

The rationale behind *Biomedicine & Prevention*: a journal devoted to research into prevention for the sustainability of health systems.

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I believe that prevention is taking on an even greater significance today for our complex societies than that which the ancient Greeks accorded to Hygeia, defender of a hygiene-driven – by which I mean to say, holistic – approach to health. Biomedicine and prevention are being grouped together because the ancient nexus between them – let's not forget that Hygeia was the daughter of Asclepius, the father of all the medical arts – needs to be reaffirmed, updated, and reframed in the grammar of modern knowledge.

The journal has grown out of a core premise, namely, that prevention is the real key to the sustainability of our health systems. I say this in the light of certain megatrends that denote our times: the increasing gap between the rich and the poor, especially in developing countries, and the now widespread phenomenon of population aging. The poor and the elderly are the face of globalization. They are also the victims of two major, enormous problems: precarious access to health services – especially in respect of the former group, though those in the latter are not exempt from this – and the dizzyingly soaring costs associated with the technological advancement of medicine.

I would like add to this – thus far even obvious – snapshot of the problems facing all health systems two further megatrends which similarly represent challenges, namely: environmental changes, particularly global warming but also the many forms of pollution that have become all-pervasive along with the upheavals determined by human activity, and the growth of what I call the disease of addiction.

We have all grasped the catastrophic potential on health of environmental changes, starting with new zoonoses. The breakdown of age-old separations and exposure to organisms and microorganisms that were once confined and well at bay is certainly one of the most significant consequences of this. The explosion of the HIV/AIDS pandemic served as an example for all. Ebola also reminded us fairly recently that this problem has not been subdued, but rather that the possibility of a new deadly epidemic – what many authors have termed “the next big one” – is just around the corner, and the issue is not whether but when this might eventuate. A word too on the rise in addictive disorders: definitely not just those involving drugs, alcohol and tobacco, but also food abuse and gambling in the widest sense. These are phenomena that affect significant sections of our societies and against which we

have garnered few successes and many failures; one need only think of obesity in this regard.

Emerging resoundingly in the face of all this is the important role of prevention and its pivotal link with all other medical disciplines. Yet we are witness to the scandal of the continued underrepresentation in research and investment of preventive medicine – the Cinderella of every health system and especially of the poorest, where it would play an even more crucial role. This scandal also extends, if I may say so, to the rise in hospital infections at a time of rampant antibiotic resistance and in hospitalizations with incapacitating outcomes, as well as to the increase in premature births.

In a nutshell, the case we would like to plead is for a greater focus on prevention and for more research into prevention, perhaps with a view to the convergence of different disciplines – first and foremost biomedicine – into a new crucial interweaving of life sciences, engineering, physics, sociology and the humanities, spanning from modelling and simulation to the search for new biomarkers, without neglecting epidemiology, education, health promotion and community health. In short, biomedicine can also be considered from the perspective of prevention. But I would go further: there has been much talk in recent years, thanks to various agencies, first and foremost the WHO, of “health in all policies”. Today, I would like to speak in terms of “prevention in all policies”. If medicine and public health are to play a unique steering role, then I am convinced that a concern for prevention should genuinely inform all policies, ranging from those dealing with welfare to those relating to the workplace, home and family life, town planning, environmental protection and development.

The journal that we are launching today aims to help revitalise the science of prevention, first of all by making it the key arena for the convergence of different disciplines, bringing together and turning to advantage experiences and gains made in the most disparate of fields. Secondly, we intend to promote and encourage research aimed at integrating curative medicine and prevention by making them two cornerstones of the same approach. To us, this challenge would seem pivotal to our future.