# Preface

Books are read with expectations. The title, the blurb on the cover, a word or two glimpsed, they may trigger associations, presumptions and anticipations. But authors' intentions and readers' expectations are not always aligned.

It is worth talking about this in these first pages. In this foreword we can say what the book is about; its general framework and the audience it was written for. We can talk of passionate motivations to tell a story that is very interesting from the authors' point of view.

We can also suggest how this book may be read and what the reader will encounter. We may also need to say what the reader will not find. This exercise should help to avoid expectations the book might disappoint.

This book is an application of the Social Systems Theory. As the application of a theory, it is both a test of the theory's capacity to shed light on the phenomena it is applied to and a test of the possibility of using it for framing practical matters and finding solutions.

Most of the book is about the first test. We do believe the Social Systems Theory offers the concepts we need for understanding something as diverse and complex as health systems.

For the second test, we dedicated only a short section in the conclusions chapter. We believe that if we understand how health as a social system came into being, how it emerged and became what we see today, this can be a valuable reference for understanding health systems in general and specifically.

This book is about health as a social system; about the emergence of health as a *social system*. A historical perspective therefore frames the

book. As we speak of emergence, we speak of history; we speak of a time in the past when health systems did not exist, and thereafter we talk about the unfolding of events and conditions, leading to the eventual establishment of health systems.

We revisit a time when medicine as we know it did not exist at all. Healing practices were not separated from magical and religious beliefs. Public health did not exist either. There were no institutions or public coordination intended to preserve or improve people's health. An institutionalized knowledge domain concerned with treatment of individuals and prevention of diseases in the population was thus non-existent. Healing practices were everyone's and anyone's businesses. The strength of soldiers and workers, and the habitability of environments, were of differing levels of concern to administrations, with no distinct institutions having a health mandate. Certainly, it was a very different world from the one we now take for granted.

Therefore, health as a social system did not exist. It is indeed difficult to imagine such a context and we are tempted to inadvertently superimpose current structures and functions on to the past when we try to describe a context in antiquity. We may even imagine doctors at the bedsides of their patients, with some of the ubiquitous characteristics we are familiar with, while in fact the differences must be huge. So we need to be careful when we are looking at the past.

We have explained in our book *Health as a Social System* why health is a social system (Costa, 2023). In that book we applied Niklas Luhmann's Social Systems Theory to the practices and knowledge of the field of health, and explained why the health systems we currently know have the characteristics of *social systems*.

In this book we do not return to those themes. We take the previous book as our point of departure. The intent now is to add a view on the advent of health systems to the understanding of health as a social system – that is, to tell the histories of social configurations that made health systems possible. By doing that we should be able to apprehend the historical making of a social system, and gain a better understanding of health as a social system.

With such an intention, we needed to study the history of medicine and the history of public health, as medicine and public health are essential parts of health systems. Nevertheless, we do not revisit the history of medicine or public health; this book does not replace the numerous books telling these histories. We do something specific here, aimed at health systems.

But we do need to talk about medicine and public health, which we do throughout the book. The reader will see, from the beginning to the end, that the book talks about medicine and public health with a broader understanding of these domains.

We consider medicine and public health as sub-systems of the health systems. We work with the distinction between medicine and public health, so it is good for the reader to bear in mind that this distinction is a central tenet of the book.

We understand the focus of medicine is on the individual. The binary distinction "healthy/sick" is the fundamental building block of the communications making the health systems, and particularly the communicative operations of the medicine sub-system.

Likewise, in our broader understanding, public health is the sub-system of the health system orientated towards populations, to the collective as opposed to the individual. The orientation of the communications of the public health sub-system is the basic binary distinction "at risk/not at risk". This distinction is fundamental to and encompasses all public health initiatives, whether initiated at governmental institutions or any other organization, addressing a population's risks of losing or not recovering their health. We will talk a lot about that distinction in this book.

And what about intentions and expectations? We certainly are interested in health as a social system and in using the Social Systems Theory to analyse the development and emergence of that system. We seek to validate the theory and at the same time acquire valuable insights about the history and the actual *modus operandi* of health systems.

Validation of theories can happen first in the theoretical space, where the consistency and coherence of the concepts and their articulation is verified by the basic knowledge of the reality. Secondly, it can happen

with empirical observations and testing, and with measurements as precise and accurate as possible. However, we are mostly dedicating this book to the assessment of theoretical consistency.

But we must clarify that this book is far from being about abstract systems theory. We do not want to discourage potential readers with the suggestion that they will find here an arid and sterile discussion about abstractions. Our historical references are as concrete as can be found in any book on the history of medicine. We look for ways of "vindicating" the theory and the clarity it can bring about.

Still, we fully acknowledge that the audience we are aiming at are those struggling in one way or another to understand the health systems they are in charge of or are entrusted with the responsibility to improve. We are also aiming at those who dedicate their energies to observing, describing and suggesting improvements to health systems across the globe. In the audience we imagine also those who have a special interest in social systems and construct methods and approaches to observe and describe them. All of these readers are in many diverse institutions with largely different aims and objectives. In one way or another, though, they are all interested in health systems.

We think the book needs to hold something valuable for all of them. But we need to be clear that it does not offer guidelines, recipes or ready-made road maps. We do not talk about methods of observing or conducting interventions. The book does not contain case studies and does not use illustrations of specific countries and contexts. But we are sure the reader will be able to see in the text the health systems they work on or have experience with.

Nevertheless, we assembled draft instructions, which the reader will find in a section of the concluding chapter (Chapter 8), with the kind of "take-home" message readers can keep at the back of their minds while observing the health systems they are interested in.

We call this "ways of looking". We suggest to readers how they can focus on the system and see the peculiarities we attempt to highlight with our historical approach. We believe the reader will find reflections in the peculiarities of each country, of the path humanity travelled, even with-

out medicine, public health and health systems as we now know them, looking for ways to learn about health.

If we understand how health systems came into being, how they emerged and became as they are today, we can find valuable references to help us understand the different stages of development. We can identify what were, and still are in some cases, the key missing structures and functions.

To facilitate the reading process, the chapters indicate their essential messages. Some chapters are optional and we also show what the reader will find in them. We added an Appendix called "Advanced Topics", which goes deeper into theoretical discussions and might be of interest for some readers.

The idea is also to make each chapter as far as possible a "stand-alone" piece, possible to read independently. However, our suggestion is that Chapters 2, 3 and 4 are necessary for a full understanding of what follows. Readers familiar with the application of Luhmann's theory and general information about the history of medicine may feel comfortable reading just the subsequent chapters.

We forewarn readers that some themes are recurrent and reappear throughout the book in several different sections. Concepts such as system's self-reference and complexity, for instance, are deployed frequently in the text. Therefore, although always adding additional nuances, some concepts are explained repeatedly to facilitate the work of the reader, reducing the need to return to previous sections to refresh the understanding of the concepts. We hope this works for the benefit of the reader. These are concepts at the heart of the message this book tries to convey and thus clearly need to be mentioned often. Still, we added a short glossary to offer quick clarification of the meanings of the theory's concepts to make it easier for the reader.