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ARTICLE

'MEDICALIZATION' OF DISEASES : A CRISIS IN THE DOMAIN OF SOCIAL HEALTH.

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The worldwide pressure of investing more on private healthcare and reforming the degenerating public health services brought about far reaching consequences in the entire healthcare culture. Simultaneously the changes in the social terrain of health and illness have 'medicalized' life to its fullest. Medicalization can be defined as non-medical problems in medical terms, usually as an illness or disease, and usually with the implication that a medical intervention or treatment is necessary. On the other hand it may be also described as disease mongering i.e. widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments. The social construction of illness is being replaced by the corporate construction of disease.

"In sickness and in health, private profits are not the same as public good, and high medical and drug company incomes do not equate to great health outcomes. The gains from the modern pharmacy are immense, but when industry hubris and distortions cause the medicine bottle to fall and smash, the consequences for ordinary people are enormous.

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The changes in the social terrain of health and illness have 'medicalized' life to its fullest. It has created an atmosphere of sickness where the normal human beings are always under the threat of being ill. Medicalization leads to "normal" human behavior and experience being "re-badged" as a medical condition.[2]

Medicalization is one of the few sociological coinages that have successfully permeated popular vocabularies. Literally meaning "to make medical," it refers to the process by which an increasing array of issues come to be described and understood in medical terms, often through the language of syndromes, diseases, and disorders. Its origins can be traced to the mid-twentieth century when many critics began to challenge what they perceived as the rising and potentially pernicious power of the medical profession and of psychiatry in particular.

The term gained momentum in the 1970s, particularly through its links with the understandings of social control, as social scientists like Irving Zola (1972), Ivan Illich (1976, 2010), Thomas Szasz (1970, 2007), Peter Conrad (2007) and Joan Busfield (2017)[3] began to describe the apparent shifts in the means by which Anglo-American societies were defining and disciplining deviance. Since then, medicalization has been used to understand how a wide variety of phenomena have come to be considered as medical issues including pregnancy, childbirth, alcoholism, obesity, sleep, educational under achievement, madness, drug addiction, and death.[4] The history of the notion of medicalization clearly indicates that from its very beginning it has been associated with the criticism of expansion of medicine and perceiving it as an instrument of social control.[5]

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Against this backdrop, the present paper attempts to delve into certain issues associated with medicalization, (over medicalization and overdiagnosis), the growing trend of medicalization and its impact.

As societies moved from hunter-gatherer to an agricultural base and eventually to urban life, disease evolved a maladaptive social dimension.Treatment was therefore aimed at not only curing the body but also providing a sense of well-beingand restoring social status. In the modern sense, wellness encompasses a wide range of physical and psychosocial issues, many of which are traditionally viewed as part of the spectrum of normalcy. For example, many diseases increase with age, but aging itself is not a disease. Medicalization of aging can lead to more harm than benefit to the elderly population. Similarly, there are great variations in individual social skills. Yet, all of them are normal. We will all age, that some of us are better skilled socially,that some individuals are smarter than others, and so on. To look at these conditions as diseases serves no purpose other than escalating health care cost.[6]

Until 1980's the following trends contributed to medicalization a) the decline of religious thinking and faith in the Western world, along with the increase in scientific thinking and faith, in rationality and efficiency imperatives (secularization); b) the increase in accomplishments, power and prestige of the medical profession; c) the tendency towards individualized, technological solutions to social problems; and d) a general humanitarian tendency in western societies that seeks to remove the assignation of "blame".[7]

Drug therapy is moving out from treating diseases to provide enhancements to what had hitherto been seen as normal functioning. This evolution in the use of medications has introduced dilemmas and controversies about what are legitimate conditions and treatments for those concerned with prescription medications. In modern days, the profile of diseases has been transformed. Some of this has been a product of the rapid advancement of science in the last thirty years. For example, while infertility has been a common component of every culture throughout history, the rise of drugs and technological procedures to treat infertility has led to an explosion in infertility diagnoses. Thus, while infertility used to be just a common part of life for some couples, it is now a medical problem that can be treated. Another example is obesity. What used to be seen as someone simply being overweight, has spawned an entire industry of health products, weight loss medications and surgeries, and referral services and centers.[8] Medicalization is not by definition a negative development, medicalizing certain situations has had tremendous benefits. This in contrast to overdiagnosis, in which the 'over' inherently indicates excess. It results in more people receiving a medical diagnosis. However, the origin of this expansion differs. Medicalization often concerns new diagnoses, based on a widened understanding of human situations that usually benefit from medical involvement. It, thus, widens the boundaries of medicine.[9]

In recent years factors responsible for the evolution of medicalization gradually changed. It includes wellness obsession, overwhelming role of pharmaceutical industries, social media and litigation.[10]Medicalization is thus created by a specific set of cultural and social conditions, and can be pushed by forces in and outside of medicine.[11]

Exploring the growing power of medicine and its role in social control, Irving Zola drew attention to the ways by which medicine was "nudging aside, if not incorporating, the more traditional institutions of religion and law" in the regulation of everyday life. In one of the earliest explicit articulations of the medicalization thesis, he worried that not just childbirth, but nearly everything from "sex to food, from aspirins to clothes, from driving your car to riding the surf," had become associated with health and health risks, famously concluding that "I at least have finally been convinced that living is injurious to health".[12]

In the twentieth century medicine began to function outside its traditional field as defined by the wishes of the patient, his pain, his symptoms and his malaise. This area defined medical treatment and circumscribed its field of activity which was determined by a domain of objects called illness and which gave medical status to the patient's demands.[13]

We need to bear in mind that society often has an interest in more medicine for its inhabitants, not only to help its inhabitants but also to depoliticize social problems. This will help us get a better grasp on 'how medicalization influences medicine.'[14] Continuous harping on health issues have an adverse impact, which might result in emotional (psychosomatic) sickness. But these on the other hand enable the big pharmaceutical houses to intrude and provide certain drugs for certain ailments. It would seem to serve the interests of society, but in reality it is characterized as a vicious cycle in which business houses invent new diseases for their own benefit.

A lot of money can be made from healthy people who believe they are sick. Pharmaceutical companies sponsor diseases and promote them to prescribers and consumers. Ray Moynihan, Iona Heath, and David Henry give examples of "disease mongering".

Some forms of medicalizing ordinary life may now be better described as disease mongering: widening the boundaries of treatable illness in order to expand markets for those who sell and deliver treatments. Pharmaceutical companies are actively involved in sponsoring the definition of diseases and promoting them to both prescribers and consumers. The social construction of illness is being replaced by the corporate construction of disease.[15]

Within many disease categories informal alliances have emerged, comprising drug company staff, doctors, and consumer groups. Ostensibly engaged in raising public awareness about underdiagnosed and undertreated problems, these alliances tend to promote a view of their particular condition as widespread, serious, and treatable. Because these "disease awareness" campaigns are commonly linked to companies' marketing strategies, they operate to expand markets for new pharmaceutical products. Alternative approaches—emphasizing the self-limiting or relatively benign natural history of a problem, or the importance of personal coping strategies—are played down or ignored. As the late medical writer Lynn Payer observed, disease mongers "gnaw away at our self-confidence.[16]

Ivan Illich in his brilliant work, *Medical Nemesis: The Expropriation of Health*, published in 1974, has exposed the acute crisis of the healthcare sector. The medical establishment has become a major threat to healthy living. Dependence on professional healthcare affects all social relations. In rich countries medical colonization has reached sickening proportions; poor countries are also following the line. Medicine is about to become a prime target for political action that aims at an invasion of industrial society.[17]

He further argued the success of the medical profession had been overstated and that it often did more harm than good. Using instead the term "iatrogenesis," literally referring to harm "brought forth by the healer," he pointed to medicine's tendency to undermine people's capacity for self-care, paralyzing healthy responses to life processes and encouraging dependence upon professionals. He also described the ways by which the side effects of medical interventions could sometimes outweigh the harm wrought by the initial condition. Indeed, Illich himself refused to have a large facial tumor removed since doing so could remove his ability to speak. His critique of modern medicine formed part of his broader questioning of the fruits of industrial progress and development.[18]

So, following Illich, it is relevant to point out that the impact of medicine constitutes one of the most rapidly expanding epidemics of present time. Medicines have always been potentially poisonous, but their unwanted side-effects have increased with their effectiveness and widespread use.[19] Thus the historic perspective on medicalization blamed medical imperialism for clinical, social, and cultural iatrogenesis. Contemporary analysts emphasize that medicalization is context dependent, involving actors such as the pharmaceutical industry, the media, consumers and/or, biotechnology. Doctors are not necessarily amongst the drivers of this process and sometimes fundamentally act as gatekeepers.[20]

Nonetheless, research often focuses on one dominant cause, like that after disease mongering blaming the pharmaceutical industry for selling sickness and pushing medicalization. Sociology has a broader perspective and approaches medicalization as a social process, influenced by many actors. Society's norms and values develop at a continual pace, influencing all of us in our perception of health, what constitutes a medical problem, and who should be consulted when experiencing a problem that can be perceived as medical. Therefore, medicalization should rather be regarded as a continuum than as a dichotomy, as problems can be regarded more or less as medical and can be treated more and less intensive. This is an addition to traditional definitions of medicalization, which disregard the extent to which a situation or condition is medicalized.[21]

Disease mongering turns healthy people into patients, wastes precious resources, and causes iatrogenic harm. Like the marketing strategies that drive it, disease mongering poses a global challenge to those interested in public health demanding in turn a global response.[22]

The late medical journalist Lynn Payer addressed the issue in the early 1990s in her book *Disease-Mongers: How Doctors, Drug Companies, and Insurers Are Making You Feel Sick*. She wrote: "Disease-mongering—trying to convince essentially well people that they are sick, or slightly sick people that they are very ill—is big business.... Disease mongering is the most insidious of the various forms that medical advertising, so-called medical education, and information and medical diagnosis can take." Similarly, Arthur Caplan, Professor of Bioethics at the University of Pennsylvania, Philadelphia, USA, told the popular American TV programme *60 Minutes*, "If you want to stir up worry in the public, and you've got the advertising dollars to do it, you can turn almost anything into a disease.[23]

As Conrad and Barker put it: "*it seems that we have a social predilection towards treating human problems as individual or clinical – whether it is obesity, substance abuse, learning difficulties, aging, or alcoholism- rather than addressing the underlying causes for complex social problems and human suffering.*" This does not mean that medicalising a situation rules out simultaneous action on its social and political determinants. Physicians can be amongst the most passionate proponents of societal change for some of the medical problems they face in their practices, such as stricter regulations for tobacco industry, sugar-taxes on beverages and calls for obesity prevention. Nonetheless, by our tendency to seek medical solutions for social problems, we medicalise social issues such as inequality, deviance and abnormality and locate the sources and solution of these problems increasingly on the individual level.[24]

The routine human condition—unhappiness, bone thinning, stomach aches and boredom—is increasingly being re-defined as disease: depression in its milder forms, osteoporosis, irritable bowel syndrome and attention deficit disorder all are clubbed as diseases. Likewise, risks factors, such as high cholesterol and high blood pressure, are declared diseases in their own right—hyper-cholesterolaemia and hypertension—with falling thresholds resulting in more people considered to be sick. In other cases, drugs approved for devastating illness, such as clinical depression, are indicated for milder conditions, such as shyness, which is now dubbed 'social phobia'.[25]

Actually, the authoritarian intervention of medicine in an ever-widening field of individual or collective existence is a characteristic fact. Today medicine is endowed with an authoritarian power with normalizing functions that go beyond the existence of diseases and the wishes of the patient.[26]

One of the capabilities of medicine is to kill. Until recent times the negative effects of medicine remained inscribed within the register of medical ignorance. Patients killed through the doctor's ignorance or because medicine itself was ignorant. It was not a true science, but rather a rhapsody of ill-founded, poorly established and undiversified set of knowledge. The harmfulness of medicine was judged in proportion to its non-scientificity.[27]

Medicines have thus become a new society fad. It is preconceived that there is a remedy for and against everything. The market is full of performance supporting pills and tonics claiming to strengthen the immunity defence system. The consumers of these small and multicoloured pills are not only old and ill but also an increasing number of healthy and young people are becoming regular consumers of these drugs. Often, people think it bothersome to change the life style and pills and gadgets claiming benefits of healthy diet and exercise are preferred by them. In pharmaceuticals specifically, "life style drug" marketing techniques were honed in 1980s and 1990s for cosmetic and sexual enhancements. These techniques have been broadened to include other areas of medicine. The campaigns used to market cosmetic and sexual enhancements were focussed on expanding perceived need for these products, and in this respect were a simple extension of customary marketing conduct that had existed for over half a century. It seems easy and comfortable to solve every problem with drugs but it is to the expense of consumer and often it is useless if not dangerous. The pharmaceutical industry profits from this attitude and is the main driving force in enhancing the spectrum of medicalization.[28]

The marketing strategies of the world's biggest drug companies now aggressively target the healthy and the well. With promotional campaigns that exploit our deepest fears of death, decay and disease, the $500 billion dollar pharmaceutical industry is literally changing what it means to be human. Rightly rewarded for saving life and reducing suffering, the global drug giants are no longer content selling medicines only to the ill.This is because as Wall Street knows well, there's a lot of money to be made telling healthy people they are sick.

At a time when many of us are leading longer, healthier and more vital lives than our ancestors, saturation advertising and slick 'awareness-raising' campaigns are turning the worried well into the worried sick. Mild problems are painted as serious disease. Everyday sexual difficulties are seen as sexual dysfunctions and the natural change of life is a disease of hormone deficiency called the menopause. Just being 'at risk' of an illness has become a 'disease' in its own right, so healthy middle-aged women now have a silent bone disease called osteoporosis, and fit middleaged men have a lifelong condition called high cholesterol.With many health problems, there are people at the severe end of the spectrum suffering genuine illness, or at very high risk of it, who may benefit greatly from a medical label and a powerful medication. Yet for the relatively healthy people who are spread across the rest of the spectrum, a label and a drug may bring great inconvenience, enormous costs, and the very real danger of sometimes deadly side effects. This vast terrain has become the new global marketplace of potential patients—tens of millions of people—a key

target of the drug industry's multibillion-dollar promotional budgets.[29]

In this perspective, we argue that instead of solely an offspring of medicine, medicalisation and overdiagnosis consists of social cultural processes that take place both in *and* outside medicine. Medicalisation entails a complex set of drivers, including interests, existing institutional rules, and the way society defines 'disease' and 'normality.' Both overdiagnosis and medicalisation push healthcare consumption and lead to additional healthcare cost. Medicalising a situation can improve the health status of new patients. The question remains whether the possible benefits are worth the individual suffering, iatrogenic damage or social exclusion that can also be the result of it. To answer this question, medicalisation and overdiagnosis need to be analysed in a broader context, also taking into account societal aspects. [30]

But physicians cannot do this job alone. There has to be a certain measure of responsibility by an enlightened public. Most importantly, citizens have to accept certain time-honored facts: that medicine is not a perfect science, that there are wide individual variations within the normal range, and that life is full of intermittent symptoms that do not necessitate intervention. Further "tincture of time" is essential to the healing process—quick fixes and perfect outcomes are often mirages. Medicine has served us well over the last three millennia. We live much longer and healthier lives thanks to its advances and to the men and women who have carried its flag over the ages. But it can also serve us ill if its core is diluted by irrelevance and unethical behavior. The cost of this process is enormous socially and financially.[31]

Today, many governments are not focussed on how to get people into health care but all the more the question how to get them away from it, looking for ways to decrease medical consumption instead of increasing it. Since too much medicine is consumed in many western societies, in particular antibiotics the question is all the more to prevent health care from overconsumption. It seems that we are simply suffering from powerful systems which force us to consume.[32]

Medicalisation should be perceived as a societal phenomenon; as a multiplayer game, involving societal forces, institutional rules and stakeholder interests over diagnosis. Thus, medicalization is probably neither a good nor a bad thing but something in between i.e. it is like a "two edged sword" because the very definition of quality of life has been challenged.The mechanics of corporate backed disease mongering, and its impact on public consciousness, medical practice, human health, and national budgets should also eventually attract the attention of the policy makers in order to limit the role of medicalisations of medicalisation are also the need of the hour. Moreover public conciousness to change lifestyle, behaviour and awareness towards the consequences of over medicalisation is the hour of the day. ❐

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