

# Public health teaching in Mexico

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## The crisis of the humanities in education

In the training of the new generations, it is possible to observe increasingly less interest in humanistic content, coupled with a significant neglect of history and ethics. Conversely, there is a legitimate, growing interest in mastering one or more instrumental techniques. The goal of obtaining certain professional skills that will enable young graduates to entertain hopes of joining the labor market overshadows the aim of acquiring other cross-cutting skills that will help them not only understand the niche of the discipline they have studied, but also contribute to its necessary transformation.

Conversations with young public health students have shown that the origin of the problem does not lie in the attitude of the students—as often claimed by education authorities and certain active teachers—but in the education supply. The issue is not exclusive to higher education or to public health teaching, and it is not even certainly exclusive to Mexico. Instead, it is the result of a change in the education model worldwide. This model is gradually transforming schools into service providers, whose new model is based on three principles: competitiveness, efficiency, and financial profitability (Laval, 2004).

This skills-based education model does not make it clear whether this is a pedagogical issue or a consequence imposed by an economic model that offers the new generations short-term contracts and unsatisfactory jobs. It also modifies the form of certification. Instead of a high school or professional diploma, an “individual skills booklet” is issued, which can be updated as life progresses and through refresher courses. This already exists in France and Belgium and is gradually being introduced in Spain (Palomo, 2017) in order to certify the productive value of individuals, measured through their mastery of the basic skills in their discipline established by the market.

Let’s begin with the so-called “crisis of the humanities” in higher education. According to Nussbaum (2010), modern society prepares its young people for future economic prosperity: “It is an education designed to achieve an income rather than human development,” but beyond a Manichean dichotomy, the author points out that, “it is the replacement of an integral rationality by an instrumental rationality.” In other words, the means rather than the ends are prioritized, as a result of which institutions gradually dehumanize higher education.

By omitting humanities from education programs, we expose the new generations to the risk of acquiring a single, short-term way of thinking with an emphasis on utilitarian capacities, while lacking a critical point of view. Nowadays, young people can graduate without having the ability to develop arguments to behave rationally in discussions. We talk to them in class about our duty to change the world, but we do not provide them with the conceptual tools to do this, merely leading them instead.

## Why public health teaching in Mexico has not escaped the silent crisis of the humanities?

Teaching history is indispensable for acquiring knowledge about human beings in society. According to Hobsbawm (1997), “We teach the past because we are aware that it is the

basis of the model for the present and future.” If the new generations are obliged to find out about the present, it is advisable for them to do so on the basis of the past. Moreover, Hobsbawm (1997) adds that, “the knowledge and meaning of the past represents wisdom, not only in terms of accumulated experience, but also of the memory of what life was like, how things were done and therefore how they should be done.”

However, this goal has been forgotten at public health schools. The history of public health is not included in the teaching of the new generations for a variety of reasons:

1. Public health history issues obviously do not feature in educational programs. Although historical contents may occasionally appear, public health history is not taught as a subject as such.
2. The supply of texts on the history of public health is patchy and it is a generally an unknown topic, with the exception of the book by Rosen (2015), who undertook an exhaustive review of the world history of public health. In the case of Mexico, there are a few compilations by Bustamante et al. (1982) on the history of certain epidemics and health services in Mexico. There are also texts on the history of medicine or nursing, but only very little about the history of public health in Mexico. The studies by Bustamante et al. (1982) on public health in Mexico, as well as the History of Health and Welfare in Mexico (Álvarez-Amézquita, Bustamante, López, & Fernández, 2014) are either out of print or difficult to find for students since they are not usually available in public libraries. Reprinting these texts or at least making them accessible in electronic format would be a service to the public health community.
3. Teaching the history of public health follows the usual schemes. Public health professionals themselves, rather than historians, teach topics related to the subject, so that they abound in asystematic anecdotes, which provide a glimpse of the past, yet fail to enrich critical thinking since they lack specialized methodology. Today, more than ever, history is being revised and developed by people who do not want or do not understand the actual past, but rather one that adapts to their goals. Before creating a historical mythology, we should look at professionals. The history of public health has historians and specialists in many countries. Among those familiar with public health in Mexico are Sowell (2015), Cueto (2015), Birn (2006), and Carrillo (2005).

Another pending issue is related to the tenuous presence or total absence of public health ethics in education programs. Although they are relatively new aspects and it is not easy to integrate them into the training of health professionals, this does not excuse their low profile. Moreover, there are very few Mexican public health thinkers or schol-

ars who have approached this topic with the necessary rigor. And those who do tend to focus on reflecting on the bioethics of research or ethics in the doctor-patient relationship. In other words, they do not venture into the realm of the public health of populations, communities, or society as a whole.

Although teaching ethics at public health schools may be problematic, that does not justify continuing to teach classes on the basis of medical ethics or bioethics, when what should actually be taught is ethics in public health.

The limits and means of public health are very different from those of medical practice. It is an ethics with a focus on prevention rather than cure, linked to the creation of public rather than private or individual goods, so that those responsible for supplying them are institutions rather than individual providers. Both teachers and students should be prepared for debate, argumentation, and controversy. It is essential to understand that ethics in public health encompasses much more than conflicts of interests or patient autonomy. It encounters contradictions such as infringing on individual rights in order to favor collective rights when designing programs or making decisions. This is the case of vaccination campaigns, the framework agreement against tobacco, the legalization of abortion, and marijuana use, to mention just a few examples.

According to some authors, the teaching of ethics in public health has focused more on practice than theory, as a result of which certain concepts and methods remain ambiguous or poorly defined (Childress et al., 2002). In fact, there is no area of public health from which ethical considerations are absent. But even when strictly methodological disciplines such as epidemiology, statistics, or administration are taught, contents are offered under a cloak of apparent neutrality, without attempting to answer questions about the best way to develop the central component of public health for the benefit of the community. There is no discussion of the principles governing the discipline, policies, or programs, far less the institutions that implement them.

Kessel (2003) admits that “there is a strong need for more education on ethics in public health and to re-examine the ethnical dimensions of public health. He declares that public school graduates should be prepared to resolve ethical issues and reason using the theory and practice of ethics and to use the principles and values of public health to implement actions for the benefit of the community.

Public health is intrinsically and overtly paternalistic (Kass, 2001); conversely, medical ethics defends patient autonomy. In this respect, some academics support the idea of the “new public health,” agreed in Ottawa in 1986, which tends to shift public responsibility to the individual and creates a unique rapprochement between self-responsibility in health and moral behavior (Kottow, 2010). In other words, in the absence of a discussion on the ethical issues of public health, health care, and the exercise of power devoid of ethical foundations take center stage, when it is actually up

to public health to formulate the necessary and desirable public policies.

Another problem for schools that do not teach ethics in public health is to find out who should teach it and how it should be taught. There is no point in starting from scratch. It is advisable to identify real-life cases and use the experiences of other public health schools that have designed the contents of a suitable teaching model (Slomka, Quill, desVignes-Kendrick, & Lloyd, 2008). Changes do not happen overnight. To provide quality education, it will be necessary to train the right personnel, have well-trained human and material resources, and open, flexible attitudes to change. Inviting specialists is a short-term option, whereas training them is a medium and long-term strategy. Although education in public health ethics may still have a long way to go, the potential benefits should make the trip worthwhile.

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