DEFINITION OF TERMS AND CONCEPTS APPLICABLE TO CLINICAL PREVENTIVE MEDICINE

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ABSTRACT: This article defines the terms and concepts applied to the teaching of clinical preventive medicine by the Curriculum Development Project—a joint venture of the Center for Educational Development in Health (CEDH) at Boston University and the Association of Teachers of Preventive Medicine Foundation (ATPMF).

Disciplines such as public health and preventive medicine invent new words (e.g., epidemiology) and vest old ones (e.g., health) with new, and usually more precise, meanings. Most workers in each discipline find it useful to develop and maintain consensus regarding the definition of important terms and concepts of which A Discursive Dictionary of Health Care 1 and the current initiative by the International Epidemiologic Association to develop a Dictionary of Terms 2 represent two pertinent examples. Despite such efforts, definitions often differ substantially. For example, Friedman begins his Primer of Epidemiology 3 by stating that ‘‘Epidemiology is the study of disease occurrence in human populations.’’ In contrast, Lilienfeld opens his Foundations of Epidemiology 4 with the statement that ‘‘Epidemiology may be defined as the study of the distribution of a disease or a physiological condition in human populations and of the factors that influence this distribution.’’

Such inconsistency in the terms used, and the conceptual rigor required by the Curriculum Development Project of the Center for Educational Development in Health (CEDH) at Boston University and the Association of Teachers in Preventive Medicine Foundation (ATPMF) encouraged its Steering Committee (Andrus P, Barker WH Jr, Cobb S, Jackson G, Noren J, Segall A, Shindell S, and Stokes J III) to sharpen the definition of those terms and concepts used by the Project as they apply to clinical preventive medicine practiced within the context of primary care. This article reports these defini-
tions on behalf of the Committee. The goals and methods of the Project have been reported elsewhere.5,6 The Project is unique in that its purpose is to develop competency-based curriculum modules.

DEFINITIONS

General Concepts

There have been many attempts to define health—that deceptive word which is used every day but which has eluded most attempts to translate it into an operational definition. The World Health Organization defined health as more than the mere absence of disease, but as a state of complete physical, mental, and social well-being.7 Unfortunately, this definition does little more than to serve as a useful slogan for those who wish to emphasize health rather than disease. Wylie modified an earlier definition by Herbert Spencer which described health as "the perfect, continuing adjustment of an organism to its environment."8 Talcott Parsons offered a seminal definition of health as "the ability to perform valued social roles" which not only emphasized functional ability, but also links the concept of health to personal beliefs and values.9 For instance, the loss of a finger has much greater impact on the health of the pianist than it does on an individual less dependent on digital dexterity. Therefore, the Committee offers the following definition of health:

A state characterized by anatomic integrity; ability to perform personally valued family, work, and community roles; ability to deal with physical, biological and social stress; a feeling of well-being; and freedom from the risk of disease and untimely death.

It also suggests that it is best measured by determining health status and risk status. As Parsons suggests,8 the most important dimension of health is functional ability to perform those roles that the individual who is being evaluated considers to be important ranging from personal creativity to those activities considered to be of value by the community as a whole. Although anatomic integrity may be considered as a distinct dimension, its impact on health is generally proportional to the degree to which loss of structure diminishes function and the ability to cope with stress. Therefore, the loss of a leg is grieved at least as much because of loss of mobility as loss of self.

The ability to cope with stress generally measures reserve functional capacity over and above that required by the usual demands of daily living. This stress may be physical (e.g., heat), biological (e.g., Salmonella typhi), or social (e.g., the loss of a spouse). Although ability to deal with such stress is not easy to measure, it represents an important dimension, as Spencer’s definition recognizes. In addition to these anatomic, functional, and adaptive dimensions, much of health is simply “feeling good,” and this subjective dimension