

Letter to the Editor

Re: Clinical public health: harnessing the best of both worlds in sickness and in health

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Dear Editor,

I read “Clinical public health: harnessing the best of both worlds in sickness and health” by Choi et al.¹ with great interest and commend and congratulate all the authors for their diligence in developing the foundational work on the discipline of clinical public health by being members of the multidisciplinary group consisting of clinicians and public health professionals. I thought your readers would benefit from knowing some historical facts to appreciate the seminal work done by these authors.

The specialty of public health was recognized by the Royal College of Physicians and Surgeons of Canada (RCPSC) in the 1940s, and a fellowship (FRCPC) was granted in public health. Other than in the province of British Columbia, the fellowship was not required to work in public health. Only British Columbia and Alberta had residency programs, and the majority of the field public health physicians received either their diploma or master’s

degree in public health from the School of Hygiene at the University of Toronto or from the United States of America or the United Kingdom. The specialty of public health by the RCPSC became moribund, and in the early 1970s the RCPSC taskforce was established to revive the program. The taskforce recommended that a four-year residency program be developed with broad guidelines and specific streams. One of the streams defined in this program was Clinical Prevention, although with scant details.

I was the inaugural director of this newly created residency program at the University of Toronto in 1976. Over a twenty-five year period, others and I attempted to define this field, without much success. After my retirement in 2001, I again attempted and received a grant from the Public Health Agency of Canada to do a literature search and define it. I failed again! In the last decade, when Dr. Ross Upshur renewed the concept and established a division of clinical public health at the Dalla Lana School of

Public Health, I was excited. In retrospect, I failed because I did not bring clinicians and public health professionals together to define the common elements and synergy needed. Also, the impact of climate change and COVID-19 on the health and well-being of individuals and the population brought to our attention that to solve the health crisis, medicine and public health need to work together. I am elated to see this development in my twilight years! My compliments to all of the authors for a job well done. I hope to see this needed subspecialty flourish to improve the health and well-being of Canadians.

Reference

1. Choi BCK, King AS, Graham K et al. Clinical public health: harnessing the best of both worlds in sickness and in health [commentary]. *Health Promot Chronic Dis Prev Can.* 2022;42(10): 440-4. <https://doi.org/10.24095/hpcdp.42.10.03>

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