

The problematics of the who's definition of health



**ASSIGN
BUSTER**

My most memorable experiences in seeking healthcare have not been clinical; I did not seek to find a miracle cure for a deadly disease nor did I spend hours in doctor's consultation rooms, awaiting a diagnosis that would change my life. Rather, my life was changed through the work of an occupational therapist, who corrected my dyslexia to the best of her ability and empowered me to overcome all obstacles that would come between me and my dreams. It was through her patience and care that I learned of the core values of healthcare: compassion for the patients and their empowerment to fulfil their potential to live healthy lives free of pain, discomfort and shame.

Health cannot be defined solely within clinical parameters. It is neither a diagnosis nor a goal that one can fail to achieve or achieve completely. This is because health is not absolute: it is dynamic and adjusts to the circumstances in which we find ourselves. Additionally, health does not only concern our physiological and anatomical well-being – our mental well-being, social circumstances and relationships and the environment in which we live all are determinants of health that we must identify and include in defining health if we wish to obtain an all-encompassing, reasonable and relatable definition.

Currently, the WHO has defined health as, “ a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946). This definition was constructed as a part of the WHO's objective of all people to attain the highest possible-level of health. This definition has the purpose to identify and alert the public to the social determinants of health and to expand the traditional definition (that solely

concerned the physiological condition of the human body and disease) to encompass all three dimensions of health: the physical, social and mental determinants (Huber et al., 2011). However, the WHO definition of health has been critiqued to lack operational value and use an idealistic framework (Jadad & O' Grady, 2008). It fails to provide a means through which healthcare professionals can measure the health of an individual or population and its use of the word “ complete” is problematic, as it implies that health is static, and that health can only be attained in circumstances free from disease, disability and limitations.

The WHO definition of health has also been criticised for increasing the prevalence of medicalisation. Medicalisation is the process by which human conditions and processes come to be perceived and treated as an illness. This has led to normal, physiological processes (such as birth and menopause) coming under medical supervision and thus gives medical professionals a dominant position in society and removes from the individual the power to maintain their own health and cope with illness (Ballard & Elston, 2005).

It is problematic to define health according to a precise definition, as this makes health into a social construct rather than a subjective experience. As a social construct, it is based on shared assumptions about reality that the majority experience. In most cases, this is useful as it enables one to identify problems in an individual's health and then proceed to treat the problem. Considering my medical experience with an occupational therapist, had norms of writing and reading not been placed in society, my dyslexia would not have been identified. As a result, I would probably never have learned to

<https://assignbuster.com/the-problematics-of-the-whos-definition-of-health/>

write properly, and I would not be at Wits University. This would have changed the entire trajectory of my life, and I am so grateful for the day society's norms enabled me to seek healthcare. However, those who suffer from chronic communicable and noncommunicable diseases (such as HIV, diabetes and mental illness) are forced to strive to attain the majority's definition of health of "complete physical...well-being", which does not even begin to resemble their reality. This has led to stigmatization of such diseases and health inequalities in which unfair differences in risk lead to differences in health outcomes between individuals and populations (National Collaborating Centre for Infectious Diseases, 2017).

Because of the multiple aspects that contribute to good (and bad) health, it can be argued that health cannot be defined. Definitions imply that one must set boundaries around the idea of something to arrive at one precise meaning (Huber et al., 2011) and due to the very subjective nature of health, it cannot be summarised into one definition. However, health professionals require a means through which the health of an individual or population can be measured. Definitions are useful for management and policies, diagnoses and treatment programmes, and research; but with ideas such as health, it would be reasonable to replace a definition with a conceptual framework of health to serve as a reference for measurement (Huber et al., 2011).

This conceptual framework of health must include all three dimensions of health, but it must expand on the dynamic nature of each dimension and how they interact with each other to ameliorate or worsen health. As a result, the bio-psycho-social model of health should be employed to create this framework, as it reflects how the physical, psychological and social

factors lead to the development of diseases and influence the way in which patients seek healthcare (Engel, 1977). In the bio-psycho-social model, physical health is defined as a state of “allostasis,” the maintenance of physiological homeostasis through constantly changing circumstances. Mental well-being incorporates the ability of individuals to cope with stressful circumstances and the capability to adapt. Finally, social health constitutes a dynamic balance between opportunities and limitations that are constantly presented to an individual in everyday life and how they are affected by external conditions like social and environmental challenges (Engel, 1977). The dynamic relationship among all three dimensions, as well as their focus on adaptability rather than perfection, creates a healthier relationship among the mind, the body and the environment.

Machteld Huber and his associates devised such a framework that focused on individual ability to adapt to different circumstances and manage oneself (Huber et al., 2011). This is important in the modern world, as it emphasises that human beings are not passive victims of their circumstances but are actively involved in the maintenance and improvement of their own health. As a result, it contributes to the de-medicalisation of healthcare as it removes the responsibility of the medical professional to maintain a patient's health and gives patients the responsibility to prevent and treat ill-health to become more independent from medical professionals in looking after themselves (Ballard & Elston, 2005). Additionally, it also provides healthcare professionals with the means to measure health: by measuring how well individuals cope with changing circumstances and stressful situations, one can gauge a measure of how healthy they are.

In conclusion, a universal definition of health relies heavily on clinical and social constructs of what health is and thus fails to acknowledge that health is a subjective experience. Not all individuals in the population can attain the precise WHO definition of health and, subsequently, it is useless in adequately measuring the health of the individual or the population. Consequently, a framework of health should be established with emphasis on the fact that health, and the factors that affect health, are constantly changing. This will enable healthcare professionals to measure how well an individual cope with changing circumstances as well as empower individuals to actively take responsibility for maintaining and improving their health, thereby leading to a healthier, de-medicalised society