

## Health is obligatory

Alberto Lifshitz

Editor

The anecdote – certainly humorous – of the Italian village of Sellia, which declared dying to be forbidden (there are some who add that the punishment for infringing that rule was precisely the death penalty), brings to consideration whether legal and regulatory restrictions are effectively a way for health preservation. Actually, ordinance 11 of August 5, 2015 of that village indicates the obligation of having a checkup once yearly and that failing to do so would entail fines, but the news spread to the press as if dying was forbidden.

However it may be, it poses the idea on whether health can be preserved through ordinances, regulations, laws and sanctions. In Nazism, there was the expression *Gesundheit ist Pflicht* (“health is obligatory”), which even made the patient him/herself accountable for his/her diseases (blame the victim). And the thing is that the authority applies public policies, in good faith, by means of legislative and regulatory actions because those are its weapons, but it often lacks the capacity to enforce them. Some examples in Mexico have been, in light of the chronic diseases epidemic, suppressing salt-shakers from restaurant tables and increase tobacco, alcohol and sweetened beverages taxes; recently, taxing fat has been contemplated, as it happened in Denmark. Proposals such as sanctioning establishments that offer high-calorie foods or large servings have been heard, and even fining the already demonized and discriminated obese population, which, in addition to being sick, would turn into delinquents, just as it happens with addicts. Much has been written on the notion of protecting individuals from themselves by government actions and under the idea of sacrificing liberties for the greater good, but, what can authorities do if not legislating and enforcing laws? Which is then the solution to moderate chronic diseases modern epidemics?

Lifestyle modification has been shown to be efficacious; the problem is how to achieve such modification. The issue goes through people’s conviction, and this, through full understanding of individuals’ natural history, health appreciation and future perspectives and adoption of healthy lifestyles as personal values. Informing is not educating or communicating; prohibiting is not equal to persuading; promoting is competing against the costly publicity of products or services that are unfavorable for health; persuading requires time investment, plausible arguments, educational strategies, knowledge of interlocutors. The challenge is, indeed, educational, but it has to impact on affective, not only cognitive strata. Almost everybody knows that they should wash their hands, but shadow or monitoring studies have demonstrated that this is not the case, because there is no conviction and hand-washing has not been incorporated as a personal value. Frequently, this reveals a philosophy of life that thinks more about the present rather than about the future.

It is true that the State bears the costs of diseases caused by inconvenient lifestyles, and its interest is not only to preserve the population’s health but also to reduce healthcare costs, but it would appear that the way is not sanctioning unfavorable behaviors: fines for omitting hand-washing, for eating too much, for being sedentary, for excessive drinking, for smoking, for eating salt or for getting sick.

The ongoing debate around marijuana in Mexico and other countries has relied on the acknowledgement of the value of people’s self-determination to decide how to lead their lives and, of course, points of view have emerged on the duty of the State to protect individuals from their own selves. In any case, it is a matter of values’ hierarchy and, for those of us who participate in health-related areas, health is one of the most important values, but freedom and autonomy are equally important. Of course, each person is largely responsible for his/her own health, but it is essential for him/her to be informed and convinced. Perhaps greater educational efforts can be made without having to sanction the individuals, and even less the patients, current or potential.

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