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PATHS OF MEDICINE
by Norman Sartorius

An Item of Good News for Medicine in 2004

In his article on health politics published in *Jugoslovenska Njiva*, one of the great figures of public health in his country and abroad, Andrija Štampar (1), says in 1919 that the social and economic basis of health policies has to be reviewed because existing health policies are out of date. They do not reflect a respect for human life. With Goldscheid, he points out that the world is blind to true values. "We can see only sudden catastrophes and have lost the powers of sensing hidden continuous misery everywhere... In the wholly capitalist economy where the loss of human life is considered only as a private loss for the family but not as a economic loss for society, the economy of people becomes of course completely superfluous... The entire life in present day society is arranged in such a way that thousands and thousands of human beings are decaying for the sake of illusory progress and even more illusory wealth..." And Štampar, who wrote this in 1919, is not surprised that in this situation health budgets are low (1): "All our efforts made so far towards the promotion of public health have been considered as charity, as acts of humanity and that is why the budget allotted for these efforts has been so small because the understanding of charity can be found only among the few".

More than eight decades after Dr Štampar wrote these lines, people in the industrially developed countries are slowly becoming aware that three-fifths of humanity are still deprived of almost all benefits of modern science and medicine. Citizens of Europe and of other rich and developed countries are – as at the beginning of the past century – fascinated by a particular war (not by all of them – remember the examples of the genocidal wars of Cambodia or Sudan that really never became news) or by the events in some parts of the world in which people are engaged in highly publicized conflict. They are somewhat more informed about the "hidden continuous misery" in which most people live. Unfortunately, the awareness is growing on the rational and not also on the emotional level. The majority of the population in the richest countries still loses no sleep over the health and social situation prevailing in the developing countries and often in significant parts of their own country. The industrialized countries decided some decades ago that they would provide 1% of their gross national product to help the development in the third world. However, until today only a few countries are anywhere near that level.

Štampar built his argument on the fact that the economic losses due to poor health and the consequences of preventable or curable diseases should have been made obvious. Such data, he believed, would make decision makers understand that it was worth investing into actions that would improve health. This argument reappeared a decade or so ago and has been reinforced by the World Health Organization (WHO) recent introduction of the concept of *burden of disease*. The WHO produced impressive estimates of the millions of years of life lost because of disease. The measurement of the burden produced by illness in terms of years of life lost due to disability (DALY – Disability Adjusted Life Years) made it possible to compare diseases in terms of the damage to the productivity of a society. It also allowed the presentation of frightening numbers describing losses that could have been avoided by public health action. Many health activists and politicians saw the availability of such data as the best way towards an increase of health budgets. The approach did indeed work in some countries. In most others, it did not: traditions and prejudice proved once more to be stronger than numbers and evidence.

At approximately the same time – in parallel to the WHO's introduction of (economic) measures of the consequences of the disease – the World Bank proposed to countries to consider the increase of social capital as an important (if not the most valuable) goal of all social service and developmental efforts. This was useful – the introduction of a concept such as social capital by the World Bank is more likely to succeed than its promotion by a health agency or anyone else.

The social capital is one of the three forms of a society's capital (2). The first form is the economic capital describing a society's material goods, such as buildings, mineral deposits, and money in banks. The second form is the human capital, which refers to the numbers of economically productive people employable in industry, agriculture, or elsewhere. The third form of capital, the social capital, is defined as the public good that results from mutually helpful relationships in a society.

It is obvious that the acceptance of the desirability to increase social capital of a society represents a mighty ally in the battle to heighten the priority of health care on the list of governments' tasks. The wish to increase or maintain the social capital makes a stronger case for the increase of health budgets than the economic argument. The economic argument has been dismissed by many who state that health care will not increase the economic capital because the expenses incurred by treating or preventing disease are high and growing. They admit that keeping health care at a miserable level of funding leads to higher mortality and morbidity. They also admit that the latter is tragic and unethical but argue that for many a country low health budgets are a more acceptable option than foregoing other investments, such as those into building industry and roads or buying arms.

It is also possible to argue that the human capital increase by better health care is of little priority in situations where a large proportion of healthy population is unemployed and where there are no resources that could be invested into increasing the power of the markets, exports, and other necessities for economic growth.

It is more difficult to argue against giving priority to enhancing social capital. Social capital is not only a consequence of an (economic) investment into health care, but also a significant contribution to it. People who look after others who are not in good health are reducing the cost of health care for the government. Diseases have a better outcome in people who enjoy strong social support: this makes them less expensive to treat. Even severely impaired people (who are not contributing to the growth of the economic and/or human capital) can make contributions to social capital. They can look after children, be teachers, transmit traditional art, be with others, and enrich social life. Societies with high levels of social capital have lower crime rates, lower incidence of interpersonal violence (thus also fewer of the dreadful consequences of violence), and a higher capacity to cope with disasters and crises.

It is a pleasure to be able to enter into the fourth year of the Third Millennium knowing that the World Bank – one of the supreme powers in today's increasingly globalizing world – makes an effort that could be immensely useful to an improvement of health care worldwide. It is to be hoped that the decision makers and others in the field of health will seize this opportunity and become engaged in the battle to win the hearts and minds of the world's mighty and make them invest generously and continuously into the enhancement of social capital and through this also into one of the truly noble pursuits of civilization – helping those struck by illness and their families.

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References

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