

EDITORIAL

THE HEALTH AS CONCEPT IN A POLITICAL AND ECONOMIC SYSTEM

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In Colombia, the Law 100 of 1993 gives life to the General System of Social Security in Health, hereinafter SGSSS, which has undergone a series of changes or reforms with the intention of improving its administrative structure. However, despite the efforts made, it seems a system without possibilities of subsistence; therefore to attempt to perform an analysis of the field or the health concept and everything it comprises becomes an arduous task and presents more than a conceptual problem that makes it possible to separate their fundamental components, a challenge in its understanding, delimitation and implementation.

Without a clear, affordable and transparent conceptual framework that supports the health concept and allows to effectively describe each one of the fields of analysis that are intended to be incorporated into the same, either from the perspective of experts in the field, or from the position of the common users who seek to access the services, to address the concept can become a race of obstacles that generates confusion and often loss of lives in the popularly so-called "carousel of death". And despite the fact that the principles (efficiency, universality, solidarity, integrity, unity and participation) outlined by the law 100/93 are clear, there is a living need in Colombia to organize the "fragments" in which the SGSSS is broken down into an orderly structure, that is academically accepted and correct and sufficiently simple as to allow the linked population to effectively locate the services and to detect potential problems or situations related to its own provision; a type of map, an explanatory route that guides the Colombians in the road to follow, this limiting the health concept only to the "Administrative adventures" of a system, whatever its name is.

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However, and along the history, the development of the health concept is discussed in an attempt of integration that ultimately ends up generating an opposite effect, fragmenting the field; in this sense, the integration one, the report Lalonde (2015) refers four components that structure the concept, which make reference to: the human biology, the environment, the life style and the organization of the health attention; these were identified thanks to the recognition of the causes of the morbi-mortality in Canada and as result of the analysis made in which each one of those components affected the individual and collective degree of health in the country; I intend to consider this attempt of integration as the cause of fragmentation of the same due to its eagerness to understand the complexity of the lattice that involves and that is almost impossible to describe at the same time.

In effect if we speak of each component, the first that we should mention is that of the *human biology*, which includes all the aspects that are related to health in its strict sense—the biological- and "at the feet" of the Health definition by WHO, (2014), in its first part: "Health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmities" (p. 1). The absence of alterations or physical disease is evidenced in the organism in the way that it does not see disrupted the structures that comprises it and that the natural biological development is given allowing the maturation process from conception until reaching an old age and its subsequent end, the death; if the context conditions allow it because it indicates the Situation Analysis in Health Colombia (2013), which during the period 2005-2011, the external causes (violence, traffic accidents...), provoked 30.59% of all YPLL, then appear the cardiovascular diseases, neoplasms, communicable diseases and those of the circulatory system and neonatal, it should also be included here the genetic aspects, the different systems in the organism, (muscle skeletal, the nervous system, the cardiovascular system, the endocrine system, digestive system, among others). It would indicate that a normal development process can be interrupted by external situations.

But given the complexity of the human body and of its biological structure it would be reductionist to think the concept just from there. Undoubtedly, the influence of this aspect in the panorama of the current morbimortalidad,—chronic illnesses as arthritis, diabetes, cancer between others, the genetic disorders, the congenital malformations and the mental deficiency – produces: personal and familiar misfortunes, a negative impact on the social development and a high cost in its treatment that can reach thousands of millions of money (that's why they are called inside the SGSSS as "catastrophic or ruinous illnesses") and force, in an ideal way, a health system to reduce the weight of their actions on the physical symptoms and strengthen actions that promote health in the terms defined by the WHO.

But not to be reductionist we would have to include here the second part of the definition of health "The complete psychosocial well-being" the physical and mental health, if the dichotomy and the complexity of the social is validated, under the premise of "the full welfare" generates a problematization of the concept and in fact becomes the barrier that prevents that an interventionist, biomedical model could be effective.

The second element referred to by the Lalonde report (2015) "environment" makes an essential part of the health concept, it includes all those factors associated with the continuous health illness that are "outside" or are external to the human body, to the biological, to the structural and about which the person, "supposedly" has little or no control. However, and despite the fact that individuals alone cannot guarantee the safety nor the purity of the food, nor the quality of the water supply conditions, nor the conditions of the air, nor prevent the spread of communicable diseases by viruses or bacteria, and some other series of situations associated with this proposed element, it is important to highlight that the individual and collective behavior is the cause of the conditions conducive to the emergence and maintenance, even for the progressive increase of situations which alter the natural balance of the environment; it is not coherent to say that nature by itself pollutes water sources or corrupts the environment with a particular intention or that it generates the necessary conditions to transmit infectious diseases. Thus an element that seems beyond human control, ends up being the most manipulated by this last element.

The possibilities of understanding a concept as volatile as the health, are increasingly acquiring more complex nuances that are intertwined and result on theoretical developments and ineffective practices that escape the realities, as individuals and belonging to the territories. It is here where the intension to homogenize a model of health care to a vast territory implies understanding that not only the subjects' structural aspects – their biology –, but also the knowledge of the territories, its idiosyncrasy, its cultural developments and their relationship with the environment, are determinants of the health illness continuous process, the need of "health maps" becomes reiterative, of territorial identities that account for their characteristics; is it then necessary to create territorial health systems?, is it unthinkable under the Latin American economic logic? or is it the solution to the operational ineffectiveness of the general health care system?

As if this were not enough with the foregoing, report Lalonde (2015) refers to another element that further obfuscates the health concept, it is the "lifestyle", component that represents the set of decisions taken by the individual with respect to his life and over which some degree of control is exercised. From the health's point of view, the decisions (Ideas, beliefs, attitudes) and the habits (behavior) can create risks that are originated in the individual himself. When these behaviors have as a result the disease or the death, we can assert that the life style contributed to it. So then we must think of the possibilities offered by the capacity of the learning that takes the individual, which is crossed by the educational models specific from each culture.

The fourth element of the concept, is named by the report Lalonde (2015) as "the organization of the health care", aspect that we can consider, refers to the possibilities that the individual has to gain access to an effective and efficient manner to the resources for the provision of the health care services. In this sense the medical practice, the institutions that provide health services and their associated infrastructure, the access to medicines, the community health care, the health public policies and other health services related according to the discipline, would define the organization of a health care system.

Under this panorama and based on the Analysis of the Situation of Health Colombia (2013), where the morbidity and mortality rates are clearly evidenced and considers the external causes as the biggest generators of YPLL, followed by diseases which can be considered as caused by the subject's behavior, we might think that the existing SGSSS should focus most of the direct health investment on health matters, on the organization of a structure of preventive health care and with a specific trigger on the promotion of healthy behaviors or habits, which is opposed to the attention of the symptoms or trauma that appear on the individual and which shape him/her as a sick person, aspects in which our system focuses its efforts.

When identified the main causes of illness and death in Colombia, it can be inferred that its origin is in the three initial components of the concept proposed by Lalonde, i.e.: the human biology, the environment and the lifestyles, it is obvious then that large amounts of money are being spent in treating diseases that could have been prevented from the beginning, and at the time, reduce disability and premature deaths.

The Health concept is wide, it includes "everything" where the subject is, it forces its own actors—patients, doctors, scientists, leaders—to contribute, whether individual or collectively in the establishment of a territorial analysis system, to be able to examine any problem that arises or that could arise regarding its components, the above mentioned system of territorial analysis will have to suppose a route that descends to the subject, healthy or ill to maintain its health or to gain access to the rehabilitation services, whichever the case is, but attending to the completeness of the attention; in this sense the above mentioned route should provide the necessary resources, in the economic, educational, infrastructure order, of technological and social development, etc. that are needed for the attention.

The Health concept must be considered from a real integrative perspective, which explore issues which, due to their evidence, are overlooked at the time of issuing health public policies, in which should converge the various "powers", sometimes so diffuse and isolated (individual, community, professionals, governmental, institutional) and on which bears the responsibility to obtain welfare and balance. It is necessary to make an attempt to unite the fragments that make up the concept and allow its actors to identify such component, even though if they are not of its responsibility.

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