

Man and Health an Ongoing Process

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Introduction

The relationship between health, the feeding process and parental care, is connatural to the human condition. It concerns expressions of corporality, or rather, the physical form of the genre *Homo Sapiens*. Particularly interesting, from this point of view, is the origin of the latin word “*corpus*” (“*corpo*” in the Italian language) which may derive from the Akkadic. (ancient mesopotamic language) “*qarbu*”, or rather “*bowel*”, “*abdomen*” (Semerano, 1994): according to one of the most ancient civilizations, therefore, the body is tied to the function of nourishment and digestion.

Man, with regard to his “*body*”, has constantly interacted with the environment, and 90,000 years in the history of *Homo Sapiens*, prior to the scientific revolution, is marked by his ability to adapt and reorganize the environment to his advantage. Throughout this long trial, the concept of ‘*health*’ has been the condition that guarantees the body sufficient sturdiness and the necessary efficiency ‘to dominate’ the busy spaces around him for the fulfilment of his primary needs; and yet it has also been the condition which promotes fertility and the ability to produce new life, thus assuring future survival.

There is little doubt that throughout the many, long phases, as hunters/collectors, breeders/growers, the concept of “*health*” by a social group was related to the family. Also, in the most ancient phases of the humanity, as testified by the history of the genre Neandertal, therapies of various intensity and effectiveness have existed, produced by observations and practical experiences. The latter often based on techniques of a magic-superstitious character, or upon intervention by (mysterious) divinities, or on the ownerships of places, plants and animals, somehow “*loaded*” with (powerful) energies emerging from the darkest dimensions of the “*sacred*”.

It was only with the advent of agricultural civilizations, and growing social organizations, that problems concerning Human health ceased to be “*improvised*”, and became mainly linked to the private sphere.

Moreover, it was only in modern times, particularly after the French Revolution, that health became firmly a matter of public interest, subject to public intervention according to the specific political and administrative strategies, and underwent an evolutionary process that will briefly be illustrated in the following pages.

Materials and Methods

The method used for this work is interdisciplinary, meaning that the research presented is the result of an analysis carried out thanks to convergent input from different, but contiguous, disciplines. More specifically: anthropology, sociology, economics (especially in the service sector), social psychology, law, bioethics as the science of survival (Van Potter, 1971), as well as History for the “*comparison*” of similar phenomena recorded at different times, in order to draw, “*repeatable and therefore, to some extent, predictable common elements*” (Ferrarotti, 2002). The application of various disciplines, as mentioned above, was carried out in the context of a comparative-evolutionary methodology “*inspired*” by the sociological school of M. Weber and with elements of social evolutionism developed by Lenski. This methodology aims to, “*explain in a systematic way - following the principles of observation, measurement and inference - the variants*” of the “*Health factor*” as manifested during the ages and among different societies (see Smelser, 1992) different though connected within the same spatial dimension, and attempts to identify, in the process of expanding scientific and technological research, the most significant factor – though not unique – of the transformation processes that highlight the phenomenon itself (Lenski, 1966, 1970).

Illustration of the evolutionary process

To understand the concept of health and how it has evolved over the past thirty years, we should probably start with how it was understood before the formation of the democratic state, i.e., under the Fascist regime. “*The State...*”, for Fascism was, “*a spiritual and moral fact*”, because it cemented the political, legal and economic organization of the country. This organization, in its beginning and development, was a manifestation of the spirit... For Mussolini “*it is the state that transcends the limit of short individual lives, is the immanent conscience of the nation.*” (Mussolini, 1929). This is a real “*absolute before which individuals and groups are relative*”: a kind of Hegelian God on earth, which preserves His own, even in the physical sense, because “*number is power*”, also in the economic and military sense. Fascist health policies, were inspired by a precise value, the national solidarity - which forced everyone to participate, for their part, in the common welfare - and demanded a very different type of man from the past: middle-class debauchery, couch potato, possibly pacifist. Instead, the Fascist anthropology proposed, in opposition to the old liberal regimes, “*the whole man*

that is political, economic, religious, saint and warrior" (Mussolini, 1933).

The Fascist order was committed to forging this new man, pointing primarily to his physical health. Obviously health, understood as "health of the body", must be good and of a sound constitution. In order to contribute to national production, to the expansion policy of habitats (i.e., to fight wars and colonial power), to contribute to the future generation of producers and fighters, with a strategy of "aggressive" population expansion. Science, beginning with medicine, is used purely for the construction of this new man, gearing up the great national anatomical machinery, seen as a huge body whose head can only be that of the chief, the 'Duce'.

For this, the regime needed to implement a suitable program of eugenics, because inside a "well-ordered state the physical health care of the people must be a priority... We must therefore seriously monitor the fate of the race, we must treat the race, starting with motherhood and childhood.... (Mussolini, 1927). That word, "race" would have taken on a much more ominous meaning in 1938, with the publication of the famous - and infamous - "Manifesto"...The perspective changed radically with the passage from the national - and nationalist - form of State to democracy. With the Republican Constitution of 1948, the State takes care of collective needs and interests which are proposed from below, from the common people, and to which it responds, with no intervention lowered from above, but determined by the democratic method, implemented through decentralized services and choices made by representatives of the political majority. This kind of State guarantees the inviolable rights of man - and not just the citizen's rights - aside from the national interest, highlighting the uniqueness of the person. Because, in homage to the anthropological principle, as it emerges in Articles 2 and 3 of the Constitution, "is not the man to the State, but the latter as a function of man, in the sense that its purpose is to ensure the development of the human person and guarantee the rights, and therefore these are inviolable.." (Mortati, 1966). And, all together, in this idea, the State, in the name of a not only national, but also human solidarity, is required to contribute to the support and help of the most disadvantaged...

The change being obviously a form of Fascist anthropology. The Republic guarantees the inviolable rights of Man (Art. 2), the Man, is not the citizen, much less the Italian. While "all citizens have equal social dignity and are equal before the law, without distinction of sex, race, language, religion, political opinion, personal and social conditions." (Art. 3) The State no longer has the vocation of forming the new Man, or forging a strong and obedient breed of individuals, but rather to ensure everyone's rights, recognizing the natural primitive dignity of Mankind. It acts more as a function of the individual, because first comes the Man, with all of his ancestral dignity, therefore, the State is not God on earth, but is only the guarantor of the rights which Man is entitled to.

The new democratic State then, under Art.32, guaranteed the right to health, a major cornerstone on which the law of our health policy rests. A principle which, over time, has

greatly expanded... "The Republic protects health as a right of the individual and collective interest, and guarantees free medical care to the indigent".

Nobody can be forced to undergo a particular health treatment unless under the provisions of the law. In no case can the law violate the limits imposed out of respect for the human person.

This second paragraph demonstrates how close, during the period to which we refer, were the dramatic memories of the cruel tortures of body and soul suffered by the children of Israel, as a result of crazy genetic experiments... And how also, with the appearance of the so-called bioethical issues, this kind of sensibility still survives today.

However, the assertion that health is a right, was initially conceived, though not implemented, more as a general summons and value, given that resources were lacking after the disaster of the world war.

From an anthropological point of view, the Man to which Art.32 of the Constitution refers, is a free being, who has a fundamental right, recognized inviolable rights, such as were already in the possession of Man Himself, and (only) guaranteed by the Republic. The personalist principle that protects the individual - a concept which is expressed as a kind of atom of the human condition - which takes precedence over the community - whereas with Fascism it was the opposite - even though it was conveyed through the community - and not the law -. In essence, a new anthropology was proposed in which Man was recognized as the basic unit of society, where his freedom was exalted. An, indeed, inviolable right which could be questioned by no power, and which introduced the idea of the body being totally at the disposal of Man, as testified by the second paragraph of Art. 32 where it stated that no person may be required to have medical treatment, except where it is required by law, and that, indeed, the law will not in any case exceed the limits of respect for the person (Santosuosso, 1997). Respect which can only exist in the recognition the dignity.

Dignity is a word that comes from the Latin "*dignitas*". The "*dignus*", is etymologically defined as "one who is worthy". Reported to be of Mesopotamian origins, the result of crossing two Akkadian words, "*dequ*", fair, beautiful and gracious with "*deku*" or "noble" (Semerano 1994). The condition, therefore, represents the dignity of a higher beauty, such as is intangible, which requires no further qualification other than that of humanity, without reference to race, ethnicity or religious beliefs. Indeed, the spirit of Art. 32 of the Constitution required, despite limitations in standards which guarantee "free care to the indigent," protection of the individual which, in the name of dignity as a person, went far beyond the simple "protection" of the individual himself. In fact, in that word, protection, especially if associated with the previous Art. 3 of the Constitution - which committed the Republic to removing economic and social obstacles which prevent the full development of the human person - there is a great deal more.

There is a commitment to act in order to ensure that inevitable differences of an economic and social kind can not hamper the free deployment of the human personality. In this way, the protection of human dignity is articulated

in active policy – covering the educational system, health care, welfare - through which the State – as a function of Man - intervenes to offer everyone an equal opportunity in the tough and complex race of life. The interpretation of these constitutional provisions lies here, and preceded the establishment of Welfare, which was introduced only at the end of the 70's, when the strong economy of the country allowed investments in things other than manufacturing. Hence, the State began to serve the individual, not just the city, encouraging him to realize his full potential.

However, the real revolution in Italian's health care happened thirty years later with the introduction of the NHS, as a result of Law 833, a law wanted by a wealthy society, transformed from an agricultural to an Industrial nature, composed of men and women who were becoming increasingly sensitive about their health. It was a society in which science, particularly that related to man (not just of the body, but also of his psyche and sociability) played an increasingly important role.

A company led by politicians whose consent was - as it is today – largely based on the ability to deliver a public health service which was, above all, effective.

This innovative law established the foundations of a real system, intended for “the promotion, maintenance and recovery of the mental and physical health of all people... in a manner that ensures the equality of citizens for the service” (Art. 1). At the same time, it widened the scope of Art. 32 of the Constitution, because the demand for health care was not only “ex post”, a classical explicit intervention after a morbid event, but also “ex ante”, i.e., had a preventive function, committed also to recovery and rehabilitation, a necessary measure given the growth of the elderly population. A mechanism that increased the public's awareness of personal dignity.

Indeed, what gave force to the law 1.833 was undoubtedly journalism, and this vehicle, together with the Local Health Authorities, became a real institution.

Moreover, by virtue of another constitutional principle, antithetical to fascist centralism, the regional autonomy was organized locally and, in recognition of the value of participation, was directly managed by end users through their designated representatives.

The application of such a model for public health, since the early 80's, was clearly a very expensive business plan. The process, which was launched twenty years ago, and which started with 30.12.1992 Legislative Decree No. 502, was in effect (declared but not implemented) based on the reduction of costs and an attempt to restore the organization chiefly in two ways:

a) the progressive reduction, up to outright removal, of popular participation in management, because it was deemed inappropriate to the main causes of rising costs;

b) the rationalization and optimization of resources, with the pursuit of an efficiency improvement of services and the adoption of an effective distributive equity criteria.

From these, the process of the health corporation emerged. In my view, this kind of approach is a very dangerous one because it creates an *unsettling* confusion between the health of end users and the economic health of the organization. In this way, public health needs were

re-established according to a non institutional business model. With public health, looking with increased interest to an organization model, which rationally combined the various inputs. A model which, funded by a budget, needed to be profitable, or at least break even, in Economical and Financial terms. With relation to the markets, the onus was on an organization which assessed the risks and opportunities of competition – and these kinds of risks also occur in the health field – risks based purely on the law of supply and demand. Parallel to which, there occurred a growing aspiration towards a “high profile” in health, according to a declaration expressed as early as 1946, but largely ignored for a long time, the World Health Organization, stated that health itself must be understood not as “absence of disease or infirmity”, but as a “state of complete physical, mental and social welfare”. Particularly relevant is the reference to “the social factor”, for the first time reconnected to the health condition of humankind...

Perspectives

The apparent sensitivity of this health concept (albeit difficult and expensive) emphasizes the subjective dimension: health is an issue which cannot be determined at the negotiating table by any authority or institution, much less political party. Instead, health regarded as a welfare state, i.e., a state of true contentment, produced by harmony between the state of the body, the psyche and the social environment, a strictly subjective well-being, a kind of perception that can only be individual.

It is all too clear how difficult this goal is to achieve, being more ideal than realistic. This “personalization” of health has been expanding in recent years, with a series of declarations based on similar principles expressed via supranational organizations, participating in our legislation, with “generous” sentiment for the protection of individual health. A significant illustration being the statement expressed at the Oviedo Convention on the primacy of the human being, in as much as “the interests and welfare of the human being shall prevail over the interests of society or science (Art. 2). Together with the principles of the Fundamental Right's Charter of the European Union, ‘rights’ which are the “indivisible and universal human dignity, freedom, equality, solidarity...” values that enhance the uniqueness of the person authorized to move in a “space of freedom, security and justice”.

At this point, we shall attempt a future projection based on how far this concept of health has extended. The future that we predict for our NHS, despite the grand statements and principles of supranational institutions in which we formally recognize ourselves, is not positive. We foresee a very disturbed period, especially, but not exclusively, resulting from the negative effects of the economy. This kind of “disturbance” can be synthesized in one word, globalization, which signifies:

a) Globalization of climate change, produced by global warming generated by the release of more heat caused by the development of industrial and Media production systems (Pagetti, 2005);

b) Globalization of expendable goods and, above all, Men, with migrations of ethnic groups abandoning lands affected by war, hunger, famine and misery, to land in (allegedly) Western Eldorado (Istat, 2007);

c) Globalization of pandemics, risks historically associated with climate change, wars, famine and large movements of men (Serino, 2012).

The picture is not comforting also from an internal perspective. In fact, we anticipate:

- a) an increase in life expectancy (78.7 years for men, 84 for women), this is the age group which requires more services from the system (<http://www.salute.gov.it,2011>);
- b) an increase of the most "important" pathologies, related to increases in life expectancy, i.e., cancer, heart disease, diabetes and rheumatic diseases, the latter is the primary source of pain and disability in the EU (<http://www.salute.gov.it,2011>);
- c) an increase in the number of immigrants - now equal to about 4.2 million, i.e., 7% of the population - with further increases attributable to family reunifications and illegal immigrants. Of course, this "segment" will need special requirements from the system, both in socio-health and contributions – being either poorly paid, or not paid at all (<http://demo.istat.en,2010>);
- d) a decrease in the strength of the economy, as a result of the financial crisis and fierce competition from emerging industrial powers - primarily China – and therefore insufficient resources to support the NHS in a consistent way: 7, 21% in 2010, from 6.78% in 2005 (<http://www.salute.gov.it/2011>).

Probably, a halt in spending now may prove strategic, by recognizing that the protection of health tomorrow

may change. It would suffice to change the current business practice of dispensing services to foundations or companies with mixed capital, public and private. In this way, the game would be over, but at what price?

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