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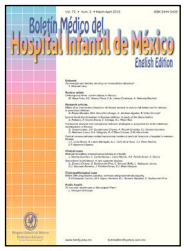

PUBLIC HEALTH

To live well: health care or life project? Part I☆

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Abstract
To *live well* is a universal human aspiration as well as the ultimate goal of the services that take care of people's health. In this paper, two different ideas are discussed about how to achieve it: *health care* and *life project*.
Part I begins with a detailed account of human degradation and the social inequities responsible for the unprecedented social and cultural breakdown of the actual society. Under this interpretative framework, the *medicalization* of human life as result of the alienating consumerism is analyzed as well as the excesses it entails from both health care institutions and health services users. By exploring the reasons of medicalization, it becomes clear that its influence in our actual lifestyles has driven us to be obsessed with being healthy and horrified of diseases; this works as a very effective mean of social control from the powers that maintain and deepen inequality. As such, the first to benefit from it is the health industry. This constant concern for health takes us away from our goal of living well since it causes anxiety, insecurity and disquietude.
In conclusion, different considerations about the inconveniences of devoting all our energies towards health care are offered and it is suggested that instead we all have the responsibility of creating a more hospitable and inclusive world.

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PALABRAS CLAVE
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El bien vivir: ¿cuidado de la salud o proyecto vital? Primera parte

Resumen
En este trabajo sobre el *bien vivir* —aspiración humana universal y fin último en el ideal de la atención a la salud— se confrontan dos opciones para su consecución: *cuidado de la salud* y *proyecto vital*. Se inicia con un recuento de las expresiones de la degradación humana en el mundo actual propiciada por las desigualdades sociales, cuya intensidad y omnipresencia revelan una quiebra civilizatoria. Con este marco se argumenta cómo la *medicalización* de la vida, que reduce el cuidado de la salud a la lógica de la lucha contra las enfermedades y la impone como prioridad vital, empobrece el bien vivir (vida digna, satisfactoria y serena), con la industria de la salud como principal beneficiaria.
La influencia de la medicalización en el modo de vivir ha convertido la obsesión por estar sano y el horror a la enfermedad en un medio de control social al servicio del poder que mantiene y profundiza las desigualdades; de ahí su promoción incesante. Se arguye cómo esa preocupación por la salud, lejos de aproximar al bien vivir, introduce por senderos de angustia, inseguridad y desasosiego. Al final, se hacen consideraciones sobre los inconvenientes de que el cuidado de la salud polarice la atención y las energías vitales de los profesionales de la salud y de los usuarios de los servicios, y se descuide la responsabilidad ética, que atañe a todos, de la búsqueda de un mundo hospitalario e incluyente.

"Our inveterate inclination to simulation has made us to confuse hell with paradise."

The author

1. Introduction

In the present work, the following premise is the start: *to live well*—this is to be understood in different ways, but almost always associated with moments o states of well-being—is a universal aspiration which historically has been the privilege of very few people, and attempt, to a long extent unattainable, of most people, and it is the last end in the ideal of attention to physical and mental health. In past times, the concept of living well like the construction of the internal jurisdiction of any respectable person, and based on the ought to be, used to collect two main components originated in tradition: "The possession and use, with moderation, of goods necessary and sufficient for a daily living with satisfaction and wellbeing, and the care and preservation of life to act with honesty, moderation and common sense". This knowledge has placed standardized ideas where possession and consumption confer identity and social status, in addition to which—it is said—certain lifestyles are needed to boost the economy. On the other hand, caring for one's life has been reduced to that of health as the duty of all those who aspire to longevity, which, in the presence of an exacerbated and alienating consumerism, has undermined in the imaginary of individuals by encouraging all sorts of "indispensable" excesses.

As in our time social inequalities are accentuated, consumerism encouraged by advertising is losing—by unattainable—central importance in the aspiration of the well living of the majorities. Thus, health care is becoming the only course perceived to well living, and institutions in depositaries of the social task of providing it. This is the origin of the heavy responsibility that rests on the health workers, to which the imaginary and the expectations of the people on this type of personnel have to be added: "guardians of the physical and mental health and reliable guides in the search of well living", and reveals the growing importance of health care in the way of life of modern societies. This cannot be explained without the incessant propaganda of the mass media (in fact, of manipulation and persuasion), which convince the unarmed population that their obligations and responsibilities with respect to health are a vital priority, which has favored a growing dependency of health institutions. As we think over this historical situation, one might wonder about the feasibility of such a priority in achieving the desired well living of individuals and groups since we are living times of darkness, loaded of helplessness, uncertainty and vilification, caused by the overwhelming dominance of global economic policies that favor, as in old times of iniquitous exploitation and without measure of wage labor, the interests of capital over labor itself, increasing inequalities where a tiny minority concentrates the wealth socially generated. In addition, the large majorities are impoverished, and are marginalized or excluded from economic and social movement. These inequalities are maintained by an abusive and oppressive power serving the interests of large companies (particularly financial) on a global scale, whose relentless greed has led to the civilization, of which we are so proud, to seriously threaten itself, as we have transformed our common home into an inhospitable place to decent ways of life for the majority.

2. Social and cultural breakdown?

The following is an account of the major calamities which degrade the humanity (in the public domain),[1] with many contrasts, variants and nuances between blocks, countries and regions:

a) Unlimited commodification of human dignity with contrasting prices and profitability ranging from the heroes and stars of the show to the "disposable" destitute persons living on the streets.
b) Renewed forms of exploitation of labor that nullify employment and social rights and which are the new clothes produced by slavery in sweat shops that were supposedly abolished many decades ago.[2]
c) Famine that, far from being eliminated, extends to the poor and dispossessed countries, hence the basic objective of the UN millennium has become a dead letter.
d) Increasingly precarious nature of the ways of living of large sectors of the population of the oppressed countries and those with greater inequalities (which are the roots of migration), which extends to the economically powerful countries.
e) Dismantling of the welfare state, which weakens or cancels employment and social rights in education, health, security, pensions, housing or support to the disadvantaged of the population.[3]
f) Consumerism that is compulsive and alienating and used as a reason for living and as a sense of identity, promoted by marketing (at the expense of victims of progressive and unaffordable debt) which is key driver of a dehumanized, amoral and predatory economy.
g) Inequity and injustice that are perpetuated by political, economic, social and cultural reasons.
h) Laws which are at the service of the powerful to further constrict civil liberties.
i) Systematic and growing violence of a repressive state apparatus as a means of social control of dissent, dissidence, resistance or rebellion in the face of oppression and dispossession.
j) War, which is the constant throughout human history, becomes the most prominent "diplomatic" resource for hegemonic power of the state which is insubordinate or aspires to autonomy.
k) Fear (of the state) as a means of "deterrence" when repression is not enough to subjugate, intimidate, or control rebellious populations.
l) Unrelenting corruption of institutions around the globe which is elusive, opaque and reluctant to undergo any scrutiny and public oversight.
m) Crime—universalized as an expression of an underground economy that is inextricably linked to, and colluding with the, "legal" economy—which thrives under impunity.
n) Criminal power, which is increasingly diffuse and diversified, rivals or supplants the state itself in countries that are subject to global power, breaks the social fabric and is a perennial source of insecurity, fear and oppression in the lives of communities.
o) Abuse, discrimination, homelessness and exclusion that are unrelenting in the fates of large vulnerable sectors of the population, canceling possibilities and opportunities for fulfillment.
p) All-embracing degradation (moral and spiritual) of human life.
q) Depletion of natural resources for purposes of exploitation without measure with the consequent devastation of ecosystems.
r) Unstoppable pollution of air, soil and water that gradually poisons Mother Earth—human beings included—and has caused an irreversible global warming as the most significant contribution to "development and progress"[4].

When considering this count that is in the public domain, there is a need to recognize and appreciate the determination, dedication and courage of countless people, community organizations, of the civil society and some multinationals that arise incessantly and that, in different ways and in different spaces, row upstream resisting the moral and material degradation of the world. They head the defense of the human and social rights, the non-discrimination, the support to the destitute and suffering ones[5]; they opposed boldly to the dispossession of ethnic and original groups, promote the respect and the preservation of countless forms of life threatened or at risk; they seek the care of ecosystems and are vigilant observers and monitors of the abuse of political power and of voracious and predatory companies. These organizations represent promising counter-tendencies in front of the catastrophic course that is imposed. In contrast to this, the associations and trade unions stand; such organizations emerged as guarantors of labor rights long time ago, and they obtained, by its organizational strength, work laws and regulations with substantial benefits for the dignity of the working class. They remained for many decades; however, now, trampled by the neoliberal 'tsunami', they have been weakened and tend to the social irrelevance, leaving a big gap that abandons in the defenselessness the "privileged ones" that find job on the labor market,[6] with no emergence of influential alternative organizations that recapture the flag of the almost unarmed working class. Paradoxically, the workers, who were the first on the side of the oppressed in having organizations in the defense of their interests and rights, are nowadays the sector most unprotected and vulnerable to the abuse of capital and social exclusion.

If we look for an epithet for the panorama of the world in which we have to live, without hyperbole, it is possible to affirm that this is exhaustion and ruin of a civilization based on "profit without limits" which jeopardize, as never before, our viability as humanity. In front of such a historical situation which demands a shift of the social movement, what is the meaning of the faith of individuals and communities in health care as a reliable course in the search to live well? Undoubtedly, this is a serious problem since, in addition to the scarce relevancy and transcendence of health care in the mitigation or eventual overcoming of the catastrophe, it has powerful distracting and concealment effects on the real roots of the increasing health problems that beset us (not on the immediate and apparent causes), which are none other than the aforementioned calamities. Namely, to assume that health care is a reliable way in the attainment of living well is to deceive ourselves (in the art of living, health is only one facet, an assumption). It is illusory for unattainable—we are forced and inescapable victims of historical situations so disadvantageous and adverse that

sooner rather than later we will fall sick[7]—and inconvenient, because to devote the greatest efforts and energies to preserve and ensure the health of each individual in an excluding, degraded and inhospitable world that collapses in its humanist and moral foundations, that devastates ecosystems, where the value of dignity is that of an interchangeable and dispensable commodity, implies to ignore or neglect the responsibility that concerns to all for the unending quest for better conditions and circumstances of life for all, that would be at the core of the efforts to move closer to living well, and that the social passivity linked to the individualism makes us to believe that it is someone else's matter.

From the above, it is derived the contradictory situation in which the members of the health care staff of the public institutions are immersed. On the one hand, they are held responsible for the preservation of the health of people living in conditions progressively "unhealthy" (precarious, stressful, degrading, depressing), as they are demanded good results. On the other hand, their actions and interventions are restricted to what is rigorously related to health care. This is usually a permanent source of frustration, dissatisfaction and helplessness before the meager results,[8] because the roots of which is manifested as physical and mental chronic health problems of people are found in their circumstances increasingly adverse to forms of dignified, satisfactory, serene and fraternal life that, with infinity of nuances, are imposed on the population of all the regions of the planet.

3. Health care

It is understood by *health care*, from the perspective of the institutions socially responsible for sanitary services (I prefer the Castilian word "sanitary" rather than "health services", which is part of the manipulative decoy of the respective state institutions, since their activities correspond, in strict sense, to fight against the diseases), in the medical discourse, as the key to the attainment of living well and that gives rise to the modalities of public health or medical practice, and to the different phases or stages of action strategies:

1) *Prevention of diseases* that implies a predominant approach on population and that, in accordance with the time and opportunity of its achievement, is considered: *primary* (desideratum of public health) is that which delays or prevents the emergence of a certain disease; *secondary*, aimed to detect a certain disease in very early stages, with the purpose of preventing or delaying its development; *tertiary* whose purpose is, once developed a certain disease, to try to avoid that it gets worse or to avoid complications and exacerbations; *quaternary,* directed to reduce or avoid the harmful consequences of unnecessary or excessive interventions of the sanitary system.[9]

The other strategies are implemented under an individual perspective:

2) *Diagnosis of diseases* is to identify and define the disease present in the person requiring care (damage approach) or to identify factors present in the individual that raise the probability of occurrence of a disease in the near future (risk approach).
3) The *treatment of diseases* has a first distinction specifying between medical treatment (somatic or psychological disorders) and surgical treatment.

In accordance with its purposes and possibilities, the treatments can be of several types: a) *preventive*, correspond to the phase of prevention that tries to slow the development of a disease and reduce or avoid deterioration or complications; b) *curative*, aimed to eliminate or eradicate the disease; c) *substitutes* of a diminished function or organ loss; d) *of control*, to maintain the deviations of vital signs or patient mental standards within the acceptable ranges according to clinical or scientific criteria; e) *palliatives*, whose purpose is to mitigate the suffering or to prolong the period of life in acceptable conditions—quality of life—before the incurable or inevitable; f) *rehabilitation*, which seeks to restore the functionality affected or to prevent sequelae that may be caused by the disease.

If now we consider what happens in the real world—with regard to the results of the implementation of the different strategies to combat diseases based on the standardized use of technologies applied to very dissimilar individualities—, one finds that, with many variations and nuances, rarely their purposes are fully achieved and,

In numerous increasing occasions, they result, on one hand, excessive, injurious or counterproductive, and on the other hand, insufficient, untimely or ineffective.

In addition, the fight against diseases, in the perspective of institutionalized western medicine which bases its publicized power and effectiveness in the continuing incorporation of technological innovations, which requires considerable resources and is inaccessible to the poor countries, is a carrier of "double-edged swords", whose use invariably bears risks that often result in damages (not necessarily due to mistakes, but to the characteristics inherent to the technological resources in use).

To this some forms of use are added depending on the social context in question in two aspects: *careful* in the application of the technologies under the established criteria and the good judgment that are close to the ideal, to provide the greatest potential benefits; or neglected, which deviate from that ideal, decreasing, cancelling or distorting the desired effects.[10]

It is also necessary to consider in this case that the classic clinical practice, where the knowledge of each individuality was as much or more important than the knowledge of the disease being treated, it is in extinction, and has been limited to the aseptic use of skills and technologies indicated in the case in question that, by diluting the doctor-patient relation, it weakens the expectation in favor of the patient, and increases the likelihood of unsatisfactory or adverse results.

4. The perspective of the users of health services and the power

When pondering the specific effects of the sanitary system to implement the various strategies of action to preserve or

restore the population health, the real protagonists must be considered (as their lives are involved): the recipients of the services who have a decisive influence on the greater or lesser fulfilment of the purposes sought.

In this regard, from the perspective of the users of the services and the public at large, by virtue of their previous experiences and the huge advertising, an idea germinates—founded in the acquiescence and the docility—that their role in all this, for the sake of the effectiveness of the implemented strategies, is limited to a reciprocity to the proposals and unilateral recommendations of the staff, reciprocity which under ideal conditions, translates into a willingness to cooperate on the basis of a felt, inescapable and priority r*esponsibility* to care for and preserve their own health (right here to talk about healthcare is indicated since this is proper to each person), and so to accept and assume what the sanitary system indicates and recommends, acting accordingly.

From another perspective, such obligation induced by an incessant, massive and persuasive advertising would represent a circumstance conducive to motivate and encourage citizen initiatives in the care of own and others health, of greater potential benefit than the implementation of unilateral measures emanating from the sanitary system, because they would be guided by the users' genuine interests who share health care experiences, invigorated by the collective participation which would exert an unprecedented social control on the relevance and quality of services. However, such participation is systematically restrained or silenced, especially if the mobilizations arise and develop by outside the institutional control[6,8]. This fact, in addition to cause a greater dependence on the sanitary services by the population, exceeds them.

In other words, policies in general and the sanitary ones, in particular, favor the passivity social in two ways: on the one hand, they bombard the population with allusive and intimidating messages on the consequences of breaching health-related duties and responsibilities, and on the other hand, they discourage, neutralize, or block the collective and organized *participation* of the population aimed at the satisfaction of their needs, expectations and aspirations regarding sanitary services (it must be made clear that "participation" is used here as a concept, not as the ordinary word, and refers specifically to the mobilization of a collectivity organized around shared values or interests, and in the defense and promotion of these). The described situation exemplifies the way of operating the strings of power that deters, systematically, the attempts of participation in any social space (always threatening to control requirements).

It also reveals that we live historical times where the political power—in the service of the dominant interests of increasing profitability of capital at the expense of progressive decreases of profitability of work—is forced to diversify, intensify and, above all, to make invisible the social *control* mechanisms directed at groups and populations acting on their behalf, express their disagreement, rebel and oppose.[a]

[a] Control that is losing its effectiveness in the face of the growing dissatisfaction with the imposition of adverse forms of life, the reluctance to undergo a "inexorable reality," and the emergence of resistance modes of all kinds that are leading to a multitude of civil organizations.

Thus, the participation of the population within the field of health —that leads to progressive awareness that the ruling order is the root of daily adversities and of the environmental "unhealthiness" which makes it ill—represents, to the power maintaining the order generator of inequalities, the risk of "pollution" of other spaces.

Instead, rigidly maintain passivity operates as an effective control formula that, by defining eventual dissents to the area of health at the expense of exceed and unhinge the possibilities of the sanitary institutions and, therefore, to undermine them, prevents the arrival of the conflict to the political scene. This explains why that felt responsibility translates into more facts in standby, uncertainty, acquiescence, and restlessness, rather than in the search for understanding what is happening or to foresee alternatives of collective action of the afflicted by some discomfort either acute or chronic, somatic or mental. Even less, the initiative is assumed with respect to the vital decisions which concern them (it is obvious that there are numerous exceptions in this regard). Such a passivity facilitates that the users, once inside the sanitary system, usually become docile patients, which usually means that patients leave aside their wishes, preferences and aspirations, they expose their intimacy, accept without reservations the completion of uncomfortable, annoying or painful diagnostic procedures, according to the problem of health afflicting them.

Once the diagnosis is clarified (if that is the case), patients strictly abide the prescribed medical treatment and the measures recommended, or they endure any invasive procedure.

The responsibility felt by the care and preservation of the own health has reached such prominence in the social imaginary that increasingly influences the way of being and of living in the majority of the population, in particular in the dominant countries with developed economies. In contrast, in the despoiled and subordinated, countries with marked social inequalities, to inculcate such responsibility represents a cruel paradox for large sectors of the population who are victims of exclusion, precariousness and insecurity, and they are forced to insecure, unstable, marginal, and high-risk forms of survival (migration, crime). The obsession to be healthy and the horror to disease tend to become central and unquenchable human life concerns. In this way, the population becomes progressively dependent on sanitary services and, gradually, people introduce the rationality and the logic of the medical gaze in their ways of living. This has been designated as *medicalization* that, concisely, means assigning the highest priority to the search for living well to the fight against diseases.

Increasingly, everyday vicissitudes, which in other times were faced as minor incidents or situations inherent to daily life, we used to learn from them, we bore them, and frequently they were considered no more important drawbacks or even disappeared (for instance, the ailments that appear with advancing age, which sometimes restrict certain types of physical activity, may propitiate the increase of intellectual or artistic activities), are now considered "health problems" studied and even treated by doctors. The foregoing, as well as become a juicy business of "the vast health industry", advocates that the respective institutions, both public and private, strengthen their role of means of social control of the population as they magnify trivialities and create

greater dependence, diverting the attention of applicants for aid or customers. This dependence on prevailing order originates the social processes that underlie the early and growing presence of (chronic) somatic and psychic diseases: conditions and circumstances increasingly adverse to dignified, stimulating, productive, rewarding, serene and fraternal ways of life.

5. The medicalization of social life

The medicalization of progressive human life is an unequivocal expression of the excesses referred to above[11] that, whereas it involves the gradual incorporation of scientific knowledge to the field of health into the ways of living of people, is far from representing, against the widespread opinion, the guarantee of benefit attributed to it and of sure guide to achieve better ways of life by the receiving population (to live well). There are different reasons for which the medicalization of the ways of living is far from meaning a great step in the progress of civilization. Highlighted here are three:

1) In the first term, the medicalization is not a compulsory consequence of the incessant incorporation to everyday life of the new truths or a particularized and present expression of the arrival to "knowledge societies" which proclaim the massive means of persuasion throughout the planet, exercising a imperceptible and effective control of consciences which makes the dominant ideas prevail at the service of power (in the words of Malcolm X: "…If you're not careful, the newspapers (the media) will have you hating the people who are being oppressed, and loving the people who are doing the oppressing". This is incompatible with a society based effectively in the knowledge. Then, it is a historical situation that has been configured by the so called health industry (in every variant), whose raison d'être, much over any other consideration, it is obtaining high rates of gain achieved by manipulating the market with crushing advertising and by inoculating the helpless victims (including those that provide the services) with high doses of misleading fantasies, illusory assurances, induced and alienating needs or unfounded expectations, underlying patterns of compulsive consumption of what is 'good to be healthy" and to distance the disease (health as an obsession and merchandise of increasing cost).
2) Another reason has to do with one of the biggest limitations of the scientific knowledge generated in the field of health to be translated in a real contribution to the population welfare. It is that about the social restriction of its search, because the powerful health industry—mainly the transnational corporations that produce the leading-edge technology or of "last generation"—it is determining increasingly what problems are to be investigated, the research priorities, and the technology involved in its achievement, by means of the selective financing of projects accordingly to its interests (in fact, this is progressively about projects by request) which usually results in very profitable innovations and patents due to its exorbitant cost for the consumers. This is to say, health problems are investigated (actual or medicalization-created problems) only if their diagnosis and treatment for lifetime assure high profitability because of the huge market of persuaded consumers, but not necessarily the health problems most urgent, those that blight the poor and marginalized or those of major morbidity, nor the most effective, accessible, less aggressive or most beneficial treatments for people and communities (perhaps psychotherapy is the main exception in this respect).[12]
3) The last reason also alludes to the limitations of research in its intended contribution of unquestionable scientific truths that must shape the ways of life of civilized people who aspire to live well, but now with regard to ideas about the reality of living beings (including humans) manifested as beliefs, convictions, or ways of acting of scientists; this is the *mechanicism* which equates the body with a machine. For example, we talk about "the perfect machine" to refer to the human body in fullness and about "the disabled machine" in the presence of an unwell body deserving repairs: "Try to identify the altered mechanisms to be able to act, in order to restore the proper functioning". The machine, as a metaphor (by the way of scientists act, this seems to be the reality itself), is far from unraveling the nature of life as the fact that each organism is unique, among other qualities, (not a machine with average yield), that the vital process is the endless interactions of the body with its environment and the ceaseless change and generator of novelties at every time.

This is neglected when experiments are performed and scientific facts registered: communities of events (not individualities) are observed in "controlled situations ", simplified and environments standardized[13]. The reductionist, simplistic and misleading idea of a machine in the minds of health professionals has to do with many of the failures of health care in its different strategic variants, attributable to the patient who dares not to behave as a machine (lack of adherence to treatment or collaboration, irresponsibility, indiscipline, rejection of medical recommendations). Such limitations are also present in the professional practice, where the idea of machine underlies the division of labor. Each specialty privileges in their interventions a fragment or function of the body (ignoring the rest) and focuses its efforts on "repair or return it to the pattern of normality", although such purpose can cause an injury in another fragment or function, represents a disharmony for the body as a whole or a disadvantage for the patient's relation life (in psychiatry and psychology, this reductionism is considerably dimmed).

The medicalization of life, while driving the population under its influence to be closer to sanitary services, and this can encourage the timely implementation of prevention measures or early detection of health problems (which in this phase can be solved or better treated), also tends to introduce the individuals into a path fraught with anxieties and obsessions that mark the affective tone of daily life. This is a powerful trend that, although faces resistance or defiance in a considerable proportion, advances and shapes progressively the life of the most vulnerable. The medicalization is not conducive to serenity and initiative, but unrest and resignation. It is not coincidental with

the enjoyment of the coexistence of the rewarding moments of the existence or with the wisdom of the living well, but indifferent or distracting; it favors a fearful, anguished individualism, with aversion to the disease, willing to submit itself to deprivation, dissatisfactions, diverse disadvantages, and even to suffering for the sake of "preserving the health", which periodically vents or worsens its affliction when monitors the vital signs (the required check-ups). The sanitary system, the main engine of the medicalization, has contributed to that the once events inherent to the private sphere, such as childbirth, are these days considered, indiscriminately, of obliged institutional care. It has contributed also to that common and lightly transcendent incidents are now a matter of concern induced in their carriers, that takes them to seek professional advice and to undergo exhaustive diagnostic studies that often result in overdiagnosis and unnecessary treatments,[14] or that even the "risk" of getting sick or the difficulties for coexistence become new pathologies. That is, new intimidating tags applied to those considered in other times "rare but normal",[15] which merit expert interventions. Some examples are having a family history of a certain disease such as diabetes, obesity, Alzheimer's, high cholesterol, overweight, eating or mood disorders, hyperkinesia or attention deficit disorder, dyslexia, or more recently, osteoporosis and old age fragility or the alleged genetic predisposition to certain diseases, such as breast cancer. "Health promotion" is also the expression of the medicalization to impose changes hygienic-dietary and physical activity, often contrary to long-standing habits of the target population or inconsistent and unworkable in the life circumstances of the anguished recipients.

It should be emphasized that the above mentioned does not pretend to imply that such situations are necessarily disadvantageous or counterproductive, but it tries to stress that all that now seems obvious, desirable and undisputed, is an unequivocal manifestation of how the medicalization internalizes in the minds of the population and of health professionals to extend to times and spaces of the existence previously subtracted from its influence.

The progression of medicalization is not due to their intrinsic bounties as, for instance, it instills horror of diseases and distracts or alienates from a serene, enjoyable, satisfying and fraternal life. Rather expresses its harmony with the interests of the buoyant and diversified health industry, which constantly increases profits by impinging on people life spaces which remained apart from its persuasive effects, all under the slogan "preserve, care and promote health": from invasive checkups to the compulsive fitness, passing through strict and selective diets, tranquilizers, vitamins, antioxidants, supplements of all kinds, energy drinks or "miracle products". It should be emphasized that the medicalization of life—that locates in the center of people concerns to keep themselves healthy and as one of their obligations their health care as part of their aspiration to live well—is both a consequence and a cause of social control mechanisms of consciences.

They work with great effectiveness because they are not perceived as such, and their effect is to divert the disadvantaged ones' attention (the vast majority) from the the unjust order, which generates, perpetuates, and deepens the inequalities in all orders of social life, causing the deterioration of vital conditions and circumstances that are at the root of "unhealthy and pathogenic" environments that overwhelm people and which, by dint of habit, seem "normal", "inexorable", and encourage to adaptation at the cost of moving away from living well.

6. What is to be done?

If one has the genuine pretension to give greater scope to work in favor of those who are in need of and ask for assistance, it would not be a question of insisting, persuading or making believe to the community and to ourselves that the body or mind welfare (components of living well) depend mainly on assuming responsibility for the care of our own health, or accepting and fully complying with the recommendations and requirements of the specialists. Such persuasion, with their deceptive certainties, contributes decisively—almost always involuntarily—to the manipulation of consciences, to passivity and conformism before the adverse and unjust circumstances in which we find ourselves. All of this forms a prominent part of the mechanisms of social control exerted by states and governments (guarantors of the dominant interests), aimed to divert the disagreement, dissent, resistance and rebelliousness toward other spaces, safeguarding the policies that maintain inequality, abuse, precarization, injustice and exclusion.

Based on the above, if we aspire our proceed as health workers to provide greater benefits to patients, the first thing is to realize that the preservation of health and living well are far from being equivalent; they may even be divergent in times marked by the medicalization. A next step is to become aware of the historical context in which we live and the gravity of the circumstances involving everyone, so we should not act as if nothing happened beyond our own labor and social ambience. In this search, it is necessary to expand or change the perspective of understanding the events, to find out the roots of the current situation we face and perceive how the prevailing order, through their domination strategies, determines that the activity itself to operate (behind the backs of the protagonists) as a belt of transmission of social control. Likewise, to recognize that the care and preservation of health, as a center of the responsibilities and vital priorities throughout the existence of every individual (including ourselves), and as the required and restrictive framework of our initiatives, decisions, actions, inquiries or recommendations, are particularized expressions of that control. Then, it would consider, among our shared vital options, matters more fundamental, sensitive, endearing and compelling for the existence of individuals, groups and communities in these fateful times, as those relating to the *meaning of life* in its multiple dimensions of time and space, that give rise to *vital projects* vigorous, consistent and committed for a better world, which encourage and guide the longing of living well, which, in its individualized version, it can take as a starting point for further considerations, the dual connotation aforementioned in the introduction which is attributed to tradition: "The possession and use, with moderation, of goods necessary and sufficient for a daily living with satisfaction and wellbeing, and the care and preservation of life to act with honesty, mod-

eration and common sense." When this type of vital projects are developed, they involve us in causes beyond individualism. This entails reconsider the priorities of life toward the search for living well but as collective desideratum.[b] The treatment of these issues, as necessary as urgent, is the subject of the second part of this work.

Conflict of interests

The author declares no conflict of interests.

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[b] In these expositions, and with greater reason, in environments of readers where that concerning diseases is a forcer referent of reflection, it is not intended to circumvent that the affectation of health, whether it is resolved or becomes chronic, at the time of its emergence obligatorily occupies and monopolized the priority of feeling, thinking and acting. However, when the outcome is not fatal or severely disabling, in many cases a solid vital project makes possible the overcoming of the more disrupting effects or limitations of the disease (in variable times depending on the nature of the problem in question), and although the vital priorities undergo a rearrangement, they can preserve the hierarchy presided by a vital experience guided by the altruism striving to live well.