

Editorial

Pharmacology in the 21st Century

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In the 21st century, where technology, social networks and communications infiltrate all social processes, natural events have been relegated to a secondary role. Birth, death and sickness have acquired a new value and collective concept.

The disease health process, has been modified drastically, today, people want to be healthy to live, prosper and generate wealth and happiness. The disease has ceased to be an important existential factor, because solid health environments favor health, but also has arisen the great enemy of the 21st century in health, the lifestyles that end and shorten the life expectancy of beings humans. Fortunately, nature still modulates the existence of living things. As finite beings, we are born and die in conditions that nature establishes and that are modified by the environment and our own decisions.

The importance of the birth and development of human beings in many cultures has been relegated to secondary issues. The malestrom of technology and economy that overwhelms us minimizes the most important aspects, in particular the need to generate and train better human beings, based on the advances of science and knowledge. With minimal details of basic care, the human being could accelerate social evolution at a pace comparable to the technology and economy that have taken control. Knowledge and technology lack an essential value, when they have as a basis for its application, the human rights of people and become simply a product that has price and the market supply and demand is governed.

There are different ways to evaluate science and one of them, is to clearly differentiate knowledge that has value and price. The drug economy is undoubtedly an important parameter of the meaning of these facts and reason for ethical debates in recent years, derived from access to new drugs with intellectual property rights and the cost that cannot be solved by people with low economic resources And lack of access to services.

In the 21st century, the century of human rights, it would seem absurd to argue that a person without resources who requires expensive drugs cannot afford it and die for this reason. However, this happens daily in many parts of the world for a simple fact, the injustice and social inequality that directly affects

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the local health systems. We have created a globalized world for economic and political interests, but segmented and segregated for the rights of people. Our generation will pay this great contradiction. We hope that the wait will be short, to achieve a more equitable advance of science, technology and economy with the rights of the people. In order to reflect on the current state of drug management, it is necessary to establish a global ethical and policy framework for health that does not lose sight of the fact that we are still human beings and at the heart of any debate on the availability of new pharmaceutical technologies. Being the rights of individuals, although some economists and some large consortia, consider them minor distractors. For science, there is nothing more important than people are.

The central debate between economic interests and medical science should be centered on meeting points. To ensure that the investment of intellectual capital, economic resources and time, whose purpose is to discover new truths and evidences for human benefit, also generates the legitimate obtaining of remuneration. Likewise, the new technology should be sent in an expeditious, just and equitable way to those who need it, regardless of their social or economic condition. In this sense, the socialization of health systems must be favored, so that the burden Distribute more equitably as well. Therapy for hepatitis C, antiretroviral, last generation antibiotics and particularly expensive oncology drugs are clear examples of the ethical conflict, generated by new discoveries and evidences regarding pharmacological cost efficiency and access to services and drug prices.

We observe a period of transition in pharmacology, which necessarily leads to a global concept of access to services and the cost of equitable, universal, affordable social cost and that generates retribution to those who generate new knowledge and evidence. Investment, risk and work must be remunerated. The availability of medicines should be based on the socialization of health systems that are complemented by diverse and solid financing schemes that allow globalization of knowledge, technology, but also essential human rights, including health.