



Iberoamerican Journal of Medicine

ISSN: 2695-5075

ISSN-L: 2695-5075

iberoamericanjm@gmail.com

Hospital San Pedro

España

Lolas Stepke, Fernando
Considerations on forms of health. The road to One Health
Iberoamerican Journal of Medicine, vol. 5, núm. 2, 2023, pp. 54-56
Hospital San Pedro
España

DOI: <https://doi.org/10.53986/ibjm.2023.0014>

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**IBEROAMERICAN
JOURNAL OF
MEDICINE**

iberoamericanjm

Journal homepage: www.iberoamjmed.com

Editorial

Considerations on forms of health. The road to One Health

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ARTICLE INFO

Article history:

Received 12 April 2023

Received in revised form 18 April 2023

Accepted 18 April 2023

Keywords:

One Health

Health

Quality of life

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Consideraciones sobre formas de salud. El camino hacia One Health (Una Sola Salud)

INFO. ARTÍCULO

Historia del artículo:

Recibido 12 Abril 2023

Recibido en forma revisada 18 Abril 2023

Aceptado 18 Abril 2023

Palabras clave:

One Health

Salud

Calidad de vida

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HOW TO CITE THIS ARTICLE: Lolas Stepke F. Considerations on forms of health. The road to One Health. Iberoam J Med. 2023(2):54-56. doi: 10.53986/ibjm.2023.0014.

Health evokes the ideas of harmony, balance, completeness, positive value, and even *eudaimonia* (or flourishing, fullness). It is usually associated with normality [1, 2].

The classic World Health Organization (WHO) definition emphasizes well-being in many areas (physical, psychic, spiritual) and not only the absence of illness or disease. The nirvanic state that this definition suggests, if it exists, is fleeting and transitory. No one lives like this permanently. Allusions to balance or equilibrium with the surroundings,

enjoyment of possibilities, and "organic silence", are relevant. Health, as the quality of life, is a *value construct*. What is said about a person will depend on who speaks (him/herself, significant others, strangers, statistics), on the circumstance (there are "healthy abnormalities" depending on the context), and especially on what is anticipated, the *horizon of expectations*. An individual afflicted with cancer may feel happy but his future is uncertain [3].

A large part of the quality of individual life is due to this

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<https://doi.org/10.53986/ibjm.2023.0014>

anticipation, not always considered in the instruments for its assessment; it often depends on individual factors, such as personality or environmental conditions. Situations of insecurity and worries about the economic or social future affect the perception of health status. The anticipation of adverse situations, political instability, and other circumstances such as the imminence of foreseeable or unforeseeable changes affect this perception, which does not necessarily reflect objective conditions. It is in the realm of what is usually considered social, moral, or economic determinants of health. Distress, negative anticipation, affects the perception of one's condition, the communication of complaints and disorders, and the acceptance of preventive measures. In an era characterized by risk and "medicine of wish", "healthy" behaviours depend not only on the current state but also on the imagined or expected future. This does not only refer to individual well-being. It includes real or imagined threats to people close to them, such as the family or the group to which they belong. Life changes, which influence the sense of well-being, are not only actual occurrences. They are also anticipations [4].

Another element that should be part of health definitions is active *participation*. Emphasis on passive states does not encourage people to consider that health is a construct that must be, like virtue, cultivated and achieved. It is not enough to advocate healthy lifestyles, adequate nutrition, and good habits. It is necessary to consider that illness and death, being inescapable, leave room for the imaginative construction of one's state of health. It is never anything but a balance, or equilibrium, between the negative and the positive. More than the disorders, what is of interest is the attitude towards them, because life will always be disturbed if the impediments to the desired or expected fullness are considered.

Another WHO aphorism is relevant: "There is no health without mental health". The pleonasm *mental health*, in its apparent redundancy, indicates that human health is a product of anticipation. It is imagination as much as objective determination. Even the so-called social, moral, and economic determinants are not simply figures. They are perceptions and anticipations; human life is creative imagination and temporal projection. "Horizon-creating imagination", anticipatory construction. The Bergsonian "*elan vital*" is temporal transcendence; without it, there is no well-being [5]. It follows that mental health is imagination and hope. The same could be said of social or community health in its spiritual dimension, nourished by expectations, prophecies, and prognoses that shape political ideologies and religious dimensions. What is feared when there is an unfortunate prognosis is an undesired future at the individual

level or a catastrophe at the community and social level.

When moving from the individual to the group and community level "moral imagination" is indispensable to the perception of risk and is the foundation of preventive actions that sometimes do not find an echo in individual behaviours [5]

The notion of health, caught in an individualistic ideology, extended to the community becomes entangled with politics. As a social science, medicine is to the body what politics is to the community. The organic silence of the organism is like the silence of social peace. Any expansion beyond this entelechy called the individual requires a reformulation in terms of moral behaviour, justified by ethical precepts, linguistic expression of duties, and prohibitions that govern behaviour. The moral person is not reducible to the biological individual or the psychological subject. It is a narrative identity constructed on narratives of individuals, groups, or nations.

The plane of what is known as **public health** manifests the actions of the organized community, subject to legal provisions, to produce health by influencing individual behaviours, sometimes coercively. Similarly, claims that individual health is a right and not a duty of individuals induce expectations that are not always feasible or reasonable. They convert presumed needs or desires into demands, which under the terminology in use for rights generate a spiral of demands that grow according to beliefs, demonstration effects of other societies and promises of opinion leaders who do not always adequately consider the real situation of the community. Values, implicit or explicit, are transformed into rights. One difficulty of this conversion lies in the fact that rights are relational constructs. They must not only exist for those who claim them based on needs or desires. They must be also recognized by those who must respect and implement them [6-9].

International health introduces the factor of nation states' regulations and their interactions. To safeguard their borders from contagions and epidemics, states may implement protectionist measures, ranging from safeguarding industrial secrets, providing welfare to their citizens even to the detriment of individuals in deprived or poorly literate countries and, under the pretext of improving the health of other nations, imposing regulations and measures that do not take into account cultural or environmental diversities. The expression contains traces of technocratic and moral imperialism, although it is remarkable that there is almost universal agreement on the existence of national states and the supposed equivalence of their influence in the world concert. We well know that the reality is different and that even the international system is designed in such a way that

not all its members enjoy equal influence or power [10, 11]. What has come to be called **global health** can be considered under two aspects. On the one hand, it is an extension of internationalist ideology in the sense of imposing ways of life based on standards of technocratic civilization. It imposes practices and concepts endorsed by "scientific evidence". It ignores that even the notion of *scientificity* is changeable and that sciences do not produce truths but certainties agreed upon by communities and epistemic cultures inseparable from non-universal civilizational materialities. The classic anthropological distinction between "data" and "belief" ignores the forms of socialization that sustain the sociotechnical systems that produce knowledge. The latter is "information structure" based on social interests and purposes proper to the community of experts. "Internalist" conceptions presuppose a *paradigmatic development* [12], but useful knowledge must also contemplate the perspective of its users and their diversities, both conceptual and moral. Health techno science operates, more than by *paradigms*, by *mentalities*; ideas are not always implemented as their inventors expect; circumstantial factors and social processes that depend on individual decisions intervene in their applications. Hermeneutic understanding is a fusion of horizons for which the powerful influence of imagination and hope must be rescued [13].

"**Global health**" installs a moral conception that aspires to universalize ways of life and prevention of disorders justified by the notion of justice. Underlying it is the dignity of human beings and their right to enjoy living conditions that industrialized nations have achieved thanks to their technological pre-eminence. This position, whose foundations are considered proof of universal solidarity in interhuman relations, seems to be endorsed by a universally valid ethic that finds easily recognizable echoes in the doctrine of human rights [14, 15].

The final stage, influenced by bioethical thinking, is **One Health**, the notion that humans, animals, and the whole biosphere are mutually dependent and need to be recognized as moral instances. This is the main contribution of the "bioethical mentality" advocated by the pioneers Fritz Jahr

and Van Rensselaer Potter [16].

1. CONFLICT OF INTERESTS

The authors have no conflict of interest to declare. The authors declared that this study has received no financial support.

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