“Health and Degrowth”
a new paradigm in the field of sustainability

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Leipzig, 03-09-2014

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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
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   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


• 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.

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

iatrogenesis

Clinical
Social
Cultural

• 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

- 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).
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
II. “Health and degrowth”: a new paradigm in the field of sustainability
Degrowth definition

System of growth

Final purpose

GDP growth – productivity

Economy needs

Humans needs

Degrowth

Full realization of human beings

Limits

Harmony with environment

Fundamental basis

quantity

quality

Humans

Environment

Bio-Economy

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**System of growth**

- **Final purpose**
  - GDP growth – productivity
  - Stakeholders' interests

- **Health and Degrowth**
  - Full bio-psycho-social health
  - Limits
  - Harmony with environment

**Fundamental basis**

- Economy needs
- Patients' health needs
- Humans' health needs

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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

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

serene
convivial
sustainable

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)
  - from pathogenesis to salutogenesis
- 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

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

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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.
2. Restructuring Health services

*To re-localize health care*

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

*To reduce* overconsumption of drugs, procedures and wastefulness
To reduce overconsumption of drugs, procedures and wastefulness

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

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

"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”

“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.”

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

Does improving quality save money?

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

Dr John Øvreteit
September 2009

Evidence

www.decrescitafelice.it
2. Restructuring Health services

To reduce overconsumption of drugs, procedures and wastefulness

Disease mongering

Selling sickness: the mongering
Ray Moynihan, Iona Heath, David Henry
A lot of money can be made from companies sponsor diseases and profits. Ray Moynihan, Iona Heath, and David Henry give examples of the 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)
- Ability of self-care (Illich 1976)
- Transdisciplinarity: doctors, sociologists, anthropologists, psychologists, economists, philosophers, citizens
- To reuse and recycle health material (e.g. sterilizing)

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.
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)
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 (e.g. 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

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

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)

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
The 8 R’s together with the 4 steps

1. Re-evaluate
2. Re-conceptualise
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

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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).

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)

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”

“health for all by 2000”
How to protect, promote and safeguard health?


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

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

Neoliberal Capitalism
Growth culture

+ resources for health care services

+ productivity

+ productivity

- Cultural determinants of health

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

Natural capital: - Environmental determinants

Human capital: - Socio-economic determinants

Equity, social relationships of health

+++ quantity +/- quality

- Health

60%

25%

- iatrogenesis
A new paradigm in the field of sustainability

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

"Health and Degrowth"

- "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”
1^ Conferenza Nazionale

Decrescita, Sostenibilità e Salute: associazioni e politica a confronto

8.30 registrazioni dei partecipanti
9.00 La decrescita
- Maurizio Paliante (MDF): La decrescita felice
- Pier Paolo Dal Monte (MDF, Associazione Italiana di Bioetica Chirurgica): Sostenibilità e Salute, il progresso illimitato e la limitazione 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
- 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 Fannon): 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 Penna (Gio le mani dei bambini): “Disea-se morganing”: dal diritto alla salute al marketing del farmaco
- Giovanni Peronato (No Grazie pago io): L’influenza delle multinazionali farmaceutiche e il “consumismo farmaceutico”
- Antonio Bonadì (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

15.30 Interventi dei politici
- PD
- M5S
- Sel
- Dibattito
16.30 Pausa caffè
16.45 Interventi dei politici
- Scelta Civica
- Pd
- 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
Gi ‘le 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

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