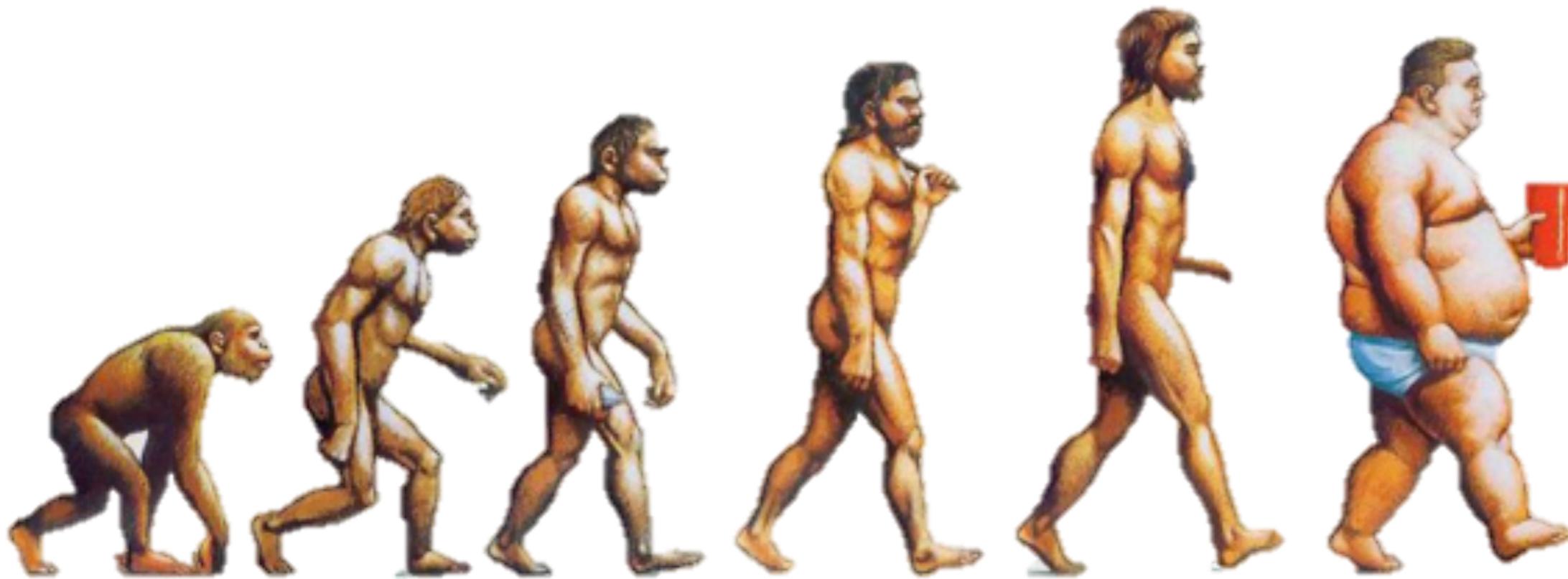


“Health and Degrowth”

a new paradigm in the field of sustainability



Jean-Louis Aillon, MD,
Vice President of Movimento per la Decrescita Felice (MDF)
Coordinator of “Health and Degrowth” thematic group

Leipzig, 03-09-2014

Index

- I. Introduction: “state of the art”
- II. “Health and degrowth”: a new paradigm in the field of sustainability
- III. How? From the eight R’s to the four steps
 - 1) Re-evaluation and reconceptualization of the ideas of health, illness and care.
 - 2) Restructuring health services
 - 3) Health promotion and prevention
 - 4) Active citizenship
- IV. What does the “Health and Degrowth” theory add to the current health literature?
- V. Action: the “Italian Network for Health and Sustainability”

1. Introduction: state of the art

Health literature within a Degrowth frame

- Illich, I. (1976) *Medical Nemesis: The Expropriation of Health*, New York: Pantheon Books (Random House)
- Bobbio, M. (2010), *Il Malato Immaginato: I Rischi di una Medicina Senza Limiti*, Torino: Einaudi.
- Borowy, I. (2010, 2013) ‘Degrowth and Public Health in Cuba: Lessons From the Past?’, *Journal of Cleaner Production*, 38(C): 17–26.
- Bednarz, D., Beavis, D. (2012) ‘Neoliberalism, Degrowth and the Fate of Health Systems’, *Health After Oil. The Impacts of Energy Decline on Public Health & Medicine*, September 14,
- Workshop “*Health and Degrowth*”, 3th International Conference on Degrowth for Ecological Sustainability and Social Equity, Venice, 2012.
- J.L. Aillon et al., *Doctors for Degrowth: from theory to practice*, 3th International Conference on Degrowth for Ecological Sustainability and Social Equity, Venice, 2012.
- R. De Vogli, “The Great Recession and Health: From Neoliberal Austerity to “Healthy De-Growth”, Sheffield Political Economy Institute Annual Conference, Sheffield 2013.

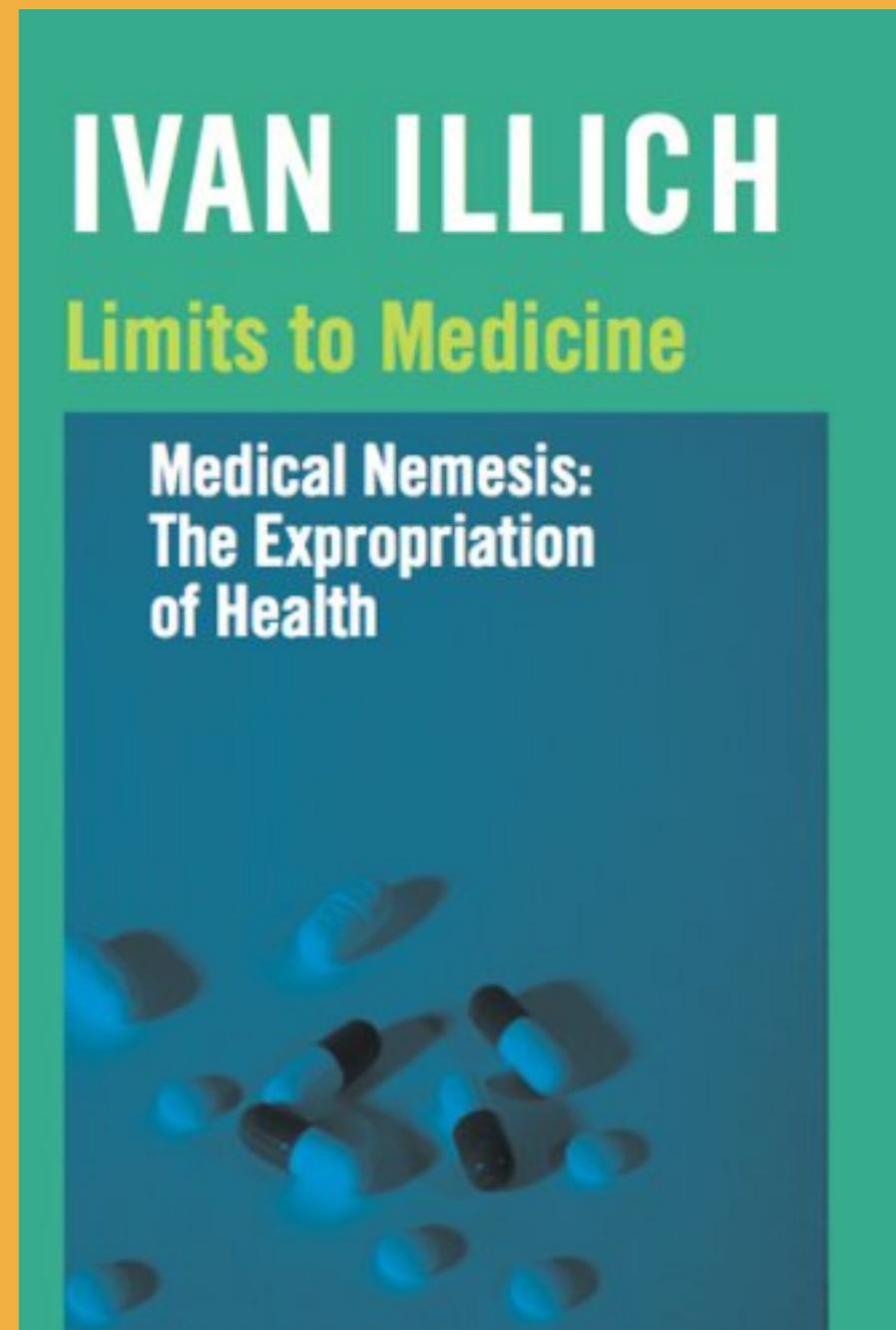
Medical Nemesis: the critique of growth in health field

"Increasing and irreparable damage accompanies present industrial expansion in all sectors. In medicine, this damage appears as iatrogenesis." (Illich 1976)

Counterproductivity



- *Malato Immaginato: I Rischi di una Medicina Senza Limiti (Bobbio 2010)*
The imagined sick person: the risk of a medicine without limits



Crisis, degrowth and health

- ‘Degrowth and Public Health in Cuba: Lessons From the Past? *Journal of Cleaner Production* (Borowy, 2010, 2013)

Collapse of the communist bloc (1990s)

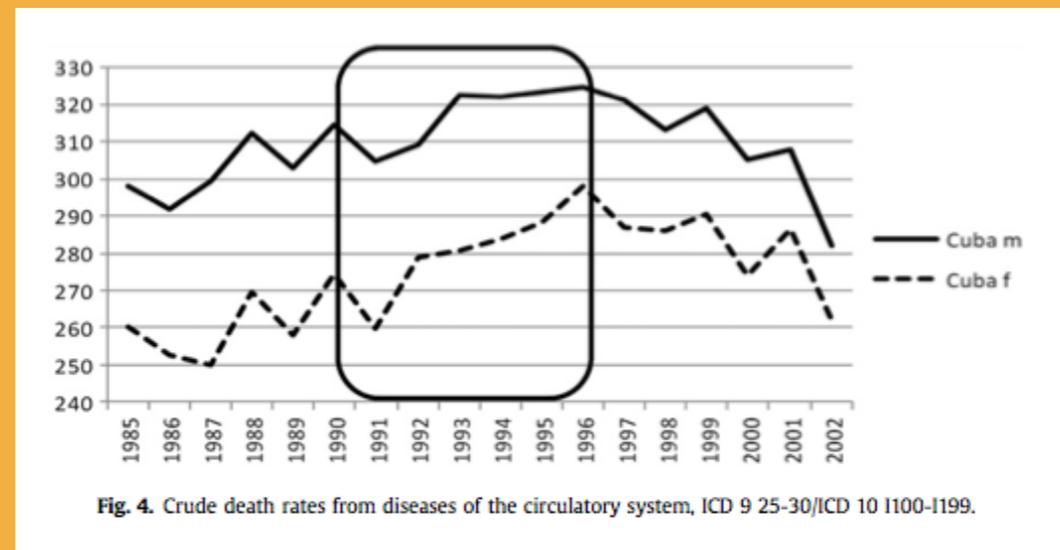


economic crisis

positive effects on public health

- 51% death rates due to diabetes,
- 35% coronary heart disease and stroke.

Reason: consistent commitment to social services, a shift in agricultural methods and a high level of social capital as main reasons for this outcome”.



- Financial crisis and recession-> negative and positive outcomes From Neoliberal Austerity to “Healthy De-Growth” (De Vogli 2013)

Degrowth and Health Systems

- Bednarz, D., Beavis, D. (2012) ‘Neoliberalism, Degrowth and the Fate of Health Systems’, *Health After Oil. The Impacts of Energy Decline on Public Health & Medicine*, September 14

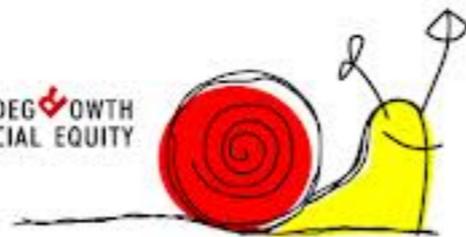


- Renovation of health services structures -> reduce complexity
-> efficiency despite limited resources
- Concept of “localization”: fundamental element for a future degrowth society
- Health systems, neoliberalism, and the end of growth: The World Health Organization in denial (Bednarz 2014)

Workshop “Health and Degrowth” (Venice 2012)

- Unsustainability of “prometheic” healthcare model -> “diminishing marginal returns” (Dal Monte 2012).
- “Slow Medicine” approach (Gardini and Aillon 2012)
 - ↳ Social determinants of health (equity)
 - ↳ Appropriateness of treatment (sobriety)
 - ↳ Respect and centrality of the person
- Medical students and degrowth (Ferrari 2012).
- Initial conceptualization of the theoretical frame of “Health and Degrowth” (Aillon 2012).
- Practical project “Doctors for Degrowth” (Aillon 2012).

3rd INTERNATIONAL CONFERENCE ON DEGROWTH
ECOLOGICAL SUSTAINABILITY AND SOCIAL EQUITY



Venezia
19-23
september 2012

The Gap

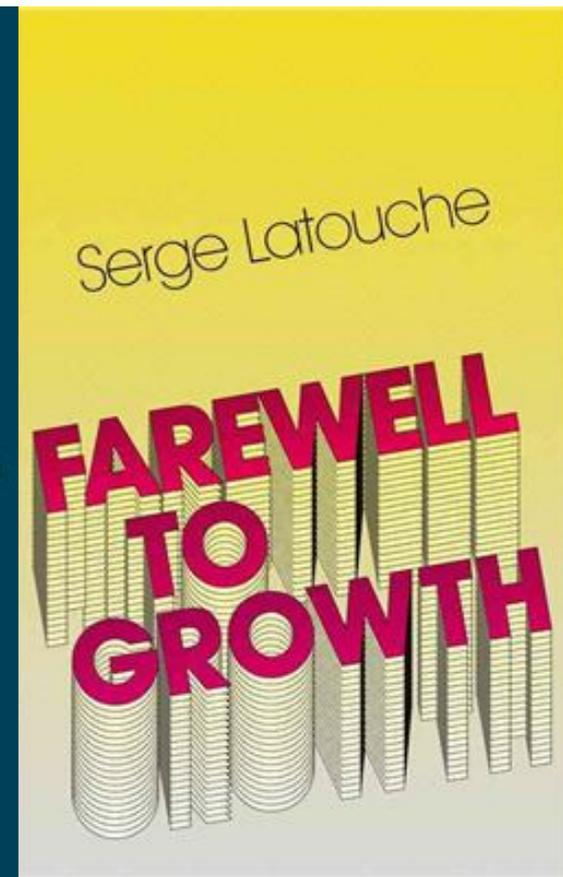
- Link between degrowth (economics) and health/ No application of degrowth frame to health
- No systematization of existing knowledge on health and degrowth
- **Aim:** to systematize the existing knowledge in the health field into the **theoretical frame** provided by the degrowth theory



“Health and Degrowth” paradigm

11. “Health and degrowth”: a new paradigm in the field of sustainability

Degrowth definition



“A-growth” (like atheism): abandoning the absolute faith in growth, progress and development (Latouche 2007, 2009).

System of growth

Degrowth

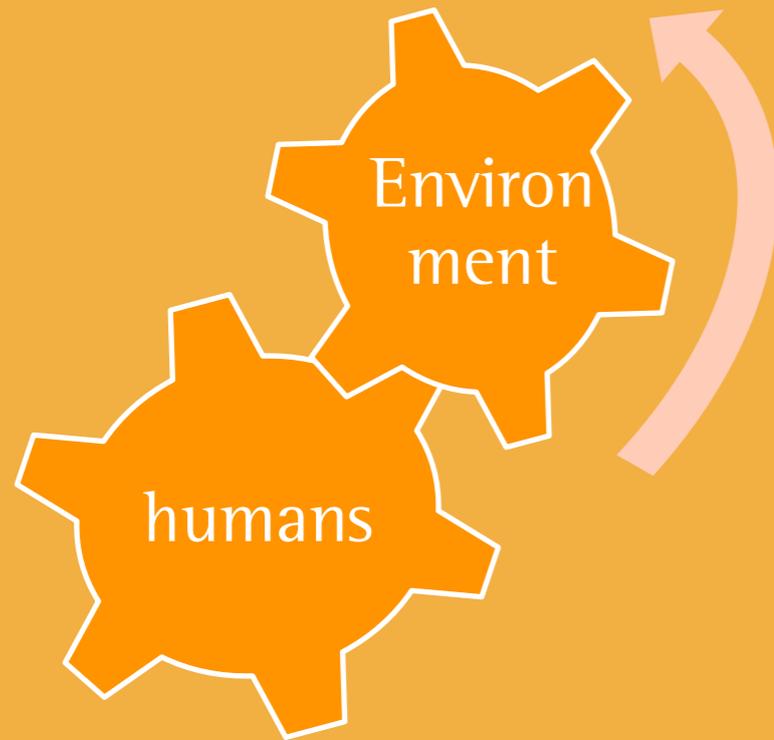
quantity

Final purpose

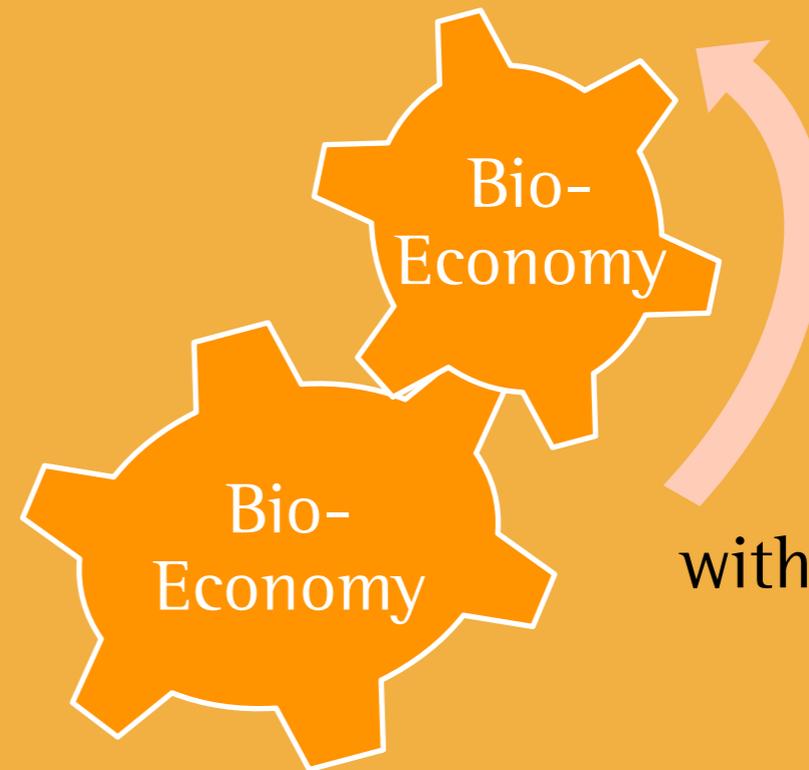
quality

GDP growth – productivity

Full realization
of human beings



Economy needs



Limits
Harmony
with environment

Humans needs

Fundamental basis

System of growth

Health and Degrowth

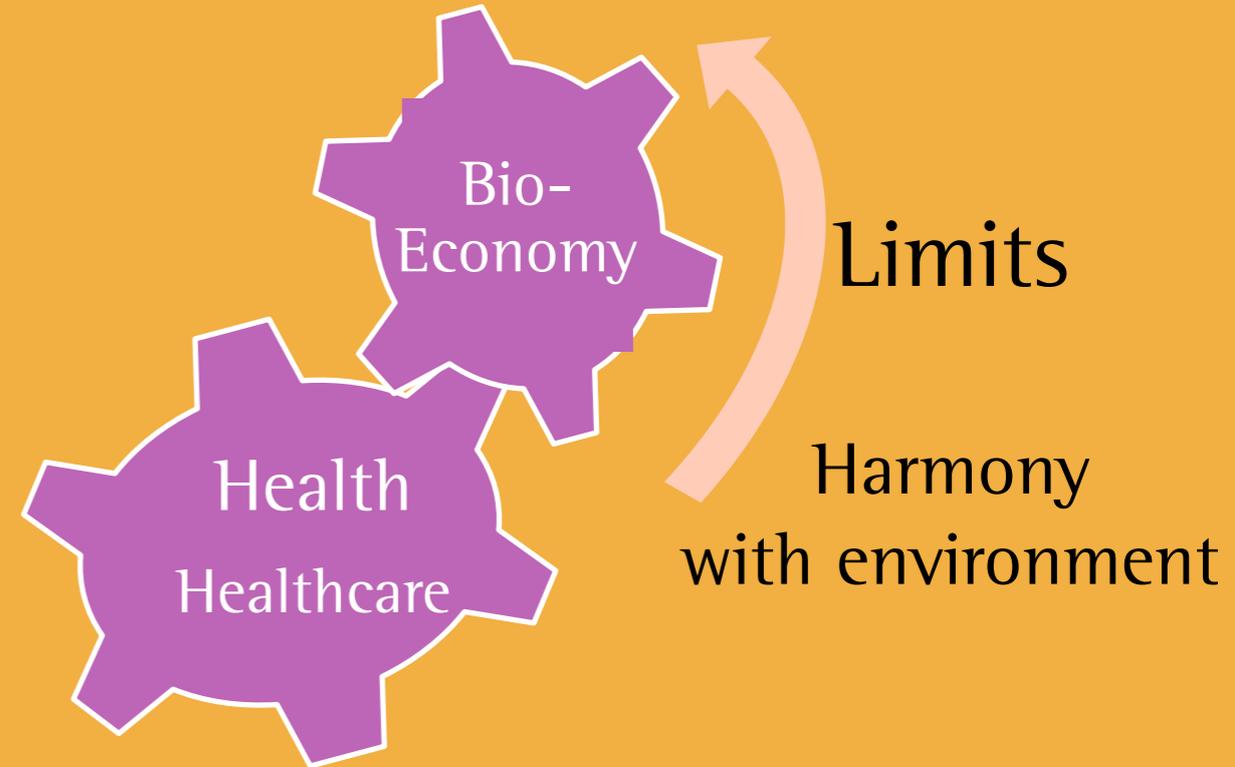
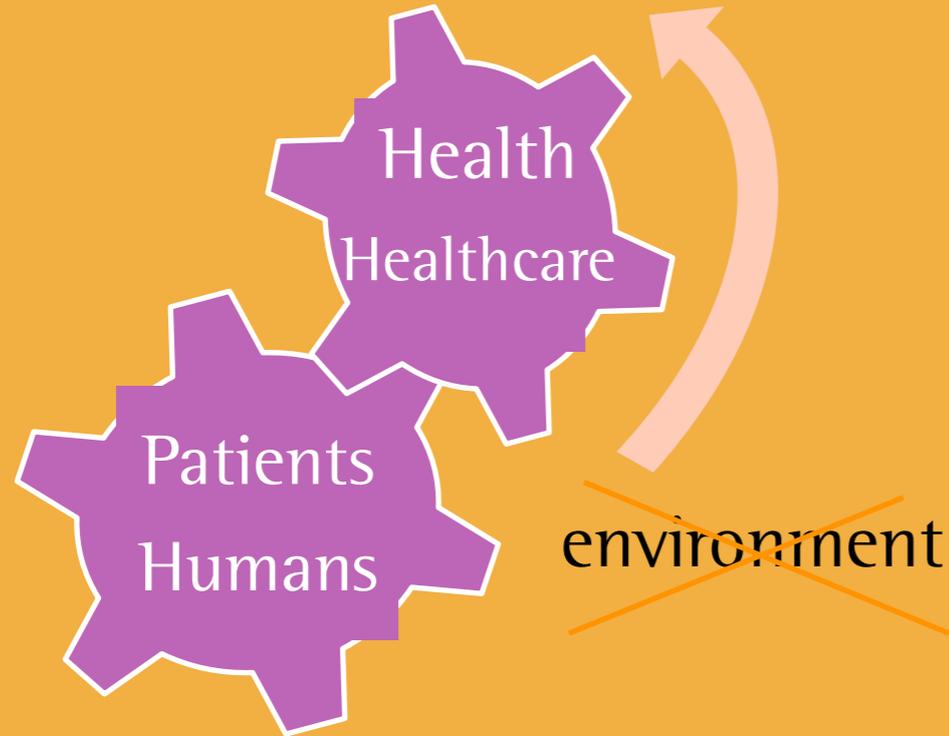
quantity

Final purpose

quality

GDP growth – productivity
Stake holders interests

Full bio-psycho-social
health



Economy needs

Patients health needs
Humans health needs

Fundamental basis

III. How?

From the eight R's to the four steps

From the 8 R's to the 4 steps

1. Re-evaluate
2. Reconceptualise

3. Re-structure

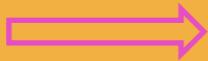
4. Redistribute
5. Re-localize
6. Re-duce
7. Reuse
8. Recycle

1) Idea of health, illness and care

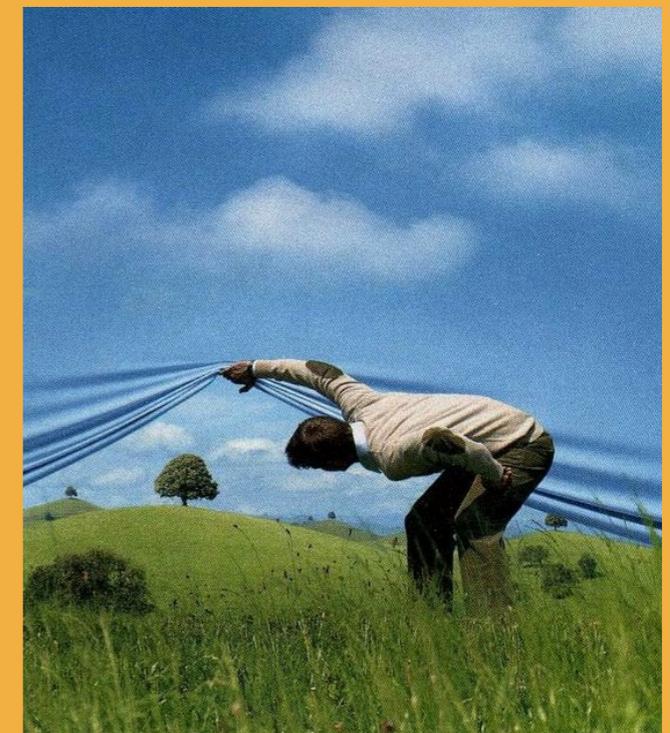
2) Health services

3) Health promotion and prevention
4) Active citizenship

1. New model of health, illness and care

The 8 R's:  **virtuous circle of degrowth** **serene**
convivial
sustainable

1. **Re-evaluate:** decolonization of health imaginary
2. **Reconceptualise** the idea of health, illness and care/
epistemological basis
3. Re-structure
4. Redistribute
5. Re-localize
6. Re-duce
7. Reuse
8. Recycle



Latouche, S. (2009) *Farewell to Growth*.

1. New model of health, illness and care

Reconceptualise the idea of health, illness and care/epistemological basis

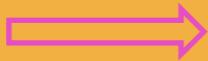
- Health: not absence of disease -> dynamic equilibrium (Antonovsky 1987)
- ↳ External determinants (socio-economic-environmental and cultural factors)
- Internal determinants (e.g. psychological factors: resilience, sense of coherence)

Health and disease: two poles of a single process (Alivia 2011).

from pathogenesis to salutogenesis

- Holistic and systemic perspective: bio-psycho-socio-cultural and spiritual subject (Bateson 1972, Engel 1977, Brody 1999, Suls 2004, Roberti di Sarsina 2010).
- Necessary reductionism without renouncing to complexity (Albrecht 1998, Plsek 2001, Miles 2009).
- Limits of medicine and science (Illich 1976, Bobbio 2010).
- Person-Centred Medicine Paradigm (Roberti di Sarsina 2010, 2013)

2. Restructuring Health services

The 8 R's:  **virtuous circle of degrowth**

**serene
convivial
sustainable**

1. Re-evaluate: decolonization of health imaginary
2. Reconceptualise the idea of health, illness and care/epistemological basis
3. **Re-structure** health services following the new health conceptualization

 How?

4. **Redistribute:** resources and healthcare access
5. **Re-localize:** healthcare (primary health care)
6. **Re-duce:** overconsumption of drugs, wastefulness
7. **Reuse:** knowledge, materials
8. **Recycle:** materials

2. Restructuring Health services

To redistribute the resources of the health system

- Health: fundamental right (art. 25 of the Universal Declaration of Human Rights).
- Health system: common good
- National Public Health System -> equity in the access and the allocation of resources.

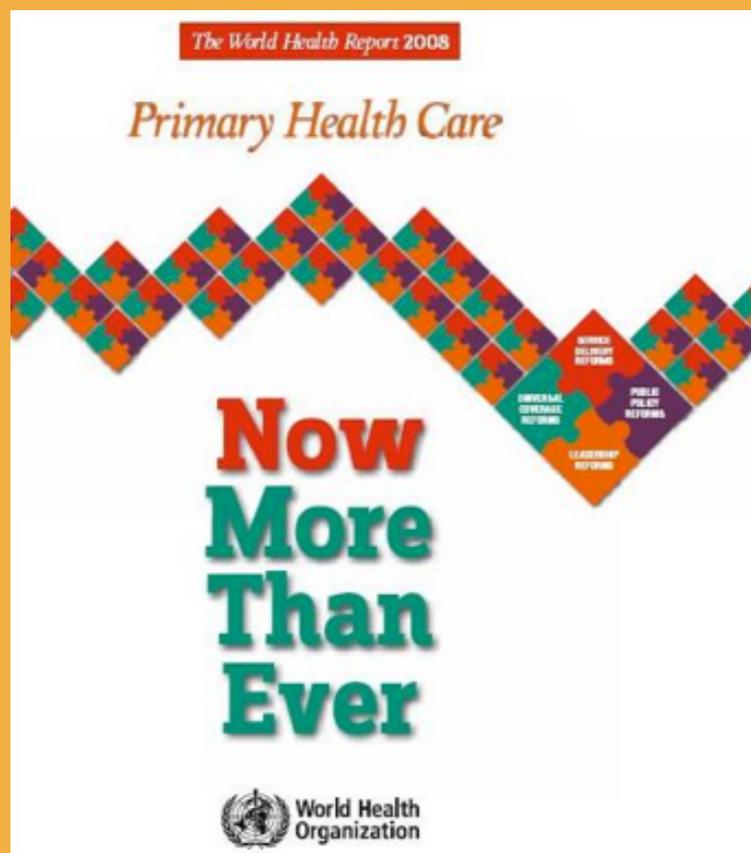
Working **together**
for health equity



2. Restructuring Health services

To re-localize health care

- Hospital-based -> community medicine
- “Primary Health Care” (Declaration of Alma-Ata 1978, WHO 2008).



Chapter 3. Primary care: putting people first

41

Good care is about people	42
The distinctive features of primary care	43
Effectiveness and safety are not just technical matters	43
Understanding people: person-centred care	46
Comprehensive and integrated responses	48
Continuity of care	49
A regular and trusted provider as entry point	50
Organizing primary-care networks	52
Bringing care closer to the people	53
Responsibility for a well-identified population	53
The primary-care team as a hub of coordination	55

2. Restructuring Health services

To reduce overconsumption of drugs, procedures and wastefulness



2. Restructuring Health services

To reduce overconsumption of drugs, procedures and wastefulness

- Medical consumerism:
 - Inappropriate drugs (antibiotics, painkillers)

Use of antibiotics³

Where antibiotics are used

Human use (50%)

Types of use

20% Hospital

80% Community

Questionable use

20-50% Unnecessary

Agricultural use (50%)

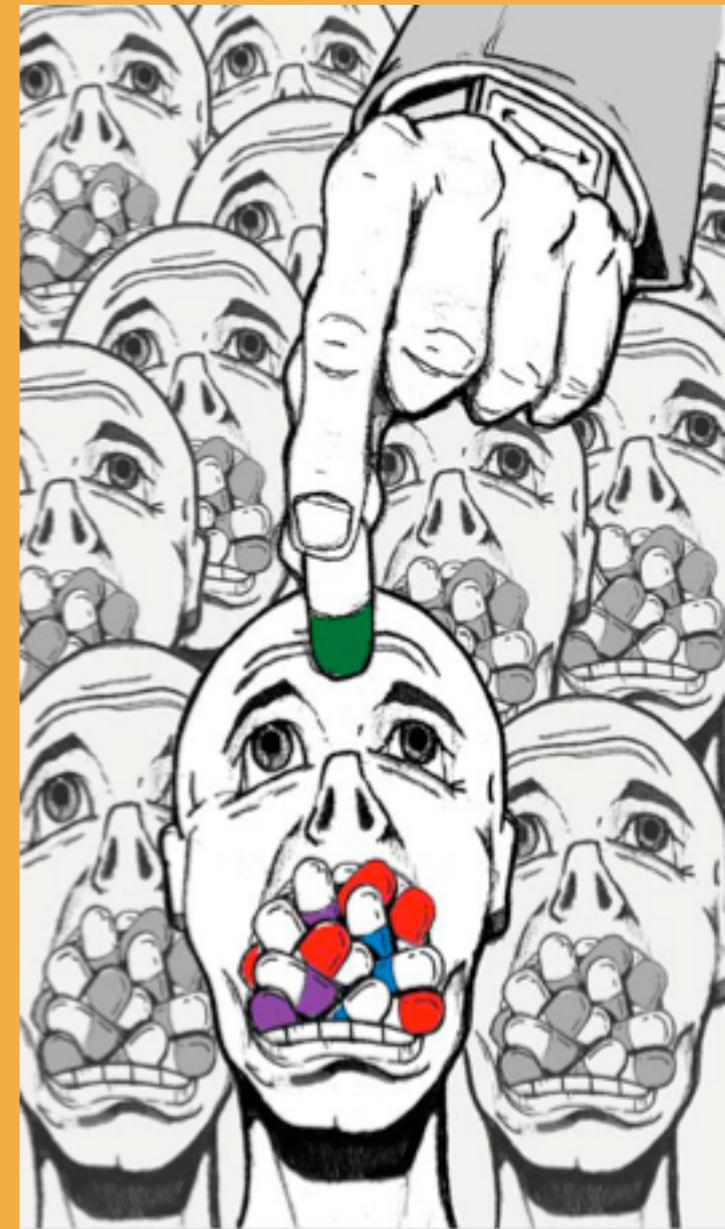
20% Therapeutic

80% Prophylactic/growth promotion

40-80% Highly questionable



- Exams/ procedures (eg. check up)
- Screening: not modifying prognosis (eg. PSA).



2. Restructuring Health services

To reduce overconsumption of drugs, procedures and wastefulness

Efficiency / appropriateness: "less and better"

Does improving quality save money?

A review of evidence of which improvements to quality reduce costs to health service providers

Dr John Øvretveit
September 2009

Evidence



“The research reviewed shows that poor quality is common and costly. There is evidence of the high financial and human cost of poor quality in the harm caused by healthcare”

“The evidence shows that some solutions for poor quality are effective”

“Research could provide more and better information to help providers decide which solutions to implement, their costs, and to guide effective implementation. There is enough evidence to show which changes to focus on, how to make the changes and the support needed. The cost of inaction and of not using this knowledge is likely to be high, both financially and with regard to human suffering.”

- 30% of all health care spending is wasted (Berwick 2012)

2. Restructuring Health services

To reduce overconsumption of drugs, procedures and wastefulness

Disease mongering

Selling sickness: the mongering

Ray Moynihan, Iona Heath, David

A lot of money can be made from companies sponsor diseases and p
Heath, and David Henry give exam
growth of this practice



- Eg. Ordinary processes or ailments as medical problems: baldness, pregnancy, aging, menopause

2. Restructuring Health services

To reduce dependence from “Big Pharma”

Research, guidelines, clinical practice



Freedom from conflict of interests and corruption

2. Restructuring Health services

To reuse/recuperate other (medical) knowledge

- Traditional and complementary medicine (T&CM)

Synergies!

In terms of TM/CAM, WHO carries out these functions by:

➤ Facilitating **integration** of TM/CAM into national health care systems

by helping Member States to develop their own national policies on TM/CAM.



- Ability of self-care (Illich 1976)
- Transdisciplinarity: doctors, sociologists, anthropologists, psychologists, economists, philosophers, citizens
- To reuse and recycle health material (eg. sterilizing)

3. Health promotion and prevention

To Restructure society following the “health and degrowth” conceptualization

- **Health promotion:** “process of enabling people to increase control over, and to improve, their health.”
- Not responsibility of the health sector, but goes beyond healthy lifestyles to **well-being**.
- The prerequisites for health: peace, shelter, education, food, income, a **stable eco-system**, sustainable resources, **social justice, and equity**..

(WHO, Ottawa Charter, 1986)

3. Health promotion and prevention

The determinants of Health

“Health is a state of complete physical, mental and social well-being” (WHO 1946)



WHO, CSDH, 2008

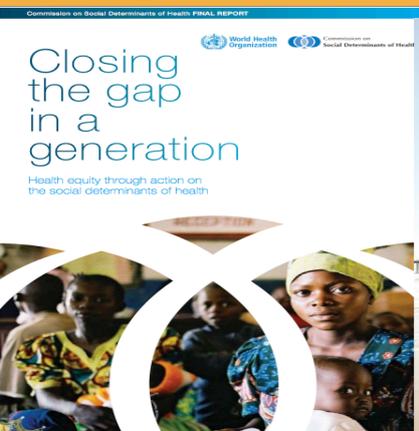


Dahlgren and Whitehead 1991

3. Health promotion and prevention

The determinants of Health/ To Restructure society

- To Act on causes
 - Social and economic determinants: + equity, social support networks, income and social status, unemployment, educational level.
 - Cultural determinants: lifestyles (eg. nutrition, physical activity, stress), values, beliefs about health (acceptance of pain, illness and death).
 - Environmental Determinants: water, clean air and soil/food production

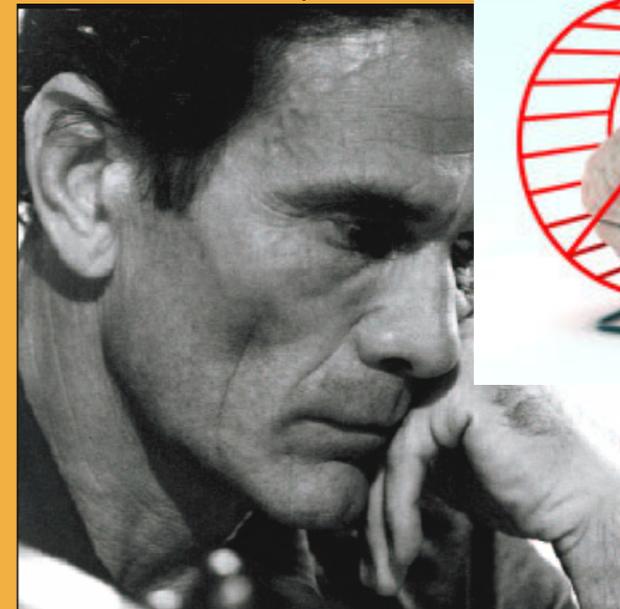


3. Health promotion and prevention

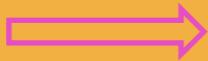
- health promotion demands **coordinated action by all concerned**: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organizations, by local authorities, by industry and by the media” (WHO 1986).
- It “involves, in addition to the health sector, **all related sectors**: agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors” (Declaration of Alma Ata 1978).



resources!



4. Active citizenship

The 8 R's:  **virtuous circle of degrowth**

**serene
convivial
sustainable**

1. Re-evaluate:
2. Reconceptualise
3. Re-structure
4. Redistribute
5. **Re-localize:** active local citizenship; health system as a common
6. Re-duce
7. Reuse
8. Recycle

Autonomy (Castoriadis)

Latouche, S. (2009) *Farewell to Growth*.

4) Coinvolgimento della cittadinanza

Active involvement of citizens (community) in health policy-making, prevention and health promotion

- Political level (Health/Community)
- Clinical
- Social (self-help and social support)

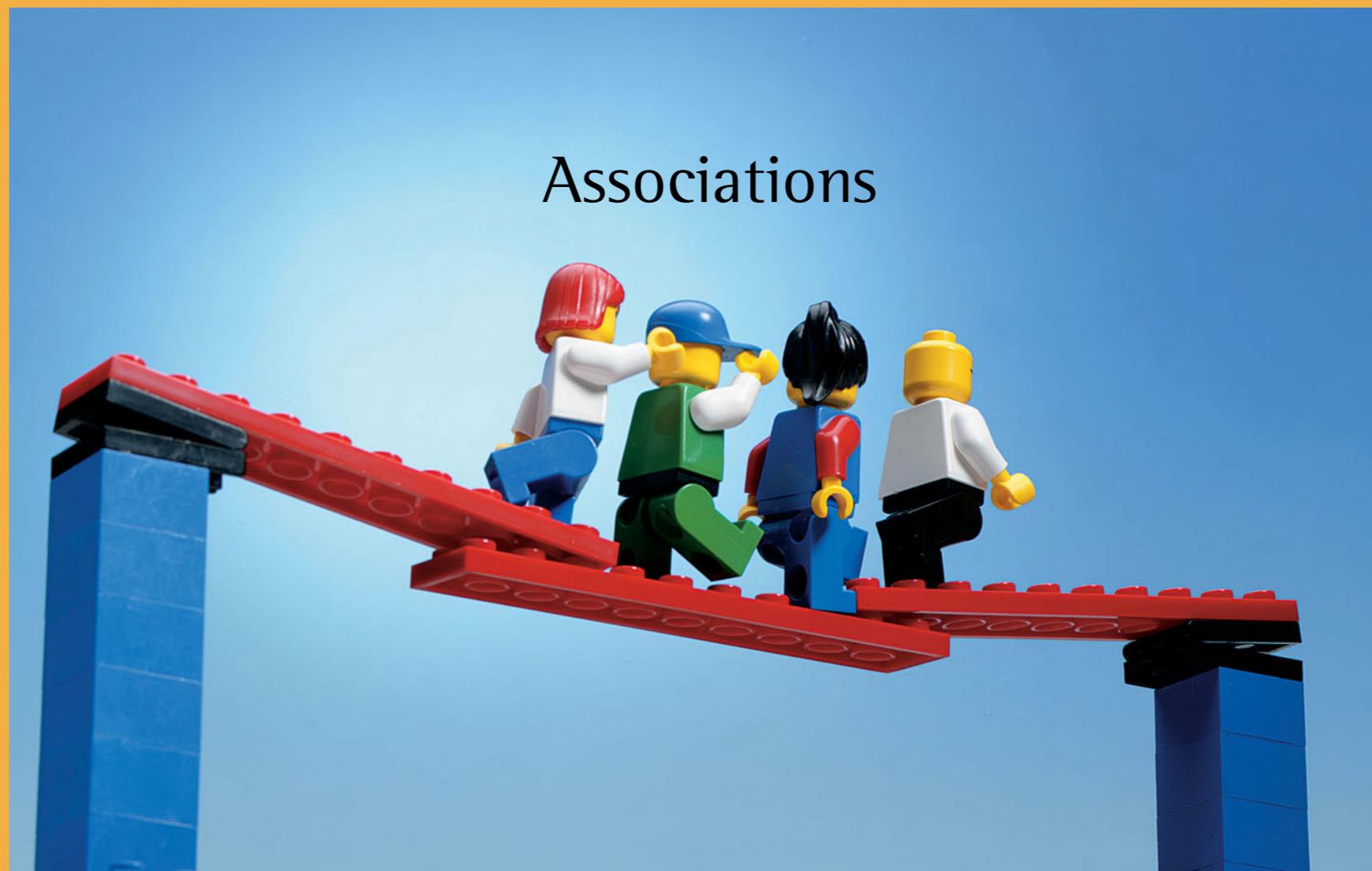
Individual
collective

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care [...]. Primary health care requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate” (Declaration of Alma Ata 1978).

4. Active citizenship

The role of Associations/NGOs

Bridge between Healthcare services/State and citizens



State/politics
Healthcare services

Citizens

The 8 R's together with the 4 steps

- 1. Re-evaluate
- 2. Reconceptualise

- 3. Re-structure

- 4. Redistribute
- 5. Re-localize
- 6. Re-duce
- 7. Reuse
- 8. Recycle

1) Idea of health, illness and care

2) Health services

3) Health promotion and prevention
4) Active citizenship

Health and climate change

Climate change and its environmental and social manifestation: **diverse risks** to human health” (McMichael 2013)

“Indirect effects of global climate change threaten the **health of hundreds of millions of people**” (Myers and Bernstein 2011).



N Engl J Med 2013;368:1335-43.
DOI: 10.1056/NEJMr1109341
Copyright © 2013 Massachusetts Medical Society.

Growth-> + Climate change-> - health

Degrowth-> - climate change-> + health

IV. What does the “Health and Degrowth” theory add to the current health literature?

How to protect, promote and safeguard health?



Declaration of Alma Ata (1978)

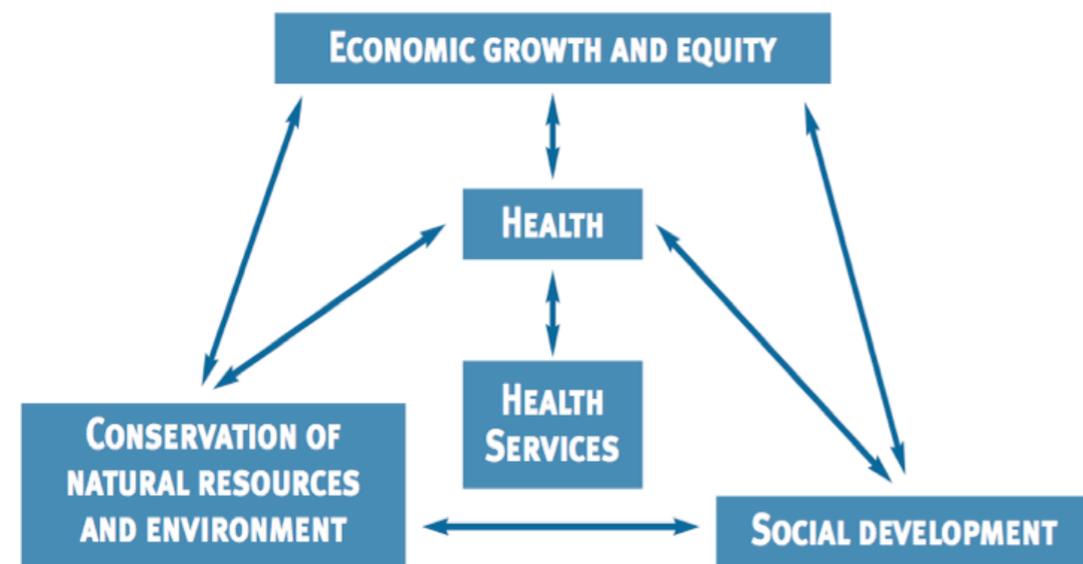
“health for all
by 2000”

Economic and social **development** [...] is of basic importance to the fullest **attainment of health** for all [...] The promotion and protection of the **health** of the people is **essential to sustained economic and social development**”

How to protect, promote and safeguard health?

- “Health in the Context of Sustainable Development” developed for (WHO, Von Schirnding 2001).

The triad of Health and Sustainable Development



Mutual connections between health and sustainable development factors (WHO, World Summit on Sustainable Development 2002)



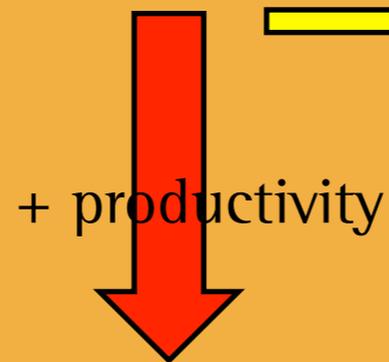
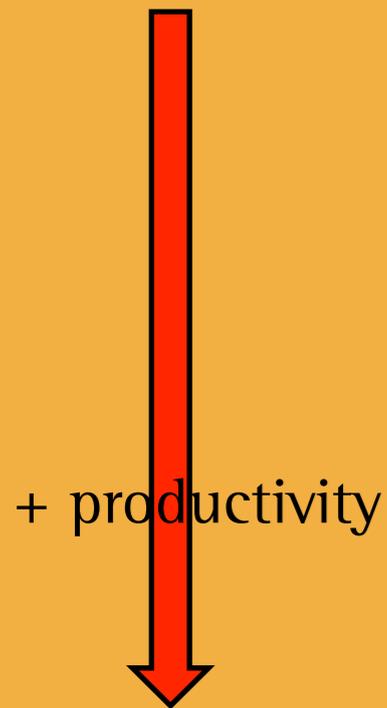
If our development path is not conducive to sustained improvements in health, then it is not ‘sustainable development’

Sustainable development [...] requires integrated action towards economic growth and equity...

Growth and Health

Neoliberal Capitalism
Growth culture

+++ quantity
+/- quality



+ resources for
health care services

Human capital: - Socio-economic determinants
Natural capital: - Environmental determinants
of health

Equity, social relationship



- Health



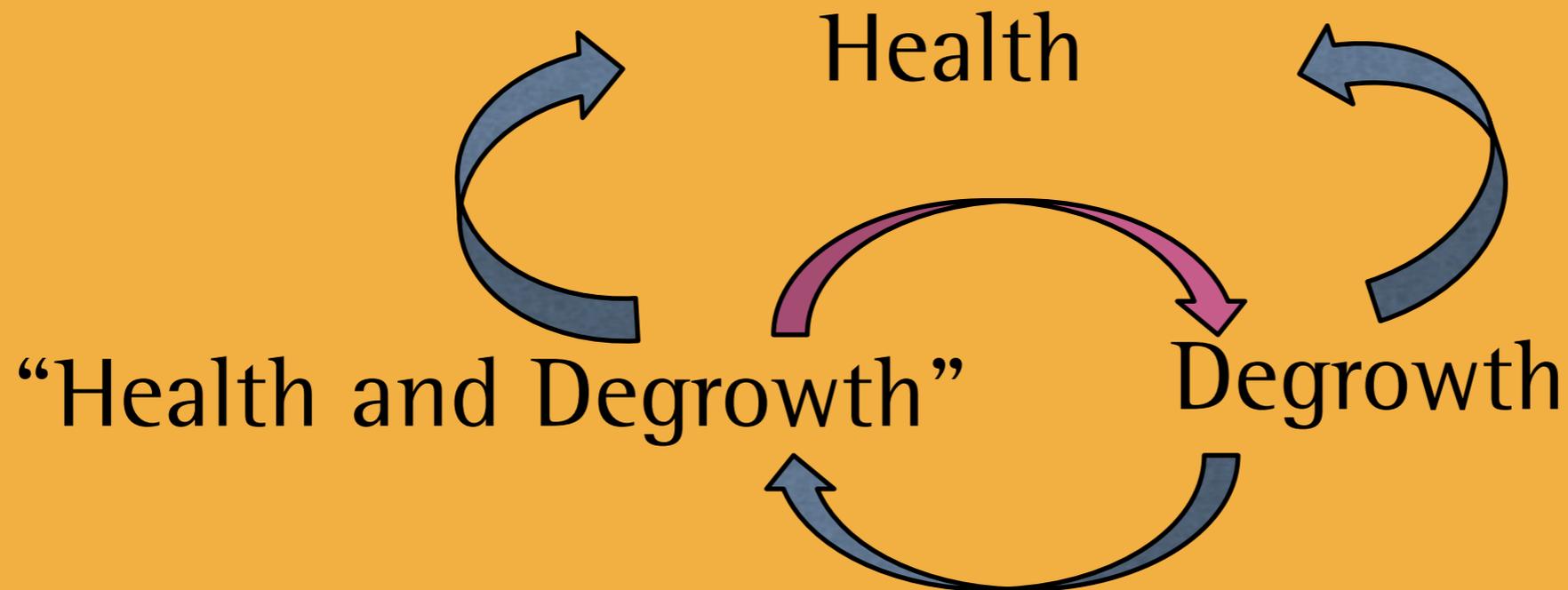
- Cultural determinants of health

Individualism/competition: - community/ active citizenship
“Fast” lifestyles/Consumerism/less “resilience”

- iatrogenesis

A new paradigm in the field of sustainability

- To guarantee health of the present generations without compromising health of future generations



- "Only a political program aimed at the limitation of professional management of health will enable people to recover their powers for health care, and that such a program is integral to a society-wide criticism and restraint of the industrial mode of production" (Illich 1976).

V. Action: the “Italian Network for Health and Sustainability”



28 Ottobre 2013

Aula Gruppi Parlamentari - Via di Campo Marzio, 74
Roma

1^a Conferenza Nazionale Decrescita, Sostenibilità e Salute: associazioni e politica a confronto

1° parte

8.30 registrazione dei partecipanti

9:00 La decrescita

- **Maurizio Pallante (MDF):** La decrescita felice
- **Pier Paolo Dal Monte (MDF, Associazione Italiana di Bioetica Chirurgica):** Sostenibilità e Salute, il progresso illimitato e la limitatezza delle risorse
- **Jean-Louis Aillon (MDF):** Decrescita e Salute, un nuovo paradigma nell'ambito della sostenibilità.
- **Tonino Aceti (Cittadinanza attiva, Tribunale del malato, Coordinamento nazionale delle associazioni di malati cronici):** L'importanza della partecipazione dei cittadini e dei pazienti nelle scelte politiche inerenti la salute.

Dibattito con il pubblico

10.20 I determinanti di salute

- **Giovanni Ghirga (Associazione Medici per l'Ambiente - ISDE Italia):** I determinanti ambientali di salute: aria, acqua, terra. L'esempio degli inceneritori
- **Chiara Bodini (Centro Salute Internazionale, Università di Bologna / People's Health Movement):** "La patogenesi sociale delle disuguaglianze in salute"
- **Fulvio Aurora (Medicina democratica):** Lavoro e salute.
- **Andrea Pezzana (Slow Food):** Alimentazione, stili di vita, sostenibilità e salute

11.20 Pausa caffè

11.40 Locale vs Globale

- **Eduardo Missoni (Osservatorio italiano sulla Salute Globale):** L'azione locale non basta; l'importanza delle politiche per la salute a livello globale
- **Roberto Beneduce (Associazione Frantz Fanon):** Condizione migratoria e diritto alla salute nell'epoca del neoliberalismo, e qualche riflessione su un tempo nel quale il "nemico non ha smesso di vincere"

12.10 Dibattito con il pubblico

12.50 Pausa pranzo

14.00 Medicalizzazione e strategie di cura

- **Luca Poma (Giù le mani dai bambini):** "Disease mongering": dal diritto alla salute al marketing del farmaco
- **Giovanni Peronato (No Grazie pago io):** L'influenza delle multinazionali farmaceutiche e il "consumismo farmaceutico"
- **Antonio Bonaldi (Slow medicine):** Per una medicina sobria, rispettosa e giusta: fare di più non significa fare meglio.
- **Alessandro Ricci (Psichiatria Democratica):** Il disagio della società e la medicalizzazione della vita
- **Paolo Roberti di Sarsina (Associazione per la Medicina Centrata sulla Persona Onlus):** Sostenibilità delle Medicine Tradizionali e Non Convenzionali per la Medicina Centrata sulla Persona

Dibattito con il pubblico

2° parte

15.30 Interventi dei politici

- PD
- M5S
- Sel

Dibattito

16.30 Pausa caffè

16.45 Interventi dei politici

- Scelta Civica
- Pdl
- Fratelli d'Italia
- Lega Nord

Dibattito

18.00 Chiusura dei lavori

20.00: Cena Sociale (costo circa 15 euro)

Interventi programmati dal pubblico:

- SISM, Segretariato Italiano Studenti in Medicina
- Barbara Grandi (Andria): Nascita ed ecologia
- Andrea Gardini (Società Italiana per la Qualità nell'Assistenza Sanitaria)

**Se proprio non potete partecipare,
abbiamo pensato anche a voi:
c'è la diretta streaming!**



Italian Network for Sustainability and Health



Associazione Dedalo 97
Associazione Frantz Fanon
Associazione Medici per l'Ambiente, ISDE Italia
Associazione per la Decrescita
Associazione per la Medicina Centrata sulla Persona ONLUS
Ente Morale
Associazione scientifica Andria
Centro Salute Internazionale, Università di Bologna
Giule Mani dai Bambini ONLUS
Medicina Democratica
Movimento per la Decrescita Felice
No Grazie Pago Io
Osservatorio e Metodi per la Salute, Università di Milano-Bicocca
Osservatorio Italiano sulla Salute Globale
People's Health Movement
Psichiatria Democratica
Rete Arte e Medicina
Rete Mediterranea per l'Umanizzazione della Medicina
Segretariato Italiano Studenti in Medicina, SISM
Società Italiana per la Qualità nell'Assistenza Sanitaria, SIQuAS
Slow Food Italia
Slow Medicine

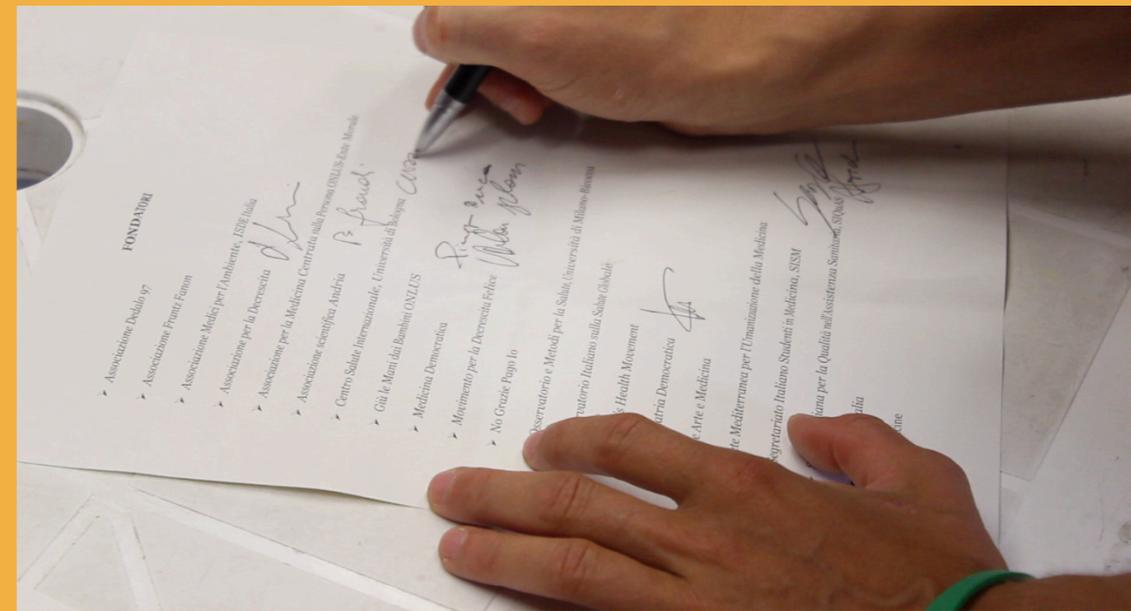


The Bologna Manifesto for Sustainability and Health

- The present prevailing **paradigm based on unlimited growth**, indiscriminate pursuit and accumulation of capital without fair redistribution of wealth or upholding of human rights **is not sustainable** from an economic, social and environmental point of view, moreover, it is unable to **safeguard the health** of present and future generations.
- A healthcare system in isolation is insufficient to protect, promote and safeguard health; equal consideration must be given to the environmental, social, economic and cultural determinants of health.
In order to achieve these goals, **an alternative model, not only aimed at growth, is necessary;**

.....

<http://www.sostenibilitaesalute.org/>



Thanks for the attention



”The laicization of the Aesculapian temple could lead to a delegitimizing of the basic religious tenets of modern medicine to which industrial societies, from the left to the right, now.”

Ivan Illich, Nemesi Medica, l'espropriazione della salute, 1976