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Renaming non-communicable diseases

Luke Allen and Andrea Feigl issue an impassioned call to reframe non-communicable diseases (NCDs).1 They argue that “non-communicable” insinuates “less important” relative to infectious diseases, producing a dearth of NCD attention and funding. Granting a priori precedence to infectious diseases as the primary concerns for mortality and biosecurity risks undermining broader collaborative contributions aimed at promoting health equity.

Reframing NCDs requires a biosocial approach for both understanding and treatment. Linking population disease occurrence and individual experience to sociopolitical, economic, and cultural forces would illuminate the role that past and present political actors have on current health inequities, obliging policy makers to consider the impact their decisions have on health for their constituents and the increasingly connected world. To link current NCD epidemics to contemporary and past political-economic decisions and sociocultural conceptions, we suggest renaming NCDs interactional diseases (ItDs).

Health scholars are already producing research through this biosocial lens. For example, Livingston2 links cervical cancer to the lack of human papillomavirus vaccines in Botswana. Barry and Huskamp3 critique “behavioural health” as too often associated with choice—an aetiological assumption that implies individuals who suffer from these conditions can simply change their behaviour to improve their condition. This is often not the case; many epigenetic factors influence course and outcome for ItDs. Jenkins4 demonstrates the necessity for researchers and physicians to (re)assess how their treatment expectations, especially in psychopharmacology, shape both patients’ experience and adherence.

We recognise the conceptual danger of prioritising certain aetiologies or conflating social communication with biological contagion. All diseases are interactional in some sense; infectious diseases are also contracted and treated in particular social worlds. However, the interactional nature of diseases formerly clustered as NCDs must be considered for researchers, clinicians, and policy makers to understand the complex context of ItD course and outcome.

We intend this reframing as a catalyst for changing research priorities, funding, and interventions, so global health can further WHO’s call for health to be “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” for all.5 The Center for Global Mental Health at the University of California, San Diego, seeks to use interdisciplinary collaboration to address the commonality of struggle among people everywhere to feel better and live well despite inequities. This applies across ItDs and underscores the urgency of ethical, empirical work aimed at advancing health for all as shared value and vocation.

We declare no competing interests. We contributed equally to this response.

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