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From Ottawa to Vienna. Health promotion – post-truth contexts and times

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Abstract

This paper concerns the events that occurred in the span of thirty years – from the 1986 Ottawa Charter for Health Promotion to the 2016 Vienna Declaration supporting it. The purpose, however, is not to discuss the substance of these events, but what should be defined as their context, in particular the political one. The text is divided into two parts relating to both of the documents mentioned, where the content of the message about health promotion formulated at that time is presented, together with the context in which it was created and received, and – briefly – its consequences. With reference to the context of the Vienna document, the issue of post-truth era will be discussed in more detail. The analyses devoted to the two parts will include addressing two problems that affect the issues under consideration: the concept of Health in All Policies and the issue of the susceptibility of various social classes to the arguments presented in health promotion programmes.

Key words: **health promotion, health policy, health promotion programmes, policy**

Słowa kluczowe: **promocja zdrowia, polityka zdrowotna, polityka, programy zdrowotne**

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Przygotowanie do wydania elektronicznego finansowane w ramach umowy 641/P-DUN/2018 ze środków Ministra Nauki i Szkolnictwa Wyższego przeznaczonych na działalność upowszechniającą naukę.

Between 1986 Ottawa Charter for Health Promotion [1] and the 2016 Vienna Declaration [2] a lot has changed – especially the socio-political context that was a contextual basis for those documents and their interpretation. The idea of addressing the context issue was inspired by a textbook published by the Canadian Public Health Association.[1] In the guidelines on the competencies of public health practitioners it includes, attention was drawn to the importance of the context of the undertaken activity as an environment for prolonging life, preventing diseases, etc. [3]. The context of this environment is diverse: from ethical issues (it is worth adequately identifying the values and norms in force) to other socio-cultural, economic and political determinants. Considering the current public debate, the latter become particularly significant. Taking into account the socio-cultural changes taking place, their context translates into a political dimension, and vice versa – normalized political ideologies have a strong influence on the attitudes of people in the socio-cultural dimension.

The goal of presenting the context – especially political and ideological – is to recognize its key role in the success of many public health initiatives. It is postulated that the context influences the selection of topics considered in designing the health promotion programme, the way individual concepts and categories are perceived and interpreted, as well as the effectiveness of implementation efforts. In other words, the same verbal message can mean something completely different depending on the context, and consequently a measure that has a full

chance of success in one context can be completely wrong in another.

The bulk of the content contained in this paper was previously presented at the Public Health Conference in Wrocław, in December 2017. However, it is supplemented with some new reflections. The title of the article – *From Ottawa to Vienna* – is not original, being part of a widespread trend of expert discussion on the achievements of health promotion, and was in fact used before in "The Lancet" [4]. These discussions involved confrontations between the optimists positively assessing the achievements of health promotion in this period and those who viewed it sceptically. In a similar vein, a speech titled "Health Promotion from Ottawa to Vienna"[2] was recently presented at the National Institute of Public Health in Warsaw. Even though the title of this paper is not original, its aim is to bring to the discussion a few (hopefully) original issues, shedding new light on the issues already known.

Ottawa Charter

The Ottawa Conference – held in November 1986, organized by the WHO (World Health Organization) and hosted by the Canadian Public Health Association and the Canadian government – is considered the birthplace of the world health promotion movement, with the Ottawa Charter as the founding document. However, the 200 participants attending it came from only 38 countries, while the WHO counts nearly 200 member states. It was not, therefore, a testimony to the universality of the new approach. Despite this, the achievements of the Conference are considered a foundation on which elementary conditions for health and basic goals were defined.

The message

Peace was indicated as one of the key conditions enabling health promotion, warfare being regarded as definitely not conducive to health. A sufficiently stable ecosystem (variously defined) was considered necessary, and social justice was deemed an important factor, with equality as its inseparable element. Currently, the problem of increasing inequalities, not only in the area of health but also economy, is gaining the attention of world leaders, as evidenced by the inaugural speech at the World Economic Forum in Davos.[3] According to some, these growing inequalities are a force that is the biggest threat to the stability of the entire globe.[4] In addition to the above-mentioned prerequisites, the inherent resources for health are education, access to food and the right amount of income.

The Ottawa Conference led to defining five strategies for health promotion. (1) The postulate to build pro-health public policies results from the fact that most public activities are most likely to have more or less direct impact on health, and so it is worth considering the health aspect during their formulation. (2) Creating a healthy environment is a postulate that results from the multiplicity of health determinants and should contribute to clarity as to whether a given policy is actually healthy or not. (3) Another strategy is to strengthen the health-related activities of the community, e.g. initiatives to reduce car traffic and boost bike transportation in cities by increasing the number of bicycle paths and restrictions for motor vehicles. Strengthening such activities should, however, also consist in organizing pedestrian traffic so that the three groups of travellers – pedestrians, cyclists and car drivers – would not interfere with one another. (4) Developing personal skills is an important strategy that allows one to consciously shape positive behaviours towards yourself, the closest family and friends, and the environment. (5) The last strategy, or reorientation of healthcare, is a famous slogan, which – in its entirety – has never been successfully implemented anywhere in the world. Within this area it was postulated that qualified health care personnel, instead of focusing on corrective medicine, began to support people in their efforts to prevent various health risks. One of the goals was for doctors to encourage healthy people to take medical advice, so that fewer people came to the doctor with the disease.

All these strategies – including re-profiling health care – should be based on three approaches: enabling, mediating and advocating. Persistent, and sometimes long and arduous persuading efforts amongst decision-makers and interested parties is necessary for health actions to be supported by political will. When a conflict of interests – not only of material kind – prevents it, what is needed are mediation, building a coalition based on compromises, persuading, and a common ethical ground. Persuasion brings more long-term effects than the hard-and-fast victory and crude dominance of the opponent, which may turn out to be temporary.

The new approach was illustrated with visually attractive diagrams being at the same time symbols, and by some treated as a logo of the new idea, which contributed to the popularization of the entire undertaking. Interestingly, the idea of mandala was used (which originates from a different culture), and the term 'mandala of health' was coined to construct the symbol of the unity of the world – the interpenetration of the conditions of culture and biosphere [5]. Mandala brought with it also its symbolic meaning, as the original mandala is made of sand and is completely susceptible to weather conditions. A gust of wind or rain makes the mandala cease to exist. Similarly, our existence and our balance with the world persists, but is very elusive.

Notwithstanding the symbolic aspects, the matter was treated with full seriousness, which was illustrated by the concept of health conditions of Goran Dalhgren and Margaret Whitehead in the form of rainbow [6], now a classic example. It constitutes a presentation of the concept of a holistic view of a very wide spectrum of health determinants, enabling the understanding of extremely complicated interactions of many factors affecting the health of the population.

After years, openness to the holistic consideration of the multiplicity of entanglements in which the factors affecting health are involved led to the inclusion of 'healthy islands'[5] in the settings in which health is shaped. The contribution of the concept of Dahlgren and Whitehead to the creation of this view was certainly significant.

Context

The context for implementing the idea of the Ottawa Charter was the growing dominance of the philosophy of free market neoliberalism – the trend of economic and socio-political thought originating from the so-called Austrian School of Economics. The key phenomenon is not the neo-classical economic theory itself but its wide impact on other areas of social philosophy, transforming into a kind of 'spirit of the times' – determining not only the belief in empirically verifiable theories about the economy, but also the systems of collective social values, presumed strictly a priori.[6] The symptom of the impact of this 'spirit of the times' is a clear programme shift to the right that the economic left took in many countries, such as the so-called manifesto of the 'Third Way', i.e. the abandoment of the traditional social democratic economic programme by the left of highly developed countries [7]. This philosophy assumed that the invisible hand of the market in the realities of the least regulated economy is the most effective mechanism of production, redistribution and motivation. In economic policy, it stressed the role of the supply of products and services, thus abandoning Keynesianism, or orientation on consumption. Its political consequences were the doctrine of minimizing the state role, combating inflation and weakening tax progression. After the fall of communism, neoliberalism became the hegemonic political and economic philosophy of the Western world for the decades to come – the 'there is no alternative' policy – also as a programme enforced on developing countries by means of a strategy known as the shock doctrine [8], or as it came to be known in Poland: shock therapy. Its representatives include Friedrich August von Hayek, Milton Friedman, as well as prominent politicians: Margaret Thatcher (Thatcherism), Ronald Reagan (Reaganomics) and Leszek Balcerowicz (shock therapy) [8].

The crucial component of this approach was not only the renouncing of state interventionism, but also the progressive weakening of the idea of the welfare state through its decentralization or even the privatization of its functions. In the private sector itself, the key was the assumption that the primary goal of private enterprises is to maximize shareholder value that would take precedence over other objectives of commercial enterprises, such as commitment to the quality of services, brand reputation, employee well-being and customer trust (all of these became subordinate) [9]. As a result, an important element of this ideology is the reluctance to use the concept of justice, especially social justice. From this viewpoint, the invisible hand of the market is an impersonal mechanism and so it would be pointless to define it as either just or unjust.

A very important component of the views that prevailed at that time was the readiness to extrapolate the economic concept of an 'economic man', *homo economicus*, oriented towards maximizing one's own interest to many other areas of individual and social life. Originally, this concept was used to model the behaviour of market actors on a large scale, but in the period under discussion a tendency arose to use it in such areas as individual and group political elections. Regardless of how abberational these interpretations were, its foundation was treating the human being as a rational being, capable of adequately perceiving reality, cold calculation of reasons and making choices resulting from reflection. This component of free market philosophy has recently become the subject of criticism, even within the liberal trend of economics, as completely detached from how the psyche of a real *homo sapiens* works, both individually and in groups [10]. Therefore, in recent years, it can be seen that the aforementioned neoliberal political concept has strongly translated into the socio-cultural context, determining the behaviour of various entities, influencing their attitudes also in everyday economic life and health behaviours.

Heritage

As can be easily seen, free market philosophy was a serious barrier to the full development of the ideas promoted in the Ottawa Charter, undermining the meaning of many social activities organized for the benefit of a wider population and fairer distribution of inequalities. The symptom of this was Margaret Thatcher's claim – frequently repeated both in context and out of it – that "there is no such thing as society."[7] Despite these adversities, the Ottawa Charter was being implemented, although the level of involvement and activity was very uneven in various countries. The health and promotion movement that was created and going strong at that time was a phenomenon of great historical importance, regardless of the controversy that accompanied these activities [11]. The Ottawa Charter [1] changed the way health systems operated – of course, not everywhere to an equal degree – and also the health policy, through transforming the way various phenomena were perceived by governments, by service providers and their leaders, but also by civil society and the entire third sector [12] .The Ottawa Charter for years set a significant standard for health promotion, as stated in the title of the quoted source. Sometimes it is even referred to as the 'gold standard'.[8]

Intervening factors 1: Health in All Policies

There should also be mention of intervening factors, that is those that change the context of the all of the previous heritage, giving a new meaning to the already existing actions and concepts, such as the idea of Health in All Policies (HiAP).

In 2006, the Finnish government, presiding over the European Union at the time, prepared a document titled *Health in All Policies* [13]. Later, the same, though developed and enriched postulates, were presented in subsequent documents [14, 15]. An extremely interesting and important aspect of this document is the fact that its message is not directed to health policy, public health or health ministers – customarily those dealing with the health sector – but to decision-makers dealing with various public policies and to politicians in general. The idea of HiAP is one of the few cases where an instrument tar-

geted at the highest levels of power is proposed – to those responsible for the overall policy of the state. The basic message is the equivalent of a categorical imperative addressed to the authorities: "if you want to act sensibly about the health of citizens, then try to act as we suggest you." However, let's just say that despite their radicalism, the authors of the postulate have no power, no strength to implement it. Submission to the recommendations of the HiAP depends on the good will of the decision-makers, although it is assumed that the mechanisms of mature democracy – whatever way maturity is to be defined – should clearly favour such subordination.

According to the HiAP, the entire society is responsible for health, although its various segments to a varying degree as it depends on the size and scope of health consequences resulting from decisions taken by individual participants of public life. So not just a single person, not just a department of the administration or a sector, but all those who can – or should – influence the content of the decisions being made. Stating that someone else is also responsible for the health of the individual – sometimes someone as powerful as the state – does not in any way release the individual from any responsibility for their behaviour. With regard to health promotion, these messages are extremely important, for at least two reasons. First of all, they run counter to the message of the philosophy of neoliberalism that only a given individual answers personally for their health. This attitude leads to the unjust victimization of people with a worse health status: "you are ill because you behaved badly yourself, for example you were eating unhealthy food." The idea of HiAP emphasizes that such an approach is counter-effective – it not only does not work, but can also bring the opposite results, deepening health problems and inequities, but it is also highly morally reprehensible. There is no reason to condemn someone for their behaviour since even if it contributed to the disease, it was almost always one of the many factors leading to it. And so the individual does not bear any responsibility for this multitude of determinants.

Secondly, in the HiAP approach the responsibility for health is distributed into various sectors and various departments of public administration. In general, the health sector is too often dominated by narrowly understood repair medicine. Very frequently, there is much more responsibility on the part of public authorities, mainly because they have the ability to look at the situation and coordinate the dispersed activities. It is the government that has the legitimacy to develop political will and persuade to create a coalition of various entities: administration departments, sectors and individual institutions, including non-governmental and private ones. It is about achieving a state in which representatives of e.g. agriculture, trade, industry or transport, were made aware of a given issue – that they would receive the same, complete and contextualised knowledge of a given topic, based on evidence. It cannot be forgotten that it is the public authorities that make decisions on how to allocate money. Even in poor countries, there is some leeway in this area, and a list of priorities is set everywhere. So you can determine what may be more important than health at a given moment, since it is worth realizing that such situations can happen – for example, to many people the threat to sovereignty is of the highest urgency.

The concept of HiAP contains a postulate that an entity should take on the role of a spokesman for the health interest of society. It seems natural that this role should be assigned to the minister of health, provided that the person holding this position is aware of the scale of health determinants (e.g. the fact that not only smoking, but also smog harms health). The Minister of Health, who plays this role, should remind other ministers when a given matter falls within their scope of competence (in the case of smog – above all, ministers of environmental protection, transport and energy, urban planning, industry, and perhaps a few others).

Intervening factors 2: the social reception of health promotion programmes

The growing number of interventions that have been undertaken within the framework of health promotion provided many opportunities to study the effectiveness of various measures used to shape healthier behaviours. Looking at a number of research results on effective interventions of health promotion, the problem of differences in susceptibility to the persuasion of health promoters was noticed – differences clearly linked to the social position of those on whom the persuasion was attempted. Even the most scientifically justified interventions will prove ineffective in the social dimension, if the measures recommended are not accepted by those to whom they are addressed [16]. A very important dimension of programme effectiveness is the long-term adherence to achieved behavioural changes – if they have occurred. Even a radical change, consistent with the health promoter's intentions, will not be effective if the change is not consolidated. In health promotion, anticipated positive effects follow after many years, sometimes after decades and – paradoxically – they are confirmed if there is no disclosure of pathology that could arise [17]. Just like the standards for health sciences include claims about social determinants of health, equally justified is the thesis that reactions to stimuli generated by health promoters, their perception, understanding and readiness of acceptance are socially determined [18]. Using another point of view, the problem can be placed in the perspective of health literacy. The higher the competencies, the greater is the openness to rational arguments (referring to the self-interest of the recipient and the interest of the community in which they live) used in health promotion programmes [19]. There is no doubt that health competencies, at least in the intellectual dimension, increase with the level of education. The claim about a very significant impact of social status on health, on health behaviours, on the way of using health care, and so on information and persuasion communicated in health promotion programmes has become an element of commonly accepted knowledge [20].

It is common that people with a higher social status, better educated, better off, performing more prestig-

ious jobs are generally healthier also because they lead a healthier lifestyle that avoids risky health behaviours. It is connected with many factors, but also with openness to the arguments presented in health promotion programmes [21]. To describe and interpret these relationships, the concept of 'sense of control' was used, among other things, indicating that representatives of lower classes have much less of it than citizens located at the higher levels of the social structure [22]. One of the factors contributing to barriers in communication with representatives of groups of a lower social position or less educated is the shortened time horizon in which they perceive and plan their future behaviour. The concept of a 'social time perspective' was used to describe the pattern, according to which the more distant the expected effect is, the less interest is shown in the activities that would lead to this effect [23]. This led to the belief that the best partners – even allies – in health promotion programmes are educated representatives of middle and upper classes, and this premise was taken into account when defining the health policies of many countries. It is observed that the impact of health promotion programmes – their effectiveness – depends on the social position of people to whom health promotion is addressed. Effectiveness is all the less the more socially handicapped is the area inhabited by these people, because the barriers to communication that are encountered by health promotion due to social deprivation have their spatial or geographical dimension. In many countries, there are poverty areas, economically weak regions due to declining industry or mines, such as the famous Rust Belt in the USA or poor metropolitan areas. It was noticed in research that the impact of health promotion programmes, or their effectiveness, depends on the place of residence of the addressees. People living, for example, in less developed areas have a lower chance of quitting smoking, they less often vaccinate their children and rarely use preventive services [24].

Discussing the problem of emotional conditions of susceptibility to rational arguments for health promotion, it is worth mentioning the so-called parasite-stress hypothesis [25], according to which the probability of revealing authoritarian tendencies is increased where there is a high level of fear of parasites. The greater the perceived threat, the easier it will be for citizens to see the attractiveness of authoritarian, undemocratic political solutions. This theory in an interesting way corresponds with the results of research stating that people with more conservative views have a greater sensitivity to the emotion of disgust [26].

This fear, or stress, may appear – sometimes intensely – either as a result of old stereotypes or a deliberately crafted message used as a tool of political manipulation, for example about foreigners carrying protozoa.[9] An authoritarian tendency may manifest itself in everyday family contacts or in the workplace, but it may also shape electoral behaviour. Let us put forward some possible hypotheses stemming from that. On the one hand, the parasite-stress hypothesis serves to explain the popularity of the discourse on the threat to sanitary safety and health of individuals and the nation, which is used by politicians with authoritarian inclinations on the right side of the political spectrum, since it clearly supports it by referring to these sets of emotions that particularly agitate their electorate. On the other hand, this hypothesis suggests the existence of a feedback loop effect seen in the growing popularity of anti-vaccination movements. As soon as popularity leads to an increase in the occurrence of the disease, it can mean – with appropriate interpretation in the mass media – increase in the popularity of authoritarian populism instead of a return to vaccination.

Vienna Declaration

The Vienna Declaration was the result of a meeting organized in November 2016 by the European Public Health Association, the Austrian Public Health Association and the Armenian Public Health Association. The Conference was held under the slogan of 'All for health, health for all', an obvious reference to the slogan of 'Health for all' [27]. Almost 2,000 participants from more than 70 countries discussed the present and future of public health.

Message: continuation

The message of the Vienna Declaration was to confirm the support and commitment to the principles set out in the Ottawa Charter. If one were to take into account the innovativeness of the ideas presented and courage in moving away from the existing views on health and its promotion, the significance of the Ottawa Charter was much greater. So while the Charter was a document that opened new perspectives, presented proposals that nobody had presented before, the Vienna Declaration was a form of a loyal, though rather uncreative continuation, or – as the critics might say – conservative. However, this conservative continuation takes on a new dimension and reveals its value due to the fundamentally new context in which the ideas of health promotion came to be implemented after many years. And in this case, the context is both new ideas created on the edge of the sphere of public health as well as political and mental changes.

Context: the post-truth era

The economic crisis of 2007/2008 contributed to a significant revision of the neoliberal doctrine – at least in expert circles. The naive idea of the end of business cycles and eternal prosperity had come to pieces. The criticism of this approach originates not only from the tradition of different thinking [28], but even from the very same centres from which the neo-liberal doctrine derives [10]. However, for various reasons, the socio-economic and health policies implemented in many countries have returned to the same old established ideas of economic thinking in the context of the ideology of savings (*austerity*). An important context of this phenomenon is the more recently observed phenomenon of post-truth.

The word 'post-truth' was the Oxford Dictionaries Word of the Year of 2016, defined as "relating to or

denoting circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief."[10] This definition is, of course, not particularly new. It was already Alexis de Tocqueville who wrote that in a democracy, the relativism of beliefs, the changeability of facts and the difficulty in discerning their entirety making citizens stick to their belief even more "not because they were convinced of its validity, but because they did not they expect to find a better one." Because:

> when no view is considered undoubtedly correct, people begin to be driven more by instincts and material interests, which are inherently more visible, palpable and lasting than views [29].

What is new in our time is the scale of the phenomenon in which – using the situation created by democracy – information providers purposely and on a mass scale, mislead or even deceive the recipients, spreading false information through media and social networks. At the same time, a significant part of news recipients (e.g. in the context of information on vaccinations) is somewhat indifferent to whether these claims are true or not, maintaining their opinions on the information provided to them, despite the disclosure of falsification and manipulation.

It can be argued that social consciousness has found itself in a peculiar state. When facts are irrelevant, it becomes permissible to create facts and opinions about them. Faith in the evidence that already confirms our opinions means that even its falsification strengthens our belief in the judgment. A similar phenomenon concerns targeted reasoning that is politically motivated, which – contrary to traditional views – is not correlated with less intelligence or education. For example, research done by Dan Kahan et al. indicated that better mathematical skills (*numeracy*) actually increase the chances of incorrectly interpreting raw numerical data, if such a misinterpretation would support previously held beliefs. In his study, one group of Americans was presented a set of raw, numerical data on the effectiveness of medicinal ointments, not converted to percentages. In this case, people with better mathematical skills more accurately assessed the effectiveness of the ointment. In another study, a different group of Americans were presented the same figures, with the difference that they concerned the effectiveness of the ban on carrying weapons in reducing crime in various counties. This time, if the person had better mathematical competence, and they had clear political views, they drew less accurate conclusions (*sic!*) from the presented data. Researchers explained this effect with the fact that people with higher competences are better at rationalizing cognitive dissonance, allowing the interpretation of non-matching data in favour of the belief held [30, 31].

The factor that magnifies the post-truth phenomenon is the decline of traditional, reputable media based on relatively high standards of journalism (the role of information gatekeepers). It is caused by the shortening of the life cycle of 'hot' information, which limits the possibility of source verification. False media information ('fake news'), in the current conditions of social media, are more easily introduced and diffused. One of the reasons is the dissemination of 'citizen journalism' as part of social media and the very nature of these media, which facilitate the production of so-called 'social media bubbles': relatively closed communities of friends with similar views, and cut off from people with different beliefs. These media – together with search engine algorithms, adapting to user preferences – favours the creation of media echo chambers, where beliefs are strengthened through communication and repetition in a closed system, where statements made by a given person can be returned to them as the claims of others, generating the impression of consensus and setting the limits of common sense. Taking the perspective of such a bubble, everything that comes from its external environment is viewed as nonsense, insanity or absurdity. So social bubbles give opportunities to small groups to incubate in greenhouse conditions – in a space free of verification (*safe spaces*) – and to grow into strong and loud social movements.

For a time, observers of social processes were convinced that various negative symptoms of the advent of the post-truth era, such as the deepening polarizations and social bubbles, are only an unintentional, undesirable side effect of systems that are generally supposed to make life easier (e.g. by matching our preferences to the advertising displayed). For some time, however, the conviction that the creation and dissemination of fake news is a deliberate act is becoming more and more powerful. Such a view is growing especially since the beginning of the investigation into the Russian intervention in the course of the American presidential election in 2016, when the fake news produced by 'troll farms' served to discredit the counter-candidate of the current president.[11] Similarly to the scandal concerning Cambridge Analytica – an analytical company that dealt with collecting Facebook user data and using them in the context of consultations on the political campaign concerning the Brexit referendum. The collected meta-data were used to profile users who were more susceptible to fake news,[12] making it easier to generate these media eco chambers and to disseminate such messages. The events that took place in two powerful and stable democracies indicate that seemingly accidental mechanisms have already been used to manipulate electoral processes that determine the fate of millions of people.

The situation of an open preference of using opinions over facts is referred to as 'the art of the lie'. Its key element was the politically motivated undermining of trust in institutions responsible for 'producing the truth': the deterioration of the authority of institutions responsible for providing knowledge – universities, press, experts, etc. This is a moment of a serious crisis of confidence in the institution of education. It is connected with the actual or presumed dominance of these institutions by representatives of only one side of the political spectrum.[13] When people with one type of preference are convinced that the university is controlled by political opponents,

they easily reject the knowledge coming from there as biased information, not expert information. And since they also have the support of the authority chosen by the democratic majority, which is itself interested in making a beneficial manipulation in its favour, the rejection of the scientific judgement is almost certain. Under these conditions, learning as a key element of the modern state – responsible for guaranteeing that politics are based on the truth – has lost not only its privileged status, but also its legitimacy to authoritative statements in public affairs. The traditional reputation of the traditional media and the scientific community is obviously not absolutely faultless. The connections with big media concerns, their apparent bias, and the links between the scientific community and big business (*Big Pharma*) are sadly real pathologies [32].

Anti-vaccination advocates

For our considerations regarding health promotion, an important complementary issue to the fake-news problems is the story of the famous article by Andrew Wakefield published in "The Lancet" in 1998 [33]. The article contained the results of studies which supposedly indicated a relationship between the use in children of the MMR vaccine and the occurrence of autism. As a result of Brian Deer's journalistic investigation for "The Sunday Times", it turned out that the results had been fabricated [34]. In 2010, "The Lancet", in an unprecedented gesture, withdrew the publication, and Wakefield was reprimanded by the General Medical Council of the United Kingdom and banned from practising his profession in the country [35].

"The Lancet" story testifies to the serious limitations of the peer review process in even such a renowned journal. Although the error was corrected, significant damage had already been done. The withdrawn Wakefield article is to this day, in the opinion of many, the main evidence for the harmfulness of vaccines, contributing to the increasing popularity of these movements, and consequently to the decline of vaccination. In turn, for the representatives of anti-vaccination movements, the very fact of withdrawing the article constitutes evidence of the existence of a conspiracy of pharmaceutical concerns and scientific circles, aimed at silencing all voices that would harm the financial interests of large international corporations. Without the slightest concern for the truth, the thesis about the harmfulness of preventive vaccination is stubbornly and frequently repeated by anti-vaccination activists. The issue of the reliable knowledge and significant arguments does not matter here. However, the most problematic is that – apparently in an attempt to flatter the growing anti-establishment electorate – President Donald Trump expressed support for Wakefield (who settled in Texas) and the theory of the harmfulness of vaccines, and appointed a 'vaccination safety committee' to investigate the problem,[14] thereby legitimizing his position as an equal subject of political considerations.

The growing anti-vaccination movement finds supporters also in Poland. Despite the generally high level of vaccination coverage, the percentage of unvaccinated children is increasing. In 2010, there were fewer than 3,500 unvaccinated children.[15] In 2016 – over 23,000. And in 2017, as many as 30,089. The question is what might be causing the rise, or what characteristics the people who are more likely to succumb to the anti-vaccination propaganda have.

It would seem that the post-truth phenomenon is part of the supposed strategy of "exploiting or reinforcing the anxieties of people with lower education and lower incomes",[16] described in the American press. Relying on stereotypes, many thought they belonged to the same, less educated and lower-income group of people who support populists and vote for them, and are immune to the rational argumentation provided by health promotion – the same who stand in contrast with the partners and allies from groups with higher social status, which could be argued on the basis of many studies, including those quoted above. Meanwhile, recent US research has proven that refusals to vaccinate are currently more common in richer regions, with the overwhelming population of higher educated Caucasian representatives [36]. It turns out that the major health promoters that were seen as such thus far may not be the actual allies of evidence-based health promotion. It is possible that the recent cognitive mobilization of the middle class, which has been taking place in recent years thanks to the Internet revolution, has infected it with excessive self-confidence or contentious arrogance. Although these results are not confirmed by other researchers, we do not know what additional and uncontrolled external factors could have influenced such results, and so anxiety and doubt persist. On the other hand, scepticism, or at least maintaining some reserve towards the biased opinions of public health experts, seems to be by all means advisable.

Summary

The reality that surrounds us leads to the impression that in recent years, public health experts, or speaking more broadly, those who advocate a reliable perception of the world and rational response to existing problems, have found themselves in a highly uncomfortable position. It is not about the emotional anxiety of researchers and practitioners, but about eroding the paradigm, on which the current knowledge about health and health policy was founded. On the one hand, it is about 'the invalidity of the truth', of truth ceasing to be a criterion of meaning and reasonableness of arguments. It is not easy to answer the question what in such conditions practising the 'evidence informed policy of health promotion' means. On the other hand, the social climate in which health promotion is to be developed has also become a problem. Those who were supposed to be motivated allies: educated middle classes, aware of the needs of public health and open to rational argumentation, seem to be weakening in their convictions and start perceiving the attractiveness of 'magical' and unjustified, simplified methods of solving difficult problems. In addition, political elites in many countries have increased their activ-

ity, ready to give up the current, responsibly maintained consensus on health policy directions, while promising unrealistic benefits, for the price of electoral support. Our researchers also have an additional problem that in the light of the political and social challenges and the complications that we experience, it is not possible to blame the uneducated lower classes for everything, which until now were willingly pointed to as the 'main culprit'. The fact that this is not just a temporary impression, is testified by the discussions held in renowned magazines, with marked concern, and perhaps even fear for the future of health promotion and truly evidence-based health policy [37].

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Notes

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