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# FROM THE CRITIQUE OF HEALTHISM TO A RENEWED IDEA OF THE RIGHT TO HEALTH[1]

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The volume by Rosaria Pirosa, the tenth of the series "Social practice and legal theory" directed by Thomas Casadei and Gianfrancesco Zanetti, leads to the contemporary debate concerning the relationship between bioethics and law: more specifically, it focuses on the specific political implications and juridical aspects linked to healthism, as a technique of neo-governmental power.

The purpose of the work consists in an attempt to

> "carry out a reflection on health starting from the recent debate, which originated in the US context and is being developed in various European national contexts. […] The discussion aims here to show how the contribution of a critical theoretical approach to law can lead to an understanding of healthism as a process of vulnerabilization" (Pirosa, 2021, pp. 10-13).

The book is divided into three chapters: the first focuses on the "historical-social genesis of the term healthism" (p. 11), the second and the third ones also delve into the perspective of vulnerability and intersectionality, as critical tools for an interpretation of the health-care approach. Healthism is understood as an authentic technique of power aimed at the "depoliticization" of the right to health, "rooting the implementation in the individual's capacity for self-determination and, therefore, placing its protection in the private sphere" (p. 11).

1. Discussion on Rosaria Pirosa, *Dal diritto alla salute all'healthism. Una ricognizione giusfilosofica*, Modena, Mucchi, 2021, pp. 105.

The first chapter (see pp. 17-41) deals with the historical origin of healthism: the author underlines that the term has been used for the first time by Irving Kenneth Zola in 1977 according to the meaning of medicalization in the sense it can manifest itself both in the form of discipline, and as a device for social exclusion: " 'medicine' generates a broad effect of social control, since, by combining the truthful canon of religion and the authoritative canon of law, it reproduces the binding nature of religious and juridical institutions" (p. 17).

Consequently, healthism borrowing a certain negative inflection of biopower and the dichotomy between normal and pathological as elaborated by the French philosopher and epistemologist Georges Canguilhem (p. 20), affirms an idea of health based on a distinction *per saltum* between "healthy" and "unhealthy", according to whom individual choices are conceived as primary *ratio*.

Therefore:

> "according to this vision, individuals by undertaking appropriate actions, i.e. by adopting lifestyles and practicing healthy behaviors, could have avoided most diseases, [...] starting from the assumption that the prevention and containment of diseases can be achieved through responsibility, knowledge and individual behavior" (pp. 18-21).

However, this approach has raised several doubts and critical issues regarding its effectiveness and usefulness but also from the point of view of justice, since in relation to health it assigns all responsibility to individual choices by not considering "the influence of environmental factors on health of human beings, illusorily conceived as central players on the planet, capable of shaping and modifying the structures" (p. 20).

Following these measures to promote well-being, the very meaning of the right to health is completely reviewed by the healthist approach which was built "as a political construction functional to the dismantling of the US Welfare State" (p. 36), and considers health no longer as a prerogative of the State but, essentially, as a market tool.

It therefore becomes evident how this orientation of political practice is strongly aimed towards "a system centered on the privatization of healthcare" (p. 22), which shows how the translation of *healthism* with the term *health-care* is misleading, since these terms underlie and pursue two very different concepts of health and personal well-being.

The first, on the one hand, implies an idea of health "exclusively connected to individual behavioural, cultural and psychological determinants" (p. 21) strongly linked to a

liberal (and classist) anthropology which looks at health as a "means for the attainment of a productive life" (p. 28); the second, on the other hand, is connected to an idea of health which could be understood "as an attitude or a tendency [...] to cultivate a healthy lifestyle, characterized by correct nutrition and constant sporting activity [...] [without however conceptualize it] as a generative factor of inequality" (p. 24). In other words, healthism is different from "health-care", in light of the social relevance of the implications of the behaviors and responsibilities attributed to different individuals and groups.

From a full understanding of this non-negligible semantic difference, it is also possible to draw a fundamental distinction between the *healthist approach* and the *health-based approach*. In the first case we are witnessing a false promotion of health, which in fact rewards the wealthiest segments of the population — capable of being able to afford a healthy lifestyle in any condition and at any time — to the detriment of the subordinate classes, powerless from a political point of view and stigmatized from a socio-medical point of view. In the second case, instead, we can identify a real and effective promotion of health (cf. p. 21), through collective political choices that protect and conceive health as a fundamental value, starting from the interdependence and dignity of all citizens (see Zullo, 2012, and Santonocito, 2022).

In this way, the anthropological framework of healthism is outlined: within healthist approach the liberal paradigm is firmly connected to the "ableist" one, in an attempt to provide the latter with a political and juridical justification through the dichotomy between "healthy people" and "unhealthy people" (the author deals with it in detail in the second chapter).

The focus is specifically on the direct consequences of the assumptions and policy choices (Pirosa, 2021 p. 26) attributable to healthism described in the first part of the volume. Within a political-institutional framework, where the rationalistic libertarian model of the *unencumbered self* (p. 69) is absolutely dominant, a precise and complex process of multilevel vulnerability is triggered. It can be divided into three moments: the production of inequality, the strategy of stereotyping, and finally the creation of situated vulnerabilities.

Recalling the most recent debate on these issues, situated vulnerabilities are understood as "vulnerabilities which are not determined by metaphysical presuppositions, […] but which are constituted by complex constellations of historical and institutional factors, which properly determine a normative horizon in which [...] a given "comprehensive group" is in fact disadvantaged" ( Zanetti, 2019, p. 9). They are therefore considered as the product of those new meta-cultural legacies, resulting from the permeation of previous

stigmatization strategies, i.e. the so-called symbolic logics, understood here as narrations of non-neutral perception (ibid., p. 147).

This process intervenes vigorously on the social fabric, resulting in an effective discriminatory practice which provokes a health-status discrimination for several subjects and/or vulnerable groups, both in a positional and in an identitary sense (see, on this point Macioce, 2021, pp. 131-151 and 153-169).

In this context, consequently, these persons and groups are affected by the stigma of the *unhealthy person* — "that is, not sufficiently inclined to perceive health as a priority and unable to take care of it and, in any case of necessity, according to a stigmatizing anthropological vision, reluctant to resort to "modern medicine" and uncapable to understand its importance" (Pirosa, 2021, p. 20) — all those individuals who can be ascribed for various reasons to socially or medically identified groups, such as obese people, smokers, people belonging to religious minorities who decide not to practice sports or more generally all those who for economic reasons cannot afford a healthy lifestyle, unable to access so-called healthy food and sports activities.

Therefore, it is no coincidence that "the greater diffusion of these cases [is to be noted] among the socially and economically disadvantaged segments of the population [...] [and that] the healthist approach ends up penalizing more vulnerable people" (p. 34).

Healthism is therefore, this is the interpretation proposed by Pirosa, as a technique of neo-governmental power which intends to "correct" certain groups of people (p. 37), through a doubly discriminatory strategy, since, from on the one hand, it marginalizes individuals and, on the other, it blames them for their exclusion (p. 49).

In the light of this key-analysis, in the third chapter the author adopts the intersectional methodology (as punctually developed in Bello, 2020), in an attempt to explain the pervasiveness of the discriminations implied by healthist policies, through a gaze that identifies in the interweaving of certain racial, gender (see Pirosa 2021, p. 50), scholastic (see p. 68), religious (see p. 69), sports (see p. 70) and/or professional (see p. 77) factors the strengthening of asymmetric power structures.

Healthism apparently results in a set of health-based neutral practices for the promotion of health and the prevention of possible socially viral diseases, but it actually turns out to be the cog of a broader device of power functional to social supremacy, political and economic of the privileged groups to which men and women belong so-called *wasp*, or white Anglo-Saxon protestant man/woman, to which - at this point - the letter "h" of healthist can be also added (see p. 65).

Healthism, philosophically based on the Millian's maxim *homo faber fortunae suae* (cf. p. 55) and on the western identity model, thus rejects the notion of vulnerability and in particular, not revealing the precarity (cp., for example Butler, 2009) which arises from the social and juridical practices developed in the healthist political form.

In the conclusions, animated by a precise constructive goal (Pirosa, 2021, pp. 81-86), Pirosa attempts to outline the theoretical assumptions and the legal paths to be taken as contrasting actions to promote the idea of public health as a value to be pursued. In this regard, a fundamental role is reserved for the Foucauldian research perspective — understood as a "diagnostic tool for epistemically fertile itinerarie" (p. 36) — and for a new heuristic conception of vulnerability (see Pastore, 2021), functional to the recovery of that epistemology that leads us to "care" (Pirosa, 2021, p. 86).

Care is thus reconceptualized as a relational agency which "can only emerge in the context of a living world, [...] in which the dependence on other human beings and vital processes triggers the [...] ability to act" ( Pirosa, 2021, p. 41 ), responding to the processes of vulnerabilisation that healthism had triggered and that the COVID-19 pandemic has aggravated in recent years, thus giving *impetus* to the configuration of the right to health, which should no longer be understood as a private issues, but as a public interest and, at the same time, as a fundamental subjective right.

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