scientific distinctions, as notably described by epidemiologist Geoffrey Rose.²⁴ As Rose explained, when studying health at a population level, we are able to generate knowledge and understanding that is not possible when looking at individual cases; for instance, understanding causes of cardiac disease by looking at its higher incidence in a population of people who consume more salt, as compared with a population of people who consume less salt. By looking at different groups, we can observe how health opportunities and outcomes differ, and understand how and why that may be so. When considering this sense of ‘public’ in ‘public health’, we can look to aggregate levels of health within a population, as well as the (potentially unequal) distribution of health opportunities and outcomes for different groups and communities; whether defined against socio-economic markers, or by reference to characteristics such as age, gender, race, or disability.

2. ‘Public’ as action taken collectively.

In this second sense, the ‘public’ in ‘public health’ reflects the collective, or social-coordination, nature of public health interventions. Within FPH’s definition of public health, we see this expressly in the phrase “organised efforts of society”. In the first instance, we might associate these ideas with the coordination by government actors and agencies to realise health goals. However, collective organisation may also occur through actors that are not ‘public’ in the sense of governmental. These may span social actors, such as established professions, professional organisations, third-sector organisations, charities, community groups, special interest groups, universities, and (acknowledging complexities and controversies in relation to these²⁵) commercial and industry actors. The idea of ‘public’ as action taken collectively is indicative of how responsibility for health is shared *across* society; it is

²³ Verweij and Dawson, ‘The Meaning of “Public” in “Public Health”’. See also Coggon, *What Makes Health Public?*, chapter 2; John Coggon, ‘The Public in Public Health,’ in Sridhar Venkatapuram and Alex Broadbent (eds.), *The Routledge Handbook of Philosophy of Public Health*, (Abingdon: Routledge, 2023).

²⁴ Geoffrey Rose, ‘Sick Individuals and Sick Populations,’ *International Journal of Epidemiology* (1985) 14, 32-38.

²⁵ Anna Gilmore, Alice Fabbri, Fran Baum, *et al.*, ‘Defining and Conceptualising the Commercial Determinants of Health,’ *The Lancet* (2023) 401: 10383, 1194-1213.

neither just for the individual, nor just for the government. And it is indicative of the need to coordinate efforts through different social institutions, networks, and actors.

In summary, a focus on the ‘public’ in ‘public health’ has us look at health at population levels. This draws in understandings of distinct causal influences on health, with a sharpened focus on our natural, built, and social environments. In so doing, it raises insights into the limits of individual control, and thus individual power and responsibility. In line with this, the ‘public’ in ‘public health’ also engages ideas of collective action; of government intervention and wider social responsibilities and coordination. In this sense, it raises points about substantive and procedural political values.

Building on the discussion of the ‘health’ in ‘public health’, we see that the idea of ‘public health’ is heavily value-laden. This point is further elucidated when we move from the conceptual analysis of the terms ‘health’ and ‘public’, to look now in rounder ways at how the phrase ‘public health’ gets used in practice.

2.2 Understanding through looking at distinct uses of the term ‘public health’

The previous discussion shows that we may learn a great deal about what ‘public health’ can mean by breaking it down and exploring the terms ‘health’ and ‘public’. However, it has also demonstrated that that process itself opens up further questions; questions that are philosophically complex and ethically challenging. They provoke discussions of values, politics, and power dynamics.

The same things happen when we move from looking directly at the concepts ‘health’ and ‘public’ separately, and instead explore the question ‘what is public health?’ by identifying the different ways the phrase ‘public health’ is used in practice. Here, I reproduce a taxonomy from my own work, which presents seven distinct ways that the term ‘public health’ is employed.²⁶ As above, none of these is presented as the ‘right’ or best understanding. Rather, the list exposes the very different senses that may be found in the phrase ‘public health’.

The seven faces of public health²⁷

1. Public health as a political tool: sometimes ‘public health’ is cited as a rationale in support of a policy or intervention. When used in this sense, agreement is sought or expected with a value judgement both that something is rightly considered a political concern, and that health should be a guiding value in addressing it. We find this, for instance, where it is argued that the regulation of recreational drug use should be approached as a public health priority.

2. Public health as government business: at times, ‘public health’ is taken to denote a competence or function of government. Such usage may come through reference to a department or ministry; such as, in England, the Department of Health and Social Care. It may be narrower still, relating, for instance, to a specific executive

²⁶ Coggon, *What Makes Health Public?*, chapter 3.

²⁷ *Ibid.*

agency; again, to use an example from England, we might think for instance of the Office for Health Improvement and Disparities. But it may also be considered more widely, to span across some, or all government responsibilities that touch on health, as invited, for instance, by a ‘health in all policies’ approach.

3. Public health as the social infrastructure: this use of ‘public health’ is similar to the previous usage. However, here the term looks beyond government and public institutions, to include social actors, and coordination and responsibilities for health, that are ‘public’ in character but assumed too by non-governmental actors. For instance, ‘public health functions’ may be assumed by actors such as restaurants voluntarily making healthier options the default.

4. Public health as a professional enterprise: this sense of ‘public health’ is quite distinct from the previous three, looking to the question of what it means to say someone works in public health. Here the focus is on professionals who are defined by reference to specific sorts of expertise; on professional roles, competences, and pre-requisites. Public health is understood in this sense by exploring what it means to be part of the ‘public health workforce’.

5. Public health as blind benefit/harm: here, ‘public health’ is used as shorthand for the idea of the manifestation of health effects at a population level, where individual-level observation is not (necessarily) possible. For instance, we might talk of the public health benefits of reducing salt intake at a societal level, on the basis that we can show demonstrable health impacts through a lowered incidence of cardiac disease, even while we cannot show who, individually, has benefitted from policies that have led to the change.

6. Public health as conjoined beneficiaries: in this sense, ‘public health’ is used to encourage an understanding that ‘we are all in it together’. Here, health benefits or harms are presented as ones that, morally, are a shared concern rather than a simple matter of individual responsibility. In philosophical terms, public health here is used to convey a ‘solidaristic’ or ‘communitarian’ idea, with direct implications for appreciating health as a shared responsibility within and across society.

7. Public health as the population’s health: finally, we have the value-free alternative to the previous characterisation. In this sense, ‘public health’ is not used to direct or evaluate matters. Rather, it is the basis of a scientific observation and presentation of fact; for instance, that an infectious disease has a particular prevalence within a population. Any questions of what should be done about it are separate, and require value judgements.

As stressed already, the intention in presenting these distinct *uses* of the term ‘public health’ is not then to alight on one as reflecting *the*, or the best, definition. Rather, it makes clear how many very different senses the term may have. This highlights the importance of not aiming to come up with a singular definition of public health. And it underscores the importance, in any given context, of being clear what one means when using the term. Crucially, this is not just an issue of precision of language. As will be explained in section 3 of this paper, it is also because these varied meanings

of public health rest against points of tension, complexity, and sometimes controversy. These in turn expose, and thereby help us to understand, the different possible meanings of public health.

2.3 Section summary

- ‘Public health’ is not a single thing. Attempts to characterise it need to be unpacked to be understood, and they cover wide-ranging and quite distinct matters.
- Although understandings of public health invite considerations of scientific approaches and perspectives, a great deal of what public health is and is about inevitably includes recognition of and engagement with values.
- At the very least, these are the values inherent in the concept of ‘health’ itself, of people considered collectively, and in the questions of power, right, and responsibility that come into play when we consider ideas of social coordination or organised social efforts.
- The reach of matters related to public health, as evidenced in the different ways that the phrase ‘public health’ is used, and the importance of values, mean that we can find—and learn from—tensions, complexities, and controversies that arise within, about, and beyond public health.

3. What is public health?: from finding meaning to giving meaning

Sections 1 and 2 of this paper have covered what might seem the more obvious ways of asking what ‘public health’ means: first, looking at what others say, and finding an authoritative definition; secondly, by drilling down further by looking at what the terms ‘public’ and ‘health’ might mean; and thirdly, by considering how the phrase ‘public health’ gets used in practice. We can also learn about public health by exploring tensions, complexities, and controversies that arise in debates about the proper aims and scope of public health. That these exist is already evident from the previous discussion. But looking at them directly is a crucial part of the route to a fuller understanding of the practical as well as conceptual challenges in exploring the question ‘what is public health?’. They allow us to articulate and understand ‘public health’ not just as an abstract term, but also as a real-world site of activity. For definitions such as FPH’s to motivate action and assure a better, fairer society, it must be recognised that there is some sort of mission statement at play; one that makes the profession of public health a vocation, and one that makes public health an agenda in its social and political contexts.

In this final section, I look to critical debates and arguments where public health is considered as something driven towards value-centred social and political goals. The analysis draws from tensions, complexities, and controversies first *within* public health, secondly *about* public health, and thirdly from *beyond* public health.

3.1 Understanding through exploring tensions, complexities, and controversies within, about, and beyond public health

3.1.a. Tensions, complexities, and controversies *within* public health

Perhaps the pithiest definition of public health that still captures the different dimensions described in section 2 is given by Richard Horton, editor-in-chief of medical journal *The Lancet*. In an article that scathingly challenges the then choices and practices of public health leaders in England, Horton says: “Public health is the science of social justice”.²⁸ Indeed, the definition may be contrasted with FPH’s for making justice—and with its values—explicit, and thus directly inviting discussion of the normative dimensions of public health.

Within the article, Horton describes his perceptions of a wrong direction in public health leadership. To flesh this out, he gives an account of what, in his view, public health has been historically, and what it should be about. As well as very literally demonstrating tension, complexity, and controversy, Horton’s piece exposes in finer detail the challenges in understanding public health; even if we want just to look at it, as it were, on the terms of people who are part of the public health community. It invites consideration of what ‘health’ is (not forgetting to consider, as relevant, the related idea of well-being), how evidence bases from health sciences can and should inform interventions for health, how health as a shared responsibility within society should demand political engagement, and whether and why such engagement might require refusals to cooperate with government.

²⁸ Richard Horton, ‘Offline: Where is public health leadership in England?’ *The Lancet* (2011) 378:9796, 1060

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What does this tell us about the meaning of public health? I would argue that it presents in stark terms the discussions that should be held within the public health community. Some of these discussions are centrally political, even while they incorporate needs too for scientific consensus. They expose the need to achieve a shared understanding both of what might be effective in relation to preventing disease, prolonging life, and promoting health and well-being, and about how different public health actors should engage (or not) within the organised efforts of society. The important work is not in establishing a definition of public health, but in assuring engagement within the public health community so that distinct roles, aims, and methods can be understood.²⁹

Perhaps more subtly, a look at internal tensions also exposes the need for discussions of other forms of friction within public health. For instance, how do we resolve conflicts between the two core public health goals of improving health (and well-being) and reducing health inequalities? This might be a judgement call in relation, say, to an information campaign regarding harmful alcohol use, which may have the impact of improving overall health outcomes whilst worsening health inequalities. Or it might relate to instances where we can only prioritise one health need—say the control of infectious disease—at the cost of another—say access to healthcare. As discussed in section 2.1.1 of this paper, whatever we think about definitions of public health, to give *meaning* to public health, we need to be able to face and address such questions.³⁰

Similarly, we can look to tensions—contemporary and historical—between disciplines that are considered to be part of public health. For example, has the virtue of evidence-based policy led to an unduly amplified predominance of biomedical sciences and the randomised controlled trial? If so, is that right, and what weight should be given to other disciplines and forms of research that may also contribute to understandings and evidence in relation to evaluating the health of the public, and making recommendations for policy?³¹ This question emerges in relation to different forms of research taken alone. But it applies too where we see initiatives to push for collaborations across and beyond scholarly disciplines through *transdisciplinary* research.³² Efforts are needed to overcome the tensions that emerge; but addressing the complexities that they present is no small task.³³

3.1.b. Tensions, complexities, and controversies *about* public health

It is also informative, in trying to grasp how meaning is given to public health, to consider critical discussions of the scope and remit of justified public health activities,

²⁹ John Coggon and Lawrence O. Gostin, 'The Two Most Important Questions for Ethical Public Health,' *Journal of Public Health* (2020) 42:1, 198-202; John Coggon, 'Is Public Health Just Science? Values, politics and varied but collective practices to secure better health with justice,' *Journal of Public Health* (2022) 44:S1, i34-i39.

³⁰ See Coggon, 'Living and Dying with Covid'.

³¹ Academy of Medical Sciences, *Improving the Health of the Public by 2040: Optimising the Research Environment for a Healthier, Fairer Future*, (London: Academy of Medical Sciences, 2016); Sridhar Venkatapuram and Jo Bibby, *A Recipe for Action: Using Wider Evidence for a Healthier UK: A collection of essays exploring why we need transdisciplinary approaches to improve the public's health*, (London: Health Foundation, 2018).

³² Academy of Medical Sciences, *Improving the Health of the Public by 2040*, *ibid.*.

³³ Daniel Black, Geoff Bates, Sarah A. Ayres, *et al.*, 'Operationalising a large research programme tackling complex urban and planetary health problems: A case study approach to critical reflections,' *Sustainability Science* (2023), <<https://doi.org/10.1007/s11625-023-01344-x>>.

agendas, and interventions. Perhaps most prominently, we may consider politically-framed challenges to their legitimacy. These can include challenges that speak to the remit of public health actors and agencies; for instance as found in critiques of overreach or illegitimacy that are presented through ‘nanny state’ slurs.³⁴ In these, we find claims about principled and practical boundaries, aiming to limit the reach of public health.

Political challenges can also include critical evaluations of the effects of public health policies, looking to problems that emerge given institutional decision-making and societal structures.³⁵ Exploration of these questions comes through analysis in political theory and social justice.³⁶ Importantly, rather than start with a ‘public health perspective’, they ask that we look to the proper remit and practices of public health by reference to in-the-round understandings of what government and established professions are for. And, as indicated by discussion of societal structures, they also ask that we look at the actions, effects, rights, and responsibilities of other sorts of actors, such as companies, non-governmental organisations, community groups, and of course individuals. In sum, these ideas demand that we look to what we all owe to each other as matters of justice within society.³⁷

3.1.c. Tensions, complexities, and controversies *beyond* public health

Finally, we can examine the question ‘what is public health?’ by looking at discussions of apparently related areas, including where there is argued to be meaningful contrast found with public health. In other words, we can gain understanding of public health by looking to how related ideas are given as holding similarities or differences, and exploring how and why.

We might start here with global health. As with public health, there is not a single definition of this field. Some definitions of global health may be seen as tying themselves very closely to definitions of public health,³⁸ and indeed we sometimes find the field captured in the phrase ‘global public health’.³⁹ At the same time, there are also forceful arguments that global health should be considered as distinct from public health; that ‘public health’ brings inherent conceptual and practical assumptions that do not apply in relation to ‘global health’.⁴⁰

This paper is not a place to resolve those disagreements.⁴¹ Nevertheless, the fact of the disagreements shows how people seek to give meaning to public health both to

³⁴ John Coggon, *The Nanny State Debate: A place where words don't do justice*, (London: UK Faculty of Public Health, 2018).

³⁵ Beth Wangari Kamunge, *Which Inequalities Should We Focus on in Evaluation Health Policy Before, During, and Following COVID-19?* (Oxford: UK Pandemic Ethics Accelerator, 2021).

³⁶ Nuffield Council on Bioethics, *Public Health—Ethical Issues*, (London: Nuffield Council on Bioethics, 2007).

³⁷ Coggon, *What Makes Health Public?*

³⁸ Solomon Benatar and Ross Upshur, for instance, promote a ‘social concept’ of global health that is a direct reformulation of Winslow’s definition of public health: Solomon R Benatar and Ross Upshur, “What is Global Health?” in Solomon R Benatar and Gillian Brock (eds.), *Global Health and Global Health Ethics*, (Cambridge: Cambridge University Press, 2011).

³⁹ Richard Parker, “Editorial,” *Global Public Health* (2006) 1:1, 1-2.

⁴⁰ Robert Beaglehole and Ruth Bonita, ‘What Is Global Health?’ *Global Health Action* (2010) 3:1, 5142.

⁴¹ For analysis of questions raised here in relation to global health, see John Coggon, ‘Global Health, Law and Ethics: Fragmented sovereignty and the limits of universal theory,’ in Michael Freeman, Sarah Hawkes, and Belinda Bennett (eds.), *Law and Global Health*, (Oxford: Oxford University Press, 2014); John Coggon ‘Global

advance related agendas and aims in its name, and to distinguish alternative goals and methods. Ultimately, no-one owns these terms. But it may be useful to consider that efforts either to (re)define public health, or to define alternative fields—such as global health, planetary health, one health, EcoHealth⁴²—are more about reorienting where emphasis should lie. This is important for the purposes of the current paper for two reasons. First, we find a further source for understanding what might be meant by ‘public health’. Secondly, the debates about what, for instance, ‘planetary health’ might mean and why it is important move our attention away from purely conceptual discussion, and towards a practical focus on what it means to protect and promote health through organised social efforts, and why that matters.

3.2 Actions speak louder than words: looking to the future of public health

The aim of this paper has been to address the question ‘what is public health?’ However, it has not been my aim to provide an answer in the form of a single definition. The above discussion has rather sought to promote understanding by provoking debate. The paper has found its centre of gravity with FPH’s chosen characterisation of “public health as the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society.”⁴³ It could have worked with a pithier definition, such as Horton’s “the science of social justice”.⁴⁴ Or it could have taken a longer, more detailed approach, such as, perhaps, a modified version of Winslow’s, presented in section 1.2.

Crucially, the discussion within this paper has shown that the important task is not to aim for a definition that captures and resolves every sense in which the term ‘public health’ might be used. Instead, we should look at the core points that are implied by its usages, and to evaluate these. In this sense, the paper has not had a central purpose of reviewing or giving a descriptive account of public health. Instead, it has taken the question ‘what is public health?’ as an invitation to open up and scrutinise questions about the legitimacy of practices, policy agendas, and actions whose basis is, or may be said to be, made in the name of ‘public health’. Ultimately, we should structure our ideas about what public health is with reference to what we, as a society, can and should do in relation to health and well-being. We need to reflect on the meanings of ‘health’, and of saying that health is ‘public’. We need to evaluate the different ways that the term ‘public health’ is used. And we need openly and respectfully to debate the tensions, complexities, and controversies regarding the scope and limits of actions and activities that may be said to fall under the broad umbrella of ‘public health’.

In short, we can list multiple definitions of public health. But there are significant limits to what we can learn simply by examining the term itself. Rather, it is by

Health,’ in Tuija Takala and Matti Häyry (eds.), *Concise Encyclopedia of Applied Ethics in the Social Sciences*, (Cheltenham: Edward Elgar, forthcoming).

⁴² Cf Tiago Correia, Cláudio Tadeu Daniel-Ribeiro, Paul Ferrinho, ‘Calling for a Planetary and One Health Vision for Global Health,’ *One Health* (2021) 13: 100342; Stephen R. Gill and Solomon R. Benetar, ‘Reflections on the Political Economy of Planetary Health,’ *Review of International Political Economy* (2020) 27:1, 167-190; Henrik Lerner and Charlotte Berg, ‘A Comparison of Three Holistic Approaches to Health: One Health, EcoHealth, and Planetary Health,’ *Frontiers in Veterinary Science* (2017) 4:163; Jack Parsons, ‘Global and Planetary Health,’ in Walter Leal Filho, Tony Wall, Anabela Marisa Azul, Luciana Brandli, and Pinar Gökcin Özuyar (eds), *Good Health and Well-Being*, (Cham: Springer, 2020).

⁴³ Faculty of Public Health, *UK Faculty of Public Health Strategy 2020-2025*, p. 1.

⁴⁴ Horton, ‘Offline: Where is public health leadership in England?’

looking at questions concerning values, responsibilities, freedoms, rights, and social justice that we gain an understanding of what public health should be about and give it meaning. This process will involve both contest and—if that contest can be constructive—consensus. Reflections on the meaning of public health invite each of us, individually and collectively, to consider what health and well-being can and should mean, and from there to work out in what ways we should protect and promote these through shared efforts. That means looking to the ambition that we would want to see in public health, and from there to understanding its rightful scale and limits. It means addressing head on the complexities; including the plural meanings of health itself, even where health is treated as an objective concept (as discussed in section 2.1).

These discussions need to be inclusive.⁴⁵ They require meaningful listening, and recognition that there is not going to be a simple or uncontroversial answer to the question ‘what is public health?’. At its most basic, it is about recognising that there is a special value to health, and that health is a shared value (amongst other reasons) because whatever health means, it is not influenced just by an individual alone, even if they wish that were the case. We cannot avoid the questions of values and social justice, and their bearing on the responsibilities of government, and of other influential actors and agencies; pretending values are absent does not make them disappear.

The core message of this paper, then, might be interpreted as follows. An invitation to ask ‘what is public health?’ is a welcome one. And it rightly demands attention to questions of scientific methods and disciplinary approaches. But scrutiny of the question can importantly also help us to realise that we do *not* need (and probably cannot anyway find) an ideal definition of public health. In place of striving for that, our energy is better directed towards ideas of political legitimacy, including justification for practices, policy agendas, and actions that may be undertaken with reference to the idea of public health. A structure for such debate and discussion could be found by engaging with the following three questions:

- What should be the aims or mission of public health?
- On what basis is a mandate provided for that mission, and what means or methods are the right ones to realise it?
- Where, in exploring those first two questions, do we find whose responsibility it is to realise the different parts of society’s collective efforts to achieve better, fairer, health opportunities and outcomes?

3.3 Section summary

- Overarching definitions of public health speak to distinct ideas, practices, and aims. FPH captures this in its definition of “public health as the science and art of preventing disease, prolonging life and promoting health and wellbeing through the organised efforts of society.”

⁴⁵ Sridhar Venkatapuram, ‘Global health without justice or ethics,’ *Journal of Public Health* (2021) 43:1, 178-179; Angus Dawson and Lynette Reid, ‘Reinvigorating Public Health Ethics: Values, Topics and Theory,’ *Public Health Ethics* (2023) 16:2, 113-116.

- Even such brief characterisations of public health expose its great breadth, and a need to recognise it as essentially pluralistic, collaborative, and infused with values. In particular the FPH definition suggests:
 - Regarding public health expertise, that there is not a single method or approach that is defining of public health: it is a collaboration across sciences and arts;
 - In relation to public health agendas, that there is not a single mission or focus, but a broad range of efforts regarding prevention of ill health, and the promotion of both good health and well-being;
 - In their realisation, that public health practice and agendas require engagement and collaboration to ensure coordinated, cross-society, efforts.
- Each of these points gives rise to synergies, but also to the possibility of tensions; especially given the political and institutional contexts within which 'public health' activity sits. It is instructive to recognise, examine, and learn from these tensions.
- This can productively be done by looking to critical debates *within* public health, *about* public health, and debates that seek to push concepts and practices *beyond* public health.
- Ultimately, the key to defining what public health is and should be comes through collective discussion and what we make public health into.
- This means looking to overall ideas about what it means to live in a shared society, what obligations we owe to one another (including as mediated through political institutions), and how and where health fits into this.
- Whatever its practical conclusions, a full account of public health will explain:
 - A mission, or collective aims, in relation to health;
 - What means are legitimately available to realise those aims, on what mandate, and within what constraints;
 - How responsibilities for health are distributed amongst different actors across society.

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