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The Lesson of the COVID-19 Syndemic from France: One's Health

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Abstract

The COVID-19 health crisis has enabled us to reflect on the evolution of our health care systems and the need to adapt them to future pandemics. It has also made us aware that, in addition to biological life, there is a "biographical life" for which everyone is responsible, not only for their own sake, but also for that of our collective well-being. This would contribute to the reduction of global inequities. The crisis has highlighted the shortcomings of health care systems on national and global levels and the need for a less diplomatic and more operational vision of global public health.

Keywords: COVID-19; syndemic; Health democracy; global public health

Introduction

The spread of SARS-CoV-2 has shaken up our certainties and led to strong public health measures (notably the restriction of freedoms and social distancing) that cannot leave anyone indifferent, given their non-negligible impact. It is time to learn lessons from this crisis, even if the topic remains sensitive, and the page far from being turned. What will be our follow-up to this health, social and societal crisis, which has exacerbated the inequalities of our societies worldwide?

Discussion

Without doubt, the COVID-19 pandemic has reinforced interest in the concepts of "One Health" and "Global Health", as well as in the relationship between humans and their environment. In the future, we will have to globalize health approaches, a process that will unfortunately impede both effective responses to emerging health risks and the development of individual awareness that could enable a faster return to normal life. Why has the role of individuals' empowerment with respect to their own health and determinism never been addressed? Because our democracies think for us! Our societies are led by public health policies that lack a crucial dimension: humans do not only constitute biological life, but also exist through their own "biographical lives". Seeing humans as responsible individuals is coherent with the "One's Health" approach in a true health democracy. Is it outdated to consider health as a state of complete well-being rather than just through the prism of illness? Where does our health democracy stand? To date, it is clear that patient associations are inaudible in the current syndemic [1]. This reveals inequities and not only impacts patients suffering from chronic diseases, but also certain classes of society, highlighting the inequalities of lives described by Didier Fassin [2]. Has it become indecent to make one's voice heard so as not to fall into oblivion, in which looms the specter of recurring health crises? Has the spread of the medical deserts and inequities arising from the race to make health care systems profitable become inevitable, whatever the cost for biographical life?

Only the voices of scientific councils seem to have made the news. What space has been left to health democracy, abandoned at a key time? It would have been essential to carry out debates enlightened by scientific expertise [3]. This syndemic has revealed that we are all concerned, directly or indirectly, as we are affected by both the disease and the repressive measures subsequently implemented to manage it. However, instead of being amplified, our civic voice is absent from the debates that matter, conducted as they are behind closed doors by specialists whose careers are increasingly based on networking culture. Should we then just learn to live in a pandemic, as Barbara Stiegler points out [4]?

Defending a vision of health beyond illness is not revolutionary because it is the very essence of the Constitution of the World Health Organization, which has defined since 1946 that health is a state of complete physical, mental and social well-being, not the simple absence of disease or infirmity. This definition sums everything up, but the trends of our democracies have led to

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either technocratic or bureaucratic visions of health. The first one puts technology at the service of health, or rather, of disease, because the response to disease is based on hospital services or community medicine. Meanwhile, the second is aimed at strengthening the profitability of hospitals and reducing the deficits of a health care system that are visibly inoperative in the face of this pandemic.

Is it therefore not time to reform our vision of health by finally putting biographical life at the heart of discussions in order to develop health care systems upstream of disease management? The latter should rather be considered as a failure of health policy. Why not favor the development of individual capacities to consider one's own health in a spirit of individual well-being, as well as of collective solidarity? Is it acceptable to reprimand non-compliance with public health instructions and recommendations issued as absolute rules but later flexibly modified according to the evolution of the epidemiological situation? Will the refusal of vaccination then one day become an attack on public order in our democracies? Let us be vigilant! Today, we reprove the movements of people who decide to lead a normal life without educating themselves on the associated risks and on the preventive or support measures that would prevent them from becoming risks themselves for others, a prerequisite to guaranteeing them a normal life. Have our educational systems fallen so short on the subject of civic responsibility that we have come to these coercive measures, which reassure neither the ability of our leaders to lead the country nor that of the health care system to respond to this crisis?

We have probably trusted our democratic system too much with our health and have not taken enough interest in what public health really offers us, in its fragilities. It did bring the answers to our demand for health, which was limited to care in the event of illness. Thus, we let ourselves be lulled into the comfort of a health care system that met the basic needs of our biological lives while in reality dehumanizing us, erecting health as a public property when it is also—and probably primarily concerns—the individual sphere. Hospitalization is an experience that enables one to live and understand what this notion of dehumanization entails. You suddenly find yourself in a new dimension: from a responsible and active individual, you become a "case", or at best, a "patient".

Whoever remembers the British television series "The Prisoner", by George Markstein and Patrick Mc Goohan, would better understand what this loss of autonomy, this complete and non-consensual dependence, represents. This is also what we perceive from the measures imposed in the context of this syndemic, where our common sense and capacity for decision are never called upon. Instead, they are imposed under the tyranny of numbers, leading everyone in the end to execrate epidemiology, which remains a major—but certainly not the leading—decision-making tool in an epidemic.

Over time, the answers given to the resolution of this health crisis cease being based on scientific arguments alone, and we need to look to political agendas to explain measures that run counter to scientific recommendations (although it must be recognized that politics remains the determining factor in any decision). Thus, new approaches aiming to better take advantage of this health crisis will also have to take into account the disciplines of political science, public sociology and socio-anthropology to eliminate the cognitive dissonance induced by contradictory messaging.

Meanwhile, what happened to preventive medicine? The preventive care centers, which no longer exist, provided everyone with health education and carried out prevention campaigns, vaccination and screening consultations. The question of preventive medicine should be debated to see how the concepts carried by these previous structures could be taken up again. To date, preventive medicine is applied in centers for travel medicine, but only upon request from travelers wishing to be informed and vaccinated before a departure. How many are aware that these trips contribute to the spread of pathogens between continents, and how many go to the centers for follow-up when returning from a trip? While global health is now part of all health diplomacy agendas, the question will be to ensure that the vision of global public health is not emptied of its substance.

A paradigm shift in our approach to health is undeniably necessary, and discussions should be conducted without further delay [5]. The experience of this health crisis is an opportunity to relaunch health democracy [6], making each of us responsible for our own health and the health of others, with a particular focus on inequalities. This phenomenological dimension, which has been lacking in our health system and in the approaches developed from a vision focusing on disease, could be put in place step by step and contain part of the response to health crises. To enable everyone to carry out this reform of the concept of health, it would have been necessary to facilitate access to self-tests; propose targeted isolation measures with consent and follow-up at home to reduce psychological impact; promote the acceptability of patients with pauci- or asymptomatic infections not requiring hospitalization; and involve everyone in support measures for sick neighbours at home to reduce inequalities. Allowing health democracy to express itself in this way and enabling everyone to be proactive will lead to the identification of areas of response to a health crisis that obviously cannot be envisioned by the sole use of bureaucracy or contemporary technocracy.

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