

One Health or... some health?

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Summary

In essence, the One Health concept represents a visionary paradigm shift for health and health care (for humans and animals) by promoting interdisciplinary communications and by co-equal and respectful collaborations for more expeditious public health (infectious diseases) and comparative biomedical investigations, research and discoveries. This is intended to be all-inclusive among the scientific disciplines of human medicine, veterinary medicine and all other related scientific health disciplines. This reprinted Opinion piece, 'One Health...or some health?' highlights a potentially serious disconnect within the One Health movement viz. the trend towards excluding the One Health comparative medicine research and clinical advances resulting from the utilisation of One Health principles. The view that including this critical aspect of One Health endeavours may unduly detract from international public health considerations is short-sighted and deleterious to the promotion of health in its broadest sense.

Keywords

Clinical health, Comparative medicine, One Health, Public health, Some health.

One Health o... una salute a metà?

Riassunto

Il concetto di One Health rappresenta un cambiamento radicale e rivoluzionario per la salute e l'assistenza sanitaria (di uomini e animali). Promuovendo la comunicazione interdisciplinare e le collaborazioni basate sulla loro importanza paritaria e il rispetto reciproco si vuole incoraggiare ricerche e studi che producano risultati in tempi sempre più rapidi in campo biomedico e della salute pubblica (malattie infettive). Con questo approccio globale si mira a integrare le diverse discipline, dalla medicina umana alla medicina veterinaria, come anche tutte le altre discipline scientifiche correlate. Questa ristampa dell'articolo "One Health... or some health?" pone l'accento su un divario potenzialmente serio all'interno del movimento One Health, ovvero la tendenza a escludere la ricerca medica comparata e i progressi clinici derivanti dall'applicazione dei principi stessi del One Health. La convinzione che includendo questi aspetti del One Health si possano indebitamente sminuire le riflessioni internazionali in materia di salute pubblica è miope e deleteria per la sanità pubblica nel suo significato più ampio.

Parole chiave

Medicina comparativa, One Health, Salute a metà, Salute clinica, Salute pubblica.

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When the eagles are silent, parrots begin to jabber – Winston Churchill

The international One Health movement has expanded during the early 21st Century (1). It even sports the name 'One Health' in most circles instead of 'One Medicine', the phrase promoted by the late Dr Calvin Schwabe, the renowned public health veterinarian and parasitologist. Actually, the two are essentially synonymous unless you want to split hairs. One Health has been adopted by most to primarily designate a wider collaborative interdisciplinary inclusion.

I met and spent part of a morning and lunch with Dr Schwabe at the home of his close friends, the family of the late noted public health figure, Oscar Sussman, DVM, MPH, LLB in Princeton, New Jersey (United States) in the early 1960s. Schwabe was a brilliant, gentle, unpretentious person. He called the concept 'One Medicine' and was himself more oriented towards the public health (epidemiological) applicability. Nonetheless, I am confident that if asked today, he would say something like, 'whatever you call it, it needs to be implemented across the board in public health and clinical medicine for the benefit of human (and animal) health'.

While implementation will probably take place sometime in the future, the One Health movement has become and is becoming widely accepted worldwide, particularly in public health communities. Regrettably, although One Health principles apply exceptionally well to protecting nations' public health, it also applies equally well to clinical medical and surgical research (comparative medicine) and hence in private practice, i.e. in the fields of cancer, cardiovascular disease, orthopaedic conditions, obesity, and many others. By perusing the One Health Initiative website www.onehealthinitiative.com and the online quarterly *One Health Newsletter* www.onehealthinitiative.com/newsletter.php, one can find numerous examples of One

Health advances for both disciplines, viz. public health and clinical health care.

Much more One Health activity is evident in public health academic communities than among clinical health academic circles. It is practically non-existent and for the most part unheard of within the practising veterinary medical and human medical communities. Specifically, practising veterinarians and physicians in private practices generally do not know about One Health and those who hear of it ask the legitimate question, 'So, what is in it for us?'

If One Health activists continue to only stress public health to the exclusion of clinical medical/surgical research and neglect indoctrinating our practitioner colleagues into 'What's in it for all of us'... we will travel the path of 'some health' and not One Health. Protecting and saving untold millions of lives requires recognition and implementation of, by and for both disciplines (2, 3, 4).

Bruce Kaplan, DVM, is a member of the One Health Initiative website team along with Laura H. Kahn, MD, MPH, MPP, Thomas P. Monath, MD, and Jack Woodall, PhD. He also serves on the editorial board of the One Health Newsletter and has been a co-author contributor to One Health articles with One Health Newsletter editor Mary Echols, DVM, MPH. M. Echols was the first to appreciate and express the practical, bottom line phrase 'so, what's in it for us' when individuals or organisations initially consider supporting the One Health concept.

Comments on this Opinion piece are welcomed. Opinions and comments about One Health are encouraged. Selected appropriate messages will be posted upon receipt of permission from author(s). Please send to kkm@onehealthinitiative.com c/o Contents Manager.

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