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SHORT COMMUNICATION

It's time to make the profession of health about health

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Abstract

Most professional health publications and presentations are not about health, but about how to avoid, prevent, or treat disease or infirmity. Better health cannot be attained by simply avoiding, preventing, or treating problems. Health efforts, therefore, should be directed toward creating physical, mental, and social wellbeing. To guide these efforts, salutogenesis, a theoretical framework about the origins or creation of health, is needed to complement the traditional pathogenesis framework that focuses on the origins and causes of disease. Salutogenic strategies are necessary to help health professionals promote positive health enhancement by making their practices about health.

Key Words: *health, health promotion, pathogenesis, salutogenesis*

Introduction

Current health professionals should use a health, not a disease, focus. Traditional health efforts focus on problem elimination, treatment, or prevention rather than on promoting good (positive) health because a pathogenic, or disease origins framework [1], guides efforts. These efforts decrease disease but do not directly address and promote the creation of physical, mental, and social wellbeing or positive health. The guiding pathogenic framework has led to Orwellian-like language. For instance, it is called a healthcare system but the system is accessed when sickness occurs in hopes of becoming “unsick” [2]. Also, children go for well-checks to assess for symptoms of disease and risk factors instead of health indicators. In addition, the pervasive health risk assessments do not assess for health, but for risk of disease.

Health-related literature reveals a bias toward preventing negative health rather than promoting positive health. The focus on negative health assumes that if the undesirable condition is treated, health will appear despite scientific documentation of the independence of positive and negative states. For

example, psychology has learned that eliminating clinical depression does not create positive reasons to make life worth living; those must be developed [3].

Health, as defined in the World Health Organization's Constitution, is “a state of complete physical, mental and social well being and not merely the absence of disease and infirmity” [4]. By definition, health is not attained by simply preventing, avoiding, or treating problems. Health must be created by manifesting physical, mental, and social wellbeing. Prevention can maintain conditions and treatment can help improve conditions, but the best these techniques can do is return one to their previous state of “unsickness” [2].

If prevention works, nothing happens. Of course, it is good that nothing bad happens but the consequence of nothing may extinguish the action that caused prevention. Besides, focusing on prevention infers that one need only act when a threat is present. Research suggests tactics used to prevent problems will provide only short-term change, if any [5], and data questions the effectiveness of prevention programmes that use education about possible problems

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[6]. Health-promoting actions are needed to attain better health. With this in mind, wouldn't health professionals' efforts be best directed toward helping people engage in actions that lead to better health? In other words, to create health, health professionals and society should be actively working to create environments that make health behaviors easier and more likely, as it simultaneously makes health-depleting actions more difficult. This is the essence of health promotion – creating “any combination of educational and environmental supports for actions and conditions of living conducive to health” [7].

Why do “health” professionals focus on disease?

Despite the health system's focus on disease, progress has been made. It may be that past successes are forestalling efforts to move forward. In the USA, the CDC reports that 85% of the population reports their health to be good or better. Only for those over 44 years of age does more than 10% of the population report their health as fair or poor [8]. These statistics document the excellent job our society has done to prevent and avoid disabling conditions. Previously, good health was viewed as the absence of disease; today, health is seen as a resource for living [9]. To continue this progress, a focus on positive health and its enhancement may be warranted. After all, one cannot simultaneously promote health and disease or infirmity. Additionally, because complete prevention of problems is unrealistic, facilitating better health will enable better recovery from problems that do occur.

So what can we do?

For health professionals to be for health, an applicable guiding theoretical framework is needed, as are a series of positive health-promoting practices and evidence that these practices work. Salutogenesis provides a tested health-causing framework to guide actions to achieve these ideals [10]. Using salutogenesis does not mean destroying all that has been done; rather it means discovering new connections and insights to build a new way [11]. Salutogenesis provides a complement to pathogenesis that will enable better and more comprehensive health services to facilitate optimal performance levels [12].

Salutogenesis differs from pathogenesis in many respects. First, the starting point for pathogenesis is an undesired problem, with retrospective determination of what must be avoided to prevent recurrence or worsening of the current state. In opposing fashion, the starting point for salutogenesis is the desired positive

outcome and the subsequent determination of what must be done to move toward that desired state. In other words, pathogenesis seeks to help people from getting worse while salutogenesis is about empowering them to achieve better health. Measurement strategies are also different. Pathogenesis measures end points to determine the absence of disease while salutogenesis measures progress points that document movement toward optimised potential [12].

To make the change toward a salutogenic perspective, a desired positive outcome must be operationalised. Salutogenic efforts cannot focus on a problem because the best possible outcome from a problem is the lack of a problem, not the presence of a gain. Salutogenic approaches have to be about creating progress toward desired improvements, not just avoiding something that may cause regression. The other dramatic change in a salutogenic approach versus a pathogenic approach deals with the assumption of innate health. Ironically, although pathogenesis is about disease, it optimistically assumes if causes of disease and infirmity are avoided, good health exists. In other words, pathogenesis assumes if nothing causes problems, good health will manifest.

In contrast, even though salutogenesis is about health, salutogenesis assumes that humans are flawed and susceptible to disease. In other words, salutogenesis realistically assumes disease and infirmity happens and therefore promotes action to cause health. Pathogenesis therefore facilitates a reactive stance by professionals because a problem is possible, while salutogenesis leads professionals to take a proactive approach to create better health, even without the recognition of a threat or problem.

Overall, the move toward a positive or a salutogenic approach is mathematic. Pathogenesis is about subtraction and how to take away bad conditions, risk factors, or threats. Salutogenesis, on the other hand, is about addition and how to add positive actions, opportunities, conditions, and outcomes. The great byproduct of a positive salutogenic approach that continually improves health by enabling a better life is prevention. Recent research has shown that better health and less problems occur for those who engage in more health promoting actions in the physical, social emotional, spiritual, intellectual, vocational, and environmental areas [13–17].

Is salutogenesis needed?

Everyone would like to experience better health because it enables one to accomplish what they want to do in life. In a presentation, quality expert W. Edwards Deming [18] asked, what determines how fast a ship moves? The responses ranged from

currents, to sails, to crew, to weather, but Deming dismissed these answers. Deming conceded that all the answers would have an impact on speed, but only the ship designer determines the capacity of how fast the ship could move, regardless of the conditions. For health, our design has been pathogenesis. Salutogenesis provides a new design that will enable faster progress toward better health by helping health professional practices to be about health.

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Conflict of interest

None declared.

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