When Maria Isabel Rodríguez took the decision to study medicine at the University of El Salvador, she was called by the dean to his office where he tried to discourage her from undertaking such a “man’s profession”. Seven years later she graduated with honours, and after a brilliant career as cardiovascular physiologist and basic biomedical researcher she was selected as dean of the same medical school that had tried to discourage her. As well as that, she was the first Latin-American woman to hold that position.

The military intervention at the University of El Salvador, a foreseen of the approaching cruel civil war, didn’t allow her to carry on with her plans as a dean. When she was forced to leave her country, she joined the Pan-American Health Organisation (PAHO) where she built up international projects on medical education and in the development of human resources in health. Many of the institutions of high education—of countries such as Dominican Republic, Cuba, Mexico, and Peru—with which she worked appointed her as honorary professor. It was during this time when she was a pioneer by introducing social sciences in the study of health problems, and helped to instigate the master in social medicine at the University of Xochimilco. She also organised and developed the training in international health at the PAHO in Washington. In 1999, and after defeating three other male candidates half her age, she became president of the University of El Salvador, being the first woman to hold that position in its 161 years of history.

In March 2002 at the 75th anniversary of the School of Public Health of Mexico—the oldest in America—she was nominated as one of the 10 scientific personalities to be honoured for her relevant contribution to public health in the whole world because of her work as educator and her contribution of introducing social sciences in medicine. Her pupils—dispersed in America and some in Europe, as Salvador Moncada—celebrated the recognition of their mentor. One of them, Dr Juan Vela Valdez, dean of the University of La Habana paraphrased these feelings as follows:

“I congratulate you with all my heart. All the educators and public health specialists from Cuba feel represented in your recognition. A hug and a kiss to the Maestra. Nothing more fair and comforting than seeing recognised somebody who has dedicated all her life to the wellbeing of the humanity in the fields of health and education”.

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In many fields of knowledge, but especially in health domains, we are witnessing a colonisation of our societies by an alliance between generators of specialised knowledge and the panoply of technical macro-systems and communications, distribution, and consumption networks. We live with an overload of images, texts, and potential choices regarding our health. This has reshaped a generation of individuals as proto-patients without doctors, consumers of information technology goods and services in the quest to preserve their health.

Societies of individuals drenched in the mass media submit to the new trinity: information, communication, technology. Such burgeoning information is not always congruent. Anxieties proliferate within a saturation of possibilities. Despite the internet’s relevant libertarian and democratising facet, there are techno-cultural requisites for accessing and enjoying it.

Meanwhile, there are clear manifestations that technology is out of control, as observed in the proliferation of sites promoting paedophilia and nazi-fascism, instructions for chemical processes and laboratory techniques to produce psychoactive drugs (such as ecstasy), or even explosive devices in the intensification and expansion of fundamentalist terrorism that has used the web for its internal communications, a phenomenon that has led to restrictions and control on such flow of information.

Social policies in the economically stronger countries have apparently provided greater equality within their societies. Although such policies have been “downsized” by neoliberal dictates and fiscal crises, they provided the underpinnings for citizens’ rights. Thus, these citizens, conscientious of their rights, were to judiciously occupy their place as well informed consumers dealing with the vicissitudes of the market in more autonomous fashion.

Still, because of the inexorable contemporary process of individualisation, the individual constitutes a vector for attrition and fragmentation of the citizen. The individual enjoys personal freedom of choice, to the point of consuming what pleases him, unbelieving, indifferent, or at best cautious as to participating in effective action aimed at the “common good”. Meanwhile the citizen seeks his own wellbeing through that of the “city”. No matter how favourable the results, the quest for citizens’ common interests is viewed, at the limit, as a limitation on personalised freedom of choice by the de jure individual. But for him to become an individual de facto, it is imperative that he first becomes a citizen. This is one of the many dilemmas we must tackle in this dizzying hyper-technological era.

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REFERENCE