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Understanding health in the light of precariousness

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Prof. McKee has pointed out here, that the growth of precariousness negatively affects the health of populations. I will reflect on the question of how we should understand the '*health*' of a population. This question matters, because explication of what is exactly meant by 'health' helps to measure the effectiveness of public policies and to set priorities.

A brief look at attempts to define health, illustrates that such explications are never *neutral* affairs. They are always marked by a particular historic and ideological background.

For instance, when the World Health Organization defined health in 1948 as 'a state of *complete* mental, physical and social wellbeing, not merely the absence of disease or infirmity', we should situate this within the post-second world war context. A time that was characterized by a spirit of rebuilding societies, and by high aspirations for world peace and welfare. The constitution of the World Health Organization even literally refers to health as being 'basic to the happiness and harmonious relations and security of all peoples'. 'Health' is thereby pictured as an ideal in itself, and as a precondition for world peace.

Later on, in the 70's, the Swedish philosopher Christopher Boorse, made a plea for a narrow concept of health as absence of disease. This scientific theory of health should be seen in the light of the concerns expressed by the Anti-Psychiatry Movement. One of the central questions raised by this movement, was the question of if and how we could distinguish socially deviant behaviour from mental illness. Boorse aimed to show that we *can* distinguish the two. Formulating an objective and value free definition of disease, should enable us to distinguish between social prejudice and mental illness. As such, the theory prevents that something like homosexuality is perceived and treated as a psychiatric disorder. This idea that being healthy is the opposite of being diseased, characterizes the dominant understanding of health today.

Recently in the Netherlands, a new concept of health is proposed by Machteld Huber and other health experts, as an alternative to both the demanding definition of the WHO, as well as to the tendency to exclusively focus on disease. This concept of health is formulated in the light of the aging of populations and of medical progress, due to which living with chronic disease has become relatively 'normal'. Moreover, with the availability of good medicines, health apps, and high quality care, living with a disease is not *always* experienced as a heavy burden for one's life.

It is therefore that Huber and others argue that today, health should be seen as the 'ability to adapt and self-manage in the face of social, physical and emotional challenges '. With this new concept of health, the focus shifts from the medical expert's, to the patient's point of view.

So far, I have shown that context matters for how health is conceptualized. Now, professor McKee's analysis of precariousness faces us with another context that gives rise to the question of how we should understand health.

If we have indications that the growing lack of social and economic certainties lead to health problems, what does *that* mean for our understanding of health in public policy? In my view, the context of precariousness at least invites us to shift attention. To show how, I will look at how different concepts of health inform measures that are commonly used to indicate the health of populations.

In practice, the WHO simplifies her broad definition of health, by the measure of 'life expectancy'. This has its rhetorical force to indicate that there is work to do in Malawi, where the number of premature deaths is far beyond the acceptable. But looking merely at the length of people's lives has limited meaning in contemporary European societies. For as prof McKee has pointed out, conditions like job insecurity and insecurity about one's living conditions deteriorates people's health and wellbeing.

The second, scientific notion of health as absence of disease informs the measure of '*healthy* life expectancy', according to which the years lived in absence of disease indicate the health of a population. This is relevant if we are interested in a fair distribution of healthcare resources. And although it tells more about the quality of people's life than mere life expectancy, living today with a chronic disease does not necessarily imply a diminished experience of wellbeing.

It is therefore that the third concept of health as the ability to adapt and self-manage, turns away from these objective measures to the experience of the individual. Now Huber's

approach works well for practices of health*care*, where doctors talk with their patients about how they experience, and cope with, their health problems. But this *subjective* approach seems problematic for the practice of *public* health. Especially in the light of precariousness.

A government – or a policymaker – is not a physician and is thereby not in the position to have a conversation with individuals on their health. The political question here, is to what extent a government *should* be concerned with subjective experiences when it comes to the health of citizens. The risk with an exclusive focus on the individual is that it distracts from what seems to be a more proper concern for public health. Namely a concern with the *circumstances* that – as prof McKee has shown – determine people's health, but also *enable or disable* people to cope with their health problems.

So, today in Europe, the objective measures of life expectancy and healthy life expectancy do not provide the most relevant keystones for public policy. And, subjective measures are good for health *care* practices, but seem less appropriate for the practice of *public* health.
Instead, if we accept Prof McKees analysis that states of precariousness mark many of our societies today, the pressing question for *public* health is how to bring about a shift in focus. That is, a shift *from* the individual, *to* that individual's social and economic circumstances.