

# WHAT IT TAKES TO LOVE PUBLIC HEALTH?

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Editorial

Croatia has a strong tradition of public health care (1, 2) and, consequently, the education in public health at medical schools has a relatively large share of public health hours in their curricula (3). However, probably due to the very nature of their work and tradition, public health teachers are mild and tolerant, and await medical students with too much understanding: students are fascinated and obsessed with “important” and difficult clinical medicine subjects and take public health subjects too lightly. Amidst numerous difficult clinical examinations, public health teachers do not dare flunk students at last examination terms, regardless of the fact that they may not be adequately prepared: everybody passes all public health courses. The consequence is a vicious circle of inadequacy (4): students do not study, for this they are not punished, and the result is rather poor knowledge in public health subjects (5). Moreover, students develop a feeling, actually a conviction, that these subjects are unimportant, inflated, and nuisance. Every couple of terms, a clinically-oriented dean is elected, and he decides that, indeed, public health subjects are a waste of students’ time when they got to learn all those extremely and practically important clinical skills. The result is a stronger than usual pressure onto public health teachers to condense their subjects, make them “more practical”, “more realistic to clinical practice and needs of really ill patients”, which at least should reflect in integration of (parts of) public health subjects with other, more important subjects, where they should serve to corroborate the importance and sanctity of these important clinical subjects. Small parts of public health subjects have no place in the examinations of difficult and extremely important clinical subjects, so they are barely taught and insignificantly examined. The deterioration reaches its maximum (6). The remnants of public health hours in the curriculum are saved by a wise public health expert who manages either to pull a political connection or approach the dean himself, in both cases by presenting a very important World Health Organisation (WHO) declaration. Everybody connected with politics (all deans are) fears WHO because it has to do with UN; such persons are wisely cautious with political issues and therefore yield to such argument. Honourable public health curriculum hours are saved in the last moment by not so honourable means.

## Early Days

I was a good student, liked all medical subjects, including chemistry and physics, let alone physiology and pathology. However, seemingly for no reason I liked all my public health subjects, maybe because my teachers openly tried to teach us how to build a latrine, and while others laughed, I painfully remembered that not a single house in my parents’ village had a latrine. However, my own public health teachers did not believe that a student with excellent marks and skilful in chemistry and mathematics would like their subjects. It was too good to be true, and they readily discouraged me. We were persuaded to take subjects lightly, chat where we could discuss, party where we could work, and copy tests where we had to know for examinations. I got all straight As, but with no taste of pleasure or pride.

## In the School

After graduation I became a teacher – basic science teacher, in the very same medical school. All teachers except public health experts incessantly gossiped about the School of Public Health, considered their hours inflated and their subjects futile. I restrained to griming but could not resist shouting at students when, at interviews, they would say “my marks are all excellent except for the unimportant public health subjects”. From time to time, I tried to approach public health colleagues with my worries, but they would smile in disbelief, and claimed they were happy to teach their subjects, maybe some students still grasped key messages.

In communist times, somehow, general practice became very important – probably because it had to do with general practitioners (GP) serving people according to working places not family residence; I think communists hoped to increase productivity by having doctors in factories. This was detrimental both for the workers (it became extremely easy to get sick leave), and the physicians (because they really had nothing to do but sign sick leaves – who would dare resist workers’ rights and endanger their health!?). Yet, the political importance of general practice empowered public health part of medical school, and the respective general practice advocates skilfully used it: nobody dared cut down

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public health hours! Nobody but public health experts themselves: they transformed most of the beautiful public health subjects into general practice science, which turned out to be a short evening-school-type recapitulation of the – clinical medicine.

These times mark my coldest emotional relation with public health. I was on the verge of giving up on my love to public health. The whole system of School management was nauseating, another of a million of nauseous phenomena in a communist medical school (7).

## Dawn of Democracy

Luckily for me, and for most of others, communism fell in 1990, Croatia gained freedom (8), and I got in power for a short time: as a Vice-Dean I took on the curriculum reform as my task, because I knew it was the first and dearest toy of every new dean; I immediately returned all my beloved public health subjects and inflated their hours to shining peaks (9). The dean, basic scientist, noticed what I did, smiled and – turned to public health communists. They stopped my reform. The importance of general practice survived communism. Terrible disappointment. Besides, my political strength sharply went down because, regardless of the political system, politics does not tolerate frankness and honesty (7).

## The War

In 1991 the war started (10) and I, in my way, joined Croatian Defense forces (11). There I met my old attraction, the public health. On the battlefield this love flourished with thousands of beautiful flowers.

No, no, public health teachers were not in the battlefield! They went to politics or to work for foreign non-governmental organisations (NGO)s. In the field I met common doctors, my buddies from soccer matches, forgotten female students from forgotten hygienic institutes, suddenly awakened depressive chemists, and serious and infection-obsessed microbiologists. (Many calm and organised female doctors!) They all stayed serious, mild and tolerant, but let nobody and nothing thwart their goal: care for health of the public. I witnessed that they did their job equally seriously and effectively as the most devoted field surgeons (12). The beauty and importance of public health opened before my eyes, and for the first time I realised why I have always loved public health: its activities were well-defined, important, people-oriented, practical, humane, and useful.

Epidemiologists did a splendid job. Since the autumn of 1991, Croatia for several years had some 200,000

men on the battlefields, 300,000 displaced persons within the country, and almost a million refugees from Bosnia and Herzegovina pouring in and looking for shelter (13). Throughout this period, some five years, there was not a single epidemic of classical infectious diseases in the country, in any of the endangered populations (14). There were not a single incident with food and water regardless of the fact that 25% of the country was occupied and 30% of industry and infrastructure destroyed. Several epidemics related to soldiers' living in woods and trenches were swiftly identified and suppressed (15). Latrines for soldiers at the front-line were built and cared for like in the books from which I studied Hygiene in the late sixties.

Occupational medicine experts joined Army and cared for "new" warring-related occupational issues; they swiftly learned how to care for soldiers instead for occupational pollution in a milk factory.

The science of ecology was able to foresee dangers for the environment (16, 17), warn and protest accordingly (18), save what could be saved (16), and clean and bury hundreds of thousands of animal carcasses, dispose off false humanitarian aid in the form of expired drugs, and press the government to clean mine fields.

School medicine workers took care of endangered children (19), especially for the wounded, sick, refugees and orphans (20, 21). Psychiatrists and psychologists joined in readily, and proved rather practical and useful (22, 23). Social medicine physicians cared for endangered populations – elderly (24), disabled (25), poor (26), and weak (27). Relatively inadequate response to great number of affected by post-traumatic stress disorder (PTSD) and problems related to their treatment and resocialization after war (28) should be attributed more to the profession of psychiatry, which proved weak generally (29), and political hypocrisy (7, 29) than to public health workers.

A lot of extremely useful work, still unrecognised, has been done by public health microbiologists (30): water was safe and food was safe. The wounds did get infected, but antibiograms were ready, and the antibiotics properly chosen.

Great and, unfortunately, almost completely unknown (unpublished) work has been done with acceptance, classification, storage, and distribution of all kinds of donations and humanitarian aid.

Organisational abilities of physicians proved to be common and excellent. The entire adaptation of civilian medical services to war conditions was done by physicians themselves (31, 32) at all levels: front-line doctors (33) or entire front lines (34), adaptation of teaching hospitals for war (35) or organisation of war hospi-

tals (36, 37), facing the burden of manifold increase in the inflow of patients into hospitals not directly affected by war activities (38,39), or simply running (40) or adapting and reorganising health care on the level of the entire country (41).

Medical Informatics turned into a fascinating military medicine discipline: we were able to collect, store, and systematise data (42, 43). All Croatian hospitals and other health institutions, free or besieged, close or distant, were connected in a modern, cheap, and efficacious manner so that information flow remained intact throughout the war (44). Students of medicine turned out to be active and useful in this as well as in all other aspects of medical care in war (45, 46).

I must admit that general practice also proved capable and patriotic. Albeit often under constant direct attack, and with completely chaotic flow of displaced persons and refugees, it worked calmly and efficaciously as in the peace (47).

Many opted to work with foreign NGOs, which brought them money and recognition, but this avenue did little for suffering people (48). Those who really cared for humanitarian and human-rights aspect of the public health went to the field and worked with people (49), consoling and saving thousands, regardless of their side, nationality, or faith (39,50). Physicians' peace-building efforts (51,52) contributed more to peace than work of all civilian peace workers (53) together. The concepts of Peace Hospitals (54), care for good deeds (55), and war and public health-relationship concept (52) were developed, probably to join the unchangeable core of medical science for good.

The war is a terrible event, and a disaster for all aspects of human life (13). I experienced it directly and actively, and – like to witness about it (11). However, one of my most important (and beautiful) experiences is the pride to witness that medicine, our profession so fragile in peacetime (56) in war proved honourable, knowledgeable, with great inner capacities, and efficacious more and better than any other profession, military included. Those more knowledgeable should learn that, with all compliments to all clinical disciplines (57), public health aspects of medical profession proved extremely important and best in the war. It was a pleasure and a triumph to see in the midst of war fulfilled the old attraction to this profession.

## Peacetime Again

After the war, the things returned to normal, peacetime routine: I openly show my affection to public health

teachers but they look at me with suspicion, dwelling on whether I am making another unsuccessful joke, or checking them for those who plan to diminish number of public health hours in the curriculum. Let alone the deans, whom I annoy anyway, basic sciences teachers who (secretly) believe that, after a student learns mechanisms of diseases, the rest is just a formality, and clinical medicine teachers maintain that all others but those in their profession are a vanity burden to hard medical work. Indeed, love is pain: sometimes I feel worse than before. But an old, once fulfilled love is something that cannot be taken away; nobody can stop or discourage me to cherish my 1991-1995 fulfilled love with public health medicine.

## Science Editing as Public Health Activity

In the meantime, I founded and, together with my wife, run the *Croatian Medical Journal*, small journal from a small, developing country (58). Working with love and devotion (59), we learned that our work is more than conveying and storing scientific information: journal editors can also influence their authors, readers and reviewers, and thus affect the quality of medical care in their environments. We strongly feel that this activity can be considered a public health activity, because it works with population(s), aims at general aspects of health promotion, and affects all aspects of medicine. From active role of editors in war (60) and peace (61), through education of students and physicians in evidence-based medicine (62), to direct action to fight sociomedical evils (63), at an advanced age, I found myself fulfilling the dream from early days: I joined the public health world, the world of widest attraction to well-being of the people.

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# KAJ VSE JE POTREBNO, DA VZLJUBIŠ JAVNO ZDRAVJE?

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Uvodnik

Hrvaška ima dolgo tradicijo na področju javnega zdravja (1, 2). Zato je v izobraževalnem programu zdravstvenih šol pouk o javnem zdravju dodeljenih sorazmerno veliko število ur (3). Vendar pa so predavatelji predmetov javno zdravje morda zaradi narave svojega dela in izročila, blagi in popustljivi. Do svojih študentov so kar preveč razumevajoči; ti so namreč očarani in obsedeni s "pomembnimi" in zahtevnimi kliničnimi predmeti in jemljejo pouk o javnem zdravju preveč zlahka. Študentom medicine, ki morajo opraviti izpite iz številnih zahtevnih kliničnih področij, si predavatelji javnega zdravja ne upajo dati negativne ocene v zadnjem izpitnem roku, kljub temu da je njihovo znanje nezadostno. To pomeni, da njihove izpite lahko opravi vsak. Posledica tega je začarani krog neznanja (4): študentje se ne uče, za to niso kaznovani in rezultat tega je pomanjkljivo znanje s področja javnega zdravja (5). Še več, študentje mislijo, oziroma so celo prepričani, da so ti predmeti nepomembni, da jim pripisujejo preveč pomena in da so skratka nepotrebna nadloga. Ko je ob izteku določenega študijskega obdobja izvoljen nov, klinično usmerjen dekan, ta seveda meni, da je v primerjavi z vsemi izredno pomembnimi kliničnimi znanji, bistvenimi za praktično delo, pouk o javnem zdravju za študente pravzaprav zgolj zapravljanje časa. Posledica takšnega razmišljanja je še močnejši pritisk na predavatelje teh predmetov in zahteva, naj svoje predmete združijo, da bi postali "bolj praktični" in "bolj prilagojeni klinični praksi in potrebam pravih bolnikov". Tako prihaja do vključevanja delov javnozdravstvenih predmetov v druge »pomembne« predmete, kar bi potrjevalo nedotakljivost kliničnih predmetov. Seveda majhni deli javnozdravstvenih znanj nimajo kaj iskati pri izpitih iz zahtevnih in pomembnih kliničnih predmetov. Zato je preizkus znanja iz teh predmetov manj pomemben. Podcenjevanje predmeta tu doseže najvišjo točko (6). Ostanke ur javnega zdravja v izobraževalnem programu lahko reši le strokovnjak za javno zdravje, ki je dovolj bister in mu to uspe bodisi s političnimi zvezami ali s podporo samega dekana, v obeh primerih pa s sklicevanjem na kakšno pomembno deklaracijo Svetovne zdravstvene organizacije (SZO). Vsi, ki so kakor koli povezani s politiko – in to velja za vse dekane – se boje SZO, ker je ta blizu OZN. Kadar gre za politična vprašanja, so previdni in zato pred tem

argumentom popustijo. Spoštovanja vredne ure javnega zdravja so tako rešene, čeprav ne na način, ki bi bil vreden posebnega spoštovanja.

## Začetki

Bil sem dober študent, rad sem imel vse medicinske predmete, tudi kemijo in fiziko, da ne omenjam fiziologije in patologije. Brez povsem očitnega razloga pa sem imel rad tudi vse predmete s področja javnega zdravja. Morda zato, ker so nas učitelji skušali naučiti, kako se zgradi latrina in so se drugi temu smejali, jaz pa sem se z grenkobo spominjal, da niti ena hiša v vasi mojih staršev ni imela latrine. Moji profesorji javnega zdravja niso verjeli, da ima njihov predmet rad študent z dobrim znanjem in odličnimi ocenami v kemiji in matematiki. Bilo je prelepo, da bi trajalo, in veselje me je hitro minilo. Prepričali so nas, da predmetov nismo jemali preveč resno, klepetali smo, namesto da bi razpravljali, zabavali smo se, ko bi se morali učiti, in prepisovali, namesto, da bi obvladali izpitno snov. Dobival sem same najvišje ocene, a ob tem nisem občutil ne zadovoljstva ne ponosa.

## V šoli

Po diplomi sem postal predavatelj bazičnih medicinskih predmetov na isti ustanovi. Vsi učitelji, razen predavateljev premetov javnega zdravja so neprestano obrekovali pouk javnega zdravja in poudarjali, da imajo ti predmeti preveč ur in da so nepotrebni. Pri sebi sem se zelo jezil in nisem se mogel zadržati, da ne bi zavpil na študente, kadar so med pogovorom izjavljali "Imam odlične ocene, razen v nekaj nepomembnih predmetih javnega zdravja". Od časa do časa sem skušal svojim kolegom zaupati, kaj me teži, a ti so se le začudeno nasmihali in zatrjevali, da so zelo zadovoljni s poukom svojih predmetov in da so morda nekateri študenti le dojeli bistvo.

V časih komunizma je postalo osnovno zdravstveno varstvo zelo pomembno, morda zato, ker so se bile storitve splošnih zdravnikov vezane na delovno mesto in ne na kraj bivanja. Mislim, da so komunisti upali, da bodo zvišali produktivnost, če bodo zdravniki zaposleni

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v tovarnah. Izkazalo se je, da je to zelo slabo za delavce, ker so z lahkoto dobili bolniški stalež, pa tudi za zdravnike, ker je bilo njihovo edino opravilo v glavnem podpisovanje zahtevkov za bolniški dopust. A kdo bi si takrat upal kratiti pravice delavcem in ogroziti njihovo zdravje!? Zaradi pomena, ki ga je politika pripisovala osnovnemu zdravstvu, pa je postal pomemben tudi predmet javnega zdravja in zagovorniki osnovnega zdravstva so to spretno izkoristili: nihče si ni upal skrčiti števila ur, namenjenih javnemu zdravju! Nihče, razen samih predavateljev javnega zdravja: večino javnozdravstvenih predmetov so spremenili v pouk primarnega zdravstvenega varstva, kmalu pa se je izkazalo, da gre le za ponavljanje kliničnih predmetov, nekako tako kot bi v skrajšani obliki predaval nekdo na večernih tečajih.

V tistih časih so bili moji odnosi z javnim zdravstvom na najnižji točki. Bil sem na tem, da neham ljubiti področje javnega zdravja. Ves sistem vodenja univerze se mi je upiral, tako kot še milijon drugih pojavov v medicinskih šolah v času komunizma (7).

## Zora demokracije

Na moje veselje in na veselje mnogih drugih je leta 1990 padel komunizem in Hrvaška si je izborila svobodo (8). Za kratek čas sem prišel na oblast: kot namestnik dekana sem se lotil reforme izobraževalnega programa, ker sem vedel, da je to prvi in najljubši popravek vsakega novega dekana. Takoj sem v program spet vključil vse svoje drage javnozdravstvene predmete in jim dodelil zavidljivo veliko število ur (9). Dekan, ki je bil strokovnjak bazičnih znanosti, je vse to smehljaje opazoval in se nato povezal s strokovnjaki javnega zdravja, ki so bili komunisti. Ustavili so mojo reformo. Pomembnost primarnega zdravstvenega varstva je preživela komunizem. To je bilo zame strašno razočaranje. Moj politični vpliv se je bliskovito zmanjšal, saj politika ne trpi odkritosti in poštenja ne glede na politični sistem (7).

## Vojna

Leta 1991 se je začela vojna (10) in na svoj način sem se pridružil hrvaškim obrambnim silam (11). Tu sem srečal svojo staro ljubezen, javno zdravje. Na bojnem polju je ta ljubezen zacvetela s tisoči čudovitih cvetov. Ne, učitelj javnega zdravja ni bilo na bojnem polju! Odločili so se za politiko ali za delo v tujih nevladnih organizacijah. Na bojišču sem srečal običajne zdravnike, moje tovariše z nogometnih igrišč,

pozabljene študentke iz pozabljenih higienskih zavodov, nenadno prebujene depresivne kemike in resne mikrobiologe, obsedene z okužbami. (In veliko umirjenih in organiziranih zdravnic!) Vsi so bili resni, blagi in razumevajoči, a ničemur in nikomur ne bi pustili, da bi jih odvrnil od njihovega cilja – skrbi za zdravje ljudi. Videl sem, da so svoje delo opravljali prav tako zavzeto in uspešno kot najbolj predani terenski kirurgi (12). Spoznal sem lepoto in pomen javnega zdravja in se zavedel, zakaj sem imel vedno rad to področje: naloge so jasno opredeljene, pomembne, usmerjene k ljudem, praktične, humane in koristne.

Epidemiologi so opravili izredno delo. Od jeseni 1991 se je na hrvaških bojiščih nekaj let bojevalo približno 200 tisoč mož, 300 tisoč ljudi je moralo zapustiti svoje domove in skoraj milijon beguncev se je v državo zateklo iz Bosne in Hercegovine (13). V vsem tem obdobju, tj. približno pet let, ni bilo med ogroženimi skupinami prebivalstva v državi niti ene epidemije klasičnih infekcijskih bolezni (14). Prišlo ni do nobene okužbe s hrano in vodo kljub temu, da je bila okupirana četrtina države in da je bilo uničenih 30 odstotkov industrije in infrastrukture. Nekaj epidemij med vojaki, ki so bivali v gozdovih in jarkih, so hitro odkrili in zatrli (15). Na prvi bojni črti so postavili latrine in jih oskrbovali tako, kot je to pisalo v učbenikih za predmet Higiena, iz katerih sem se učil v poznih 60. letih.

Strokovnjaki medicine dela so se vključili v vojsko in se lotili "novih", z vojno povezanih problemov. Hitro so se naučili, kako je namesto za higienske razmere v mlekarnah treba skrbeti za vojake.

Ekološka znanost je znala vnaprej napovedati nevarnosti za okolje (16, 17), ustrezno opozarjati in protestirati (18), rešiti, kar se je dalo (16) in poskrbeti za pokop sto tisočev živalskih trupel. Zavmila je lažno humanitarno pomoč v obliki zdravil, ki jim je potekel rok uporabnosti in zahtevala od vlade, da očisti minska polja.

Šolski zdravstveni delavci so skrbeli za ogrožene otroke (19), še zlasti za ranjence, bolnike, begunce in sirote (20, 21). Takoj so se pridružili tudi psihiatri in psihologi in izkazalo se je, kako praktični in koristni so (22, 23). Zdravniki socialne medicine so poskrbeli za ogrožene skupine prebivalstva, kamor sodijo starejši (24), invalidi (25), revni (26) in slabotni (27). Za dokaj neustrezno obravnavo velikega števila bolnikov s posttravmatsko stresno motnjo in slabo reševanje problemov, povezanih z njihovim zdravljenjem in ponovnim vključevanjem v družbo po vojni (28), je treba pripisati krivdo psihiatriji, ki se je v glavnem izkazala kot strokovno šibka (29), in politični hipokriziji (7, 29) ne pa javnozdravstvenim delavcem.

Mikrobiologi s področja javnega zdravja so opravili veliko izredno koristnega dela, ki še ni dobilo pravega priznanja (30): voda in hrana sta bili varni, kadar pa je prišlo do okužbe ran, so bili napravljeni antibiogrami in izbrani ustrezni antibiotiki.

Veliko, a na žalost večini neznano (neobjavljeno) delo je bilo opravljeno s sprejemanjem, razvrščanjem, hranjenjem in razdeljevanjem prostovoljnih prispevkov in humanitarne pomoči vseh vrst.

Izkazalo se je, da imajo zdravniki na splošno odlične organizacijske sposobnosti. Ves proces prilagajanja civilnih zdravstvenih storitev vojnim razmeram so izvedli zdravniki sami (31, 32) na vseh ravneh: na prvih bojnih črtah (33) in na vsej fronti (34). Klinike so prilagodili vojnim razmeram (35) ustanovili so vojne bolnice (36, 37) ob večkratno povečanem dotoku bolnikov v bolnišnice na področjih, ki niso bila neposredno prizadeta zaradi bojev (38,39), vodili (40), prilagajali in reorganizirali so zdravstveno oskrbo na ravni vse države (41).

Medicinska informatika je postala občudovanja vredna veja vojaške medicine: lahko smo zbirali, shranjevali in razvrščali podatke (42, 43). Vse hrvaške bolnišnice in druge zdravstvene ustanove, svobodne ali okupirane, bližnje in daljne, so bile med seboj povezane na sodoben, poceni in učinkovit način, kar je med vso vojno omogočalo nemoten pretok informacij (44). Študenti medicine so se izkazali kot dejavni in koristni dejavniki na tem področju kot tudi na drugih področjih zdravstvenega varstva v vojnem času (45, 46).

Priznati moram, da je tudi primarno zdravstvo dokazalo svojo sposobnost in domoljubnost. Čeprav se je moralo pogosto ukvarjati z neposrednim napadom in s povsem nepredvidljivim dotokom pregnancev in beguncev, je delovalo mirno in učinkovito kot v miru (47).

Mnogi so se odločili za sodelovanje s tujimi nevladnimi organizacijami, kar jim je prineslo zaslužek in priznanje, vendar pa na ta način niso storili kaj dosti za trpeče ljudstvo (48). Tisti, ki so hoteli resnično kaj storiti za dobro ljudi in se zavzeti za človekove pravice na področju javnega zdravja, so odšli na bojišče in delali s prebivalstvom (49). Tolažili in reševali so tisoče, ne glede na to, na kateri strani so bili ali kakšne narodnosti in vere so bili (39, 50). Prizadevanja zdravnikov (51, 52) so prispevala k miru mnogo več kot vse civilne mirovne organizacije skupaj (53). Sprejeta so bila načela Mirovne bolnišnice (54), zavzemanja za dobra dela (55) in povezanosti med vojno in javnim zdravjem, ki bodo morda za vedno postala del nespremenljivega jedra medicinske znanosti.

Vojna je strašna nesreča za vse vidike človeškega življenja (13). Izkusil sem jo neposredno in v njej

sodeloval– zato o njej rad poročam (11). Ena mojih najpomembnejših (in najlepših) izkušenj pa je ponos, ki sem ga občutil ob spoznanju, da se je medicina, ki je v miru tako šibka in krhka (56), v vojni izkazala za vsega spoštovanja vredno stroko, opremljeno z znanjem in izrednimi notranjimi sposobnostmi,. Pokazala je, da je boljša in bolj učinkovita kot marsikatera druga stroka, vključno z vojaško. Vsi izobraženi strokovnjaki bi morali izvedeti, da so bili - ob vsem spoštovanju kliničnih področij - v vojnem času najboljši in izredno pomembni prav javnozdravstveni vidiki medicinske stroke. Z zadovoljstvom in zmagoslavjem sem se sredi vojne vihre tako lahko predal starim čarom tega poklica.

## Spet v miru

Po končani vojni se je vse vmilo v normalne mimodobne tirnice. Spet sem odkrito naklonjen učiteljem javnega zdravja, oni pa me gledajo z nezaupanjem in ne vedo, ali gre za neposrečeno šalo ali jih preizkušam v imenu tistih, ki bi radi zmanjšali število ur javnega zdravja v izobraževalnem načrtu, da ne omenjam dekanov, ki jim rad oporekam, predavateljev bazičnih predkliničnih področij, ki so – skrivoma – prepričani, da je za študenta, ki obvlada mehanizme bolezni, vse ostalo le formalnost, in učiteljev kliničnih predmetov, ki trdijo, da so vsa druga področja le nepotrebno dodatno breme že tako obremenjenim študentom medicine. Ljubezen je zares boleča in včasih se počutim slabše kot prej. Vendar pa ti stare, izpolnjene ljubezni, ne more vzeti nihče; zato me tudi nihče ne more odvrniti od moje ljubezni do javnega zdravja, ki sem jo v celoti izkusil v letih 1991 do 1995.

## Urejanje strokovnih publikacij kot javnozdravstvena dejavnost

V tem času sem osnoval in skupaj s svojo soprogo začel izdajati Hrvaško medicinsko revijo, malo revijo iz male dežele v razvoju (58). Najino delo, ki je prežeto z ljubeznijo in zavzetostjo (59), ni le posredovanje in hranjenje strokovnih informacij. Uredniki imajo tudi vpliv na avtorje, bralce in recenzente. Tako vplivajo tudi na kakovost zdravstvenega varstva v svojem okolju. Prepričana sva, da je najino delo ena od dejavnosti javnega zdravja, ker je povezana s prebivalstvom, ker je njen cilj splošna okrepitev zdravja in ker ima vpliv na vsa medicinska področja. S pomočjo vseh svojih vlog, od urednika v vojni (60) in v miru in od predavatelja z dokazi podprte



medicine za študente in zdravnike (62) do borca proti slabostim družbe in medicine (63) sem uspel v poznih letih svojega življenja uresničiti svoje sanje iz mladih dni – vstopil sem v svet javnega zdravja, na področje, ki se v največji meri zavzema za dobro ljudi.

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