Post WWII disease treatment capabilities soar in U.S.

THE NATION'S HEALTH III: THE MEDICALIZATION OF AMERICAN SOCIETY

EDITOR'S NOTE: *This is the third in a series of fifteen articles exploring "The Nation's Health." In this article, science writer Joann Ellison Rodgers discusses how we have come to expect medicine to solve our personal and social problems as well as health problems. This series, written for COURSES BY NEWSPAPER, a program of University Extension, University of California, San Diego, was funded by a grant from the National Endowment for the Humanities.*

COLLEGE COURSES BY NEWSPAPER

Part Three

The Nation's Health

by Joann Ellison Rodgers

After World War II, stunning scientific and technological advances — from penicillin and tranquilizers to brain scanners and heart-lung machines — gave physicians unprecedented ability to detect and treat disease. Impressed by these successes, patients and the public inevitably came to expect the medical profession to rescue them from an ever-expanding list of personal, social, and behavioral problems.

By the 1980s, this process had produced a unique, broadened definition of "health" that encompassed not just the absence of illness but, as the World Health Organization interprets it, "a state of complete physical, mental, and social well-being."

At first glance, this new trend may seem eminently worthy. Who is not in favor of healthier people? But in fact, reliance on medicine to solve our personal and social problems in addition to our physical illnesses has had some negative consequences.

Goals once considered the exclusive province of parents, clergy, teachers, judges, lawmakers, and social workers now are declared targets for the health care system. Indeed, it is hard to think of any condition that people believe cannot be cured, or at least eased, by the medical system. In more extreme forms, this "medicalization" of American society assumes that there are no "bad" people, only "sick" ones, no "failures," only untreated or undertreated "victims."

Delinquency, suicide, laziness, promiscuity, poverty, sagging breasts, ignorance, sexual modesty, and a disagreeable nature have all been medicalized, redefined as conditions that can be diagnosed, treated, or prevented, like polio, heart attacks, broken bones, and sore throats. Alcohol and drug abuse are no longer fought on moral, legal, or social grounds, but as agents of physical and mental disease.

Divorce, inflation, aging, job disappointments, and similar stresses now get Americans referrals for psychiatric and medical treatment. Teachers routinely send children with behavior and learning problems for drugs to alter their classroom behavior.

Such medicalization of our society cannot be attributed to medical and scientific discoveries alone. The Industrial Revolution contributed, by categorizing all human problems as solvable with sweat, technology, and money. The post-World War II boom brought with it a new preoccupation with youth and an affluence that provided time to dwell on personal and social ills. Additionally, the social, humanitarian, and egalitarian movements of the last 100 years overturned the notion that the poor and ill are poor or ill because they are unfit, stupid, evil, or destined by God to be that way.

NEGATIVE IMPACTS

There is no denying that the impact of modern medical technology has been beneficial to many. Equally important, but less widely publicized, however, have been the negative or at least questionable consequences of labeling so many aspects of life in a medical context.

In reality, medicalization harbors unrealistic assumptions and mandates that pose serious dangers to good health care and the critical doctor-patient relationship. It encourages us to overlook medicine's limitations and to neglect the social, environmental, and personal factors that are the real determinants of health.

Among the most misleading assumptions underlying medicalization are the following:

— MEDICINE IS A PRECISE SCIENCE THAT CAN BE APPLIED EQUALLY TO ALL PATIENTS BY ALL PHYSICIANS. In fact, much of clinical medicine is an art; its practitioners are limited by their individual skills, knowledge, and imagination, and by a small set of established probabilities. Contrary to widespread belief, science does not have much information about why people get sick or get better. Most human problems lie outside the province of medical science, and most ailments disappear with treatment.

— MENTAL AND SOCIAL WELL-BEING AND HAPPINESS ARE PROPER GOALS OF THE HEALTH CARE SYSTEM. Evidence is being gathered showing that slums, poverty, and deprivation are stresses that generate illness. There is, however, no evidence that physicians or psychotherapists are any more competent to deal with these problems than families, lawmakers, teachers, judges, policemen, or philanthropists.

—WHEN IT COMES TO BEING HEALTHY AND STAYING THAT WAY, DOCTORS KNOW BEST. Research increasingly shows that, while physicians can treat some forms of disease, the patient is responsible for the habits of health. The factors that determine health status are largely social, behavioral, and environmental. They relate to sanitation; nutrition; exercise; pollution control; safety at home, at work, in cities, and on highways; and the ability to handle stresses of life with skills learned at an early age.

—IF WE SPEND ENOUGH MONEY, AND ENERGY TO EDUCATE THE PUBLIC, WE CAN PREVENT MOST DISEASE AND INJURY.

With the exception of basic sanitation

continued on page 8

Geoffrey Moss—political illustrator syndicated with the Washington Post Writers Group