

Post WWII disease treatment capabilities soar in U.S.

continued from page 3

and immunization programs, most public programs do not address the fundamental problems. They have been misguided and misdirected and largely oriented toward single diseases. Health promotion campaigns have naively emphasized the need to eliminate unhealthy behavior rather than seeking to eradicate the sources of stress that create the behavior.

An endless stream of books, magazines, and articles describing diseases, symptoms, and treatments has produced a nation of people unduly concerned with bodily functions and afraid to wander beyond reach of doctors and hospitals. Physicians faced with excessive demands, impossible expectations, and threats of malpractice are pressured into "defensive medicine," ordering costly, too frequent, sometimes unnecessary tests and operations. A whole constellation of rights and decisions with respect to lifestyle has been taken from the family and individuals and placed in the hands of medical or quasi-medical institutions.

In an age of shrinking economic resources, continued medicalization may have catastrophic economic consequences. The current emphasis on health insurance, acute care, hospitals, tests, operations, and procedures is very costly. In reality, most modern illnesses are chronic, and they require a different kind of long-term care with adequate social supports and education of patients

and families for self-care. Medicalization has also resulted in substantial mistrust between doctor and patient, questionable research priorities, and cumbersome and costly controls and regulations.

disease prevention, health promotion, and care of chronic illness, such as arthritis.

Demedicalization represents a turn-away from what many perceive as technological medical care. It is

behaviors, which are outside the scope of doctors and hospitals.

It will mean, also, that we as a society begin to recognize that our health is far too precious to surrender to the control of others.

NEXT WEEK: Rosemary Stevens, professor of the history and sociology of science at the University of Pennsylvania, discusses "The Shaping of Our Medical System."

The Nation's Health

DEMEDICALIZATION

The situation seems to cry for some balance and some brakes. And, in fact, there are signs that a countervailing force — a trend toward "demedicalization" — is gaining steam.

At the forefront of the new trend is the practice of self-care, which recognizes the contributions to health that come from good habits, self-help, and good nutrition. Thousands of mutual aid groups have sprung up for

fuelled by a growing belief that people have a right to privacy, a right to decide how they live and die, and a right to be independent of armies of experts who would probe and evaluate their mental competence and functional ability.

Although demedicalization is, at the moment, David facing Goliath, it represents a viable means of changing the course of health care history. This will require that we redefine unrealistic expectations for medical care and begin to reform unhealthy social and personal attitudes and

THE SEA LION

I glimpse the sea lion on his icy boat,
It looks like a castle with a clear,
pure, moat

I glimpse the sea lion frolicking
through

POETRY CORNER

The icy foam. "Art! Art!" says he,
that wonderful
Animal, the seal lion, the manatee.

Tony Dettmers

ABOUT THE AUTHOR

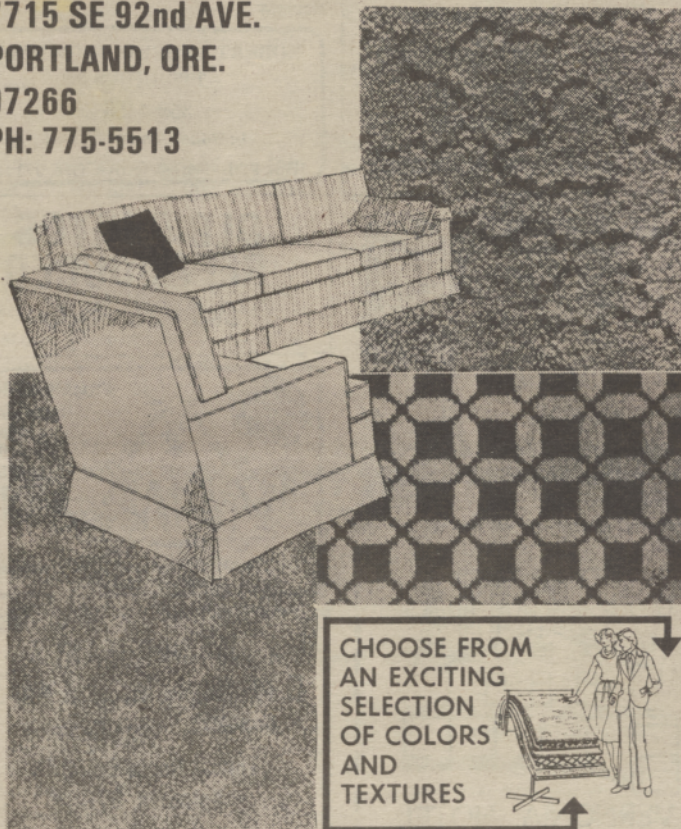
JOANN ELLISON RODGERS, M.S., has been the national science and medical correspondent for Hearst Newspapers since 1966, serving also as a columnist since 1973. In addition, she has been a health columnist for "Seventeen," "Mademoiselle," and "Playgirl" and has contributed articles to a wide variety of magazines. She has received awards for her writing from the American Heart Association, the American Cancer Society, and the Cystic Fibrosis Foundation, among others.

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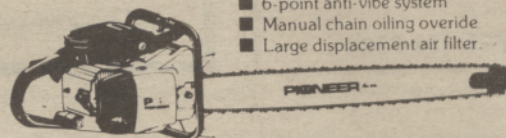
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