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On 6 April 2019, the CPME Board adopted the 'CPME Policy on Healthy Living' (CPME 2019/025 FINAL).

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### CPME Policy on Healthy Living

*The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.*

Building on its previous policies on healthy living, CPME reaffirms its commitment to promoting healthy lifestyles and encourages all European doctors to act in this respect, both in their direct contacts with patients and through their national medical associations.

#### Background

According to the World Health Organization (WHO), of 56.9 million global deaths in 2016, 40.5 million, or 71%, were due to noncommunicable diseases (NCDs).<sup>1</sup> The four main NCDs are cardiovascular diseases, cancers, chronic lung diseases and diabetes. The burden of these diseases (the impact of their morbidity and mortality on populations) is rising disproportionately in lower income countries and among socio-economically deprived populations. OECD data shows that there is a disparity in life expectancies between different countries throughout Europe.<sup>2</sup>

The incidence of these diseases and the associated burden of mortality can be reduced, if healthy lifestyles are adopted. The socio-economic inequality in the prevalence of NCDs emphasises the importance of the promotion of the healthy lifestyles by healthcare professionals. However, promoting healthy living cannot just be the responsibility of the health sector. A multi-sectoral approach is needed with the engagement of the health, education, finance, agriculture and transport sectors.

Given the political will, another way to reduce the health burden of these diseases is through structural measures by which governments can ensure that the environments in which people live

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<sup>1</sup> [Global Health Observatory \(GHO\) data](#) (WHO, 2018)

<sup>2</sup> OECD/EU (2018), Health at a Glance: Europe 2018: State of Health in the EU Cycle, OECD Publishing, Paris/EU, Brussels, [https://doi.org/10.1787/health\\_glance\\_eur-2018-en](https://doi.org/10.1787/health_glance_eur-2018-en).



facilitate healthy living by making the healthy choice easier. Structural prevention through taxation, regulation of food contents and access to alcohol and tobacco, and redistribution of economic resources is the cornerstone of primary prevention. Such preventive measures at a national level are a way of ensuring more equality in the health of the population in a particular country, but there is also a potential to undertake initiatives at a local level that will ensure more equity in the health experienced by individuals from different socio-economic backgrounds. People live in communities where local politics and the provision of public services are important determinants in ensuring that people can safely engage in regular physical activity.

### Healthy Living

On 7 April 1948, when the United Nations ratified the creation of the WHO, it was set up with the fundamental objective of the attainment of the highest possible level of health by all peoples. This ambitious goal was coupled with an equally ambitious opening statement that defined health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. This definition expanded the conceptual framework of health systems beyond the traditional boundaries of the physical condition of individuals and their diseases, and forced health systems to pay more attention to the social determinants of health.

The concept of ‘healthy living’ takes this debate a stage further, referring to practices that are consistent with supporting, improving, maintaining and/or enhancing the health of individuals and of populations. As it applies both to individuals and local authorities, healthy living is the practice of health enhancing behaviours, or put simply, living in healthy ways and ensuring that this is possible at a low threshold level for the population. It implies the physical, mental, spiritual and economic capacity to make healthy choices. It focuses on healthy eating, physical activity and their relationship to maintaining a healthy weight, but also goes beyond that to avoiding the use of tobacco, harmful use of alcohol and other substances, and addictive behaviours. It also involves getting adequate sleep and being able to cope with life’s stresses and other mental health issues.

At another level, healthy living will be less likely where people’s lives and aspirations are negatively impacted upon by the social determinants of health and the poor physical design of residential areas. This will include factors such as socio-economic deprivation, inadequate housing, poor infrastructure and a lack of community support. Overall, there is a need for political will, locally and nationally, to ensure that all people live in health facilitating/promoting communities. Local politics have to facilitate the choice of low threshold regular physical activity on a daily basis for all inhabitants.

Healthy living and well-being will thus be impacted upon by many factors, including:

- Physical activity
- Diet
- Weight



- Alcohol intake
- Tobacco use
- Substance abuse
- Addictive behaviours
- Sleep pattern
- Stress and other mental health issues
- Social determinants of health
- Socio-economic deprivation
- Accommodation
- Infrastructure
- Environment
- Advertising
- Community support
- Political will, locally and nationally

### **CPME Recommendations**

CPME sees action in primary prevention, including structural measures, as essential to ensure that people are able to live as healthy lives as possible, which will in turn reduce the incidence of non-communicable diseases and the resulting premature deaths in the populations we serve. Therefore, CPME calls on national medical associations to

- encourage all doctors to promote healthy lifestyles during their contacts with patients;

and calls on central and local political authorities to

- structure local communities and health services in a way that ensures equal possibilities for healthy living for all citizens (e.g. facilitating safe, low-threshold, outdoor physical activities); and
- continue to reinforce structural measures locally and nationally that support the availability of healthy food, limit or prevent access to alcohol, tobacco and other addictive substances, facilitate regular physical activity and promote healthy environments.