

Health literacy

Octaviano Humberto Domínguez Márquez
Escuela Superior de Medicina del IPN

In one of its main components—that of health and disease—the global technological revolution has transformed both the procedures and the ethics involved in the patient-doctor relationship. This relationship is influenced by many factors, from the unhinged use of cell phones to robotics that depersonalize, as well as the compilation of patients' personal data in cyberspace. At one extreme, we have genomics, with its ongoing advances towards overtaking fiction; and at the other, a disaster that implies a longer life expectancy, but this life will be filled with neglect, lack of responsibility, and, as a consequence, irreversible health problems, as implied by the irrefutable statistics of unjustifiable deaths.

Without becoming aware of these possible results, we remain unmoved before the lack of health literacy in society. The importance of health is barely present in the sentence uttered by physicians, referring to a terminal patient: “The patient is stable”. The same situation occurs with some achievements in the realm of public health, such as the technological advances in vaccination (universal vaccination has prevented the hospitalization of children that once made up more than 40% of the total deaths in the country). However, the epidemiologic data has changed, and along with the demographic transition, the huge problem of non-communicable chronic diseases has appeared. Nobody paid attention to researchers such as Abdel Omram (1971) and Milton Terris (1982) with regard to the second epidemiological revolution.

Noncommunicable chronic diseases have rapidly advanced, causing damage to families and the workplace, while also provoking an unbounded consumption of the health budget. The damages are no longer measurable. This is the case with type 2 diabetes, which has become the first cause of death in Mexico, with the highest number of deadly *premortem* complications. In the process of health literacy, type 2 diabetes has caused the highest number of non-traumatic amputations and damage to the nervous system, as well as chronic renal insufficiency, heart attacks, cerebrovascular diseases, dental disease and blindness. As if this were not enough, if we analyze its consequences in the workplace, it is the first cause of permanent disability pensions, without measuring the reduction of productivity due to the low functional capacity of diabetics.

The combination of type 2 diabetes with arterial hypertension, overweightness and obesity—made into art and elegance by Botero in order to observe this type of damage, not just with benevolence, but with beauty—as well as the subsequent uncontrolled metabolic syndrome, speaks volumes of the abandonment and lack of responsibility present in our society. Mexican children have the second highest rates of obesity throughout the world. And in this tapestry of neglect, only 25% of diabetics are officially documented as having their disease under control. From the perspective of health literacy, the obligatory question is why the remaining 75% of the diabetic population is not monitored or controlled. Type 2 diabetes has become one of the first causes of death in Mexico (INEGI, 2016). This information is relevant to what we know about gender equality—non-existent—and the integrality that should be observed in sector-based programs, separate from the National Plan for Development. In other words, the direction of health services reveals its lack of health literacy. Or does anyone know of a program of the same size as the problem it aims to resolve?

We have not yet clarified the motives for the lack of attention to the aforementioned diseases, often fatal, nor for the indifference of the responsible areas, which have neglected using the most formidable tool for raising awareness: health education, self-help groups, the participation of civil society as well as schools and educational institutions. Equally important are other resources within sports, cultural, economic and social contexts. It is also necessary to create a new approach in health services that would enable the control and monitoring of the 75% of sick people who are completely without medical attention. In conclusion, it is important to insist on the urgency of applying a humanized approach to health literacy in order to prevent unnecessary death, mainly of women; or is this simply fantasy?

References

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