

11-12-2009

# Community Medicine. Introduction to a Critical Analysis

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## Recommended Citation

Silva, J. "Community Medicine. Introduction to a Critical Analysis." (2009). [https://digitalrepository.unm.edu/lasm\\_cucs\\_en/9](https://digitalrepository.unm.edu/lasm_cucs_en/9)

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**Silva J. Medicina comunitaria. Introducción a un análisis crítico. [Community Medicine. Introduction to a Critical Analysis.] Salud Colectiva (Buenos Aires, Argentina) 2009 enero-abril; 5(1): 121-126.**

**Objectives:** To discuss the evolution of the concept of "community" and to analyze associated expressions like "community health" and "community medicine," related to proposals of integrative and preventive medicine.

**Methodology:** Descriptive analytical.

**Results:** The author discusses two approaches to the concept of "community": 1) the structural-functional, and 2) the procedural approach. In the first, the author defines the community as the clustering of individuals in a specific location, characterized by having limited political autonomy, direct interaction and sense of belonging. The author identifies four criticisms to this approach: it's zero chance to conceive or explain social change, the exclusion of the concept and dynamics of classes, the submission of man to structures, and their weak capacity to capture social pathologies. In contrast, in characterizing the procedural theory, the author connotes that it conceives the community as based upon and governed by the interaction of the subjects under specific dynamics of socialization and control.

Against this background, the author proceeds to reconstruct the origin of community medicine since 1960, when it appears as a contribution of voluntary agencies to cover the gaps between private and public medicine, and then is articulated to preventive medicine operations by certain university medical schools. In this sense, the author describes the concepts underlying this type and practice of community medicine: a) the concept of community health, under whose guidance are carried out preventive and curative procedures in the population, b) the notions of state medicine and socialized medicine, which include in their theoretical body social sciences with an interest in human health, and c) the concept of integrative medicine, which involves implementing preventive and remedial actions with the participation of the community.

For the author, the emergence of community medicine in industrialized and underdeveloped countries is related to the public health sector crisis. In Latin America, this crisis manifests itself as follows: 1) the inability to address infectious and deficiency diseases, 2) the growth of high-cost technology, 3) increasing commodification of medical services, and 4) deployment of a medical education not attached to the needs of the population. Therefore, the author presents five propositions for the implementation of alternative community medicine: a) the incorporation of the concept of "integrative medicine" in human resources training, b) the testing of prototype models that provide comprehensive services to the health care system; c) the elimination of the gap between private and public medicine; d) dissemination of new concepts of health among the population; and e) the development of forms of assistance which accommodate the habits, attitudes and behaviors of the population.

**Conclusions:** For the author, the practice of community medicine was primarily due to the integrative medicine approach. He concludes that the implementation of the proposals of community medicine do not require significant modifications in the organization of the health care system. Theoretical reflection on the crisis in the sector, assumed and completed basically by the health worker unions, promotes the development of a critical consciousness about the health problems of populations.