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Speaker's corner

The health society: the need for a theory

While many public health experts maintain that theory is not particularly important to their business they of course usually have one, implicit as it may be. Or at least they have an ideology. When I started to become involved in public health the leading theoretical framework was by Michel Foucault.¹ He showed how society was subject to a process of medicalisation and described the extent to which the medical eye exerted ever more control over matters of everyday life. Much of the critical debate around health promotion and lifestyles reflects this approach.

But as we look around us we see an inflation of health and wellness that does not quite fit this model—in particular because much of the driving force now comes from the market. At a time when the medical profession still criticises the World Health Organisation's definition of health as utopian the wellness revolution has set in. At a time when certain member states of WHO still refuse to recognise that health is a human right the biotechnology industry maintains that it is. The Ottawa Charter for health promotion stated that "health is created in the context of everyday life" and indeed we now meet it everywhere, primarily as a product. I believe that we must begin to rethink the premise of critical health analysis.

Is there a way to make sense of this? I believe we can if we begin to frame the present development in health in relation to what has been termed the "consequences of modernity".² Modernity is highly dynamic and it has one big message: expansion. It drives the continuous increase of options, the increased participation in these options and the right to minimal participation in the options that are available. By definition modernity sees itself as infinite: more is always possible, something else is always possible. In health we see the expansion of the do-ability of health, the expansion of the territory of health, and the expansion of the reflexivity of

health. In everyday language we could say: more health is always possible,³ health is everywhere and every choice in daily life potentially becomes a choice for or against health.⁴

We need to understand better what this means particularly in relation to increased choice, commercialisation, and inequality. Above all we need to understand what it means for people in the context of their everyday life—what is gained and what is lost. Health policy still works on the premise of restricting expenditure and trying to control the expansion of the medical sector. Yet health in principle is infinite and its very expansion constitutes a significant part of the economic growth and productivity of modern societies. Critical public health analysis still has a knee jerk reaction to anything that implies personal responsibility and choice rather than tackle the overwhelming health determinants. Yet all recent patient surveys show that people want more choice. And the representatives of the market still pretend that there is an autonomous consumer out there that knows exactly what is best for health. Yet research shows clearly the private sector impact on the present obesity epidemic. Lets start thinking outside the box and develop models of analysis that are up to the developments of the health society and its rapid growth. There is—as Kurt Lewin once said—nothing more practical than a good theory.

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