

## FAMILY

"One person or a group of people living together and related to one another by blood, marriage or adoption."(1)

A distinction is to be drawn between family and household. The family is defined primarily by relationships which pertain to or arise from reproductive processes and which are regulated by law and by custom; the household is a socio-economic unit consisting of individuals who live together. (2)

Nuclear family: "the head of the household, his spouse and their unmarried children."(3)

Joint family or composite family: "usually more than two generations of a biological family where it is not the custom for children to leave the parental home upon marriage."(3)

## FAMILY PLANNING

This term has superseded the older term birth control, which was felt to be too negative and restrictive as a description of the wide field now covered by family planning; it can still be used in a more limited sense (see below).

Family planning has been defined simply in terms of "avoiding unwanted pregnancies". (1) The following is a more formal definition (2):

"Family planning refers to the use of a range of methods of fertility regulation to help individuals or couples to attain certain objectives: avoid unwanted births; bring about wanted births; produce a change in the number of children born; regulate the intervals between pregnancies; and control the time at which births occur in relation to the age of parents. It may include an array of activities ranging from birth planning and the management of infertility to sex education, marital counselling and even genetic counselling."

Birth control is used to include contraception as well as intentional abortion, sterilization and complete abstinence from coitus. (3)

Contraception, strictly speaking, refers to measures excluding sterilization (and, in some discussions, permanent and periodic abstinence) which are taken in order to prevent sexual intercourse from resulting in conception. (4)

## FEEDBACK

"The flow of information from a later phase of a process to an earlier phase."(1)

An alternative formulation is found in a recent English definition:

"The use of information produced at one stage in a series of operations as input at another stage."(2)

## FEE -FOR -SERVICE

The fee-for-service or item-of-service method of remuneration is a system under which a physician receives a fee for each consultation, visit or specific item of service rendered to a patient to whom he has agreed to give medical care. The fees are usually set out in a fee schedule or nomenclature.

This method of payment is contrasted with payment by salary or by capitation (q. v.).

## FERTILITY

"The capacity of a man, a woman or a couple to participate in reproduction (i. e., the production of a live child) is called fecundity. The lack of that capacity is called infecundity, sterility or physiological infertility. Fertility on the other hand means actual reproductive performance - whether applied to an individual or group. It should be noted that in many Latin languages the etymological equivalents of fertility and fecundity are used in a sense diametrically opposite to that in English. Thus the French fécondité or the Spanish fecundidad are properly translated by fertility, and fertilité or fertilidad by fecundity. It should also be noted that although the conventions outlined above are generally followed by demographers the terms fertility and fecundity are used much more loosely in medical literature, where they are sometimes treated as being almost synonymous."(1)

For a discussion of the difficulties of terminology in this field, see the Report of a WHO Scientific Group on the Biological Components of Human Reproduction (1969). (2)

## FERTILITY RATE

Age-specific fertility rate: the number of births that occur in a year to 1000 women of a particular age (either in single years, or most commonly in five year age-groups). (1)

Completed fertility rate: births to women who have reached menopause. (1)

General fertility rate: the number of births which occur in a year per 1000 women of child-bearing age (usually 15-55 or 14-49). (1)

Total fertility rate: an estimate of the number of children a hypothetical cohort of 1000 women would bear if they all went through their reproductive years exposed to the age-specific rates in effect at a particular time. It is computed simply by summing the age-specific fertility rates for all ages and multiplying by the interval into which the ages are grouped. (1)

## FETAL DEATH

(According to the Oxford English Dictionary, the spelling of fetal is "etymologically preferable" to foetal.)

On the recommendation of the WHO Expert Committee on Statistics the 3rd World Health Assembly in 1950 (1) adopted the following definition of this term:

"Death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy."

The Expert Committee also recommended (2) that fetal deaths should be divided into three major categories:

early fetal deaths, at less than 20 completed weeks of gestation;

intermediate fetal deaths, at 20 but less than 28 weeks; and

late fetal deaths, at 28 weeks or more: this category to be regarded as synonymous with the older concept of stillbirth (q. v.).

A later WHO Expert Committee (1970) (3) considered this subdivision to be impracticable, owing to the difficulty of determining gestational age and to lack of accurate dating of the last menstrual period, and recommended a classification based on birth weight:

early fetal deaths: up to and including 500 g (approximately corresponding to a gestational age of 20 weeks);

intermediate fetal deaths: over 500 g, up to and including 1000 g (approximately corresponding to a gestational age of 28 weeks);  
and

late fetal deaths: over 1000 g.

The concept of fetal deaths supersedes older uses of abortion, miscarriage and stillbirth (qq. v.) and can be taken as equivalent to all three terms collectively. (4) The 3rd World Health Assembly agreed in 1950 (5) that the terms abortion and stillbirth should be used only if essential for internal use within a nation, in which case stillbirth should be considered synonymous with late fetal death.

Fetal death rate or fetal mortality rate: usually calculated as the ratio of the number of fetal deaths registered during a year to the combined number of live births and fetal deaths registered during the year. (6)

FIELD TRIAL

"An experiment under natural conditions that aims at testing the effectiveness of a method or substance."(1)

## FOOD

In its 4th Report (1956) (1) the WHO Expert Committee on Environmental Hygiene defined food as including all substances, whether in a natural state or in a manufactured or prepared form, which are part of the human diet. In considering the subject of food as a factor in environmental sanitation, however, the Committee excluded from its consideration water, drugs and therapeutic substances. It recognized the vital importance of water as an element in human diet as well as in food handling and food hygiene, but observed that the purity and wholesomeness of water was a wide subject in itself which called for consideration by specialists in that field.

In the WHO/FAO Food and Nutrition Terminology (2) a more formal definition of food is given:

"1. (Physiological sense) Nutritive material taken into an organism and which fulfils needs for maintenance, growth, work and tissue repair.

"2. (Behavioural sense) Biological material recognized by an individual or group as being fit to fulfil the physiological functions described above and usually consumed to these ends, or sometimes for social and other reasons."

To this definition two footnotes are added:

(a) In popular usage food is often used to designate nourishment taken in solid form, as opposed to beverages. This is not a distinction endorsed by the international organizations, which recognize as food any nutritive material consumed by people, whatever its state.

(b) For legal purposes various countries have adopted very wide definitions of the term food in order to bring a variety of what would normally be considered non-food substances (e.g. toothpaste, chewing gum) under the control of the same regulatory agencies as food.

## FOOD ADDITIVE

"A substance added intentionally to food, generally in small quantities, to prevent spoilage, to stabilize or improve its keeping qualities, texture, flavour or appearance or to aid in processing. By contrast, an 'ingredient' usually is a quantitatively larger component and often an original constituent of a food or food product."(1)

## FOOD-BORNE DISEASE

"Food-borne diseases can be defined as those diseases which, with present knowledge and methods, can be traced (a) to a specific food, substance in the food, or dish which has been contaminated by noxious organisms or substances, or (b) to a particular food-producing or food-dispensing establishment where a contamination has occurred.

"Food-borne infections and intoxications include diseases which in some instances may be transmitted by food and those which are usually conveyed by food."(1)

## FOOD HANDLING

"The sum of processes and treatments to which food is subjected from its production to its final consumption."(1)

This is a briefer version of a definition adopted in the 4th Report (1956)(2) of the WHO Expert Committee on Environmental Hygiene:

"Every activity, process or treatment to which food is subjected from its growth, production or manufacture until its final consumption; and which may have an influence on its safety, wholesomeness or soundness for human consumption."

## FOOD HYGIENE

"The measures whereby the wholesomeness, soundness and safety for human consumption are secured or increased, covering all facets of food production, harvesting, processing, distribution, preparation and service and of possible causes of toxicity (physical, chemical or microbiological)." (1)

This definition was suggested as an alternative to the definition given in the 4th Report (1956) (2) of the WHO Expert Committee on Environmental Hygiene:

"All measures necessary for ensuring the safety, wholesomeness and soundness of food at all stages from its growth, production or manufacture until its final consumption."

The term food sanitation, strictly defined as forming part of the wider field of food hygiene, is sometimes used as a synonym of food hygiene. See food sanitation.

## FOOD POISONING

"Harmful effects following ingestion of food resulting from (i) contamination with pathogenic bacteria, (ii) toxic products of fungi and bacteria, (iii) allergic reaction to certain proteins or other components of food, or (iv) chemical contaminants." (1)

This definition must be taken as superseding earlier definitions adopted by the Joint FAO/WHO Expert Committee on Meat Hygiene (1955), the WHO Expert Committee on Environmental Hygiene (1956) and the European Technical Conference on Food-Borne Infections and Intoxications (1959), as well as this last Conference's preference for the term food-borne intoxication. (2) See food-borne disease.

## FOOD STANDARDS

"A body of rules or legislation defining certain criteria - such as composition, appearance, freshness, source, sanitation, maximum bacterial count, purity and maximum concentration of additives - which food must fulfil to be suitable for distribution or sale."(1)

## FUNCTION

"A broad area of responsibility composed of many activities aimed at achieving a predetermined objective. Functions are not constrained by time or resources."(1)

## GENERAL PRACTICE

General practice, as opposed to specialist practice, is a form of medical practice in which the practitioner takes continuing responsibility for the general medical care of patients in the community, not limited to particular disease entities or particular age-groups. See general practitioner.

In some countries the field of general practice almost coincides with primary medical care (q.v.); in others there is a considerable degree of overlap between the two concepts; in others again general practice as defined above does not exist.

General practice may be individual practice, in which the practitioner works independently of other practitioners, though he may have nurses and various auxiliary workers assisting him; or group practice (q.v.), in which two or more practitioners work together. A group practice may or may not involve partnership (q.v.) between the doctors concerned.

## GENERAL PRACTITIONER

A traditional term which has been the subject of much consideration in recent years, reflecting changing views on the rôle of the general practitioner himself.

The following definition was adopted by the WHO Expert Committee on General Practice (1964)(1):

"A general practitioner is a doctor who works in general practice. He does not usually limit his professional work to certain disease entities or to certain age-groups. Patients have direct access to him, and he assumes responsibility for providing or arranging for the provision of continuing and comprehensive medical care, both preventive and curative."

More recently a EURO Working Group on Psychiatry and Primary Medical Care (1973)(2) adopted a similar definition, while recognizing that it was both complex and imprecise:

"General practitioner: A primary physician who takes continuing responsibility for the general medical care of patients in the community, including the prevention and treatment of any illness or injury affecting the mind or any part of the body. Distinctive features of his work are that part of it is carried out in the patient's home, and that he frequently gives care to the whole family."

This last feature is reflected in the traditional designation of family doctor or family physician which is often regarded as synonymous with "general practitioner".

The 1973 Working Group noted (3) that the use of the term general practitioner (and general practice) had come under criticism, largely on the ground that the general practitioner should not be contrasted with the specialist but should be recognized as a specialist in his own field, and that the use of the terms primary physician and primary medical care (qq. v.) had been proposed in their place. The Working Group observed, however, that in many countries the primary physician was not necessarily a generalist (nor a family doctor), and therefore felt it necessary to retain the term general practitioner to refer to those primary physicians who were in fact generalists within the terms of their definition.

A WHO Expert Committee in 1974 (4) made a similar distinction between family physician and general practitioner:

"The family physician offers to all the members of a family he is serving a direct and continuing access to his services. Family physicians are usually general practitioners but may also be internists. The general

GENERAL PRACTITIONER (contd)

practitioner is a physician who does not limit his practice to certain disease entities and who offers his patients direct and continuing access to his services."

## GERIATRIC HOME

"An institution providing facilities and services for coordinated social, medical and rehabilitative care of aged individuals who may require not only custodial and personal services but who may also require skilled nursing care and related medical services or diagnosis and intensive treatment."(1)

This definition appears unduly wide, since it encompasses services more appropriate to a hospital than a home.

## GERIATRICS

"Gerontology may be defined as the scientific approach to all aspects of aging (health, sociological, economic, behavioural, environmental and others). It is most often a multidisciplinary field.

"Geriatrics may be defined as a branch of gerontology and medicine that is concerned with the health of the elderly in all its aspects: preventive, clinical, remedial, rehabilitative, and continuous surveillance."(1)

## GROSS NATIONAL PRODUCT

"The total sum in a country of three major components - personal consumption expenditure on goods and services; government expenditure on goods and services; investment expenditure."(1)

## GROUP PRACTICE

"A medical practice conducted by two or more physicians from common premises, linked together in a variety of ways but providing various degrees of mutual support. They may be generalists and/or specialists."(1)

As noted by the WHO Expert Committee on General Practice in 1964 (2), there are many types of group practice:

"Two or more general practitioners may retain their own separate premises and work from these, the main reason for the formation of the group being to enable one partner to replace another when the latter is off duty. Or several practitioners may work from common premises and pool their resources. In some group practices there may be one or more specialists working with the general practitioners; in others all the members of the group may be specialists. Group practices may be large enough to have a complete range of diagnostic and therapeutic facilities and even their own hospitals or nursing homes."

Group practice will often take the form of a partnership (q. v. ) of general practitioners, but does not necessarily involve the special commitments and financial relationships of partnership. Any partnership, however, implies some form of group practice.



## HABIT-FORMING DRUG

In its 2nd Report (1950)(1) the WHO Expert Committee on Addiction-Producing Drugs (now the Expert Committee on Drug Addiction) defined a habit-forming drug as "one which is or may be taken repeatedly without the production of all the characteristics outlined in the definition of addiction and which is not generally considered to be detrimental to the individual and to society."

(For the definition of addiction see drug addiction.)

The Committee was of the opinion that the use of the expression "habit-forming", when the meaning was clearly "addiction-producing", should be discontinued. It reiterated this view in its 3rd Report (1952) (2), declaring that "a distinction can and must be made between drug addiction and habituation (habit), and between addiction-producing and habit-forming drugs, that the terms are not interchangeable, and that only the expressions drug addiction and addiction-producing drugs should be used in documentation with respect to substances brought under, or to be brought under, international control."

In its 7th Report (1957) (3) the Expert Committee noted that this definition was ambiguous, since it implied that any one or more of the characteristics of an addiction-producing drug might not be apparent; moreover it was doubtful whether it was correct to say that a habit-forming drug was not generally considered to be detrimental to the individual. The Committee therefore suggested the following new definition:

"A habit-forming drug is one which produces habituation (habit) but not addiction when used continuously at about the usual therapeutic dose level. Some habit-forming drugs when used excessively, in terms of dosage and/or frequency of administration, may produce a true physical dependence (addiction), superimposed upon a psychic dependence."

In accordance with the recommendation in the Expert Committee's 13th Report (1964) that the term drug dependence (q. v.) should replace the terms drug addiction and drug habituation, the term habit-forming drug (along with addiction-producing drug) should now give place to dependence-producing drug (q. v.).

## HALF-WAY HOUSE

"Accommodation provided for handicapped patients to allow them to make a gradual and smooth transition from hospital to home."(1)

The term may be used in a wider sense to cover any form of accommodation intermediate between hospital and the patient's own home.

## HEALTH

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."(1)

## HEALTH CARE

"Health care implies not only the care of the acutely and chronically ill but also rehabilitation, case-finding, health maintenance, prevention of disease and disability, and health education."(1)

A similar definition has been given to comprehensive health care:

"The promotion of health, the prevention of illness at all levels, early diagnosis and treatment of disease, and rehabilitation of the patients. It implies health education at all these stages."(2)

See also community health (care).

## HEALTH CENTRE

A term which means different things in different countries, and may therefore require to be defined in the context of the particular discussion.

A survey by Roemer in the Public Health Papers series (1972)(1) defines the term widely to cover "primary care centres", roughly in the sense of health centre as usually understood in Western Europe; specialized services directed to the treatment of particular diseases, on the lines of the dispensary (q. v.) of the Soviet Union and the Eastern European countries; and the Soviet and Eastern European polyclinic (q. v.).

The following definition (1966)(2), though it contains the essence of the matter, is perhaps also too general to be of much service:

"A health centre may be defined as an institution providing health services to a defined community. Ideally, it should include (a) health care, both preventive and promotive, for individuals, families, other special groups and for the community as a whole; (b) medical care of the sick, both at the health centre itself and at home; and (c) rehabilitation services in association with community welfare agencies."

An alternative, and perhaps more helpful, definition by a EURO Working Group on Psychiatry and Primary Medical Care (1973)(3) is the following:

"Health centre: a centre providing both medical care and preventive personal health services, usually staffed by a multidisciplinary team. Specialists may be available on a part-time or full-time basis, but the emphasis is on primary medical care, continuity of care and treatment in the community."

As this definition - a slightly expanded version of one adopted by an earlier EURO conference (1970)(4) - implies, the health centre is basically an institution providing ambulatory care, though in some countries it may have a small number of beds. It may or may not be directly attached to a hospital, but will often have an association with a hospital and with hospital staff. It will normally provide facilities for association between health and social welfare services.

It has been suggested (5) that the term health centre should be confined to public institutions, excluding facilities provided privately by groups of doctors.

It may sometimes be difficult to define the boundary between health centre on the one hand and out-patient department and polyclinic (qq. v.) on the other. The distinguishing feature of an out-patient department is that it is normally more closely and exclusively associated with a hospital,

## HEALTH CENTRE (contd)

usually with a particular department or departments of the hospital. The polyclinic of the Soviet Union and the Eastern European countries is distinguished by having a largely specialized medical staff and by its emphasis on the differentiation of disease categories and specialist care from an early stage of illness.

The Report (1973)(6) of a EURO Working Party on Trends in the Development of Primary Care noted the ambiguity of the term health centre and suggested the use of primary care centre (q.v.) as a possible neutral term.

## HEALTH EDUCATION

"The term 'health education' has a number of meanings, of which two are of special significance in the context of this report. In its broadest interpretation health education concerns all those experiences of an individual, group or community that influence beliefs, attitudes and behaviour with respect to health, as well as the processes and efforts of producing change when this is necessary for optimal health. This all-inclusive concept of health education recognizes that many experiences, both positive and negative, have an impact on what an individual, group or community thinks, feels and does about health; and it does not restrict health education to those situations in which health activities are planned or formal. In the more limited meaning health education usually means the planned or formal efforts to stimulate and provide experience at times, in ways and through situations leading to the development of the health knowledge, attitudes and behaviour that are most conducive to the attainment of individual, group or community health."(1)

"The focus of health education is on people and on action. In general, its aims are to persuade people to adopt and sustain healthful life practices, to use judiciously and wisely the health services available to them, and to take their own decisions, both individually and collectively, to improve their health status and environment."(2)

## HEALTH EDUCATOR

The use of this term may give rise to difficulty, since it can be applied either to a person who has adopted health education (q. v.) as a professional career or to a professional person (nurse, doctor, etc.) whose professional activities include health education as part of his or her relationship with patients or the public. The preferred WHO term in the former sense is specialist in health education.

## HEALTH INFORMATION SYSTEM

The following definition was adopted by the 3rd European Conference on Health Statistics (1971)(1) and the European Conference on National Health Planning (1974)(2):

"A mechanism for the collection, analysis and distribution of health statistical information required to enable health planners to assess priorities, and to assist them in deciding how to meet particular priority needs and finally to enable health administrators to measure their achievements."

A variant of this definition was used by a EURO Conference on Health Information Systems in 1973 (3):

"A mechanism for the collection, processing, analysis and transmission of information required for organizing and operating health services, and also for research and training."

The 1971 Conference on Health Statistics agreed that the basic constituents of a modern health information system were indicators of the state of health of the population; measurements of the utilization of health services; statistics on the resources available; socio-demographic data on the population; environmental data, both on the natural environment and on pollution of various kinds; and means of obtaining information on the outcome of treatment or preventive measures, including information on residual disability.

Cf. management information system.

## HEALTH INFRASTRUCTURE

"The 'health infrastructure' is defined as that organized network of peripheral units capable of providing certain basic health services within the available local resources to cater for the most urgent health needs of the population."(1)

It may be questioned whether this restriction of the term to peripheral units is appropriate to general use: "infrastructure" is normally applied to the complete basic structure of a service.

## HEALTH INSURANCE

A system of social insurance (q. v.) devoted solely to health-related benefits. It may, however, be private (voluntary) as well as public (compulsory for the whole population or for certain categories).

The older term sickness insurance, with its implied exclusion of preventive care, is now seldom used. (1)

## HEALTH LABORATORY SERVICE

"The health laboratory service groups all the laboratories used in both preventive and curative medicine: public health laboratories, hospital laboratories and other laboratories which in some way deal with the health of the people of a country, whether considered individually or collectively."(1)

## HEALTH MANPOWER

"The concept of health manpower generally includes: the number of individuals available for, or undergoing training in, the different health occupations; the demographic characteristics of these individuals; their social characteristics in terms of education, experience and values; and the changes required, both in numbers and qualification of personnel, to provide the health services needed and demanded by a population. As generally understood, therefore, health manpower includes:

- (1) those already working in the field of health services;
- (2) potential health workers, i. e. those who have the ability to engage in a particular health occupation but are not at present doing so; and
- (3) prospective manpower, i. e. those who are at present undergoing education and training that will permit them to join the health services."<sup>(1)</sup>

## HEALTH MANPOWER PLANNING

"Health manpower planning is the process of estimating the quantity and type of knowledge, skills and abilities needed to introduce predetermined alterations in the functioning of a health system so as to make it more probable that the desirable changes in the health of a population will be achieved. Such planning involves specifying who is going to do what, and also where, when, how and for what patients or population group, so that the knowledge and skills necessary for adequate performance can be established and made available according to a predetermined schedule. This must be a continuing, not a sporadic process.

"In general, health manpower planning implies the generation and utilization of skills, and involves:

- (1) the analysis and projection of health needs and the population's demands for services;
- (2) the measurement of present availability of health manpower and an analysis of its pattern of utilization and effectiveness;
- (3) the estimation of future manpower requirements and of education and training needs in the light of overall health plans;
- (4) the detection of imbalances between the estimated requirements and the expected supply; and
- (5) the formulation of policy to alleviate these imbalances, including measures to achieve optimum utilization of the available manpower."<sup>(1)</sup>

## HEALTH PLANNING

For definitions of planning in general and different types of planning, see planning.

Health planning, or national health planning, has been defined as "the orderly process of defining community health problems, identifying unmet needs and surveying the resources to meet them, establishing priority goals that are realistic and feasible, and projecting administrative action to accomplish the purpose of the proposed programme."(1)

The Report of a WHO Expert Committee in 1970 (2) noted that:

"When fully developed, national health planning is concerned not only with the adequacy, efficacy and efficiency of health services but also with those factors of ecology and of social and individual behaviour that affect the health of the individual and the community."

The Terminology List prepared for the European Conference on National Health Planning in 1974 (3) distinguished between two types of health planning:

"Planning for health, or national health planning: this has been taken to mean planning for the optimal use of all the scarce national resources available for improvement of health (or health status) over a given period, whether those resources lie within the so-called health sector or outside it.

"Planning for health services, or planning for the delivery of health care: this implies planning for the most effective means of providing health services or delivering health care over a given period with the predicted limited health resources likely to be available."

The Conference noted that the form which health planning took in different countries - in line with the former (wider) definition or the latter (narrower) one - would depend on the administrative structure and characteristics of each country.(4)

See also health manpower planning.

## HEALTH PRACTICE

"Health practice (public health practice) includes the provision of traditional public health services, namely disease control, environmental control and other general preventive services, and the planning, administration and management of all forms of personal health care, namely personal preventive services, health surveillance and screening, diagnosis and treatment, and restorative services, both in hospitals and in the community."(1)

## HEALTH PRACTICE RESEARCH

"Health practice research can be defined as the use of the scientific method in investigating problems of planning, organization and administration (including management and evaluation) of health services. Its broad purpose is to study and analyse systems for the delivery of health care and other health services, with a view to ascertaining what the optimal organization might be, to indicate where and how improvements may be made, and to support health service planning."(1)

"Health practice research is concerned with organizational problems with the planning, management, logistics and delivery of health care services. The problems of clinical-pathological medicine and biomedical science therefore lie outside its province. The application of the results of research in biomedical science to individual patient care, etiological studies, pathology, questions of biometrics and human physiology, and laboratory procedure also belong elsewhere, though they all contribute to the body of knowledge and methods that health practice research takes into account and uses. Although health practice research overlaps to some extent with epidemiology and often makes use of the epidemiological method, epidemiology as such is outside its scope."(2)

## HEALTH PROFILE

"All the elements that indicate the health profile of a population as well as the various means used for the delivery and evaluation of health care."(1)

## HEALTH PROTECTION

"The provision of conditions for normal mental and physical functioning of the human being individually and in the group. (It includes) the promotion of health, the prevention of sickness and curative and restorative medicine in all its aspects."(1)

## HEALTH SERVICES

"Health services are difficult to define but can be described as a permanent country-wide system of established institutions, the multi-purpose objective of which is to cope with the various health needs and demands of the population, and thereby provide health care to individuals and the community, including a broad spectrum of preventive and curative activities, and utilizing, to a large extent, multi-purpose health workers."(1)

A similar definition has been given for general health services.(2)

Basic health services have been defined as:

"A network of coordinated peripheral, intermediate and central health units, staffed by competent professional and auxiliary personnel, and capable of performing effectively a selected group of functions essential to the health of the people living in the area. It is administered by central, intermediate and local organs, as appropriate to the general administrative pattern of the country."(3)

See also personal health services.

## HEALTH SERVICE SYSTEM

"A health service system includes all formal and informal activities centred on the provision of health services for a given population and the utilization of such services by the population."(1)

## HEALTH STATUS

The state of health of a person or a population, assessed by reference to general morbidity, morbidity from particular diseases, impairments, anthropomorphic measurements and mortality.(1)

## HEALTH SURVEY

"A programme for studying a population or a particular segment of the population, in order to assess its health problems or to detect conditions to which preventive measures may be applied."(1)

"The term 'health survey' has a much wider connotation than 'morbidity survey', the latter being, in fact, only one element in the full range of possible components of a health survey. A general health survey is capable of providing information on one or all of the following broad subjects:

(1) Health status of the population: this includes such subjects as general morbidity, morbidity from one disease or group(s) of diseases, impairments, anthropomorphic measurements and mortality.

(2) Conditions influencing or influenced by health: among the conditions to be considered are socio-economic conditions, nutrition, environmental factors, living habits and genetic factors.

(3) Health services and medical care: subjects included are the need for health services, the availability and utilization of health services, the evaluation of health programmes and the measurement of expenditures in connexion with the prevention and/or treatment of illness.

"Morbidity surveys usually comprise only the first two sub-items mentioned under (1) above, although information may be obtained upon some of the other items so as to provide a background to the morbidity information."(2)

## HOME CARE

"The provision of health and/or supportive services in the home to individuals who are ill or disabled, but who do not require institutional care."(1)

Alternative term: domiciliary care.

See also progressive patient care.

## HOSPITAL

The 1st Report of the WHO Expert Committee on the Organization of Medical Care (1957)(1) gave the following definition:

"The hospital is an integral part of a social and medical organization, the function of which is to provide for the population complete health care, both curative and preventive, and whose out-patient services reach out to the family in its home environment; the hospital is also a centre for the training of health workers and for bio-social research."

In terms of size the Committee distinguished three types of hospital:

"(1) the regional hospital, which is located in the chief town of a region, and may be working in collaboration with a medical school; it gives a high standard of service in general medicine, surgery and obstetrics covering all the needs of the local inhabitants; it is also fully equipped with highly specialized departments, such as those of neuro-surgery, plastic surgery, radiotherapy, etc., capable of handling all the patients of the entire region needing such services.

"(2) the intermediate hospital, which is responsible for a smaller district. In addition to departments of general medicine, paediatrics, surgery and obstetrics, it has a number of departments dealing with more common specialities, for example otorhinolaryngology and ophthalmology. An X-ray department under a well qualified specialist is indispensable.

"(3) the local hospital, which provides general medicine, surgery and obstetrics for the day-to-day needs of a small localized group."(2)

(The passage in square brackets is missing in the English text, and has been restored from the French edition.)

The WHO Expert Committee on Health Statistics observed in its 8th Report (1963)(3) that the 1957 Committee's definition of hospital was not suitable to statistical purposes, and proposed the following as a working definition:

"A hospital is a residential establishment which provides short-term and long-term medical care consisting of observational, diagnostic, therapeutic and rehabilitative services for persons suffering or suspected to be suffering from a disease or injury, and for parturients. It may or may not also provide services for ambulatory patients on an out-patient basis."

The Committee noted that such a definition would exclude certain types of institution (old people's homes, homes for the blind and deaf, etc.) where regular medical treatment was not available, though occasional medical care might be provided when needed.

## HOSPITAL (contd)

The Committee also defined general hospital and specialized hospital as follows:

"A general hospital is a hospital which provides a range of differentiated services for patients of various age-groups and with varying disease conditions."

"A specialized hospital is a hospital admitting primarily patients suffering from a specific disease or affection of one system, or reserved for the diagnosis and treatment of conditions affecting a specific age-group or of a long-term nature."

A later WHO Expert Committee in 1968 (4) proposed a simple and broad definition designed to cover the varied types of hospitals found in both developing and highly industrialized countries:

"An institution that provides in-patient accommodation for medical and nursing care."

The Committee noted that this definition could be elaborated as required to cover additional functions.

## INCIDENCE

"The number of instances of illness commencing, or of persons falling ill, during a given period in a specified population."(1)

In referring to incidence it should be made clear whether the data represent the number of instances of the disease recorded or the number of persons ill.

The distinction between incidence and prevalence (q. v.) is that whereas incidence refers only to new cases prevalence refers to all cases, irrespective of whether they are new or old.

Incidence is usually expressed as an incidence rate, the denominator being the average number of persons in the specified population during the defined period or the estimated number of persons at the mid-point of that period.

## INDEX

"In its most general sense, the term index (pl. indexes or indices) or the term indicator is employed for any number measuring a given quantity; but in a more restricted sense an index is a ratio showing the value of a given quantity relatively to a base, which is conventionally taken as 100."(1)

"Indices are generally defined as 'relative numbers expressing the value of a certain quantity as compared with another'."(2)

It has been suggested (3) that in relation to health trends the term indicator is to be preferred to index, which suggests a degree of precision not yet attained in health data.

## INFANT MORTALITY

Infant mortality: "The mortality of live-born children who have not yet reached their first birthday."(1)

Infant death: the death of a child under one year of age.

Infant mortality rate: the ratio of infant deaths registered in a given year to the total number of live births registered in the same year (1); usually expressed as a rate per 1000 live births.

Neonatal mortality: "The mortality of live-born children who die before reaching a certain age, taken as four weeks or a month."(1)

Neonatal death: a death occurring within this period.

Neonatal mortality rate: the ratio of neonatal deaths in a given year to the total number of live births in the same year; usually expressed as a rate per 1000.

Early neonatal mortality: the mortality of live-born children who die in the first week of life. The WHO Expert Committee on the Prevention of Perinatal Mortality and Morbidity (1970)(2) recommended that this conventional definition should be expressed more precisely to refer to the first 168 hours of life.

Early neonatal death: a death occurring within this period.

Early neonatal mortality rate: the ratio of early neonatal deaths in a given year to the total number of live births in the same year; usually expressed as a rate per 1000.

Post-neonatal mortality: the mortality of live-born children who die after the neonatal period but before reaching the age of one year.(1)

Post-neonatal death: a death occurring within this period.

Post-neonatal mortality rate: the ratio of post-neonatal deaths in a given year to the total number of live births in the same year; usually expressed as a rate per 1000.

Perinatal mortality: mortality during the prenatal period (which is variously defined but in general terms is understood to cover the latter period of fetal development), the birth process and some portion of the neonatal period.(3) According to the International Classification of Diseases it extends from the 28th week of gestation to the 7th day of life.(4)

## INFANT MORTALITY (contd)

Perinatal death: a death occurring within the perinatal period. In normal usage the term would cover late fetal deaths (stillbirths) and early neonatal deaths.

Perinatal mortality rate: the ratio of perinatal deaths in a given year to the total number of live births in the same year; usually expressed as a rate per 1000. The WHO Expert Committee on the Prevention of Perinatal Mortality and Morbidity (1970) (5) recommended a more precise formulation: "Late fetal and early neonatal deaths weighing over 1000 g at birth expressed as a ratio per 1000 live births weighing over 1000 g at birth."

## IN-PATIENT

"A person admitted to hospital who occupies an adult or child hospital bed for observation, care, diagnosis or treatment."(1)

In-patient facilities are (a) hospital facilities; and (b) other facilities where residential accommodation for patients is provided, including nursing homes, sanatoria, hostels, half-way houses, night hospitals, etc.(2)

Compare out-patient, day patient.

## INPUT

"The sum total of resources and energies purposefully engaged in order to intervene in the spontaneous operation of a system."(1)

"The basic resources required in terms of manpower, money, materials and time."(2)

## INSURED PERSON

Under a scheme of social insurance (q. v.), an insured person is a person entered in the records or registers of the scheme as covered by the provisions of the scheme.

The term covered person is also used, in the sense of a person subject to a social insurance scheme but not necessarily entitled to benefit (which may depend on certain qualifying conditions, a means test, etc.).

A protected person is a person who has a right to benefit if a given contingency should materialize.

A contributor is a person who pays contributions to an insurance scheme, or on whose behalf contributions are paid. (1)

## INTEGRATION

According to a definition proposed by the WHO Executive Board in 1973 (1):

"Integration means putting different parts together to form a whole; to unify, or complete by addition of parts, to combine parts into a whole. In the field of health it applies to activities, programmes, plans, services. There may be administrative, technical integration, or both."

The Report of a WHO Study Group in 1965 (2) noted the importance of integrating mental attitudes as well as structures:

"Integration: a series of operations concerned in essence with the bringing together of otherwise independent administrative structures, functions and mental attitudes in such a way as to combine these into a whole."

An integrated health service was defined by a WHO Expert Committee in 1954 (3) as:

"The service necessary for the health protection of a given area and provided either under a single administration or under several agencies, with proper provision for the coordination of their services."

## INTENSIVE CARE

One of the stages of progressive patient care (q. v.).

A EURO Seminar on Nursing in Intensive Care (1969)(1) criticized the commonly used term intensive care, preferring the alternative expression intensive therapy, which it defined as:

"The care and treatment of patients who are deemed recoverable but who need continued supervision and need or are likely to need the prompt use of specialized techniques by skilled personnel."

The Seminar accepted the term intensive nursing care: see nursing care.

## INTENSIVE CARE UNIT

A EURO Seminar on Nursing in Intensive Care (1969)(1) preferred the term intensive therapy unit to the commonly used intensive care unit. It defined intensive therapy unit as:

"A special unit providing (1) a facility available to all medical staff, with more space, staff and equipment for the care of the patient than can be provided in the ordinary wards; (2) a service which provides continuous observation of the vital functions and can support these functions more promptly and efficiently than would be the case elsewhere in the hospital."

## INTERMEDIATE AREA

"A politically endorsed entity, state, region, province or district that is capable, in terms of its resources (actual or potential), of managing a comprehensive health programme within its geographical boundaries, and to which adequate executive authority can be granted for this purpose."(1)

(For most health care purposes the concept of region, q. v., may be a more useful one.)

## INTERMEDIATE HEALTH ADMINISTRATION

"A body that administers and supervises the services of a number of local health areas (q. v.). Within this definition several organizational and functional types of intermediate health service may be found. There may be more than one intermediate health service between the local and central health authorities. The regional health administration is one example of an intermediate health service."(1)

## INVALIDITY

The following is a general definition:

"The state of being unable to carry out accustomed work."(1)

The term is likely to have precise statutory significance in national legislation. The WHO Expert Committee on Medical Rehabilitation agreed on the following neutral definition in its 2nd Report (1969)(2):

"A measure of the diminution of the individual's capacities."

See also the article on disability.