

Notes for a reflection on health - environment conceptualization

Editorial

WHO Health definition stated complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹ This definition seems connected to a utopic health conception because it is almost no possible to achieve complete well-being which could be misleading. This definition involves a subjective nature,² because sometimes lack of well-being does not indicate just a disease. It is possible to feel well-being and be ill, and it is possible to be ill and feel Well-being. For instance, there are some mental pathologies that do not harm or change lack of illness perception, so symptoms perhaps remain unconscious. On the other side, it is appropriate to refer environment-which is all around an individual- in a globalizing sense, that is to say in its holistic conception, which encompasses not only the physical features but also the biological, cultural and social dimensions of an individual as origin or severity modulation. This feature means not only Nature framework, also anthropogenic overlapping of the cultural setting.

The reality of the social inequities and the impediment of poverty on health was pointed out since the Conference on the Human Environment³ and subsequently confirmed.^{4,5} Then, there exist statements which postulate links between the environment and the human health. So, those links between the environment and its influence on health became the field of environmental health (related to the so-called “green economy” -factors of the environment can “ill” the man), while performance of human behavior can affect the environment, consideration that concerns the field of environmental engineering (related to the so-called “blue economy”, - human factors can degrade the environment-). Several authors argue that about 30% of diseases are related to the environment, following statements of the health determinants Framboisie,⁶ Lalonde⁷-1974- and receive attention of WHO⁸ so various authors were dealing this subject, among them Wilkinson and Marmot.⁹ Question is whether a health outcome constitutes a disrupted balance. But what does an equilibrium mean, perhaps a steady state? Health changes in a time-spatial condition -as it is epidemiologically referred: -person, time, place-, would be void and this consideration involves a stationary phase for the events to come. Would it be possible to ask if health is merely a homeostatic conception (the disease is a breakdown of a balance) or also a homeodynamic¹⁰ (the response to the danger agent, cause or modulate a disease, fact that implies the variability of health as the ability of transit to different states). But it must be considered that man does not always adapt to the environment, because he is able as other species of transforming his environment. It talks about the Environmental dependence on human health. So, it is welcome a procedure of an environmental risk to health assessment.¹¹ There are unicausal etiologies, several examples are manifested - such as a broken limb due to a unexpected fall - but similarly there are multiple aetiological factors so that, various causal features, including subject lability appear influencing health outcomes, connected to their natural disease history that should also be considered impacting population or individual health.¹² We must assess syndromes that involve effect addition -as factors, but maybe including some interaction degree-, associated to morbid states maybe

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with multiple responses. It is accepted today that an intermediate health determinant leads to a possible wide health impact which could become a beneficial (protective) factor or, by the contrary, a risk factor to health. An example could be the report that links extreme temperatures (any cold or heat stress) with the attributable risk of death that seemed responsible for 0.86% of mortality.¹³

So, it is necessary to deepen conceptualization of health - environment - relationship in a holistic sense.

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Conflicts of interest

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