Commentary

Meikirch model and Indian culture

In his editorial, Banerjee provides a perfect description of the Meikirch model. He concludes that the model may encourage an approach to health, which is not unduly mechanized and medicalized, but participatory, involving all stakeholders. The Meikirch model is a new method of thinking about health. When analyzed in detail it has many more consequences than those that Banerjee could mention. In my note, I would like to focus on two of them,
emphasizing the significance of the personally acquired potential and the dialogue among different determinants of health.

The personally acquired potential is small at the time of birth, but thereafter continuously evolves throughout the life. Depending on the biography of the individual and the amount of effort expended to develop his or her personality it may lead more or less to maturity. Inasmuch as the personally acquired potential also represents freedom for each individual, health also requires personal responsibility. For this reason, health is not only due to fate but is also a matter of self-leadership. The English expression, “to lead a healthy life” intuitively supports this conclusion. Nevertheless, in modern medicine personal responsibility and self-leadership for health have almost completely been neglected.

This practice goes back to Virchow (1821-1902), a pathologist in Berlin, Germany. In 1858, he published his concept of cellular pathology, where he explained disease in essence as collections of bodily cells in places, where they should not be. In his publication he did not even mention health. Yet, by implication health meant that no cells were in places where they were not supposed to be. This explanation led to health as a negative and a purely materialistic concept in which the personality of the patient plays no role. Even today Virchow’s cellular pathology is the leading concept in medicine and represents the root of all scientific and technical advances. It is thus to be highly respected. We all profit from the tremendous advances of medicine over the past 150 years. Yet, in the mean time we have learned much more about the personal relevance for her or his health. In this regard, the concept of salutogenesis by Antonovsky (1923-1994) was a major advance. Another interesting movement is the positive psychology by Martin Seligman that distinguishes between flourishing and languishing persons. For every negative feeling a flourishing individual experiences at least three positive feelings. Languishing occurs, when less than three positive feelings are available to compensate for a negative feeling. On average flourishing people live many years longer than languishing individuals. These observations confirm the postulate of the Meikirch model that the personally acquired potential is very important for health. Its neglect in cellular pathology has now evolved to an important mistake.

Thereafter, schools are important. Finally, the social setting, places of work, and how the family lives contribute in a positive or negative way to the personally acquired potential of each individual. In other words, it is not the individual alone who is responsible for this potential. Interactions with the social surroundings contribute very much to the potential and to flourishing. Communication with other relevant humans helps an individual to develop his personally acquired potential. Consequently, responsibility must be shared. For example, employers and employees must together see that working conditions contribute both to the development of the personally acquired potential and to the success of the enterprise. Healthy and flourishing workers contribute much more to productivity than frustrated and exhausted employees. Analogous considerations apply to community and family life.

When analyzing health, the interactions of each component of the Meikirch model with all the others must be studied and evaluated. The personally acquired potential relates to the biologically given potential, the demands of life, and the social determinants of health. Each of these relationships offers many opportunities for developing skills and abilities and to increase the creativity and productivity of each participant. This may lead to a culture of health that can be developed in each society.

Interestingly, in the Hindu culture there is a wonderful example of personal evolution to a high level of self-leadership. In the Bhagavad-Gita Arjuna is taught by Krishna about three qualities of living, the three gunas. He is called to evolve from “tamas” (darkness, destructive, chaotic) through “rajas” (passion, active, confusion) to “sattva” (goodness, constructive, harmonious) and finally to the love of Krishna. In this way, Arjuna is supposed to develop his personally acquired potential. Once he is living in a sattva state he also disposes of all the qualities which are required for a successful and creative dialogue with the biologically given potential, the demands of life and the social determinants of his life. Thus, taking the Bhagavad-Gita as a reference, the Meikirch model appears to be in a perfect agreement with an important source of Indian culture.

Johannes Bircher
Department of Hepatology, University of Bern, Bern, Switzerland

Address for correspondence:
Dr. Johannes Bircher, University of Bern, Reuelweg 20, CH-3045 Meikirch, Switzerland.
E-mail: jbi@swissonline.ch
References