

“... should we view any deviation from perfection as pathology requiring treatment?”

W is for Wellbeing and the WHO definition of health

Although we are prepared to spend dizzying sums on health *care* no one seems quite sure what health is. The World Health Organization made a bold offer in 1948. Their definition of health is ‘*not merely the absence of disease or infirmity but a state of complete physical, mental and social well-being*’. But this utopian vision is an unattainable ideal, bearing no relation to the struggles of real people in an imperfect world. Its faith in an attainable Nirvana is touching, but not credible. It is a flagrantly modernistic statement, and, like a statue of Lenin, it appears now as the ironic icon of a bygone age.

The WHO definition sees us as closed, knowable systems where imperfections should be fixed. Logically, as none of us is in this complete state of wellbeing, we are all in need of medical intervention to correct ‘abnormalities’. But should we view any deviation from perfection as pathology requiring treatment?

A biomedical approach to health is to define it by norms. ‘Two legs good, one leg bad.’ Certainly I have no desire to lose any limbs, but if I did could I not be healthy afterwards? Yet it is the only definition that makes sense within a biomedical model, and we are seeing our profession driven increasingly down a razor-sharp but narrow biomedical path. Disease is the model we use as doctors. But what matters to patients is whether they feel ill, or their function is impaired.

Could health be a more positive concept? Can we go beyond facts and admit values into our concept of health? Dietrich Bonhoeffer defined health as ‘the strength to be’. Bonhoeffer was saying that health is the ability to pursue our life story without insurmountable obstruction from illness. Unless I am an Olympic skier I can be healthy even after the loss of a leg. If I am Olympic skier I can regain health — I can still flourish — by seeking the courage to rewrite my life script. Thus health can be seen as the ability to flourish without being unduly impeded by illness or disability or, if necessary, by overcoming illness or disability.

There are three main concepts of health

on offer. The WHO definition. The narrower biomedical model — health as the absence (or cure) of biomedical abnormalities. Or we can accept a more functional model — health as unimpaired flourishing, as ‘the strength to be’ — as in, free of obstacles, or to be able to surmount obstacles, to my dynamic life plan.

So I would offer this goal for health care. Health care should aim for the state of least possible illness or disability, or of maximal functional adaptation to illness or disability. Notice that I have not mentioned disease, only illness and disability — the things that matter to patients. This definition does not decry the role of biomedicine, but rather redirects our attention to the purpose and proper function of biomedicine. Let’s help people to be well, not just tell them they are sick.

CPD further study and reflective notes

These notes will help you to read and reflect further on any of the brief articles in this series. If this learning relates to your professional development then you should put it in your annual PDP and claim self-certified CPD points within the RCGP guidelines set out at <http://bit.ly/UT5Z3V>.

If your reading and reflection is occasional and opportunistic, claims in this one area should not exceed 10 CPD credits per year. However, if you decide to use this material to develop your understanding of medical philosophy and ethics as a significant part of a PDP, say over 2 years, then a larger number of credits can be claimed so long as there is evidence of balance over a 5-year cycle. These credits should demonstrate the impact of your reflection on your practice (for example, by way of case studies or other evidence), and must be validated by your appraiser.

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Box 1. Reflective notes

- QOF seems to focus on biomedical health parameters. What does this leave out?
- Would a functional definition of health change how we do our job?
- Can we help people to be well, not just tell them they are sick?

Box 2. Further reading

Primary source: Misselbrook D. *Thinking about patients*. Oxford: Radcliffe Press, 2011, Chapters 1 and 10.

Further study: Huber M, Knottnerus JA, Green L, *et al*. How should we define health? *BMJ* 2011; **343**:d4163.