Public Health: The History of an Idea and a Concept

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**Objectives:** To describe the historical and conceptual trajectory of Public Health and to reveal its origins in preventive projects and social medicine.

**Methodology:** Descriptive analytical.

**Results:** The author describes two phases of the history of public health in Latin America: a) the establishment of the "preventive project" and b) the origin and conceptualization of social medicine.

For the author, the preventive project has its origins in two events: 1) the expansion of industrial production in manufacturing, linked to the accumulation of capital, the use of therapeutic technological innovations and individualized care; and 2) the establishment of the Preventive and Social Medicine that begins with the critique to the medical education biased by biologism, the training of public health workers, and the implementation of an integrated and communal model of medicine.

The author addresses the origins of social medicine and discusses five sources of its conceptualization, which support the preventive medicine actions: a) the defense of the autonomy and the universal right to health; b) integration of various levels of prevention through the inclusion of individual and collective practices in health care; c) the arrival of new flows that allow the emergence of an innovative, critical and constructive analysis of the medical-social and its practice; d) professional training in epidemiology and social sciences in several Brazilian universities; and e) the consolidation of programs and residency practice in the training of new doctors. In this way, Public Health was consolidated into three dimensions and paths: 1) as a school of thought, it passed through several conceptual areas and trends, such as policy formulation, socio and cultural perspectives of research on health, the subsidy of education and planning projects; the critic to Functionalism and implementation of analysis of mental health through Marxism. 2) As a social movement, allows the articulation of a set of political and institutional conditions once neglected or ignored by the traditional model. And 3) as a theoretical practice, integrate into one conceptual body as much the biological perspective as the social one.

Finally, the author conceptualizes the collective health through three perspectives of analysis: a) the integration of the practice of healing and medical prevention; b) the focus on specificities as methodology for quantifying and explaining the collective dimension; and c) the understanding of social dynamics as a result of submission to rules. These perspectives were explicit in a scene of inequity, poverty, violence, environmental degradation and social mobilization happened at the end of 1980. Thus for the author, public health is necessarily interdisciplinary and allows the construction of an expanded knowledge of health. In the Public Health meet knowledge, reflection and social-collective criticism. As a field, it allows research and integrates into the synchronic and diachronic history of the disease, its social determinants and the organization of health services.

**Conclusions:** The author concludes that Public Health has its origins in preventive
medicine and social medicine and is simultaneously structured as a mode of thought, theoretical practice and social movement.