SPECIAL FEATURE

Editor's note: This is an edited version of two opinion pieces published in the *Sydney Morning Herald* and the *British Medical Journal* by Simon Chapman, the author of *The Fight for Public Health*. It is a splendid example of how to use the media to help achieve our goals.

Children's right v inconvenience: the case of baby capsules in taxis

In 1854 an editorial in the London *Times* thundered, 'The British nation abhors absolute power. We prefer to take our chances with cholera and the rest than to be bullied into health. There's nothing a man hates so much as being cleaned against his will or having his floors swept. His walls white-washed. His pet dung heaps cleared away. It is a positive fact that many have died of a good washing as much from the irritation to the nerves as from the exposure of the cuticle no longer protected by dirt'. The occasion of this attack was the long overdue dismissal of the Board of Health which had the temerity to introduce regulations on public sanitation. These included the outrageous proposal that people should no longer be able to throw their sewage and garbage out of their windows into the street. People would have to go to the trouble and expense of disposing of it themselves or wiling under the imposition of council rates to pay for the night cart.

Judging by recent calls to Sydney talkback radio, letters to newspaper editors, and the response of columnists, in 1996, New South Wales (NSW) residents have witnessed a version of the same intolerable mentality. The nanny state of NSW, with nothing better to do, decreed that it actually wanted to stop babies from being hurled with great velocity through taxi windscreens! From 1 October 1996, it proclaimed that it would be henceforth illegal for a taxi to transport a baby without it being carried in an approved baby capsule (safety seat). These have been mandatory in private cars for over a decade. In 1993, 19 unrestrained children were involved in car crashes. Five died. But among 228 restrained children, only one died.

The history of public health is strewn with protests from people complaining that they are inconvenienced by laws, regulations, standards, and taxes imposed in the name of being good for health, safety, and the well-being of disadvantaged groups. Seat belts, crash helmets, random breath testing, speed limits, and traffic calming have all met sustained protests during the period when Australia's road toll has reflected their aggregated benefits in reaching a record low. Many can remember the times when streets and public buildings made no provision for the minority of the community who used wheelchairs and when there were no taxis fitted out to cater for the disabled. I well recall the howls of protest about the expense the able bodied community would have to bear when businesses and local councils passed on the costs of installing ramps and access facilities. The tobacco industry is the grand diva of whinge as it complains about the jobs which will go if smoking continues to fall. I'm still waiting for protests from the panel beating industry about

having to put people on the dole queue if road safety keeps improving.

It's perhaps time to be blunt about the values that underlie this championing of convenience and self interest. After all the heart wrenching scenarios of parents stranded in the rain with shivering babies have been paraded, after all the predictions of immense waiting times for the few taxis with the capsules, we get to the bottom line of the attack on the new law: people are justified in gambling with a baby's life when they might be merely inconvenienced. If this is the community's view, then fine: let's not be coy about it.

But if those in paediatrics and public health are expected to wear slurs about being impractical, imposing, and in the words of one writer's bleak vision, being 'sentimental' about preventing horrible injuries and death to infants ('sentimentality is the worst of all motives in the making of social policy'), then it's only fair that opponents of this measure answer some obvious questions about the values behind their protests.

What, exactly, explains the difference in valuing children's lives in one's own car by going to the expense and constant petty hassle of restraining them, and blithely deciding that these safeguards are unnecessary in a taxi? What would those who believe that it is responsible to protect a child in a car say to their own son or daughter, disabled or quadriplegic after being shot through a taxi window? 'Well, it was like this ... I always knew it was sensible to strap you in our car, but I was one who agreed it was silly to protect you in a taxi'. And what would they reply to such a child who then innocently asked 'Dad, I don't get it ... you were worried about me going through the window of your car, but not through a taxi window. Why was that?'

Part of the problem for advocates of the taxi restraints is that very few children are killed and injured in taxis. Since 1983 there have been only 11 children aged under 1 year killed or injured in taxis in NSW, compared with 1327 killed or injured in private cars. Those attacking the proposal implied that such figures hardly made the issue a health problem deserving government attention. The low numbers arise because for every taxi there are 451 cars and because in terms of comparative kilometres travelled in private cars versus taxi trips, babies don't spend much time in taxis.

But of course the parallel observation can be made about the frequency of inconvenience. Because transporting babies in taxis is a comparatively uncommon event, the experience of being inconvenienced will be correspondingly uncommon. In other words, what does it really matter if several times a year, parents might have to wait say 30 minutes extra for a capsule-fitted taxi to arrive when the trade off is affording immense protection from horrendous injury?

The NSW transport and health ministers wore immense criticism during the furore. Their resolve to ride it out and act in the interests of babies who could not speak up for their own rights is a rare but very welcome example of 'unpopular prevention'. These politicians deserve the thanks of every parent whose child will be saved from such injuries. But the changes are they won't ever get it. That's the paradox with prevention—it works when nothing happens. People thank doctors for performing a life saving operation, but if they grow up without being badly injured or without taking up smoking and developing

emphysema, it seldom occurs to them to be thankful for the preventive actions of people who bore the brunt of people's anger about inconvenience years ago.

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REGIONAL REPORT

South Africa

The need to provide formal housing for literally millions of South Africans who are either homeless or living in shacks remains a incendiary issue in local and national politics. Unfortunately, the impetus needed to translate political rhetoric into bricks and mortar seems sadly lacking as ministers, advisers, and political commissars appear to grapple endlessly over minutiae. At the present time, the government's target of some 500 000 homes built by 1999 seems, at best, fanciful.

To be fair, housing is not the only governmental portfolio floating around in the vacuum that exists between words and deeds—education and health are others that will impact heavily upon children in particular. But the housing vacuum is a dangerous one, for where such a vacuum exists, it is inevitable that opportunists will be ready to 'fill the gap'. Building contractors motivated more by avarice than by any degree of social conscience are able to woo housing officials with plans and proposals which cut costs to the bone but pay little or no attention to durability, safety, or the quality of life likely to be enjoyed by the prospective residents. The fact that anything tangible will culminate in due course from such plans provides the bureaucrats with a welcome spot of relief from an electorate growing ever more frustrated with unfulfilled promises. Independent town planners, public health experts, and environmental lobbyists alike have already voiced concern about South African cities degenerating into sprawling slums as a result of uncoordinated building projects that are hastily conceived and executed, the only beneficiaries being the contractors who tendered lowest. And just in case the safety aspect of things might be glossed over, the spate of building related disasters that hit local headlines in mid-October 1996 served as a sobering reminder of how much we entrust (in these cases to our peril) to the gentlemen clad in business suits and hard hats as well as the officials who should be policing them: on 17 October, the front section of a shopping complex in Pretoria simply collapsed killing seven people. Preliminary findings identified understrength concrete mixture and premature removal of scaffolding—two classic but lethal economies where both time and money become a little 'tight'. Eleven days later, a 12 storey apartment block in Cairo collapsed killing 100 people; the probable cause was the unauthorised addition of four floors in 1992 by the owner when only one storey had been approved. Later that same fateful month, The Waterfront Company, a cartel which manages Cape Town's premier tourist attraction, was found guilty of opening a new shopping annex before obtaining the mandatory fire safety