



THEME DEMOCRACY

SUB-THEME:

Equity, Inclusion, Social Rights

TITLE OF WORKSHOP

Health and Degrowth



PROPONENT:

FACILITATOR:

Simona Rossi

STAFF:

Francoise



NAME OF PARTICIPANTS:

N°	NAME	SURNAME	N°	NAME	SURNAME
1	William	Mazzi	16	Pierpaolo	Del Monte
2	Stefania	Mesopaca	17	Cecilia	Ferrari
3	Marianna	Parisotto			
4	Fotini	Georgousi			
5	Lucia	Moro			
6	Chiara	Bodini			
7	Eva	Izquierdo			
8	Miki	Mestres			
9	Angelo	Sanchez			
10	Alessio	Fabrizi			
11	Susanna	Riedl			
12	Cristina	Ramirez			
13	Nadia	Maranini			
14	Laura	Rosina			
15	Andrea	Gardini			

SLOW MEDICINE: A NEW HEALTH CARE MODEL

Authors: Andrea Gardini , Jean-Louis Aillon



Paper Abstract

Health care seems to be more and more costly, while data on the health of populations do not seem to improve.

We all know that just a small part of the individuals' and populations' health depends on health care systems and on medicine. Economic and social factors affect the health of human beings, and among these an ordinate development compatible with the planet resources. Health care models in modern communities are depending on the advancements of research in biology, physiology, pathology, pharmaceuticals and other sciences applied to the strong will to improve humanity health. Human beings are plunged in their environment, and are affecting it in different ways: health and health care as well as depend on the relationships between man and environment. A quality health care seems to improve both the results of health care and its costs. This can happen both in developed and developing countries. In this workshop we will discuss a model of medicine based on centrality and participation of patients and communities in health care design, on real health and health care needs, on professionals able to reach the best evidence via web and apply it according to local and well planned resources, on organizational principles of cooperation, coordination and participation in setting health care goals, processes and indicators for outcome measurement. This model cannot be implemented without a strong commitment of professionals in counseling and patient/communities listening. Sobriety, Respect and Justice are the principles of medicine that should be stressed in order to make it quality and sustainable, as well as Good, Clean and Right are the principles of Slow Food. So these are the principles of SLOW MEDICINE. An interactive workshop on these items and principles will be held during the conference by some of Slow Medicine Italian founders.

SUSTAINABLE HEALTHCARE: RETHINKING THE ACTUAL PARADIGM OF “PROMETHEIC” MEDICINE

Authors: Pier Paolo Dal Monte*, Jean-Louis Aillon.



Unlimited Medical Progress

The western idea of medicine is the “unlimited model” of progress that sets no limits on the improvement of health. It is “unlimited” in the sense that, however much health improves, it will never be sufficient to satisfy human demands. An unlimited idea of progress has no limits to our aspiration. It is certainly true that modern medicine was successful regarding health and life expectancy, especially in the so-called developed countries. However it is equally true that modern healthcare systems are coping with increasing difficulties due to different factors that can be unified under the concept of infinite growth.

One is the constant introduction of new, and usually more expensive, technologies. Another reason is the increased public demand for constant improvement in medicine and health care.

We need to change our ideals about medicine and health care and not simply try to find better ways to reorganize existing system.

Sustainable Medicine

We need a “sustainable medicine,” that requires a rethinking of the idea of medical progress and constant technological innovation. A medicine and health care that aims to be equitable and accessible to all, affordable to national health care systems, in the long run and not simply for a few years. We do not have at present sustainable health care systems in any country. If medicine is unaffordable, it cannot be equitably distributed; only the wealthy will be able to get it.

Finite Vision

The vision of a finite medicine should limit its goals and aspirations: First, it would have to shift research and medical care in the direction of health promotion and disease prevention. That would mean putting considerably more research money into an investigation of those health behaviors most likely to bring about disease and illness. Medicine must increasingly shift its focus from length of life to quality of life, from the cure of disease to the caring of patients, also for those who cannot be cured. A medicine that keeps people alive too long, burdening



their life with technological treatments that may bring them much pain with little health gain, is not a decent and human medicine.

In the end, we have to reconsider the idea of progress. Its present direction is not sustainable, is focused only on cure and cure by high-technology medicine.

The future of health care, should be reasonable in expenditures and expectations. Less is often better than more in human life, and that may well be the case with health care.

Expert estimates are that most of health status improvements over the past century have come from improvements in the social and economic conditions of life, instead from improved health care. It means that, even if high technology progress is slowed and rationed, people are almost certain to live longer lives in the future and in better health than at present. That should be an acceptable outcome.

Cure and care

This model of medicine will necessarily require compromise with the contemporary model based on infinite progress.

Health care has two faces, one of them aiming to improve the health status of individuals and national populations, which can legitimately be called health care. Medicine's other face can be called sick cure, where the aims of technological innovation and progress are most apparent. We should place much more emphasis on the first, which generally improves health more than the second. At present medicine is totally focused on the curative and infinite progress side. We have to shift toward a finite medicine in order to move into a medically, economically and ecologically viable future.

DOCTORS FOR DEGROWTH:FROM THEORY TO PRACTICE

Author: Jean-Louis Aillon*, Pierpaolo DalMonte, Elena Dal Santo.

This paper fit in the point c) of the workshop proposal: "To promote projects in order to investigate and propose the appropriate solutions".



After a brief explanation of what we mean when speaking of application of the degrowth frame into medicine, we will describe a practical project in this field, called “Doctor for Degrowth”, which has been carried out by the Movement for Happy Degrowth in Italy since 2011. We created a manifesto with 10 criteria which every doctor can subscribe to declaring himself/herself a “doctor for degrowth”. The Movement for Happy Degrowth publishes the names of the “doctors for degrowth” in his website (www.decrescitafelice.it) and sends to the doctor a brooch (to put on their gown) and a sticker (to put on the door of their consulting room) to make them easily recognizable from patients. That will enable patients to identify and choose these doctors that have a particular approach to medicine and life. Furthermore, because the majority of patients do not know about degrowth, it will stimulate the discussions between doctors and patients about degrowth, enhancing the spreading of this thought and of an alternative way to conceptualize and practice medicine.

Below are the 10 criteria in summary:

1. I agree that today's economic system, based on continuous growth of GDP, is unsustainable from an environmental, economic, social and psychological point of view. I think that degrowth is the best way out of the inevitable epochal crises that otherwise we will face.
2. I privilege disease prevention and promotion of a real psycho-physical and social well-being by encouraging people to adopt "degrowth" lifestyles.
3. I try to use appropriate drugs and only when patient really needs, preferring when possible changes in lifestyle in a degrowth perspective.
4. I undertake not to excessively medicalize normal life events and to not treat pharmacologically, if not necessary, some diseases which are created ad hoc under the pressure of multinational pharmaceutical companies (disease mongering).
5. I try not to run unnecessary tests that lead only to increase risk of false positives.



6. I privilege an holistic approach to the patient, seen in his entirety and in his complexity and in a continuous relationship with the surrounding world from a biological, psychological, socio-relational, cultural and spiritual point of view.

7. I consider crucial to take care of the patient compare to cure the disease. I discuss together with the patient about a treatment plan whose objective is not only quantity of life, but mainly quality of life.

8. I privilege to work in team, confronting myself with others, cooperating actively and on a equal plan with all the other professional figures involved in patient care, thus aiming to a continuous growth in both my knowledge and interpersonal relations.

9. I try to follow and implement Article 5 of the Italian Code of Medical Ethics, regarding health education and health and environment relations, following the objectives provided by the degrowth thought.

"The physician must consider the environment in which man lives and works as a fundamental determinant of health. To this goal, the doctor is required to promote a civil culture which will enhance the appropriate use of natural resources, also for the purpose of ensuring the benefit of future generations of a livable environment. The doctor encourages and participates in programs of prevention, health protection in workplace and he/she promotes individual and community health. "

10. Optional criterion.

I do not accept any kind of gift from the pharmaceutical companies and informants in order to protect my independence from the multinational drug companies.

* Doctor in medicine and surgery, trainee in dynamic psychotherapy, member of the national board of "Movement for Happy Degrowth" (Movimento per la Decrescita Felice), president of "Turin Association for Happy Degrowth" (circolo della Decrescita Felice di Torino).



TACKLED ISSUES:

- Connection between education and life expectancy
- How to fight commercial for-profit dynamics in orienting medical research/health care
- Emotional literacy for doctors
- Pharmaceutical pressure
- Slow medicine concept
- Bio — psycho social health
- Quality criteria in medical social health
- Quality criteria in medical system
- Renovate medical curricula
- Need of medical system renovation to meet new social needs
- Medicine as social science
- Define ultimate goals of health care
- Impact of system collapse on medical care services provision
- Open medicine: medicine not only for doctors

GIVEN ANSWERS:

Bibliography: Some interesting books

MARCO BOBBIO “The imaginary sickness”

IVAN ILLICH “Medical Nemesis: expropriation of health”

- Importance of psychology in disease treatments switching point of view: education in being healthy and not avoiding to be sick
- Connecting efficiency with effectiveness



UNANSWERED QUESTIONS, MESSAGES AND COMMENTS:

- 1- The “death” Taboo
- 2- Emotional literacy for doctors
- 3- Which one of the ultimate goals of health care