Point of View

John F. Copplestone

What is health?

Experience and research suggest that health should be redefined to encourage positive attitudes towards it among professionals and the public.

People’s attitudes to health often reflect personal and societal concepts based on experience and on views of bodily well-being. However, as new approaches to health promotion develop there are signs that attitudes are changing. The decline of religion in some societies has been accompanied by an increased emphasis on material and physical ideals. There is heightened public preoccupation about health, and anxiety among people who have felt unable to follow strictly what has sometimes been contradictory advice put out by doctors, alternative therapists and the mass media.

Semantics

The more one examines modern dictionary definitions of health, the more they seem linked to concepts such as those of beauty and happiness, which philosophers have been trying to define for centuries. An extended definition appears in WHO’s Constitution (1): a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity. The Constitution also states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human without distinction of race, religion, political belief or economic or social condition. No one is likely to disagree with this, notwithstanding the implication that degrees of health exist. WHO’s definition of health expresses an ideal rather than an attainable goal.

Most people think they understand what health is but find it hard to put into words and tend to say what it is not. The WHO definition is a response to this negative approach. We are inclined to talk about positive health as a conceptual entity, but negative health is rarely mentioned. There are other words for negative health, among them disease, sickness and illness, but we sometimes prefer to use euphemisms based on “health”. This has led to bizarre uses of

Dr Copplestone was Chief of the Pesticides Development and Safe Use Unit in the Division of Vector Biology and Control, World Health Organization, until 1987. Now retired, he lives at 12 Highland Street, Ivybridge, Devon PL21 9AG, England.
the word. The institutions concerned with "mental health" are hospitals, and statistics on the subject relate to the prevalence or incidence of diseases. "Dental health" is often measured in terms of decayed, missing, or filled teeth. "Environmental health" deals mainly with the placing of enforceable limits on factors that can cause illness.

The national health services in many countries have their origins in the promotion of positive health, mainly through disease prevention. As therapeutic programmes expanded, national schemes have tended to become medical care services with some preventive functions. Such services play an essential role but the inclusion of the word "health" in their titles neither properly describes their nature nor helps the public to understand the essence of positive health.

Conceptual confusion in the health professions explains name changes relating to the specialty of disease prevention. It started as "public health" when communicable diseases were rife in the industrialized countries. The subject was expanded in these countries to cover the prevention of noncommunicable disorders and the promotion of positive health, including its social aspects.

The term "public health" was thought to be too much associated with sanitation, so the name "preventive and social medicine" was adopted.

In the United Kingdom and elsewhere, however, "community medicine" was introduced in the late 1960s, and the meaning of this term was a subject of inconclusive debate for twenty years. During 1989, ironically, "community medicine" became "public health medicine" in the United Kingdom, virtually a reversion to the original name.

Actions

WHO does much to justify its name, with its concern for disease prevention, immunization, nutrition, family planning, safe childbirth, and health education, and has demonstrated that much more work on positive health needs to be done. However, it has also helped to create some confusion.

At Alma-Ata, WHO’s Director-General said that primary health care was the key to achieving an acceptable level of health, and the goal of “health for all by the year 2000” was adopted. Yet it soon became apparent that the interpretation of the word “health” in the context of primary care was not uniform. For some it meant a basic medical service, for others the inclusion of varying proportions of positive health services. It took several years for governments to come to grips with the concept of health for all. The adoption of an unattainable objective may have retarded progress in some countries. A need arose to clarify the nature of primary health care (2).

Confusion arises when, on the one hand, people are told that their health depends on the provision of hospital and medical care...

One reason why the positive approach has been neglected is that senior health professionals have been unwilling to discuss it in depth and to contemplate the practical implications of what might emerge.

services, and on the other that they should not smoke, drink too much alcohol, or eat animal fats or excessive amounts of sugar, and that they should take adequate exercise.
Questionable advice is given on the avoidance of foods containing minute amounts of chemicals thought to be carcinogenic or toxic, on the fitting of filters by people in their own homes before using properly treated public water supplies, on the adoption of life-styles that could give rise to stress in some communities, and so forth.

Some reorientation is required, and the first step should be for health professionals to delineate the boundaries of "health". Professionals should work to convince the public that the right approach is that of positive health. The use of the word "health" in a negative sense should be avoided in both professional and official circles, so that the public's perceptions are less influenced by failures in therapeutic techniques or service provision. An immense effort should be made to indicate the need for personal responsibility in matters of health.

The WHO definition of health implies that the infirm cannot be healthy, but it might be difficult to convince competitors in the Handicapped Olympics of this. What is the position of symptomless persons carrying pathogenic viruses or bacteria? They are apparently healthy, yet their future health, and that of their contacts, may be in question. More complex are the problems related to heritable infirmities. Some conditions have their origins in genes coded for recessive physical or metabolic abnormalities, and as it is likely that most people have at least one such gene, the classic definitions of health are inappropriate here. As the possibilities of gene therapy become apparent, decisions will be needed as to when health has become so diminished that treatment is required.

* * *

Discussions on how to embrace the mental and social, as well as the physical, components of health in a definition should involve not only health professionals but also members of the wider intellectual community. Perhaps it will prove impossible to find a single definition covering all the diverse aspects of positive health.

It is probable that these considerations will have wide repercussions on training. It is not enough to think that the existing definitions have served well in the past. One reason why the positive approach has been neglected is that senior health professionals have been unwilling to discuss it in depth and to contemplate the practical implications of what might emerge. It is to be hoped that the health professions will be able to help the public to adopt scientifically-based attitudes uninfluenced by the pronouncements of medical pundits as interpreted by the mass media. If this happens a contribution towards better health for all will undoubtedly have been made.

References