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## A public health issue "kaleidoscopic"

*"In a street, in heart of a dream city. It'll be  
like when you've been there before:  
A moment that is both very vague and very  
acute... Oh, that sun in the rising mist!"*

Paul Verlaine. Kaleidoscope. 1818.

Lost researchers, including those in general practice, have a "theme" and consider it to be a "public health issue". In fact, the editorial team at **exercer** receives many texts whose context begins with this ritornello. Everything happens as if researchers had a kaleidoscopic vision that multiplies "observations of beautiful images": etymology of the word kaleidoscope. This multiplication of images has a prismatic risk where distortion leads to a focus on "its theme" with an unconscious neglect everything else. Public authorities also have their own kaleidoscopic vision. For example, the short-lived Barnier government defined the challenge for 2025 as mental health<sup>1</sup>.

Public health is based on a number of concepts which the editorial staff at **exercer** regularly explain to you, such as population responsibility<sup>2</sup> and *value-based health care*<sup>3</sup>. Thanks to Franck Chauvin, I can now introduce you to a new concept: *clinical population medicine*<sup>4</sup>. Clinical population medicine can be defined as the conscientious, explicit and judicious application of population health approaches to the care of individual patients and the design of healthcare systems<sup>4</sup>. This concept is moving away from the kaleidoscope... just as the concept of health is moving away from the focus of different researchers.

In this issue of **exercer** 210, you will discover an article on the benefits adapted physical activity for patients from depression, anxiety, eating disorders and schizophrenia<sup>5</sup>. Do these researchers have a kaleidoscopic vision or a vision of *clinical population medicine*? I can't comment on their vision. On the other hand, I can tell you that if a town council decides to dismantle an old school with asbestos and turn it into a park, if at the same time associations organize adapted physical activities in the park, and if we GPs prescribe them, we are entering into the concept of *clinical population medicine* and the mental health of the population will very probably improve. *"in the heart of this dream city"*.

*Clinical Population Medicine* is therefore a "public health issue", unless that's my kaleidoscopic vision...

### References

1. **Government.** La santé mentale, Grande cause nationale en 2025. Available at: <https://www.info.gouv.fr/actualite/la-sante-mentale-grande-cause-nationale-en-2025> [Accessed 16 January 2025].
2. **Santé publique France.** Programme de travail 2024 de Santé publique France: les travaux menés autour de six grands enjeux. Saint-Maurice: Santé publique France, 2024. Available on : <https://www.santepubliquefrance.fr/les-actualites/2024/programme-of-work-2024-public-health-france-works-around-six-key-issues> [Accessed 16 January 2025].
3. **Chauvin F, Gocko X.** Responsabilités. *exercer* 2022;179:3.
4. **Gocko X.** Value Based Health Care. *exercer* 2024;201:99.
5. **Orkin AM, Bharmal A, Cram J, Kouyoumdjian FG, Pinto AD, Upshur R.** Clinical population medicine: Integrating clinical medicine and population health in practice. *Ann Fam Med* 2017;15(5):405-9.
6. **Mall A, Hagi DP.** Adapted physical activity for patients with psychiatric pathologies: what are the benefits and prescription ? *exercer* 2025;210:80-8.