Road to Demedicalization- Need of Hour in Public Health

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Abstract:

Medicalization is the process whereby previously non-medical aspects of life are seen in medical terms, usually as disorders or illnesses. It is based on the biomedical model of disease, which sees behaviors, conditions or illnesses as a direct result of malfunctions within the human body. It is akin to 'a pill for every ill' concept. Even the normal life events like birth and death, biological processes like aging, childbirth, menstruation and common human problems like learning and sexual difficulties have been medicalized. This decreases innate coping ability of human beings. However, there is no evidence that there is any direct relation between health status of people and the so called progress of medicine. Health is conceptualized as a direct result of relation between mind and body. Demedicalization is the process by which things are organized or modified in a way that condition or life process under medical jurisdiction is considered as no longer a medical problem. It is the social process that normalizes sick behavior. It focuses on building internal locus of control and emphasizes more on prevention and non-medicinal approach. This concept needs to be revived. This approach will not only help patients, doctors but also the hospitals in the long run.

Key words: Medicalization, Demedicalization, Salutogenesis, Iatrogenesis

The health status of population is generally related with progress in medical care. The health status of an area is often equated to the number of doctors, nurses, hospital beds per 1000 population. However, there is no evidence that there is any direct relation between health status of people and the so called progress of medicine. In fact, the study of disease patterns during last century provides evidence that illnesses are increasing despite medical advancement. Rather, the deaths caused by medication errors more than doubled between 1983 and 1993.

This scenario had forced sociologists like Thomas Szasz (1963),Pitts (1968), Irving Zola (1972), Friedson(1970), to use the term 'medicalization' to describe a trend where, medicines dominate the daily lives. [3] Medicalization literally means "to make medical". Medicalization of life is akin to 'a pill for every ill' concept. For example, a normal headache due to exertion, which can be relieved through rest or sleep is sought to be relieved by analgesics. Medicalization may also be termed "pathologization" or "disease mongering". It is the process whereby previously non-medical aspects of

life come to be seen in medical terms, usually as disorders or illnesses. The process of medicalization is based on the biomedical model of disease, which sees behaviors, conditions, or illnesses as a direct result of malfunctions within the human body. ^[4] It is intruding in experiences of everyday life.

Over the last 60-70 years, a wide range of phenomena has been medicalized, including normal life events (birth, death), biological processes (aging, childbirth, menstruation), common human problems (learning and sexual difficulties), and forms of deviance. The medicalization of deviance refers to the process whereby non-normative or morally condemned appearance (obesity, unattractiveness, shortness), belief (mental disorder, racism), and conduct (drinking, gambling, sexual practices) come under medical jurisdiction.

Medicalization occurs at three levels: the conceptual, the institutional and the interactional. At the conceptual level, a medical vocabulary is used to define the problem at hand. At the institutional level, organizations may adopt a medical approach to treat a problem. At the interactional level, physicians are most directly involved. Here, physician provides

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medical diagnosis to a problem and treats a social problem with a medical treatment like giving anti depressants for unhappy married life. [5]

Medicalization has serious implications on social control, power, knowledge, authority and personal liberty. The medicalization encourages dependence of people on professional care and drugs. Patients are encouraged to become dependent on the medical system. Once dependent on the system, it is not possible for them to change the system. In general, there has been a gross medicalization in continuum of care of an individual. It starts from unborn (antenatal checkups) phase of life to childhood (immunization) to adulthood and old age (general medical checkups). The doctors' grasp over life starts with the monthly prenatal check-ups and ends with life. Normal biological processes like pregnancy and childbirth have been medicalized. Pregnant women are urged to seek care numerous times throughout pregnancy (as part of routine prenatal care), including scheduled blood tests and ultrasounds. However, despite medicalization and technologization of childbirth, there is no improvement in overall birth outcomes. [6,7]

The process of medicalization perpetuates itself by offering medical labels to life's events, phenomena and experiences. For example, shyness, has been recently categorized under "avoidant personality disorder," a label which may negatively affect self-perception. [8] Another example is children with ADHD (Attention Deficit Hyperactivity Disorder) which could have been simply seen as hyper, or as having trouble focusing, not as having a biological disorder requiring medications.

Furthermore, medicalization has become a form of social constructionism. Thus, certain social institutions and experts, rather than nature, determines what is a disease or health. ^[1] People are being spoon-fed with readily available medical solutions to every conceivable symptom. This has resulted into a belief of people that they cannot cope with illness without modern medicines. This reinforces and lays the ground for iatrogenesis by when people surrender themselves to the doctors. Ivan Illich had used a term *social iatrogenesis* to describe medicalization. ^[9] Iatrogenesis means

'doctor-generated'. The word is derived from Greek words 'iatros' = physician and 'genesis' = origin. The term refers to sickness produced by medical activity which could be due to unwanted side-effects of medications, ineffective and unsafe treatments and doctor's ignorance, neglect, or malpractice. As per this concept, medical interventions produce dependence on doctors and medicine. Such interventions tend to impoverish the self healing aspects of the social and physical environments and decrease the innate coping ability of human beings. They tend to seek help of doctors even for mild symptoms. Their tolerance and resistance is weakened and has led to the destruction of traditional ways of dealing with death, pain and sickness in modern society.

For instance, nowadays parents are seen to be overprotective. Due to their faulty child rearing practices, the tolerance power of children have been reduced. Even, in case of normal viral fever or minor bleed, pain or diarrhea, they give antibiotics to their children. As a result, their immunity threshold decreases and they develop antibiotic resistance. [10] A study has found that the antibiotic prescribing rate by physicians in US for children less than 14 years for acute respiratory infections was high at 229 antibiotic courses per 1,000 office visits.[11] This mindset of parents is being exploited by pharmaceutical companies for their profits. Even for diseases like chicken pox, in which lifelong immunity develops by itself after one episode of infection, vaccines are now available in markets and are being vigorously advertised. Doctors prescribe products like multi-vitamins, protein, calcium, iron supplements even when not required .All these trace elements and essential nutrients can be easily obtained through proper diet. It is a well known fact that more than 80% disorders can be alleviated to quite an extent without resorting to medicines / surgery. [12]

Modern medical industries consider people just as consumers. Health care institutions are minting money by performing unnecessary tests and prescribing medicines which are not required and causes more harm than good. [13] Most of these tests are costly as well. Doctors are now more concerned

about their profit share and reputation rather than the desire for service of the society. [14] As we see these days, these health care institutions are providing facilities to patients like a five star hotel. The activities like suffering, healing and dying, that cultures naturally taught mankind have now been overtaken by pharmaceutical Multi-National Companies (MNCs) and medical practitioners.

In 1970s, when the pendulum of medicalization had swung too far towards pharmaceutical industries, a counter movement of demedicalization emerged. 'Demedicalization' is the process by which things are organized or modified in a way that condition or life process under medical jurisdiction is considered as no longer a medical problem. [3] It is the social process that normalizes sick behaviour. It focuses on building internal locus of control and emphasizes more on prevention and non-medicinal approach. Literature has shown that many problems can be treated easily without non medicinal approach. For example, Randomized Controlled Trials (RCTs) has proven that behavioural therapy can effectively treat incontinence of urine in females. [15, 16] A study done at PGIMER, Chandigarh, India, found more than half (52.5%) of the women were continent after behavioural therapy as compared to 12.8% in the control group. [17] It has been found that dysmennorhea leads to school absenteeism and use of Over The Counter (OTC) analgesics in 15% and 30% of the cases respectively.[18] However a study done in Chandigarh found that non-pharmacological methods like use of ginger with exercises had significantly reduced menustral pain. [19] Pelvic floor muscle training with self-instruction manual lead to greater improvements in pelvic organ prolapsed symptoms. [20] Similarly, it has been proven that constipation can be easily taken care of by having pulpy-fibrous nutrient consumption, fluid intake, an exercise regime rather than resorting to laxatives. [21] The problem of cough can be reduced by steam inhalation. Dry eyes can be treated by warm compresses. Menopausal symptoms can be successfully alleviated by healthy lifestyle and yoga rather than going for hormone replacement therapy. [22] Many cases of infertility (up to 30%) can be

resolved by proper couple counseling rather than directly resorting to medicine or surgery. [23] Many chronic non communicable diseases like diabetes, hypertension are mainly due to ignorance on both, the physical level (diet, lifestyle) as well as on the mental level (stress, wrong understanding of purpose of life). So interventions like diet, yoga, physical exercise, behavior therapy etc. which are simple, cheap can be easily adopted are quite effective.

Demedicalization movement is further supported by the concept "Salutogenesis" given by Aaron Antonovsky in 1979. [24] It focuses on factors that help the man remain healthy despite disasters and terrible circumstances or even exposure to pathogenic factors. It also explores the sources of self-regeneration and self-healing power. The emphasis is on the healing resources and potential for active adaptation to new circumstances as well as for behavioural changes for risk reduction and development of resources. It has been documented that even in cancer patients counseling improves patient outcomes. [25, 26] Salutogenesis model also emphasizes on the strength of mind- body system and stresses on demedicalization of health problems. The "placebo effect" is a well documented phenomenon.

Hippocrates also said "For the sick, the least is best." This concept needs to be revived. The role of person's ability to heal without medications should be taken into consideration. It is the high time to focus more on the concept of demedicalization to cure or prevent majority of illnesses. Demedicalization would lead to empowerment of patients and will also save time of specialists as they can focus on complicated cases rather than attending to the routine problems. It will also help the existing hospitals to create health promoting environment through community participation, and developing skills to promote healthy lifestyle of staff and community members. Hence, this approach will not only help patients, doctors but also the hospitals in the long run. In this way, it might help to achieve health related targets and Millennium Development Goals well in time.

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References:

- Powles J. On the limitations of modern medicine. Science, Medicine and Man. 1973; 1:1-30.
- Harmon K. Deaths from avoidable medical error more than double in past decade, investigation shows. The Lancet.2009; 351 (9116): 1657.
- Conrad P. Medicalization and social control. Annu Rev Sociol. 1992; 18: 209-32.
- Gordon M. "Medicalization." A dictionary of sociology. 1998.
 Available from http://www.encyclopedia.com/doc/1088-medicalization.html on January 2012.
- Conrad P and Schneider JW. Looking at levels of medicalization: A comment on Strong's critique of medical imperialism. Social Science & Medicine. 1980; 14(1): 75–79.
- Cheyney M. Why home births are worth considering. Huffington Post. 9 Sept 2010.
- Davis-Floyd R. Anthropology and birth activism: what do we know in anthropology News. 2005; 46(5):37-38.
- 8. Corydon I. Scholars discuss medicalization of formerly normal characteristics. Harvard Gazette. 28 Apr. 2009.
- Illich I. Medical Nemesis. Great Britain. Calder and Boyars Publishers, 1975.
- Bronzwaer S, Cars O, Buchholz U, Molstad S, Goettsch W, Veldhuijzen IK, et al. A European study on the relationship between antimicrobial use and antimicrobial resistance. Emerg Infect Dis. 2002; 8:278--82.
- McCaig LF, Hicks LA, Roberts RM, Fairlie TA. Office-related antibiotic prescribing for persons aged ≤ 14 Years -- United States, 1993--1994 to 2007--2008.CDC Morbidity and Mortality Weekly Report. 2011; 60(34):1153-1156.
- 12. Vernacchio L, Kelly JP, Kaufman DW, Mitchell AA. Medication use among children <12 years of age in the United States: results from the Slone survey. Pediatrics. 2009; 124(2): 446-454.
- Null G, Dean C, Feldman M, Rasio D, Smith D. Death by medicine.Virginia: PraktikosBooks. 2010. Available from www.webdc.com/pdfs/deathbymedicine.pdfonJune, 2014.
- 14. Relman AS. What market values are doing to medicine. The Atlantic Monthly. 1992. Available from https:// www.theatlantic.com / past / politics / healthca / relman.html on February, 2013.

- Werner D. Where there is no doctor: village health Care handbook. Hesperian foundation, 1992.
- Nygaard IE, Kreder KJ, Lepic MM, Fountain KA, Rhomberg AT. Efficacy of pelvic floor muscle exercises in women with stress, urge, and mixed incontinence. Am J Obstet Gynecol. 1996; 174:120-125.
- Kumari S, Jain V, Mandal AK, Singh AJ. Behavioral therapy for urinary incontinence in India. International Journal of Obstrectics and gynaecology. 2008;103 (2):125–130
- Zhu X, Proctor M, Bensoussan A, Wu E, Smith CA. Chinese herbal medicine for primary dysmenorrhoea. Cochrane Database Syst Rev. 2008; 16(2):CD005288.
- Gupta R, Kaur S, Singh AJ. Comparison to assess the effectiveness of active exercises and dietary ginger vs. active exercises on primary dysmenorrhea among adolescent girls. Nursing and Midwifery Research 2013; 9(4):168-177.
- Kashyap R, Jain V, Singh A. Comparative effect of 2 packages of pelvic floor muscle training on the clinical course of stage I-III pelvic organ prolapse. Int J Gynaecol Obstet. 2013; 121(1):69-73.
- Ayaz, S. and Hisar, F. The efficacy of education programme for preventing constipation in women. Int J Nursing Practice. 2014; 20:275–282. doi: 10.1111/ijn.12144
- Chattha R, Raghuram N, Venkatram P, Hongasandra NR.Treating the climacteric symptoms in Indian women with an integrated approach to yoga therapy: a randomized control study. Menopause. 2008; 15(5):862-870.
- Singh AJ, Walia I, Dhaliwal LK. Demedicalizing women's health. New Delhi, Gyan Publishing House, 2010.
- Antonovsky A. Health, stress and coping. San Francisco: Jossey-Bass, 1979.
- 25. Linn MW, Linn BS, Harris R. Effects of counseling for late stage cancer patients. Cancer.1982; 49(5): 1048-1055.
- Ravasco P, Monteiro-Grillo I, Vidal PM, Camilo ME. Dietary counseling improves patient outcomes: a prospective, randomized, controlled trial in colorectal cancer patients undergoing radiotherapy. J Clinical Oncology. 2005; 23(7): 1431-1438.