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HUMANITIES IN MEDICINE

Medicalization, wish-fulfilling medicine, and disease mongering: Toward a brave new world?

KEYWORDS

Medicalization;
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medicine;
Disease mongering

Abstract Western societies are characterized by a growing medicalization of life events, such as pregnancy, aging, or even death. Three concepts -medicalization, wish-fulfilling medicine, and disease mongering- are key in understanding the current practise of Medicine. Quite surprisingly, not a single study has addressed the relationship between all three of these concepts. The term medicalization expanded under the open-ended concept of health developed by the World Health Organization in 1946. One of the consequences of medicalization is the transition from patients to clients. Physicians are under increasing pressure to meet the insatiable demands of their clients. The term wish-fulfilling medicine refers to the increasing tendency of medicine to be used to fulfill personal wishes (i.e. enhanced work performance). The insatiable demand for healthcare is troublesome, particularly in Europe, where the welfare states are more and more under pressure. Finally, the term disease mongering refers to attempts by pharmaceutical companies to artificially enlarge their "markets" by convincing people that they suffer from some sickness and thus need medical treatment. Typical examples of disease mongering are social anxiety disorder, low bone mineral density, and premature ejaculation. Currently, some Public Health Services could be on the brink of collapse as they "navigate" between the scarce resources available and the users' insatiable health demands. Therefore, it appears necessary to generate clear-cut Public Health Services Port-folios.

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PALABRAS CLAVE

Medicalización;
Medicina del deseo;
«invención» de
enfermedades

Medicalización, medicina del deseo e invención de enfermedades: ¿hacia un mundo feliz?

Resumen Las sociedades occidentales se caracterizan por una creciente medicalización de la vida cotidiana (p. ej., embarazo, envejecimiento y muerte). Tres conceptos -medicalización, medicina del deseo e invención de enfermedades- son fundamentales para entender la práctica actual de la Medicina. Resulta sorprendente que la relación entre los 3 términos apenas haya recibido atención en la comunidad científica. El término *medicalización* se expandió bajo el paraguas del concepto de salud ilimitado desarrollado por la Organización Mundial de la Salud en 1946. Una de las consecuencias de la medicalización es la transición de pacientes hacia clientes. Los médicos están cada vez bajo una mayor presión por parte de las insaciables demandas de salud de sus clientes. El término *medicina del deseo* hace referencia precisamente a la tendencia creciente a usar la Medicina para satisfacer los deseos personales (p. ej. aumento del rendimiento laboral). Esta insaciable demanda de salud es problemática, particularmente en Europa, donde los Sistemas de Salud Públicos están bajo una presión creciente. Finalmente, el término «invención de enfermedades» se refiere a los intentos de la industria farmacéutica para aumentar de manera artificial sus «mercados» al convencer a la gente (clientes) que sufren una enfermedad (previamente inexistente), para la cual necesitan un tratamiento. Algunos ejemplos de este último término son la fobia social o la eyaculación precoz. En la actualidad, algunos Servicios Públicos de Salud podrían estar cerca del colapso económico derivado de unos

recursos cada vez más escasos y una demanda (deseos) de salud cada vez más insaciable. Por lo tanto, parece necesaria la creación de carteras de salud claramente definidas en aquellos países con Sistemas de Salud Públicos.

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Introduction

“[...] He remained obstinately gloomy the whole afternoon; wouldn't talk to Lenina's friends (of whom they met dozens in the ice-cream soma bar between the wrestling bouts); and in spite of his misery absolutely refused to take the half-gramme raspberry sundae which she pressed upon him. 'I'd rather be myself,' he said. 'Myself and nasty. Not somebody else, however jolly.’”

Brave new world- Aldous Huxley

The limits of current Medicine are becoming more and more blurred as increasingly more advances are made. Our focus begins to shift from what can we treat to what should we do treat as doctors. Aldous Huxley, a seminal author of the 20th Century, predicted the *medicalization* of life events. For instance, unhappiness is nowadays treated with antidepressants. We could speculate about which is our *soma* (the ideal pleasure drug taken by everybody in Aldous Huxley's famous novel *Brave New World*) nowadays, but we do not need to look far: the prescription of antidepressants has tripled from 1994 to 2003 in Spain.¹ Two atypical antipsychotics, aripiprazole (Abilify®, Otsuka, Bristol-Myers Squibb) and quetiapine (Seroquel®, AstraZeneca), and one antidepressant (Duloxetine, Cymbalta®, Eli Lilly) are among the ten best selling prescription drugs in the U.S. (<http://www.businessinsider.com/10-best-selling-blockbuster-drugs-2012-6?op=1>). This might lead one to think that massive *soma*-medication of the population has already occurred. Has the *medicalization* of everyday problems gone too far?

People are using novel medications in dangerous ways; for example, some adolescents use cognitive enhancers to improve cognitive function and some have even died in the aftermath of Viagra® use. On the other hand, the pharmaceutical industry is very interested in developing *mood brighteners* or *happiness pills* to meet increasing demands. And the lack of a prescription is hardly a problem anymore because you can easily get what you want at a modest price delivered to your door thanks to the Internet.

In this context, it is complicated to understand current *Medicine* without using three concepts: *medicalization*, *wish-fulfilling Medicine*, and *disease mongering*. Quite surprisingly, there are no previous studies addressing the relationship among all three concepts. The concept of *medicalization* gained importance in the seventies, and it can still be considered a classical term in Sociology and Medicine. In the eighties, researchers began to speak about *wish-fulfilling medicine*. Lastly, the first article on *disease mongering* indexed in the PUBMED was published in 2002. Could this latest interest on disease mongering reflect the

preoccupation of researchers on the type of medically controlled societies we are creating? Are we headed toward a *brave new world*?

Medicalization: from patients to clients

Western societies are characterized by a growing *medicalization* of life events such as puberty, menopause, pregnancy, aging, or even death.² The term *medicalization* refers to problems previously regarded as normal or as a deviance of normal that are now regarded as “pathologized” life events, such as menopause, baldness, or marital separation.³ Specifically, *medicalization* can be defined as “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illnesses or disorders”.⁴ Although it is difficult to establish when this term entered the social and medical vocabulary,⁵ its use expanded under the open-ended concept of health developed by the WHO in 1946 that stated that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.⁶ This supposed a Copernican change, as the traditional concept of health, based on the presence/absence of illness -the medical science behind the traditional medical model has evolved through five stages: (1) symptoms, (2) syndromes, (3) tissue alterations, (4) demonstration of the causes behind these tissues alterations, and (5) treatment,⁷ was replaced by “a state of complete physical, mental and social well-being”. In other words, *happiness*.

One of the areas where *medicalization* is clearly represented is *aging* and *death*. Life expectancy at birth is growing worldwide, particularly in industrialized countries. Even though it is still currently impossible to change our genetic code in order to live longer, we are not far from this possibility. For instance, modification of the *daf2* gene can double the life span of worms.⁸ The possibility of extrapolating these advances to human beings has raised serious ethical concerns.⁹ But, not everyone concerns. The American futurist Ray Kurzweil has paid for his cryopreservation along with more than 800 millionaires just in case these advances are not in the foreseeable future (http://elpais.com/diario/2008/08/28/revistaverano/1219940508_850215.html).

Medicalization is also rooted in the field of mental disorders. For instance, individuals lacking personal resources to face certain life events (i.e. marital discord) are displacing the “usual” psychiatric patients (i.e. those with schizophrenia). Indeed, adaptive disorders are the most frequent disorders in public mental health centers in the *Community of Madrid* (Spain).¹⁰ Another example is the *medicalization* of deviances, such as, hyperactivity and learning disabilities.⁴ *Conrad* stressed that there were no

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