

# Bildung und Krankheit

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„Der finanzielle Wert von Krankheit und Gesundheit“

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*„Ich kann (es) nicht  
mit den Dummen“*

# Aufbau der Präsentation

- Versuch einer Standortbestimmung
- Bildung und Krankheit im Rahmen des sozioökonomischen Statuskonstrukts
- Abrisskanten der individuellen Bildungserfahrung
- *Inserts: Um den ‚Gegenstand‘ der Betrachtungen nicht zu vergessen ...*

*During these early years of practice, I had, perhaps, concentrated too much on how people become ill and how their problems can be “fixed,” without trying to imagine what it’s like to **be** ill.*

*The Lonely Patient (Michael Stein)*

# Versuch einer Standortbestimmung

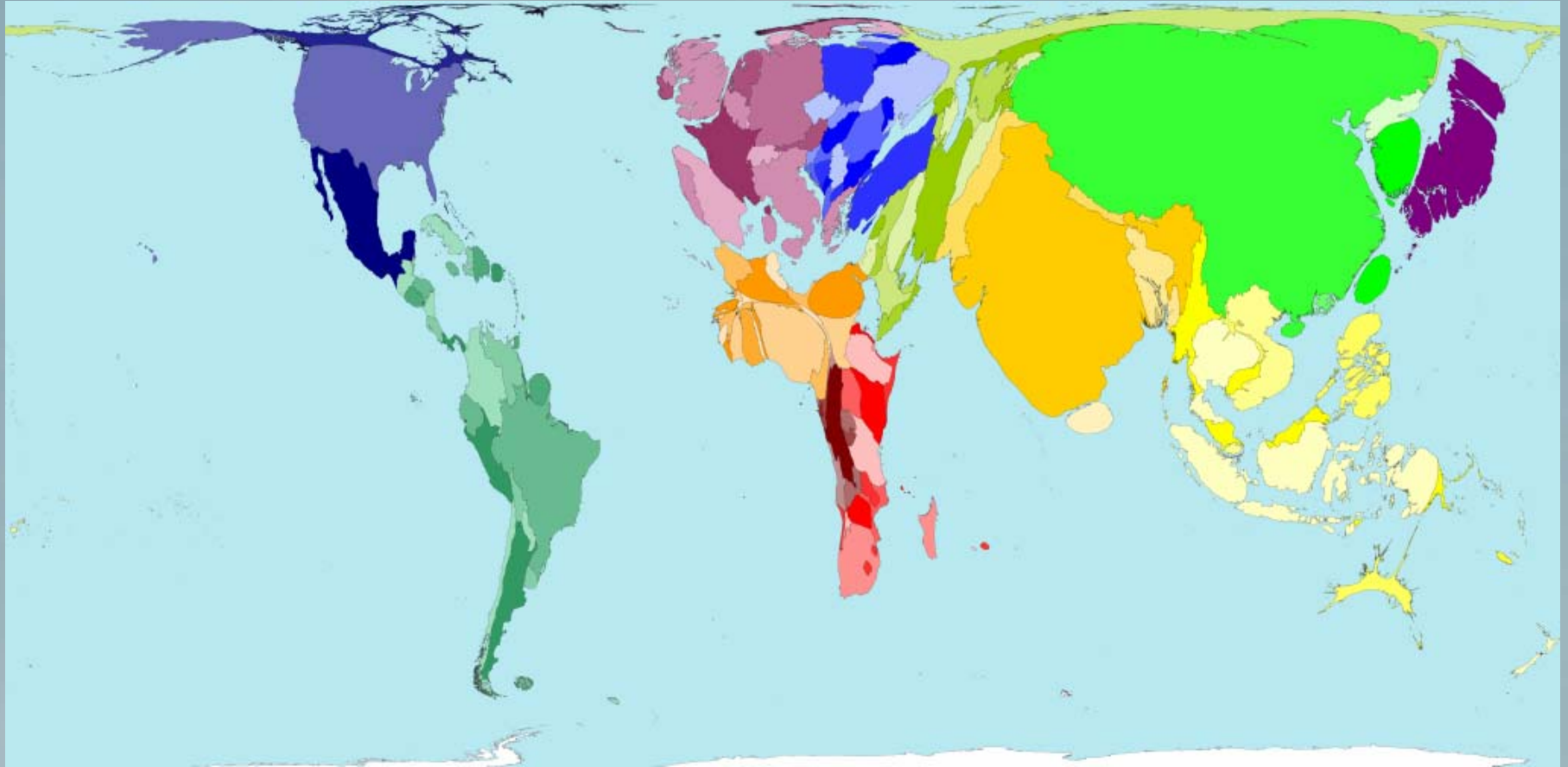
- Theologischer Ursprung
- Eingang in die Pädagogik
- Subjektivität im Sinne der Menschwerdung
- Lernen, Erziehung, Bildung
- Bildung und soziale Verankerung
- Bildung für wen?

*Illness is far more than a diagnosis to be treated – or not. There is a particular alienation that illness brings. I have come to understand that the ill person's distance from others is the most profound experience of illness, and that this sense of other-ness – of loneliness – is more common in illness than any other emotion, and more dangerous and disturbing.*

*The Lonely Patient (Michael Stein)*



# Erwachsene: Lese- und Schreibfähigkeiten



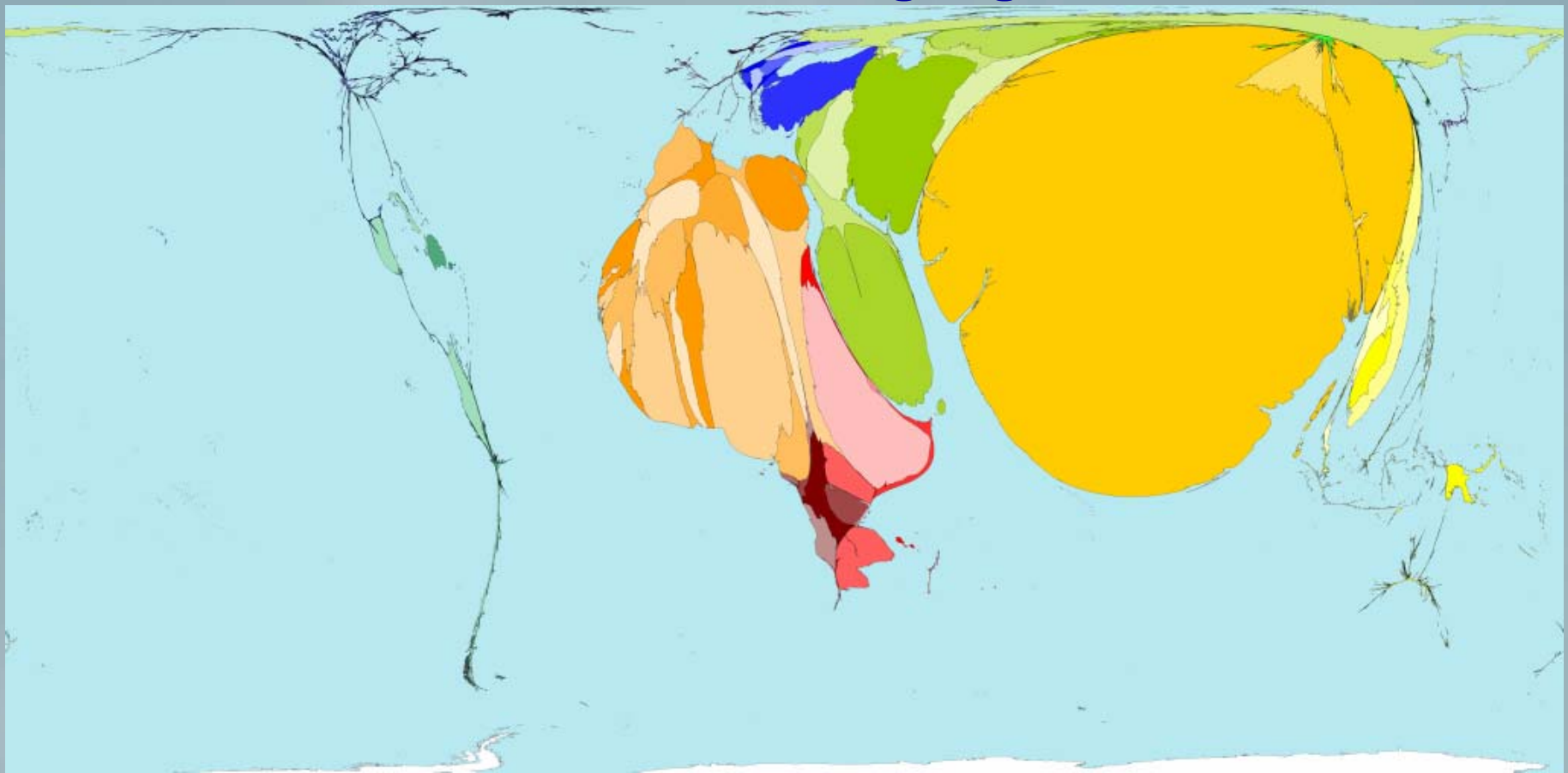
## LOWEST LEVELS OF ADULT LITERACY

Rank	Territory	Value	Rank	Territory	Value
181	Bhutan	57.6	191	Nepal	44.0
182	Comoros	56.2	192	Ethiopia	41.5
183	Egypt	55.6	192	Pakistan	41.5
184	Haiti	51.9	194	Mauritania	41.2
185	Morocco	50.7	195	Bangladesh	41.1
186	Burundi	50.4	196	Benin	39.8
187	Yemen	49.0	197	Senegal	39.3
188	Central African Republic	48.6	198	Mali	19.0
189	Mozambique	46.5	199	Niger	17.1
190	Chad	45.8	200	Burkina Faso	12.8

*percentage of people aged over 15 years old who are literate*



# Mädchen ohne Grundschulversorgung

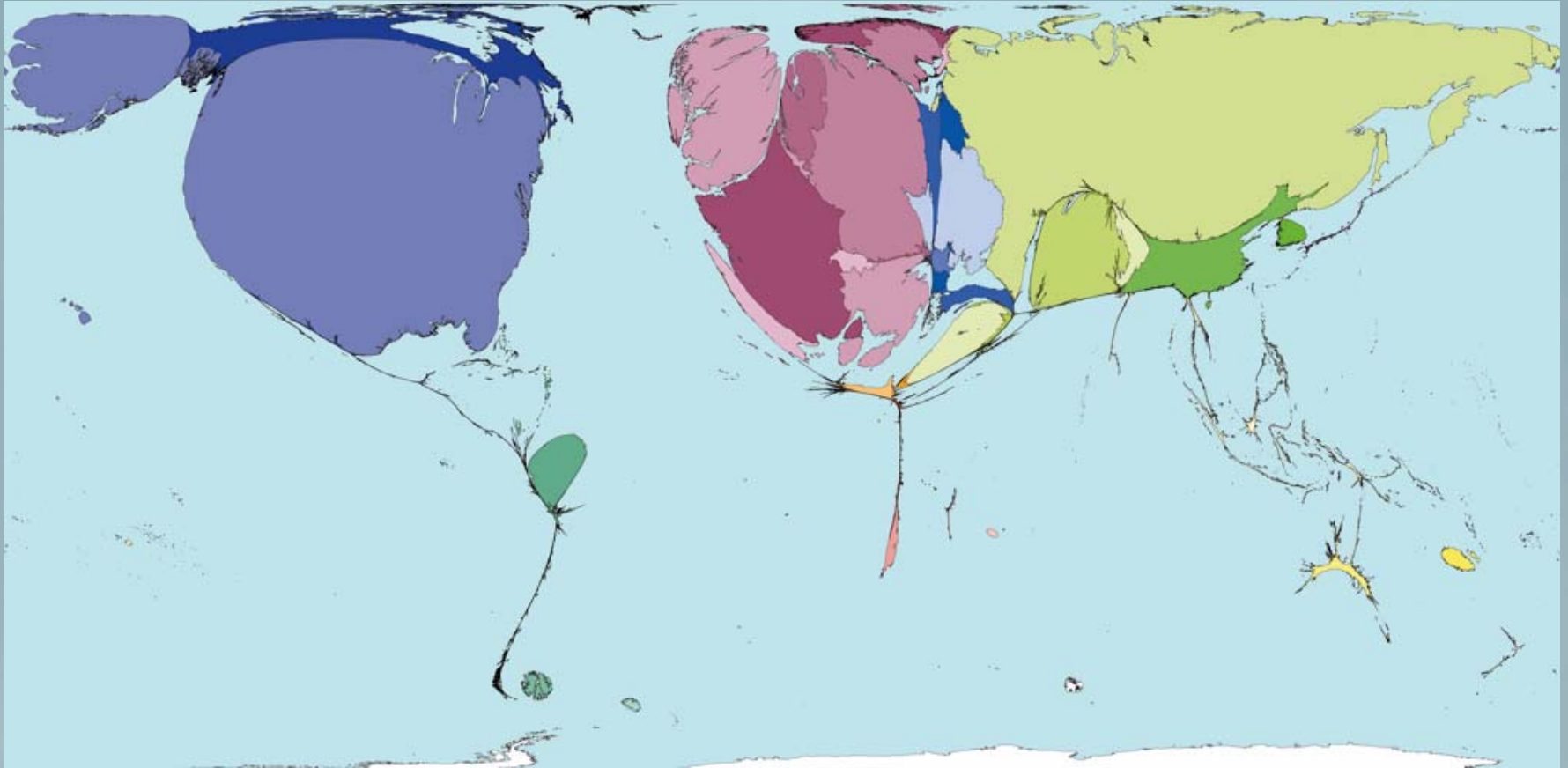


## MOST FEMALE PRIMARY SCHOOL NON-ENROLMENT COMPARED WITH MALE

Rank	Territory	Value	Rank	Territory	Value
1	Yemen	20	16	Mali	6
2	Benin	13	16	Burkina Faso	6
3	Chad	11	16	Niger	6
4	Cote d'Ivoire	10	19	Ethiopia	5
5	Islamic Republic of Iran	9	19	Burundi	5
5	Togo	9	19	Comoros	5
7	Guinea-Bissau	7	26	Sudan	4
7	India	7	26	Mozambique	4
7	Guinea	7	26	Lao P Dem Republic	4
7	Equatorial Guinea	7	26	Nepal	4

*gap between enrolment of girls and boys in primary education, as % of all 0-4 year olds there\**

# Waffenexport



[www.worldmapper.org](http://www.worldmapper.org)

## HIGH EARNINGS FROM ARMS EXPORTS

Rank	Territory	Value	Rank	Territory	Value
1	Russian Federation	39	11	Kyrgyzstan	15
2	Israel	34	12	Germany	14
3	Norway	33	13	Ukraine	8
4	France	22	14	Italy	6
5	United States	22	15	Belarus	6
6	Sweden	21	16	Switzerland	5
7	Uzbekistan	20	17	Czech Republic	5
8	Canada	18	18	Libyan Arab Jamahiriya	4
9	Netherlands	17	19	Spain	3
10	United Kingdom	16	20	Poland	2

*US\$ value of arms exports per person living there in 2003\**

*Visits remind patients that sickness cannot be shared, only briefly observed. It is an individual sport. Loneliness, like pain, cannot be even really explained. The process of illness is essentially private; it takes place day and night in a solitary chamber that offers no span or reach, no range of vision. Illness, by its very nature, excludes others.*

*The Lonely Patient (Michael Stein)*

# Sozialökonomisches Statuskonstrukt

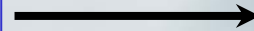
- Häufige SES- (socio-economic status) Messparameter
- Fähigkeiten, die evtl. über Bildung transferiert werden
- Sozialer Nutzen, der evtl. über Bildung transferiert wird

*Terror is the beginning of the end of the illusion that illness isn't that bad. It precipitates the breakdown of keeping up appearances. I was used to seeing patients make every effort to be optimistic, cheerful. I am always upset when I recognize that a patient is terrified: their fear breaks my medical facade, and I too feel vulnerable.*

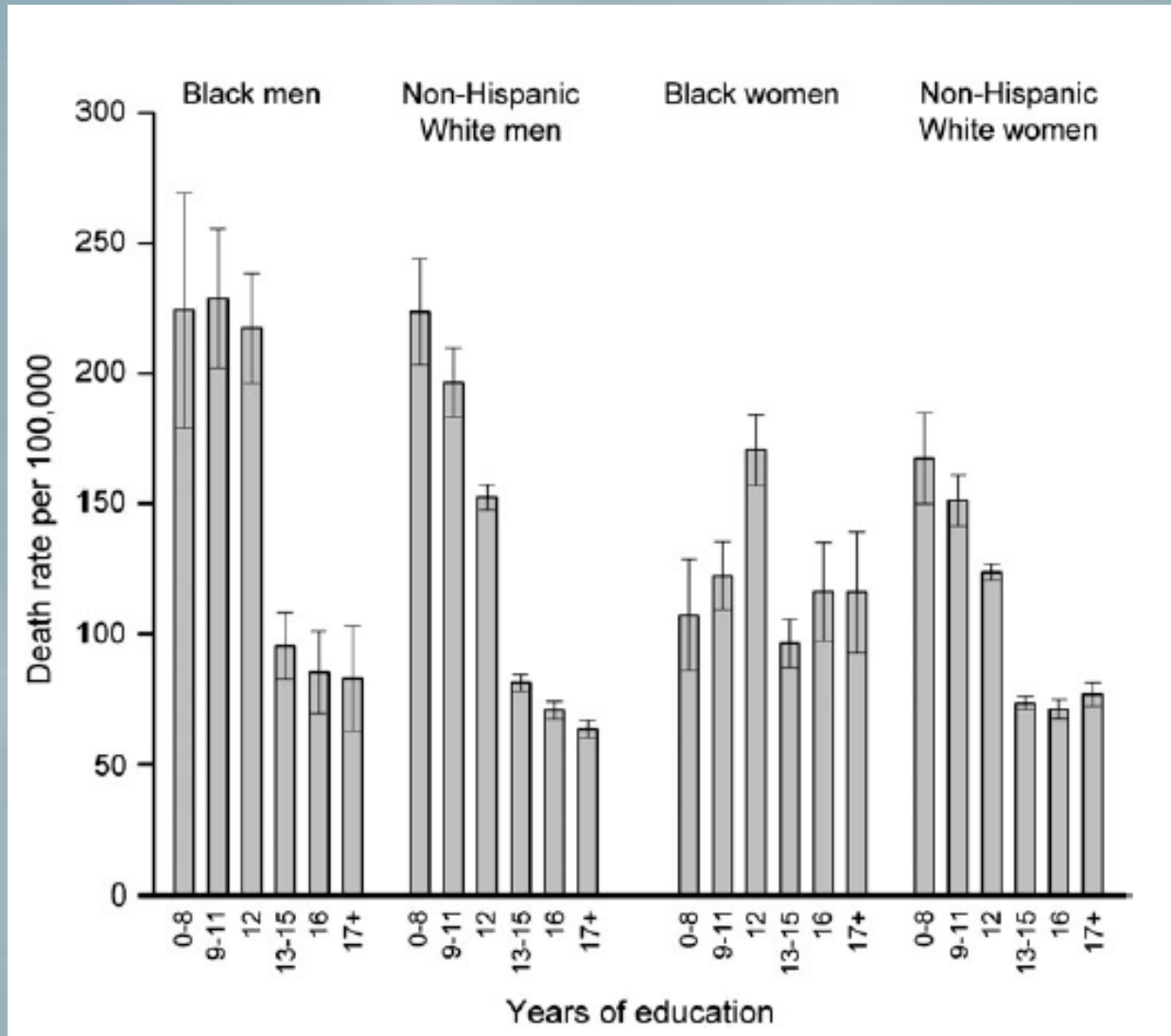
*The Lonely Patient (Michael Stein)*

# Erkenntnisse aus Korrelationsstudien

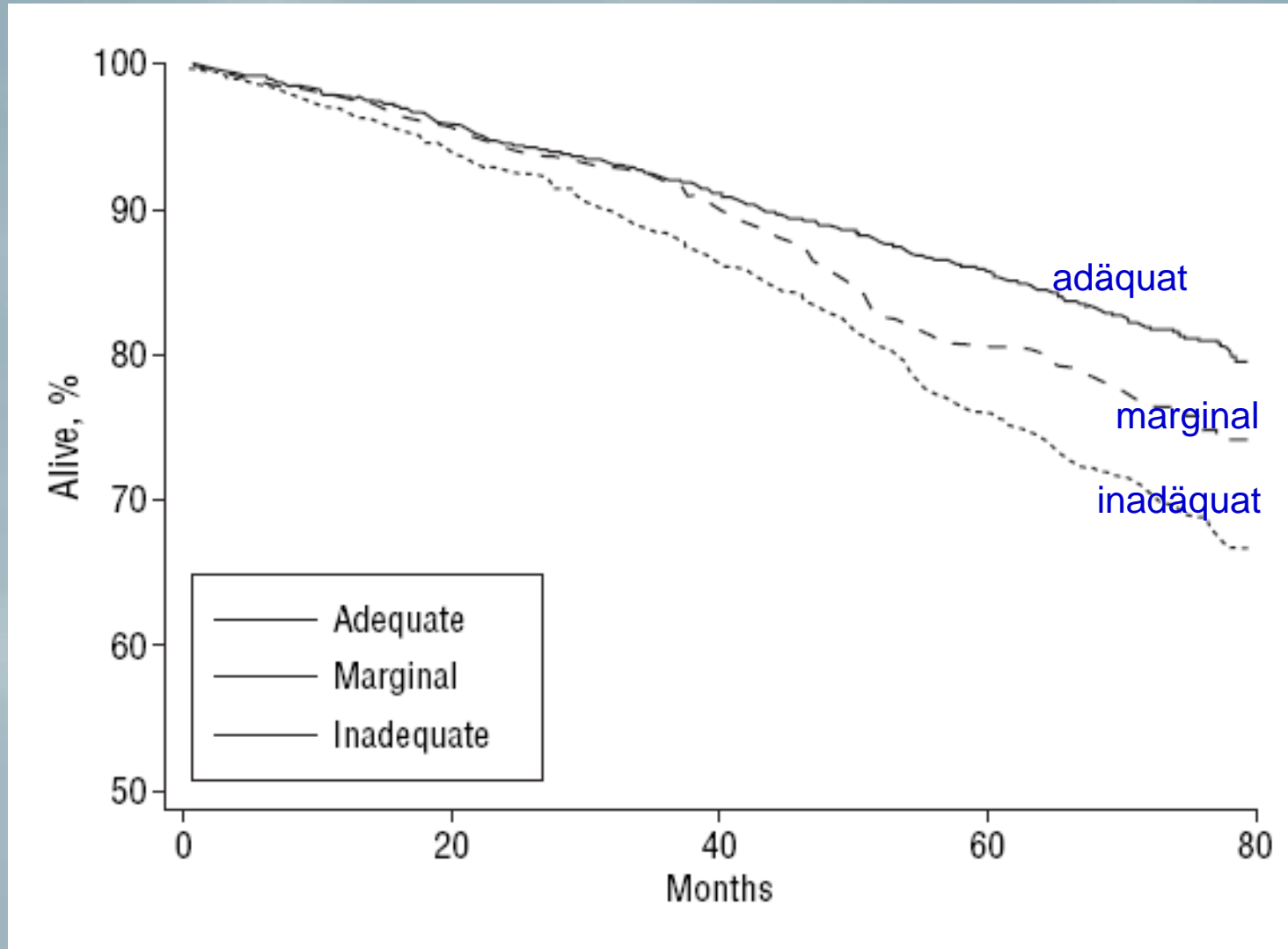
- SES
- soziale Umgebung
- individuelle Erfahrung der Qualität von Versorgung
- ...



# Karzinom-Mortalität in den USA: Bildungs- und Ethnieneinfluß



# Gesundheitsbildung und Mortalität bei älteren Personen





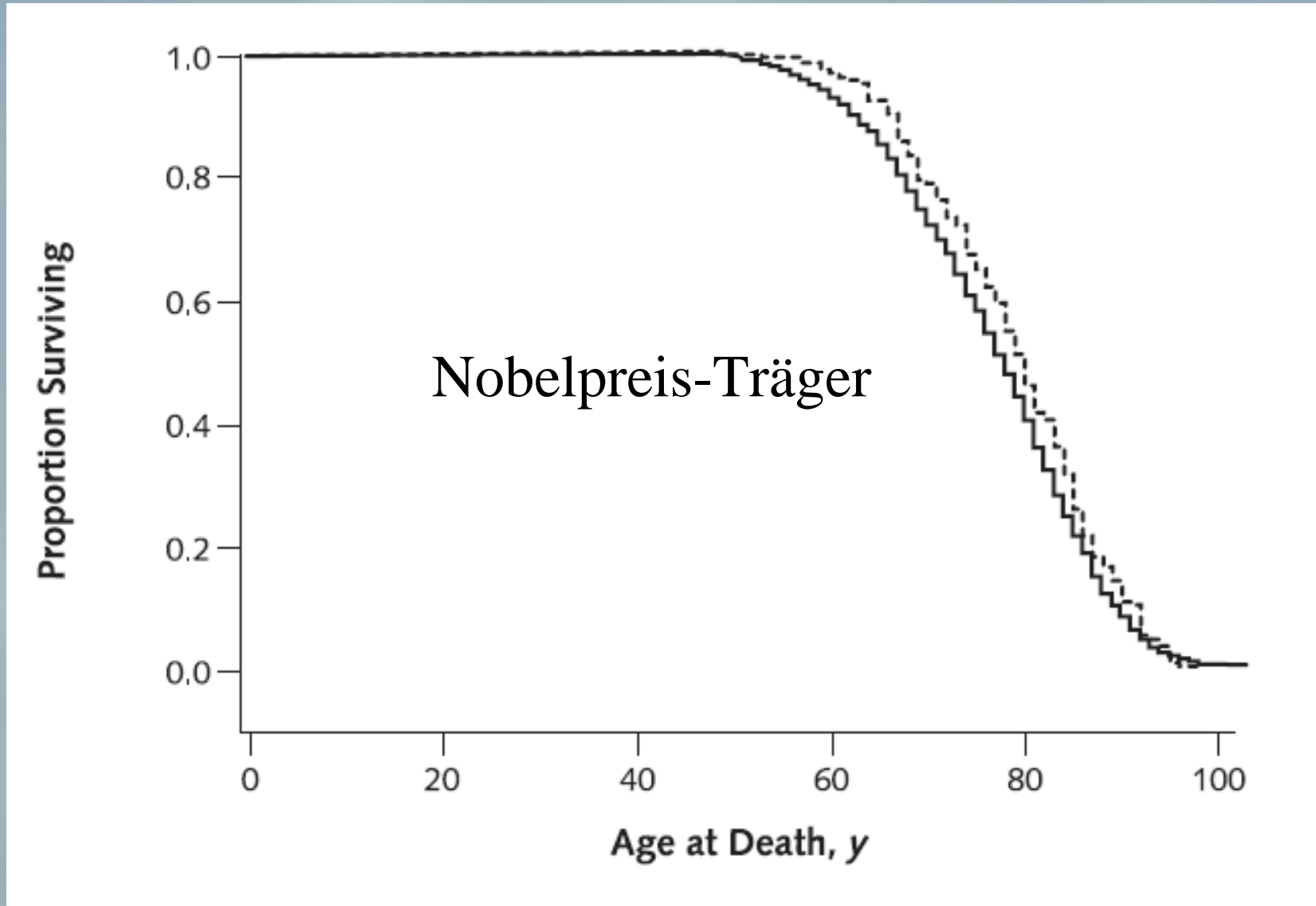
*When the sick stop thinking of themselves, they must sometimes think how fraudulent the world is. How can those people I love proceed with their customary lives? How can they have composure, control? How could they let this happen to me? The sick see the well as smug with their plans, agendas, and ambitions. The healthy are not like-minded or even like-appareled in their peculiarly normal clothes. They are different: hair-dyed, jewelry-wearing, superficial, in the moment.*

*The Lonely Patient (Michael Stein)*

# SES und Gesundheit: Was wir wissen und was nicht ...

- Vor etwa 1985: Die Ära der Armut's'variablen'
- 1985 bis 1995: Die Dekade der Gradienten
- ab 1995: Die Dekade der Mechanismen

# Komplexe Sozialfaktoren und Sterblichkeit

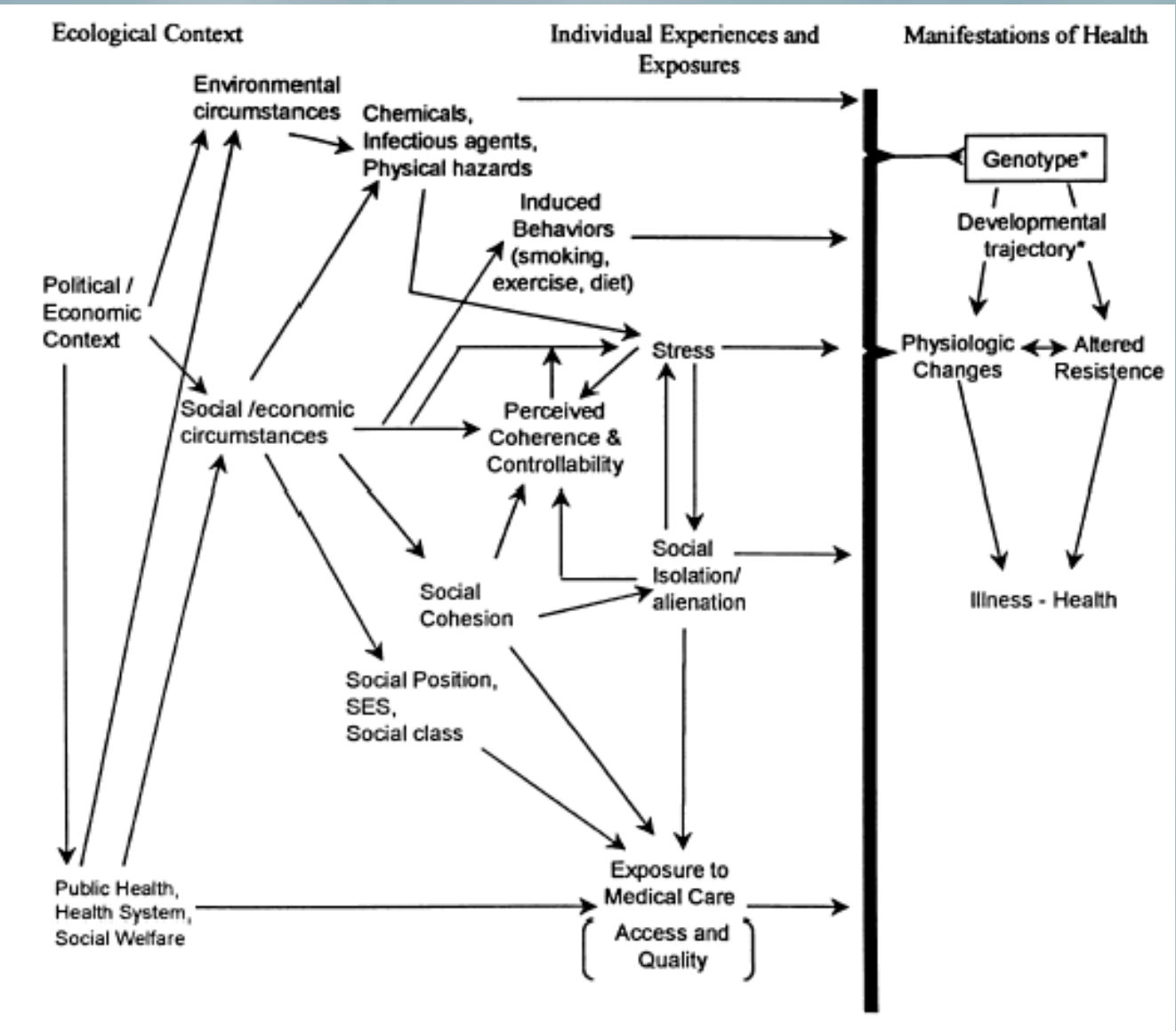


*The chilling message of illness is that the body has a life of its own. Our minds, we understand most clearly when we are sick, follow rather than lead. The body is despotic.*

*Certainty is grounded in the certainty of the body. Health is grounded in the certainty of the body in action.*

*The Lonely Patient (Michael Stein)*

# Determinanten von Gesundheit - Modellkonzepte



*When I believed that she was not angry with me, I asked, “What’s the worst thing about this for you? What makes you angriest?”*

*“The doctors who were quick to dangle theories with a cure attached. Doctors who said, ‘Here’s what you need to do,’ and when I did what they said and it didn’t work, they walked away,” she answered.*

*The Lonely Patient (Michael Stein)*

# Abrisskanten der individuellen Bildungserfahrung

- Bildung/Krankheit  
... im Arzt-Patienten-Verhältnis
- Bildung/Krankheit  
... und (Alltags)‘Realitäten‘

*Now I understand that it's not depression that is omnipresent in the terminally ill; it's an unfathomable loneliness that may or may not overlap with depression and that I certainly mistook for depression when I was younger. What is this end-of-life loneliness like? I can't really grasp it, not the doctor in me, not the writer in me, not the middle-aged man either. The only way I can approach the loneliness is to think of it in fairy-tale terms: the loneliness of being in a forest at night, of being watched and perhaps soon devoured.*

*The Lonely Patient (Michael Stein)*



# Abrisskanten der individuellen Bildungserfahrung

- Bildung/Krankheit  
... und medizinisches Versorgungsumfeld
- Bildung/Krankheit  
... und gesellschaftliche Eckpunkte

*The clearest way to make sense of others is through a sense of self; this is at the root of novel-writing, but it should also be at the core of medicine. How can a doctor understand the terror, losses, or loneliness of a patient if he can't imagine it for himself ?*

*The Lonely Patient (Michael Stein)*

# Hypothesengenerierungen (I)

- SES-Forschung: Rolle der Primärmedizin; quantitative Forschungsimpulse notwendig, standardisiertes Messen von „Gesundheit“; bessere statistische Techniken für Pfadanalyse  
Spezifizierung kausaler Pfade für „positive Gesundheit“
- Bildung & aktives Schaffen sozialer Netzwerke
- Bildungsprozesse & Auseinandersetzungen mit Krankheit, ‚Behinderung‘ und Tod
- Aufbau und Pflege einer „Work-Life-Balance“
- Schaffen und Erhalten von Alltagsritualen & Lebensrhythmen, Entschleunigung; körperliche Aktivitäten intensivieren; Lebensraum wahrnehmen

# Hypothesengenerierungen (II)

- Aufbau von Filterfunktionen gegen schädliche Informationen, Reduktion des Datenoverflows, Informationsselektion
- Unabhängige Informationsquellen schaffen, stärken und schützen
- Bildungs-Krankheits-Erkenntnisse und deren politische Umsetzung, z.B:  
Lärm;Tempo 130; EU-Spielzeugverordnung,  
Rauchverbot
- Mehr Demokratie ‚wagen‘!

*... Small gestures are enormously comforting. The doctor who sits before he speaks. The doctor who offers a cup of coffee, an indication that the world continues. But what patients are hoping for most is the talk, because the attachment it creates is a way of fighting against loneliness. They want to feel connected and cared for. What they want is fragile and rather private. It is an intimacy they want, like the intimacy of light as it slips down over the edge of the bay, that closing distance.*

*The Lonely Patient (Michael Stein)*

*Patients, by virtue of being ill, have the right to ask too much of doctors. Doctors are used to it. I am used to putting my moods aside. Sometimes, if I'm lucky, in return I get to do something meaningful: I get to watch hope and pleasure start up again. I get to see lipstick reapplied for the first time in weeks, wallets stuck back into pockets; the beads massaged on an old bracelet that no longer signifies misfortune are once again charms. The body is redeemed. The chamber opens.*

*The Lonely Patient (Michael Stein)*

