



Renaming non-communicable diseases

The call by Luke Allen and Andrea Feigl (February, 2017)¹ to reframe non-communicable diseases (NCDs) is welcome. The lack of focus on these increasingly important causes of morbidity, impairment, and mortality, with their commensurate increasing consumption of health and societal resources and reduced economic contribution, is inappropriate and damaging for all the reasons Allen and Feigl cogently argue. Few things that are described in the negative as what they are not obtain the understanding or action they deserve. Would we call for more non-lay people and non-retail products to address the non-static numbers of persons with non-normal mobility and physiology?

However, moving from what not to call NCDs to what better to call them requires a considered and constructive approach. The objectives at a system level are to achieve better understanding of the conditions, their personal and societal impact, and the health and care actions needed, especially as numbers increase inexorably owing to medical advances and the ageing demographic. More importantly, at a personal level, any new term needs to resonate with and represent patients and their carers. The term needs to be credible, and indeed compelling, to policy makers, politicians, and donors in particular. It needs to be applicable in high-income as well as low-income countries, and in all health systems. Conceptual, academic, or high-level terms are therefore unlikely to succeed.

There may also be an age issue. Conditions affecting mature adults and older people will be perceived as something broadly correlating with the ageing process, and its variation in individuals. But for children and young adults, a term that smacks of the onset of elderliness while still in youth with be demoralising and a disincentive

to seeking to optimise function and performance.

A suitable generic term might therefore be life-long disease (LLD). This does not imply poor prognosis, or indeed any lack of hope of remission, but almost all such diseases even if controlled or in remission will still need monitoring or check-ups, with their resource and lifestyle implications. This term does indicate an increasing occurrence in an ageing society. However, for younger people, a variant of learn-to-live-with conditions, made vernacularly attractive as L2Ls, would indicate a long-term situation but with a positive process of understanding and planning of lifestyle and health throughout a normal lifespan.

For policy makers, health planners, donors, and epidemiologists, LLDs and L2Ls would be clear terms and the resource requirements, as well as societal understanding, would be seen as necessary to be supportive. Above all, the terms would be equally meaningful to all citizens as well as to global institutions, and are devoid of any stigma.

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- 1 Allen LN, Feigl AB. What's in a name? A call to reframe non-communicable diseases. *Lancet Glob Health* 2017; 5: e129–30.