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Health Care Research: Prospects of the Social Sciences

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"MAN AND HIS QUALITY OF LIFE AS A STARTING POINT FOR HEALTH RESEARCH"

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- The increasing centrality of the quality of life in health research. As a research goal, this approach emphasizes the person, instead of the human organism. (Experimental and anatomic-clinic medicine has been working since 18th century for analyzing causes of sickness. The progress has been great but the body of sick persons has been considered and object. Excellence in scientific research did impose distance towards the sick persons, delegating this task to subordinate employees, mainly to nurses. Since second half of the 20th century, a new trend tries to give back centrality to the sick person versus the sickness. The social sciences (sociology, psychology, anthropology, politics and economics) are crucial in this new approach, together with natural sciences (medicine, pharmacy, chemistry, biology).

  Care and the role played by people who give care are as important for quality of life as professional medical assistance. The sustainability criteria applies to both family unpaid health care as medical care.

- The **protagonists of health research** should be:

  - **The individual subjects who receive** health care.
    - Priority of their values and will as research goals: coincidence and conflict with other institutional values.
    - Healthy behavior, prevention, self-care, self-application of treatments.

  - The individual and social groups who provide health care.
    - The **family**, relatives and social network. Special attention should be paid to their own quality of life related to their role as health providers.
    - The **formal and institutional health system**, public as well as private.
    - The **non-profit sector**, both formal and informal, national and international.

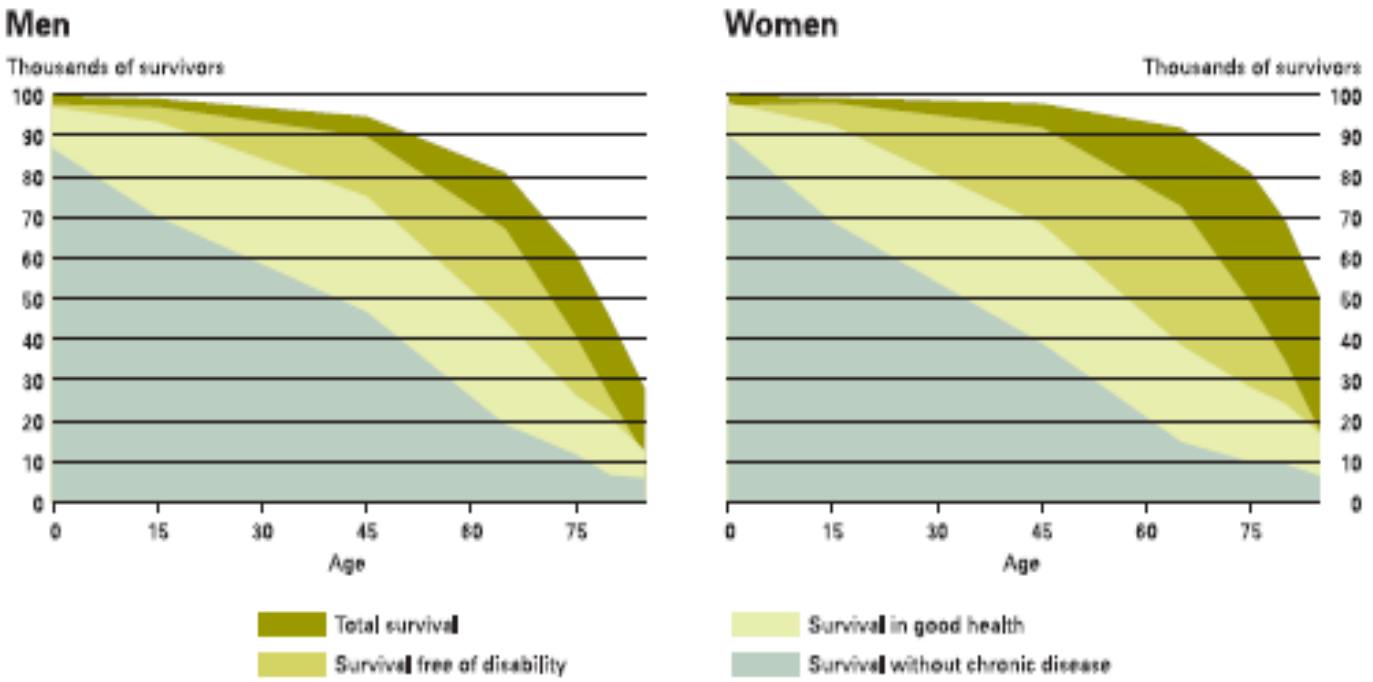
- Health care accompanies the individuals during all **life cycle**, from **parental planning** to **preparation for death**. (graph 1)

- **Short and long term** health policies. Success indexes, new demands for very long term policies (prevention, paliative cares, ecology, etc.).

- The need to restructure health care systems as a consequence of **changes in demography** and **changes in the social position of women**. (graphs 2, 3, 4, 5, table 1)

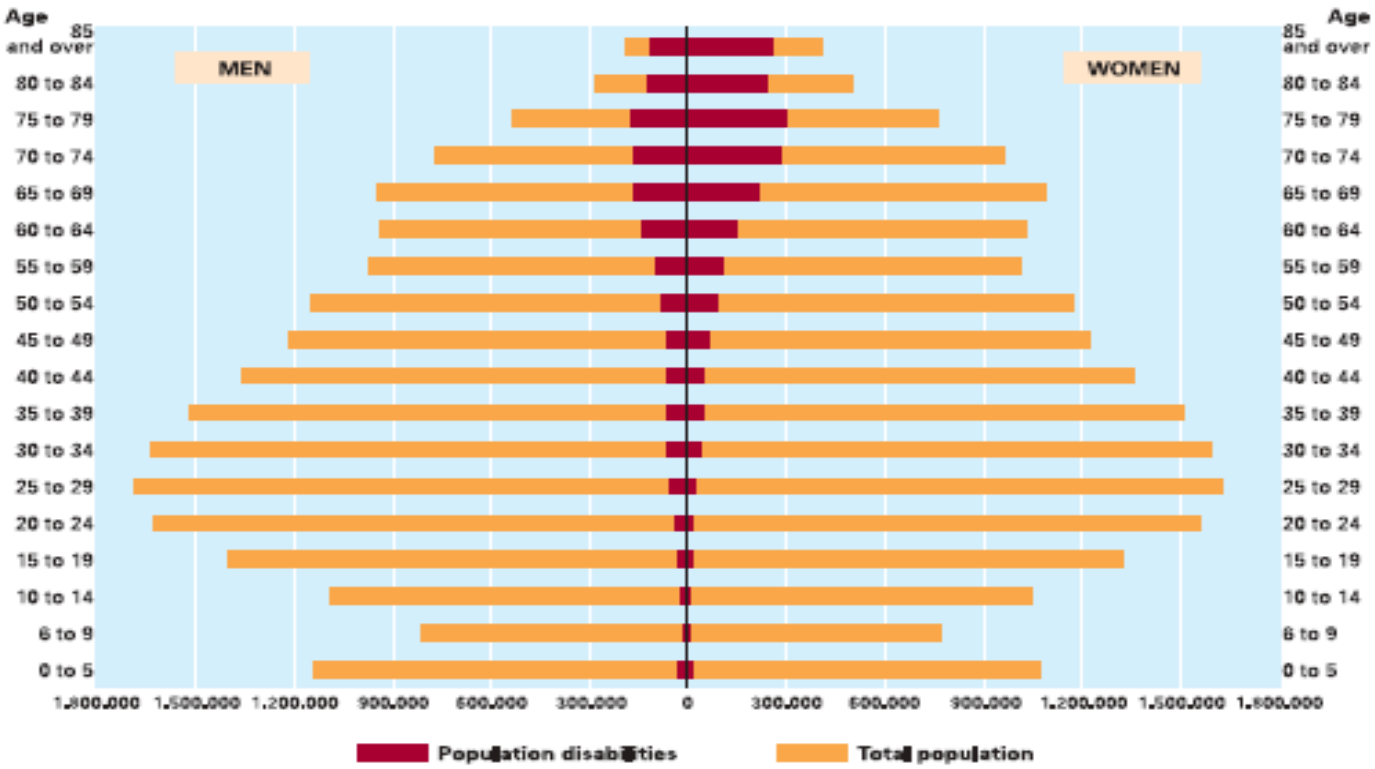
Graph 1

OBSERVED MORTALITY AND THEORETICAL CURVES FOR SURVIVORS OF DISABILITY, POOR HEALTH OF DISABILITY, POOR HEALTH AND CHRONIC ILLNESS. LINES OF SURVIVORS



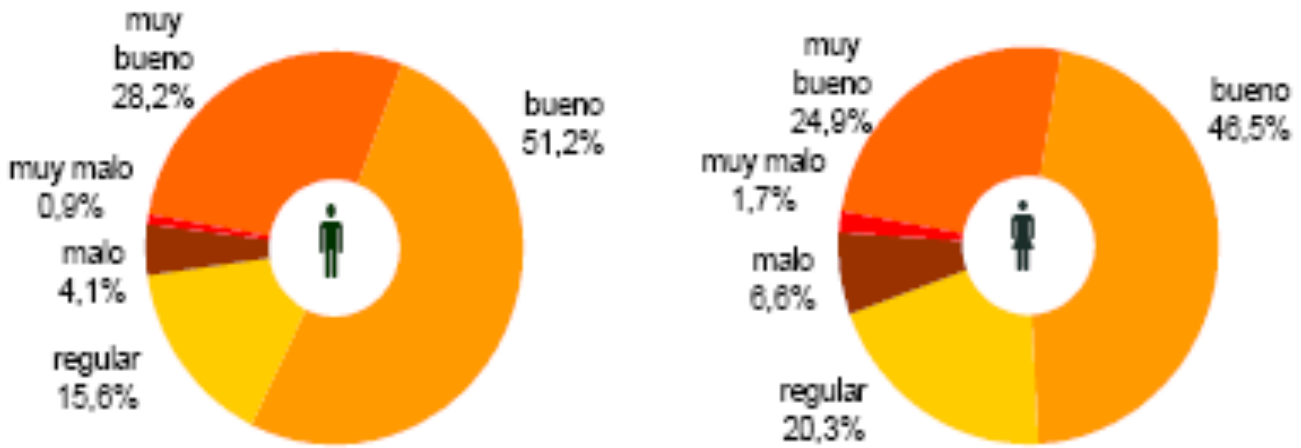
Source: INE, 2002 Survey on disabilities, deficiencies, and states of health, 1999.
http://www.ine.es/en/daco/daco42/discapa/espe_en.pdf

Graph 2
POPULATION PYRAMID WITH DISABILITIES SUPERIMPOSED ON THE GENERAL POPULATION PYRAMID.



Source: INE, 2002 Survey on disabilities, deficiencies, and states of health, 1999.
http://www.ine.es/en/daco/daco42/discapa/espe_en.pdf

Graph 3
HEALTH CONDITION BY GENDER

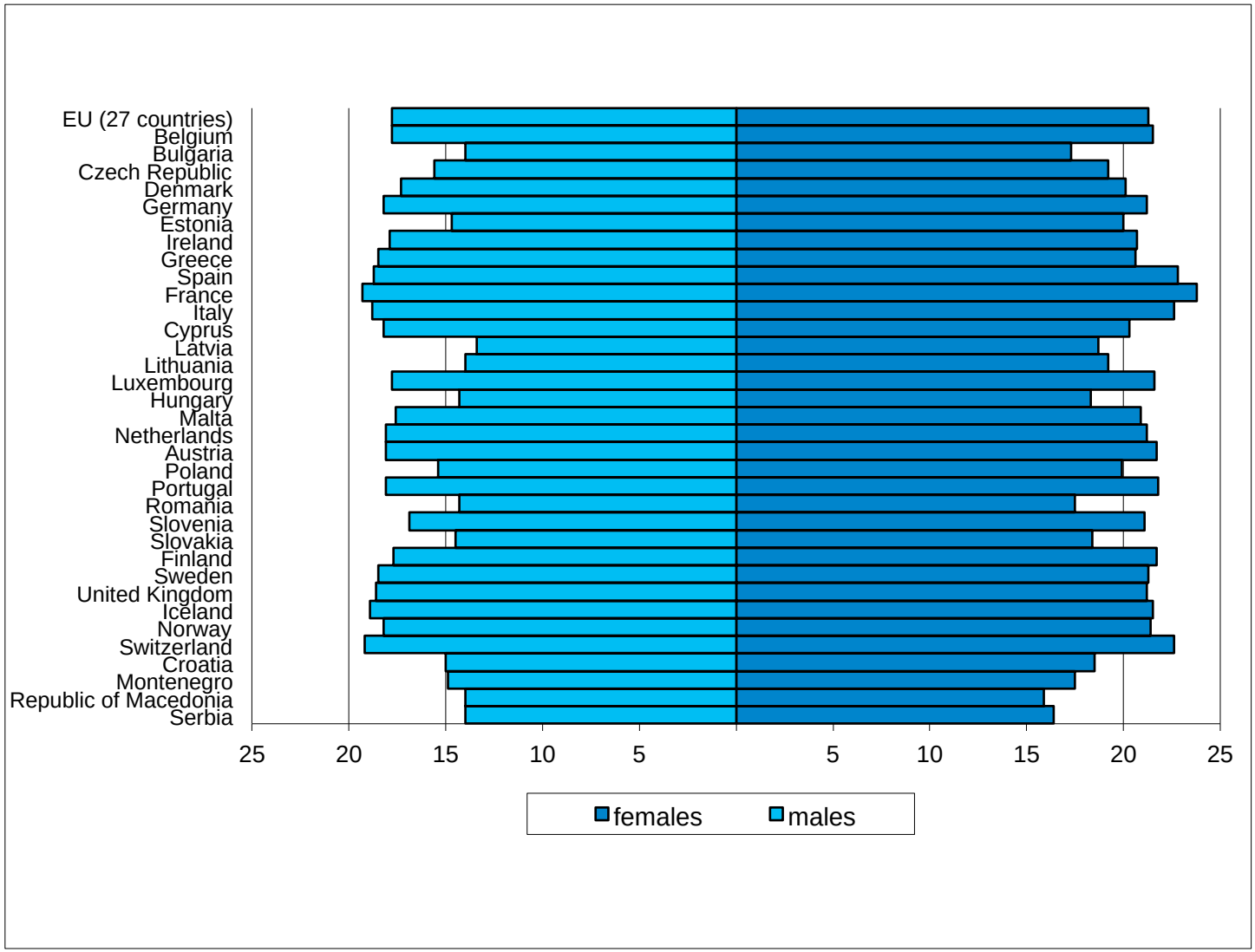


muy bueno: **very good**
regular: **medium**
muy malo: **very bad**

bueno: **good**
malo: **bad**

Source of Data: INE, Encuesta Nacional de Salud 2011-2012. Principales Resultados. (14/03/2012)

Graph 4
LIFE EXPECTANCY AT AGE 65 BY SEX, 2011
(Source of Data: Eurostat, june 2013)



Graph 5
HEALTHY LIFE YEARS AT AGE 65
(Source of Data: Eurostat, june 2013)

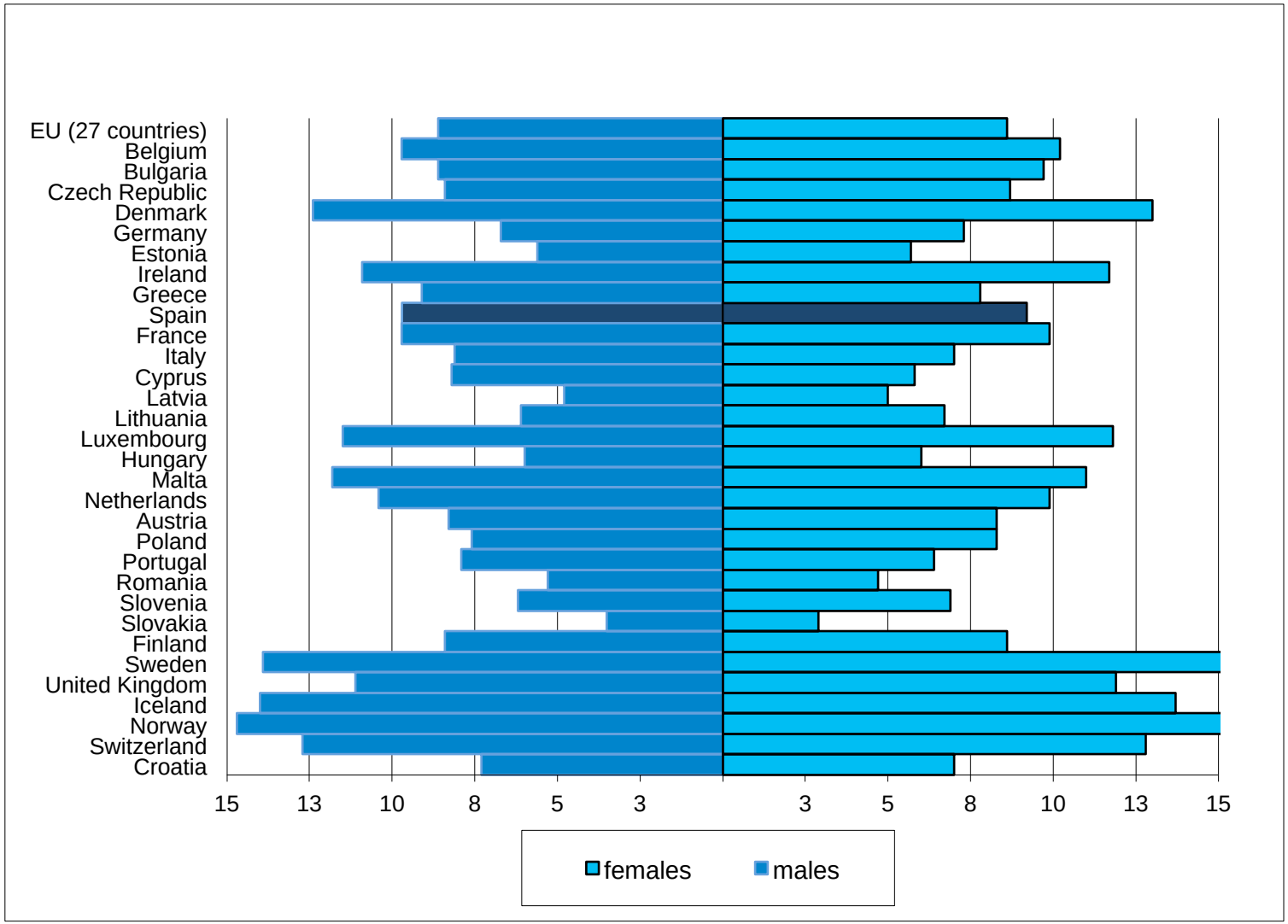


Table 1
THE DEMAND FOR CARE BY AGE GROUPS IN EUROPE, 1950, 2010, 2050.

	Population (in millions)			Population (in percentage terms)			Care units* (in millions)			Care units (in percentage terms)			Ratio of care units / Population of 15-64 years old		
	1950	2010	2050	1950	2010	2050	1950	2010	2050	1950	2010	2050	1950	2010	2050
Total Variation	**547.3**	**738.2**	**719.3**	**100.0**	**100.0**	**100.0**	**791.9**	**1,042.2**	**1,132.3**	**100.0**	**100.0**	**100.0**	**2.2**	**2.1**	**2.8**
Population from 0-4 years of age	50.4	39.7	38.2	9.2	5.4	5.3	151.3	119.0	114.7	19.1	11.4	10.1	0.4	0.2	0.3
Population from 5-14 years of age	92.8	74.4	75.9	17.0	10.1	10.6	185.6	148.7	151.8	23.4	14.3	13.4	0.5	0.3	0.4
Population from 15-64 years of age	359.1	504.8	411.5	65.6	68.4	57.2	359.1	504.8	411.5	45.3	48.4	36.3	1.0	1.0	1.0
Population from 65-80 years of age	38.9	88.5	126.6	7.1	12.0	17.6	77.8	177.0	253.1	9.8	17.0	22.4	0.2	0.4	0.6
Population of 80 plus years of age	6.0	30.9	67.1	1.1	4.2	9.3	18.1	92.7	201.2	2.3	8.9	17.8	0.1	0.2	0.5
Ratio of care units to total population	1.5	1.6	1.6												

Note: Care includes all types of care, not only health care.

The weighting used under the terms of the Madrid II scale is as follows: population of 0-4 years of age = 3; from 5-14 years of age = 2; from 15-64 = 1; from 65-80 = 2; from 80 plus = 3.

Source: Prepared by M.A. Durán using data from the United Nations (2009).

Author's publications related to **Man and his quality of life as a starting point for health research:**

- **Duran, M.A. (2012).** ***Unpaid work in the global Economy,*** **Fundación BBVA, Bilbao.**
- **Duran, M.A. (2011). (Dir.)** ***El trabajo no remunerado en América Latina y España,*** **Fundación Carolina, Documento de Trabajo nº 54, Madrid.**
- **Duran, M.A. (2011). "El trabajo del cuidado en el marco macroeconómico " en** ***El trabajo no remunerado en América Latina y España,*** **Fundación Carolina, Documento de Trabajo nº 54, Madrid, pp. 11-32.**
- **Duran, M.A. (2010). "The inclusion of Unpaid Work in the Analysis of the Health and Social Welfare Sectors" in VVAA** ***The Invisible Economy and Gender Inequalities. The Importance of Measuring and Valuing Unpaid Work,*** **Pan American Health Organization (PAHO), Washington.**
- **Duran, M.A. (2010). "Ten Goods Reasons for Measuring Unremunerated Work in Health Care in VVAA** ***The Invisible Economy and Gender Inequalities. The Importance of Measuring and Valuing Unpaid Work,*** **Pan American Health Organization (PAHO), Washington.**
- **Duran, M.A. and Rogero, J. (2009).** ***La investigacion sobre el uso del tiempo. Cuadernos Metodológicos,*** **Centro de Investigaciones Sociologicas. Madrid.**
- **Duran, M.A. (2005). "The Quality of Death as a component of quality of life" in Glatzer, W., Below, Van S. y Stoffregen, M. (Eds.)** ***Challenges for Quality of Life in The Contemporary World,*** **Kluwer Academia Publishers, Netherlands.**
- **Duran, M.A. (2003).** ***Los costes invisibles de la enfermedad,*** **Fundación BBVA, Bilbao.**