S/A 4071: Social/Cultural Aspects of Health and Illness:
Class 17: Medical Knowledge & Medicalization 2:
The Medical-Moral Fix

* Sometimes what is defined as unusual is seen as a medical problem (i.e. an illness) other times it is defined as falling within the realm of religion or law (i.e. as sin or deviant). Today we will examine these boundaries

A Brief History of Western Medical Practice:

* In the beginning, illness was defined in religious terms as a spiritual problem (e.g. Egypt, Mesopotamia, early Greece)

* Hippocrates moved to secularize disease & base medicine on empirical observation. Introduced idea of balance.

* Galen: functional view of organs: influential anatomical works

* Medieval period: medical science declined: religious thought again dominant

* Great plagues: ideas raised about quarantine, germ theory & case histories

* 18th century: re-emergence of scientific medicine: age of medical discoveries/ organization of medical knowledge vs. competing cures

* Secularization of the body, separation of church & state, + growth in individual rights enabled clearer distinctions between disease, deviance, crime, & sin

* Various experiments/discoveries/ advances in surgery, accompanied

by various practices seen as harmful today

Medicalization: The Critique of Contemporary Medicine:

* As society became more urbanized, secularized, industrialized, bureaucratized, & rationalized, medical science became increasingly influential

* Medical institutions began to increase their powers as agencies of social control: more & more behaviors explained in medical terms (i.e. what were once sins are now a disease: e.g. alcoholism)

* Institutions such as hospitals, extended care facilities, drug & medical equipment companies have grown in power, influence & wealth

* Zola (1972): medicalization as an expanding attachment process:

1. The expansion of what in life is deemed relevant to the good practice of medicine (e.g. social, spiritual & moral areas)
2. The retention of absolute control by the medical profession over certain technical procedures (e.g. surgery, administering drugs)
3. The retention of near absolute access to certain areas by the medical profession (e.g. birth)
4. The expansion of what in medicine is deemed relevant to the good practice of life (e.g. obesity, "mood disorders")

* Conrad & Schneider (1980): medicine as an institution of social control (e.g. discovery & diagnosis of ADHD as a new "disease" to be treated by Ritalen). This was the result of:

1. The pharmaceutical revolution
2. Trends in medical practice
3. Government action

* The behaviors existed before, but were later redefined as the result of lobbying

* Other examples: PMS & menopause popularized as "diseases" by doctors/researchers funded by the drug companies

* The public doesn't always buy into such ideas

The Contemporary Physician as Moral Entrepreneur:

* While the medical model reached its peak in the 20th century, doctors are still both physical scientists & moral decision makers when "negotiating" diagnosis with patients

* Friedson (1975)/Parsons (1951): diagnosis of "legitimate" illness creates illness as a morally acceptable vs. potentially deviant social role. Medicine is a moral enterprise & doctors are moral entrepreneurs

* Tuckett (1976): Moral decisions that must be made by doctors between competing demands (despite little moral training in medical school):

- between the needs of one patient & those of a group of patients
- allocation of time, resources & skills among individual patients
- between the present & future interests of a patient
- meeting the expressed needs of the patient vs. his/her family
- between self-conception as a healer & inability to heal a patient
- service to the patient vs. service to the state or other organization
- advancing in one's career vs. the interests of one's patients
- between role of doctor & other roles in one's life

Uncertainty & Medicalization:

* When faced with uncertainty & patient demands, the "medical decision

rule" often comes into play fostering active intervention (e.g. tonsillectomies, giving antibiotics, psychological diagnoses, etc.)

* Meador (1965): social sources of medical diagnoses:

- there is no category of non-disease
- patient demands for diagnosis (esp. when seeking benefits or recognition of persistent but "illegitimate" conditions such as chronic fatigue)
- a diagnostic context where patient is more likely to be perceived as a "malingerer"
- age, social background, & perceived moral character
- relative ability of patient to relate to others
- social status of the hospital
- resistance to medicalization by patients
- verbal power dynamic between doctor & patient reflected in prominence of technical vs. social issues: relative social control

Medicalization & Demedicalization:

* The above link between health, illness & morality is universal, despite the institutional separation of religion, law & medicine in our society

* Some argue that demedicalization is growing: that the power of medicine to determine how we think about health & illness is declining:

- growing popularity of alternative medicine
- critical academic analysis
- throwing money at traditional system isn't helping
- resistance of growing problem of chronic illness to treatment
- decreasing educational gap between doctors & patients

* Others disagree: pointing to increased state control & resource

allocation to allopathic medicine

* Perhaps the skepticism inherent in the postmodern period will gradually result in the decline of medicalization: only time will tell

Conrad & Schneider: Medicine as an Institution of Social Control:

* The main thing I want to focus on in this piece are the upsides/downsides of characterizing something as a medical issue

* Upside: labelling something an illness more humanitarian than blaming

* Downsides:

    - Removing responsibility from individuals in favor of "disorder"
    -Veiling political nature of negative judgement under guise of scientific fact
    - The problem of "expert control"
    - The individualization of social problems
    - The depoliticization of victims' behavior
    - The potential for medical social control
    - The implicit "exclusion of evil"