

## Perspective

# Community Medicine, Health Promotion and Prevention: are we too Disease Oriented and not so Health Oriented?

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Throughout history, the detection of a sick person has always been the event that triggers a health care action or a healing process. Since times when it was understood that diseases were caused by supernatural forces and thus rituals were carried out to expel the evil spirits that caused these diseases, going through periods in which they were understood as a divine punishment and thus prayer as the best cure, until today, when we already have much more knowledge and certainty of the causes of many diseases, magicians, religious figures or health professionals have played the role of healers. The thing is, these agents have been mainly focused on repairing what had been damaged (when possible, of course) [1-2].

This reactive approach, wherein healthcare practice focuses on working to restore the health of already sick people, is still the mainly prioritized approach and the fundamental component in which we have built healthcare services in the western world. According to statistical information from the OECD, no country in this group invests more than 6% of healthcare spending (really disease spending) in preventive activities, where the majority does not exceed 4% [3].

Even though this way of thinking has given our society great achievements and advances in life expectancy, this perspective does not consider the complexity of the health-disease process, nor does it seek to delve into the causes of why people become ill as if it were enough to alleviate the symptom even if it is going to leave again, or «save a life” even when we are not always thinking in the quality of life that this person is going to have in the next few years. The greatest improvements in global health have not been the result of healing, but the improvement of the conditions in which people live their daily lives with a proactive approach to maintaining health [4].

We witness everyday how healthcare is understood as healing, being the most recent example the Covid-19 pandemic. Since the beginning, the emphasis of the answers revolved around hospitals resources, bed capacity in critical care units and the availability of mechanical ventilators, not watching with such prominence primary care professionals and resources,

epidemiological surveillance and the capacity of other public health professionals until a long time later; in fact, many authorities have prioritized the expansion of healthcare services over the strengthening of preventive services (contact trace and testing) in a biased understanding of the role of the healthcare system.

Fortunately, over time, different outstanding professionals have allowed us to broaden our perspective on healthcare practice and today we can work with the idea that it should not be focused on curing the disease (that this is only a small part of the problem) and we must look at the health-disease process with comprehensive eyes. Deepening in its complexity, we must be able to identify the most efficient equitable and fair actions that can be done to understanding the problem, understanding health as a human right and that diseases are the result of the conditions to which an unequal economic and social system subjects’ people daily [5-7]. This materializes at different levels, being the key component working directly with the community, making them participants of the construction of their health, strengthening community action and developing different aspects of health promotion for different actions and initiatives to have the most impact and to be an effective tool in global health [8].

The healthcare system, meaning the structured offer of healing services, is one of the factors that least influences people to be healthy [9]. The most important factors are lifestyle habits, determined mostly by the social, economic and cultural context in which everyone develops their daily lives [10]. Hence the importance of community medicine. Focusing the efforts on improving these conditions, not only should be the primary objective of health authorities but should also be part of the objectives of authorities in other sectors, because as is clear, health problems are not solved only with sanitary measures, but also with political, economic and social measures wherein different decision-makers could collaborate and work in a transversal way. Even more knowing that under these concepts, health problems would not be solved once they happened, but would be largely avoided [11,12]. Working on disease prevention and health promotion is not only the most cost-effective approach,

but it is also the most humane since we would also avoid on some scale the emotional and physical suffering that disease brings.

It is tremendously necessary to take these ideas into account when facing the most important health problems of our times since we are currently facing different pandemics. The best known at this time is that caused by Covid-19, but we are also facing pandemics of obesity, malnutrition, smoking, chronic diseases (cancer, heart disease, diabetes) among others, which impact on people has been devastating for a long time now, and we have the knowledge and means to avoid a significant portion.

Despite there has been solid evidence supporting a preventive and proactive approach to maintaining health for a long time, our authorities seem to have difficulty translating it into practice. This is surely due to many circumstances, being one of them that working on prevention involves some difficulty in making the short-term results tangible, which can complicate the justification and mobilization of resources in this regard (in addition to the fact that it is necessary to set aside personal political interests). Another reason could be that it requires true multi-sectoral collaboration and transversal work (transversality is key to being efficient), which for many government offices is quite complicated. Also, the different pandemics of today require certain agility supported mainly by digital processes that have not yet been incorporated into public management. As far as we are able to overcome these challenges (most dependent on political will) and look beyond short-term results and a sense of ownership of successes, we will be able to focus on long-term actions that will allow real solutions.

There is a lot of talking about what could have been done or what we could do to make our society stronger to better withstand the impact of the Covid-19 pandemic or any other in the present or future; one important thing would be that our national health systems cease to be national disease systems. To do that, disease prevention, health promotion and community medicine must begin to be the priority focus of decision-makers to maintain people's health.

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