The value rationality and tool rationality of Health Priority

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Abstract
Health Priority is increasingly becoming a human need and an international consensus. In addition to the basic value judgment and direction-leading function, Health Priority also has a clear, practical meaning and distinct tool attributes. The text adheres to the organic unity of regularity and purpose, follows the modern medical model and the philosophy of system theory, combines the characteristic facts, and discusses the value rationality and tool rationality of Health Priority based on the whole process management, and tries to refine the Health Priority governance model with Chinese characteristics, so as to provide a reference for global health governance.

Keywords: Health Priority; value rationality; tool rationality; Chinese characteristics
Introduction

Health Priority has always been a good need of mankind, and since the COVID-19 outbreak, health has become a priority agenda for global governance. Although Health Priority has almost become the common vision for citizens, social, national and even all kinds of global micro or macro subjects, due to the health factors in economic and social areas, and the maintenance and promotion of health involves the interests of the government, the society, individual coordination and behavior regulation, so the realization of Health Priority faces all kinds of constraints, a long way to go.

In China, a healthy China has become a national strategy in recent years, the “Healthy China 2030” plan outline sets Health Priority as the primary principle and requires that health be given priority as a strategic position in development, integrating the concept of promoting health into the whole process of public policies formulation and implementation based on national conditions, accelerate the formation of lifestyle, ecological environment and economic and social development model which is healthy, and realize the sound and coordinated development of health and economy and society [1]. Obviously, Health Priority has become an important tool and main destination for building a healthy China and promote health governance in the new era [2]. But the good wish of health is far from achieving the “priority” result in the actual ordinal arrangement, there seems to be an insurmountable gap between knowledge and doing or the gap between ideal and reality.

China’s Health Priority strategy is not only a profound understanding and precise grasp of the long-term development laws of the domestic health industry but also an active response and guidance to the development trend of the global human health community. Health Priority actually follows the biological-psycho-social medicine model, and in the international community often points to systematic governance of health based on the universality of health influencing factors, so the corresponding system philosophy guides the organic unity of regularity and purpose and Intersectoral Action for Health, Health Promotion, Health in All Policies, has almost become synonymous with systematic governance of health. Based on the modern medical model and its philosophical basis, this paper explores Health Priority from the value rationality of goal setting and the instrumental rationality of integrating all policies and summarizes the governance model with Chinese characteristics, in order to provide inspiration for global health governance in the post-epidemic era.

Health Priority follows the modern medical model and system theory

According to the definition of health by WHO, Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity [3]. Following this definition, the theory and policy research of Health Priority covers medicine, management, political science, economics, demography, sociology and other disciplines. Obviously, the research on Health Priority belongs to the typical interdisciplinary discipline category. The research on the proposition of health priority is naturally inseparable from the combination of the changes in the medical model. In fact, the medical model has gone through a long and tortuous course of evolution. In general, under the impetus of modernization, the popular traditional biomedical model of modern times is being replaced by the modern biological-psycho-social medicine model. In the 20th century, the human disease spectrum and death spectrum began to change from acute infectious diseases to chronic non-communicable diseases, the challenge of health socialization factors is increasingly strong, calling for the advent of whole (system) medicine. So medical vision extends to the psychological and social level, especially George L. Engel, who is an American professor of psychiatry and psychiatric medicine, proposed the biological-psycho-social medicine model in 1977 and considered that disease is the result of the interaction between physiological abnormalities and psychological states and environmental conditions [4], and the opinion is gradually accepted by human and is still widely influential today.

Based on system theory [5], the biological-psycho-social medicine model integrates the biological attributes and social attributes of man and considers themselves and the external environment as a whole, the health as a high level of collaboration within and between systems, biology, psychology and society influence each other and are highly unified, with “multiple etiology” or “many cause many fruits”, rather than linear “single cause single effect” of the biomedical model, promoting disease treatment and health maintenance. Of course, the difference in medical models directly determines the difference in the view of disease, and then the study of disease and health discipline category is also very different. Biological-psycho-social medicine model obviously beyond the biological science single, isolated perspective, considers the maintenance and promotion of health from the overall, comprehensive level of the physiological, psychological, and social perspective, and make the interdisciplinary such as cross-industry cross-domain characteristics of the Health Priority proposition more obvious, so the effective management of health has become a systematic complex engineering tool.

The value rationality of Health Priority lies in the goal setting

“Value rationality” mainly points to a certain value ideal, value judgment and value pursuit of human beings. It puts the purpose setting and value care at the center of the problem, and examines whether the specific purpose meets the ultimate value and whether it meets the needs of human beings, and sits on the proper level of metaphysical “Tao” [6]. In the whole process management of health priority, the priority setting of health goal orientation is the first link and the “first-hand chess”, which will play a leading directional leading role in the implementation of the follow-up links, in other words, whether a good goal is set directly determines the success or failure of the health first “overall chess”. There is no shortage of theoretical sources and practical support for Health Priority, such as the right to health, health human capital theory, the determinism of health social factors, cross-departmental cooperation, health promotion, health into all policies and so on. Especially, the right to health has become an important component of human rights, ensuring human health is an inevitable requirement for safeguarding human dignity and achieving comprehensive human development, which is directly reflected in many international conventions, regional conventions, and constitutions of some countries. To prove the purpose of a certain thing, in addition to see whether it has a clear and reasonable goal orientation, but also to see whether it has a reasonable plan to support the realization of this goal [7]. When people’s health is set as the priority goal of development, the next reasonable planning arrangement is mainly reflected in the structure and operation of the organization and leadership system. In addition, the universality of health factors and the coordination of cross-departmental cooperation requires that health be set as a priority for development and also be included at all levels. There are many factors affecting health, especially in modern society, social factors such as residents’ income, social status and external environment have become more and more decisive factors. Therefore, the determinism of health social factors has become a consensus. WHO set up a Committee on social determinants of health in 2005.

The maintenance and promotion of health may conflict with the pursuit of goals in other fields and be constrained by various aspects, leading to the deviation of the value rationality of Health Priority and even the result of non-health value orientation. Therefore, government agencies are also required to check the actual implementation of Health Priority. Given that value rationality is “a pure belief in the ethical, aesthetic, religious, or any other interpretation of a particular manner, regardless of achievement or not”, then based on the guidance of the value of life first and Health Priority rationale, as long as “the selected behavior has absolute value and significance, and in order to realize this value, the means and
consequences of the behavior are generally not considered” [8], this would fully allow policies that are not integrated into health, or policies that are harmful to health, to be rejected through advance review.

The instrumental rationality of Health Priority is in integration into all policies

“Instrumental rationality” mainly points to certain operational procedures and practical ability of human beings, focusing on the possibility and effectiveness of the means taken to achieve specific purposes, examining the effectiveness of the tools in the existing state, and is located in the real level of the underlying “art” [6]. If the goal setting mainly shows the brilliance of value rationality, then the promotion of implementation mainly releases the function of tool rationality. In view of the universality of health influencing factors with the rise and development of the new public management movement, health governance often points to systematic health governance, which is regarded as the essential feature of health governance, and it has become a consensus at home and abroad to deal with various health problems with multiple governance subjects. Health Priority also requires systemic governance. In fact, regarding the way to realize the instrumental rationality of Health Priority, the international experience has formed with universal value, that is, “health into all policies” advocated by the WHO Adelaide Declaration in 2010 [9]. Of course, the governance of Health Priority needs to follow the system theory and holistic view and cannot be separated from multi-subject and multi-center coordination and cooperation. After all, health governance covers all the actions and measures aimed to promote and protect the health of the population. It can be either formal systems or informal systems, emphasizing the diversification of governance subjects and the participation and integration of the governance process [10]. And the systemic, collaborative governance of health fundamentally stems from the right to health and health is a complex cross-domain and health problems and as set of right to health, not only in the medical and health care, but also involved in nutrition, environment, employment, education, and many other fields, covers almost all government departments, also involves across the spatial division of society, institutions, families and individuals [11].

China is forming a model of Health Priority

Tracing back to the long history of the Chinese nation, it is not difficult to find that the Health Priority strategy that China is vigorously promoting is actually rooted in the fine genes of Chinese culture, which is in the same line with the traditional Chinese medicine health culture and the governance concept of seeking people’s well-being. The Chinese people have a long historical and cultural tradition of respecting life and pursuing health, and have formed a set of health preservation theories and methods in the long social practice, which covers diet, daily life, self-cultivation, sports and fitness, social communication and other aspects, pay attention to the balance of Yin and Yang, actively promotes health, is rich in national characteristics, and has a relatively perfect system, and has also made important contributions to the blood heritage, health maintenance and cultural promotion of the Chinese nation [12]. China’s numerous classic works of traditional Chinese medicine have made a classic metaphysical annotation to the core of the concept of Health Priority and health preservation culture. For example, the Huangdi Neijing clearly puts forward the concept of “preventive treatment of disease” in traditional Chinese medicine and points out, “So the sage did not cure the disease and chaos, but prevent the disease and chaos, this is also called.” [13] and “Excellent doctors prevent the disease, but do not cure the disease” [14]. In addition to “prevention before disease”, the concept of “preventive treatment of disease” also includes “disease prevention”, “recurrence prevention after recovery” and other contents [15], the corresponding classical discourse is also commendable. For example, “Synopsis of the Golden Chamber” points out: “The liver disease may lead the spleen disease, so the function of the spleen should be strengthened” [16], “Jingyue Encyclopedia asthma” points out: “The root of asthma is cold or tired” [17]. In a word, traditional Chinese medical science “preventive treatment of disease” pursues the health state of “spirit inside, true spirit follows” and the disease prevention purpose of “healthily stored inside, evil cannot be done” [15], and practice also fully demonstrates the effectiveness of traditional Chinese medical science treatment. Therefore, “TCM acupuncture” as a typical culture of Chinese human medicine has been included in the UNESCO Representative List of the Intangible Cultural Heritage of Humanity, and the traditional Chinese medicine classics, the Huangdi Neijing and Compendium of Materia, were also included in the Memory of the World List [18].

Over the past 70 years since the founding of the People’s Republic of China, health has always been a good aspiration and pursuit of the people. The Communist Party of China and the Chinese government have always adhered to the purpose of serving the people wholeheartedly. In particular, they attach great importance to the people’s lives and physical and mental health and give priority to their health rights and interests in development. Through many joint efforts, the situation of the rampant disease, the lack of medicine and the general weakness of the “sick man of East Asia” in China have changed, the life expectancy of residents in China has increased from 35 years in the early days of the founding of the People’s Republic of China to 73 years at the beginning of the new century, China took about 30 years to improve the health level that the United States, Japan and other developed countries have achieved for more than a hundred years [19]. Based on the new era and the new historical position, China upholds the concept of “big health” and “focus on the health of the people” and the principle of “health into all policies”, with “problems and demand” as the guidance, aiming at the grand goal of realizing socialist modernization in two stages after completing the building of a moderately prosperous society in all respects, is actively exploring building a systemic governance framework of Health Priority. So far, China has formed a health care system which is guided by the Constitution, abides by the Law of the People’s Republic of China on Basic Medical and Health care and Health Promotion, based on the implementation of civil laws and regulations, public health administrative laws and regulations, and local regulations, and take various guidelines, programs and programs in the field of health as a guide to action, so as to provide a solid institutional guarantee and legal effect for the better implementation of health priority and promoting the construction of healthy China [18].

Health Priority can be viewed from the relevant statement in the “Healthy China 2030” planning outline: “to Put health in the strategic position of priority development” establishes the strategic positioning and value direction of Health Priority, “Based on national conditions, to put the concept of promoting health into the whole process of public policies formulation and implementation” clarifies the implementation methods and working methods of Health Priority, “to accelerate the formation of lifestyle, ecological environment and economic and social development model which is healthy, and realize the sound and coordinated development of health and economy and society” ascertains the outcome orientation and evaluation criteria of Health Priority [2]. In terms of overall governance, following the Law of the People’s Republic of China on Basic Medical and Health care and Health Promotion, combining the “Healthy China 2030” planning outline and “Healthy China Action (2019-2030)” and other healthy China construction related documents, integrating the “five-in-one” overall layout, there are five child strategies as the main mechanism such as economic construction Health Priority strategy, political construction Health Priority strategy, cultural construction Health Priority strategy, social construction Health Priority strategy, ecological civilization construction Health Priority strategy, and with a number of key projects as an important support under the whole strategy [20]. In terms of specific governance, guided by the top-level macro design such as strategy, law, system, etc., the medium assembly platform such as policy, city, and industry serves as the main body,
with micro health cells such as healthy community, healthy school, healthy enterprise, healthy family to support, comprehensively strengthening the governance ability of each subject no matter macro, medium, micro levels for Health Priority [21]. In addition, China has taken an active part in global health governance, promoting the building of the “Silk Road for Health” and the Community of Human Health to provide high-quality international public goods and international cooperation platforms for the world.

Conclusion

In the course of human development, the pursuit of health is an ancient and fresh proposition. As the value pursuit of necessity, whether it is out of practical experience cognition or theoretical logic deduction, Health Priority has a natural and inevitable response. For Health Priority, we should not only “know how”, but also “know why” and “know why it is inevitable”. The Health Priority strategy that China is vigorously promoting is actually rooted in the good genes of Chinese culture and the health governance experience of the world. China’s Health Priority practice will continue to be strengthened and contribute new positive energy in the course of the great rejuvenation of the Chinese nation and the sustainable development of mankind in the future. It should be emphasized that, in addition to the basic value judgment and direction-leading function, Health Priority also has a clear, practical meaning and distinct tool attributes. We should adhere to the organic unity of regularity and purpose, further refine China’s Health Priority plan, provide useful inspiration for the “Silk Road for Health” and the Community of Human Health, and objectively contribute China’s wisdom and strength to global health governance.

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