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The author of the book is a physician, with a masters' degree in Social Medicine and she is a lecturer at the *Escuela Superior de Medicina* of the *Instituto Politécnico Nacional*, Mexico, D.F.. The book consists of 347 pages distributed over 10 chapters.

In the first chapter titled "*Conceptos de Cultura, Tipos, Caracterización en México*" the author compares the perspective of different professional categories such as anthropologist, sociologist or a physician conscious of the country's social reality, to the vision of a common physician, for whom culture and social aspects are not relevant. The author makes an effort to conceptualize culture, which anthropologists tend to relate to a group's life style, and then she conceptualizes the Mexican culture, exemplifying it with self declared expressions of the popular medical culture concerning health, like for instance "*we are what we eat*", and, also, those that preach against health rules, as "*the one who doesn't drink wine in this life, what is he here for*".

The book's title "*We all die of something*" belongs to the same list of popular sayings and stems from frequent answers the patient give their physicians when the latter suggest some kind of change in their life styles - be it in eating habits, tobacco consumption, weight control, etc. - to prevent or control diseases. It is a very common saying which means: I eat, drink, smoke and am sedentary because I enjoy it right now, the rest doesn't matter to me, further on we shall see. In other words, live the present moment without worrying about future consequences. The author presents these sayings and attitudes in interviews with some patients. In this chapter she deals with the fact that physicians don't take care of their own health and tries to

identify, using semi-structured interviews, issues about culture as an obstacle to changing life styles.

The worldview of culture and disease is the theme of the second chapter, in which and the author discusses issues regarding lack of health, such as sedentary life styles, the excessive modern facilities, the lack of options for many, a passive culture of disease and of the law of least effort.

The concept of lifestyle is approached in the third chapter, where the author retrieves its origin going back to Marx, Engels, Weber and the World Health Organization. Furthermore, the author tries to identify the core issue of the Mexican lifestyle shaped into an idiosyncrasy. According to the author, due to the fact that Mexico has strong commercial, political and cultural ties to the United States, it underwent a process of transculturalization and incorporated the unhealthy lifestyle of that country. Among the factors she mentions as part of the Mexican lifestyle and the culture of disease and death are the following: poverty and social inequality, which hamper the population's access to basic necessities such as food, health, education and housing; a strong pharmaceutical industry which stimulates the sales of medicines and promotes curative medicine; the minimization of preventive attention and a disintegrated health sector that serves the population inefficiently.

In chapters four and five, the author describes the main chronic degenerative diseases (CDD) known worldwide and which also occur in Mexico, the sociocultural meaning of the diseases, and deals with the treatment costs for the main CDD: diabetes type II, cardiovascular diseases, acute myocardial infarction, arterial hypertension,

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alcoholism, cerebrovascular disease, chronic obstructive pulmonary disease, lung cancer, smoking, prostate cancer, leukemia, chronic renal failure and obesity.

The sixth chapter entitled “*Encuentro consigo mismos, como futuros médicos*” handles the narratives about the interviews performed by students of the medical anthropology field with the purpose of collecting data about the patients’ life styles. The patients were interviewed at different health institutes in the city of Mexico, D.F. and in the State of Mexico, some at their own houses and in the interior. The resúmenes and comments of the cases are presented at the end of the chapter according to the diseases.

Moreover, in the seventh chapter, the author steps into the debate about health policies and training of human resources in Mexico, quoting Cristina Laurell when the latter identifies the process of globalization as the world hegemony of financial enterprises, and the health policy as a neoliberal reform of the health systems under way in Latin America. Since the 1990s there exists a reform proposal to fully commercialise the health and social security systems, with adverse implications for the population, misrepresenting the principles of the *Instituto Mexicano del Seguro Social (IMSS)* as a public, solidary and redistributive institution. From this point onwards, the author discusses the strategies of different health institutions and programs, such as the secretariats, the national health program, the Program for Adult Health, the National Institution for Senescence, and mainly, health programs for infants, adolescents, men and women.

In the next chapter, number eight, the author analyzes the role of globalization as a lever for chronic diseases and mentions nutrition, the consumption of soft drinks, the epidemic of obesity, alcoholism, smoking, sedentary lifestyles and general consumption as the gravest events that affect the Mexican’s health, and from there she enacts a frog leap to the ninth chapter titled “*Cultura preventiva en salud*”. At this point of her book, the author affirms that it would be possible to prevent millions of premature deaths if it were possible to simply diminish the consumption of tobacco, enhance diets, increase the practice of physical exercises and avoid the irrational consumption of alcohol. The author emphasizes the responsibility of medical education, the study schedules for schools and faculties of medicine, nursing, nutrition and dentistry, and suggests a list with 15 items which should be changed to

allow for the country’s health system to tackle CDD.

The author ends the book with a chapter on Complementary and Alternative Medicine (CAM) as a feasible and effective proposal, mentioning acupuncture, natural medicine, homeopathy, yoga, meditation and medicinal herbs, and finalizes the chapter referring to the “*Dirección de Medicina Tradicional y Desarrollo Intercultural*”, one of the Mexican Health Ministry’s agencies that promotes natural medicine.

The book is an important supplement of another study entitled “*Olhares Socioantropológicos sobre os adoecidos crônicos*”¹ which goes to great extents to define the concept of chronic disease and identifies a group of themes related to it, such as: the loss of the self; ruptures and biographic rebuilding; the collective experience; identity and stigmatization; narratives on the body and the self; lay and scholarly conceptions of diseases, and the adaptation and adjustment to the chronic condition, etc.

We consider the reality of the health field in Mexico to be quite similar to the one found in Brazil. Changing life styles as a preventive measure for CDD is much cheaper than treating these diseases. The usage of CAM in the National Health System in Brazil is supported by the National Policy for Integrative and Complementary Practices, and well targeted educational interventions broadcasted by the media together with initiatives of politicians, health managers and employees of health institutions should go beyond the clinical and technological approach and change the critical scenario of the Brazilian health.

REFERENCE

1. Jiménez CC. De algo se tiene uno que morir. Una perspectiva sociocultural de las ECD (Enfermedades Crónico Degenerativas). Instituto Politécnico Nacional: México D.F; 2012.

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