

MEDICAL PRACTICE

Contemporary Themes

Medical Nemesis—Three Views

*The philosopher Ivan Illich has attracted much attention with his views on schooling and industrialization, and next week his book *Medical Nemesis* is due to be published. Below we print reviews of this from three differing standpoints, and a leading article also appears at p.548.*

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“Medicalization” of Health

A. PATON

The Greeks enshrined the most important attributes of Man and Nature in the myths of the gods. Prometheus (forethought—the father of invention) was employed by Zeus to fashion men from clay and to instruct them in the arts of living. Consumed by pity for their sad lot, he stole fire from heaven to brighten their lives, and for his presumption or hubris (that noble Greek word which cuts a man down to size) was chained to a rock to suffer everlasting torture. During the day his liver was eaten by an eagle or vulture (authorities differ) while it regenerated during the night. His agony is a reminder that it's the job of the goddess, Nemesis, to share out good and bad fortune, and she will exact revenge on anyone who dares to upset the balance. Tantalus, too, after tampering with Ambrosia, the divine food of the gods, was plunged up to his neck in a river of Hades, unable to satisfy his craving for food and water. It is a sobering thought that Nemesis has demanded retribution from every nation of the ancient and modern world when hubris exceeded humility. And what has she in store for members of the present day guild of Tantalus who “pass themselves off as disciples of healing Aesculapius while they are in fact pedlars of Ambrosia,” promising unlimited improvements in health and offering (almost) immortality?

Ivan Illich, theologian and philosopher, states his thesis in the first sentence of his introduction: “The medical establishment has become a major threat to health.” Only the most chauvinistic medical man would deny that improvements in health over the past few centuries are the result of better living conditions—food, water, housing, sanitation, education—and have almost nothing to do with medical advances. What is more,

most current clinical care, as all honest physicians and not a few surgeons would acknowledge, makes increasingly less contribution to the patient's welfare—and even less to that of the community. Technological medicine is being employed with growing frequency and sophistication in an attempt to solve (not very effectively) individual problems of ill health; relatively uncommon compared with, say, epidemics and malnutrition, such problems nevertheless attract vast amounts of money and manpower. Yet there is plenty of evidence that neither patient/doctor ratios nor the availability of tools for the job nor numbers of hospital beds bear any relation to improvements in the pattern of health. Worse still, more and more disease and disability results directly from medical intervention: dangerous drugs are given away like sweets; unnecessary surgery, treatment of non-disease, and malpractice are frequent; and accidents in hospital result from the complicated nature of investigation and treatment. According to Illich only malnutrition exceeds in numbers the damage done to men, women, and children by what he calls the “medicalization” of health.

More Sinister Side to Medicine

But there is an even more sinister side to medicine in western societies, and that is the development of social iatrogenesis. Because of the very nature of illness the patient (consumer) can never fully understand the value of the product he is paying for or its effectiveness. However, in an industrial society devoted to Progress with a capital p, there is no shortage of propagandists, both inside and outside the medical profession, who shout from rooftops appropriately festooned with television aerials the benefits and breakthroughs of modern technology. The cry of better health, “a dangerous and infectious, medically sponsored disease,” has several unfortunate effects. Firstly, it creates an insatiable and ill-informed demand. Secondly, it fosters the belief that you have only to spend more on medical services to secure a healthier population (a view expressed by the more strident voices in our own health service who fondly believe, bless them, that a money transfusion will cure the National

Health). But, thirdly and more important, people come to depend on the system for medical help over every hurdle from the womb to the grave: ". . . life turns from a succession of different stages of health into a series of periods requiring different therapies." To quote a few examples. In spite of the fact that most illness is acute and self-limiting, the power of modern drugs in treating specific symptoms absolves the individual from any responsibility in overcoming his illness. Pregnancy is no longer a state of health, but a condition where the "patient" or "client" (an equally obnoxious designation) needs medicalization, with all its attendant disadvantages and even abuses—daylight babies, routine episiotomy, clamour for hospital beds, and indoctrination against breast feeding ("the bottle . . . as a status symbol"). Old age becomes geriatrics and is drawn into the medical fold; and dying is no longer decent, but must be dealt with by intensive care technology in hospitals, though no clear advantage has been demonstrated for the vast expenditure on resources. And the ultimate dependence on the system is the medical check-up—"the intervention of body maintenance men" in a questionable attempt to prevent ill health. This too has become a commodity—"something one gets rather than something one does"—and erodes once more personal discipline in dealing with health. "People have become patients without being sick."

In summary, the individual in an industrialized society is exonerated from any responsibility for health, his only obligation being "to submit to repair service from doctors . . ." The result is to take away from man his personal resources for coming to terms with illness, incapacity, pain, and death. Illich devotes long chapters to a philosophical discussion of the need for pain and the reality of death as life-enhancing forces of a healthy society—though as a doctor, and as an individual who fears pain, I would not go all the way with him that pain and suffering should not be subject to medical intervention. Nevertheless, it is up to people to reject the domination of the medical establishment and the magical power of its priesthood, and to return to the Elysian virtues of self-help and autonomous action. My brother-in-law, an orthopaedic surgeon, got it right many years ago when he said he wished he could persuade people to take up bicycling rather than attend the physiotherapy department. "There is a healthy way to live a disease," says Illich.

Close Half the Medical Schools

The other essential solution is a sizeable reduction in the output of the medical industry. People say this would affect the poor more than the rich, but if environmental factors are more important for health than medical care, it is easy to argue that rich (overeating, tension, overmedication) and poor (overcrowding, undernutrition, crime, discrimination) are equally affected, and some of the poor at least have learnt to survive by self-help. Besides, prestige services, which only the rich can afford, yield trivial returns. Such a step would seem to me to mean a drastic reduction in the number of doctors and therefore the closing of half the medical schools throughout the world—probably not a bad thing. This too would allow a reappraisal of the role of hospitals, especially acute general hospitals, a ludicrously expensive luxury when a major part of their work is concerned with such things as geriatrics and maternity, as is increasingly the case in industrialized societies. Perhaps this is what the Brave New Reorganization is all about, though there hasn't been much sign of it yet. At the same time there must surely be a vast increase in the training of health personnel to deal with the environmental problems, a task which applies as much to the West as to the developing countries. Illich, I suspect, might not like this, because he sees such para-professionals perpetuating the myths of medicine and is worried that what he calls "environmental engineering" might open the way to ideological juggling with populations. But the key could be some form of strong community self-help, like family and neighbours in the days before

streets were tossed into high-rise flats, or perhaps the equivalent of the Chinese barefoot doctor on the shop-floor.

Surely there are some enlightened doctors in this near-bankrupt country of ours who see that the provision of ever-increasing resources for medicine will solve nothing. And it is time that we gave up playing at gods who send down a thunderbolt every time someone suggests taking away from us tasks that any intelligent sixth-former could undertake. Yet we never stop grumbling about the "trivia" of medicine. "A morbid society that demands universal medicalization and a medical establishment that certifies universal morbidity" sounds to me pretty like a punishment of Nemesis. If you are sceptical, read Illich. His argument is closely-reasoned, sometimes obscure, often exasperating, but never dull, and fully documented. If you are still not convinced, why not travel to Mexico in the new year. The climate is beautiful and Illich is conducting a seminar on Medical Nemesis. Some of us are earnestly hoping that he will not be overtaken by the waters of Poseidon.

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A Romantic Enthusiast

G. DISCOMBE

If you want your writings to be understood, your vocabulary should be as simple as possible and within that of your intended readers, unless you define unusual words: you should avoid abstract nouns, for, though they may express your thought exactly to you, yet more crimes are committed in the name of mankind than ever would be tolerated in the name of all men and women. Abstract nouns are at least one level away from the concrete; and the concrete is what we experience; and you should avoid emotive phrases. Dr. Illich betrays a fondness for exotic words, abstract nouns, and emotive phrases—good and proper signs by which to know a mystagogue. Even though it does not exclude honesty it suggests confusion, and therefore demands the utmost rigour of analysis.

If we attempt this analysis of his book *Medical Nemesis* we find that "medicine" is but a stalking-horse for his real target—large-scale industry, with its "dreams of unlimited progress." "Medicine" is the primary target merely because it is a sacred cow whose slaughter would have a "vibration effect"—which would encourage rebellion against teachers, engineers, lawyers, priests, and party officials: and apparently out of this deliberate destruction of the forms which have developed during the past thousand years would appear a form of culture in which enlightened self-interest and a desire for survival would cooperate to establish an "optimal industrial complement to autonomous action needed for the effective pursuit of personal goals." Illich is revealed as a dealer in Utopias—in the line of Bacon, Rousseau, Karl Marx, and G. K. Chesterton—with some traces of William Morris and Robert Owen. He firmly closes his eyes to the probability that such changes would result in the emergence of a ruling class of Yahoos; he does not appear to appreciate that, whithersoever we go, we must start from here; and here is a world in which large-scale industry has become important, and where a return to the simple life he advocates would necessitate the destruction and death of several hundred million people. Yet this is what he seems to contemplate in order to benefit "mankind."

Such a surprising conclusion warrants a careful review of each section of the book for accuracy and consistence. Here I am handicapped by being British, for nearly all his references are to American sources; but poliomyelitis is not "a disease of