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Lecture 4
Norms, science and medicine: normalisation and power

Society and Health
Foundations of Clinical Practice
Year 1 MBBS and Graduate Entry

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Intended Learning Outcomes

By the end of this lecture you should be able to:

- Recognise and outline the positive and negative effects of medical power (medicalisation) and illustrate this with some examples
- Discuss the consequences of labelling and stigma and provide examples of the different types of the latter
- Explain why defining “normality” is associated to questions of power in society

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Outline

What is Medicalisation?

Consequences of Medicalisation

- Individual
  - » Clinical iatrogenesis
  - » Labelling and Stigma
- Financial
- Social
  - » Deviance. Social and cultural iatrogenesis

Medicalisation and power

What is medicalisation?

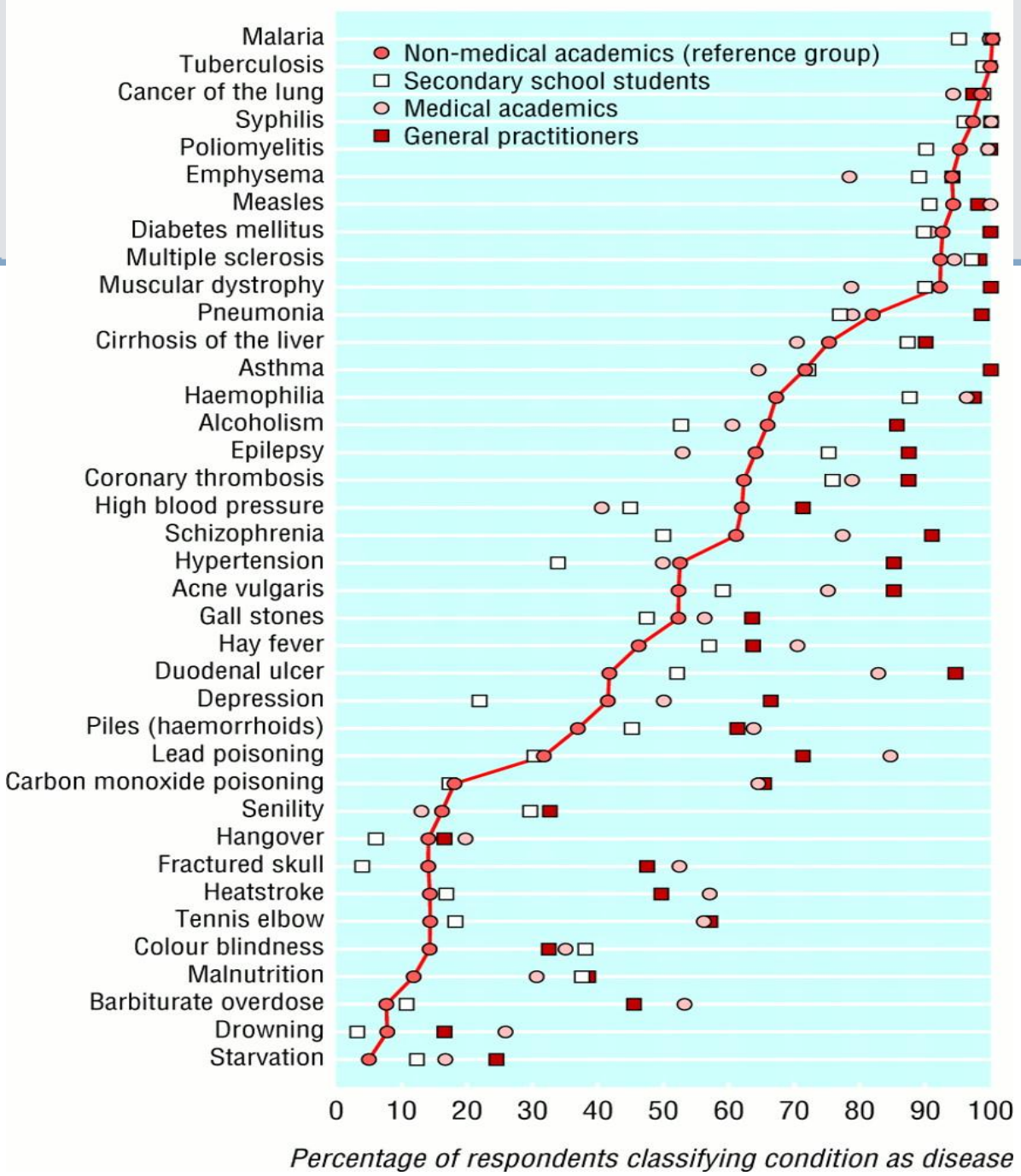
What is medicalisation?

Diseases: discovered or constructed?

Discovered?

- From Lecture 2:
  - » Health can be described as absence of disease
  - » *Disease* (“biological”, the medical model): categories or concepts with which doctors attempt to understand and control illness

Constructed?



Results of survey in 1979 in which a range of subjects (non-medical academics, secondary school students, medical academics, and general practitioners) were asked which of 38 conditions they considered to be diseases.

Smith R BMJ 2002; 324:883-885

BMJ

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Medical Classifications are not constant in time

History:

- International List of Causes of Death
- 1st international classification, adopted by the International Statistical Institute in 1893

ICD:

- Created by WHO in 1948
- Currently working on Draft to ICD-11

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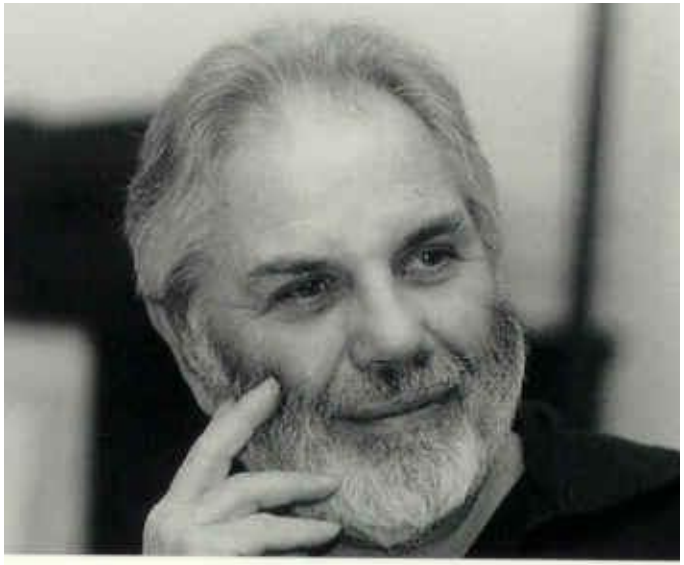
Irving Zola (1972, 1975)



Irving Kenneth Zola
1935-1994

The expansion of medically relevant issues, leading to a medical perspective on deviance and human life processes

For example, being overweight, using stimulants, types of sexual behaviour or insomnia have all become diagnoses

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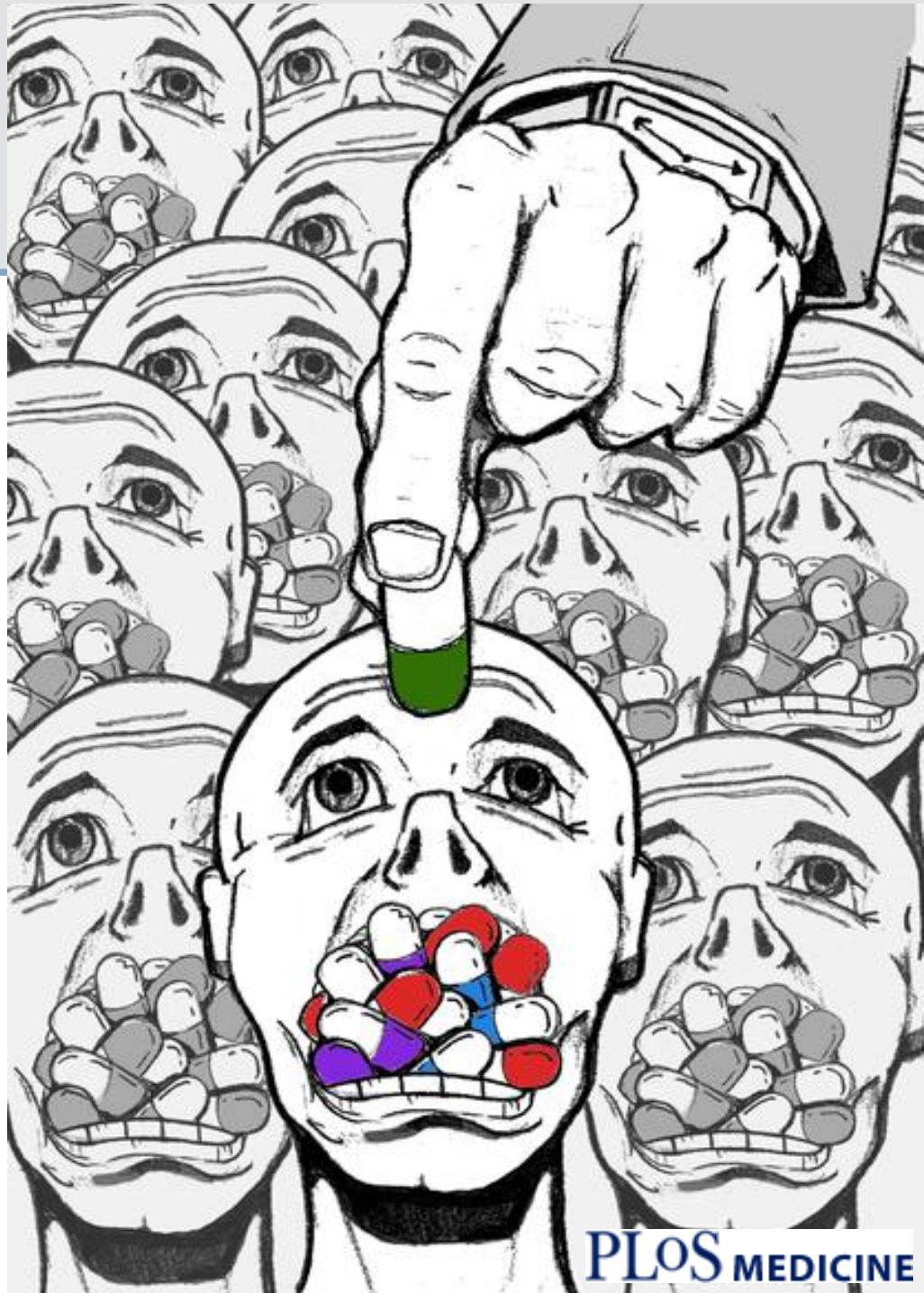
Most people in Western countries take medication to treat or prevent illness or enhance well-being



Moynihan R, Henry D (2006) The Fight against Disease Mongering: Generating Knowledge for Action. PLoS Med 3(4): e191. doi:10.1371/journal.pmed.0030191
http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0030191

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Some examples of Medicalisation

Behaviour	Diagnosis	DSM IV
	Social Anxiety Disorder	300.23
	Conduct Disorder, Childhood onset Conduct Disorder, Adolescent onset	312.81 312.82
Active		314.01
Excessive Coffee Use		305.90 292.89 292.89
	Antisocial personality disorder	301.70
	Pathological gambling	312.31
Violence		312.34
Smoking		305.10

Source: Pridmore 2011

Behaviour	Diagnosis	ICD - 9
Sexual intercourse with same sex partners		302.0

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Some examples of Medicalisation

Behaviour	Diagnosis	DSM IV
Shyness	Social Anxiety Disorder	300.23
Naughtiness	Conduct Disorder, Childhood onset Conduct Disorder, Adolescent onset	312.81 312.82
Active	Hyperactivity disorder	314.01
Excessive Coffee Use	Caffeine intoxication Caffeine induced sleep disorder Caffeine induced anxiety disorder	305.90 292.89 292.89
Amorality	Antisocial personality disorder	301.70
Unsuccessful gambling	Pathological gambling	312.31
Violence	Intermittent explosive disorder	312.34
Smoking	Nicotine dependence	305.10

Source: Pridmore 2011

Behaviour	Diagnosis	ICD - 9
Sexual intercourse with same sex partners	Homosexuality	302.0

An example: *Attention deficit hyperactivity disorder*

Widened definitions have led to concerns about overdiagnosis; boys born at the end of the school year have 30% higher chance of diagnosis and 40% higher chance of medication than those born at the beginning of the year (Morrow et al 2012)

http://www.youtube.com/watch?v=48KnwKGV0Pw

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What is medicalisation?

Clinical Iatrogenesis

Adverse drug reactions (ADRs) in hospitalised patients:

- Total incidence of serious ADRs: 6.7% (Lazarou et al 1998)
- Swedish study also implicated ADRs as 7th most common cause of death (Wester et al 2008)
- Over 19000 admissions to two National Health Service (NHS) hospitals in the UK: 6.5% related to an ADR (Davies et al 2009)

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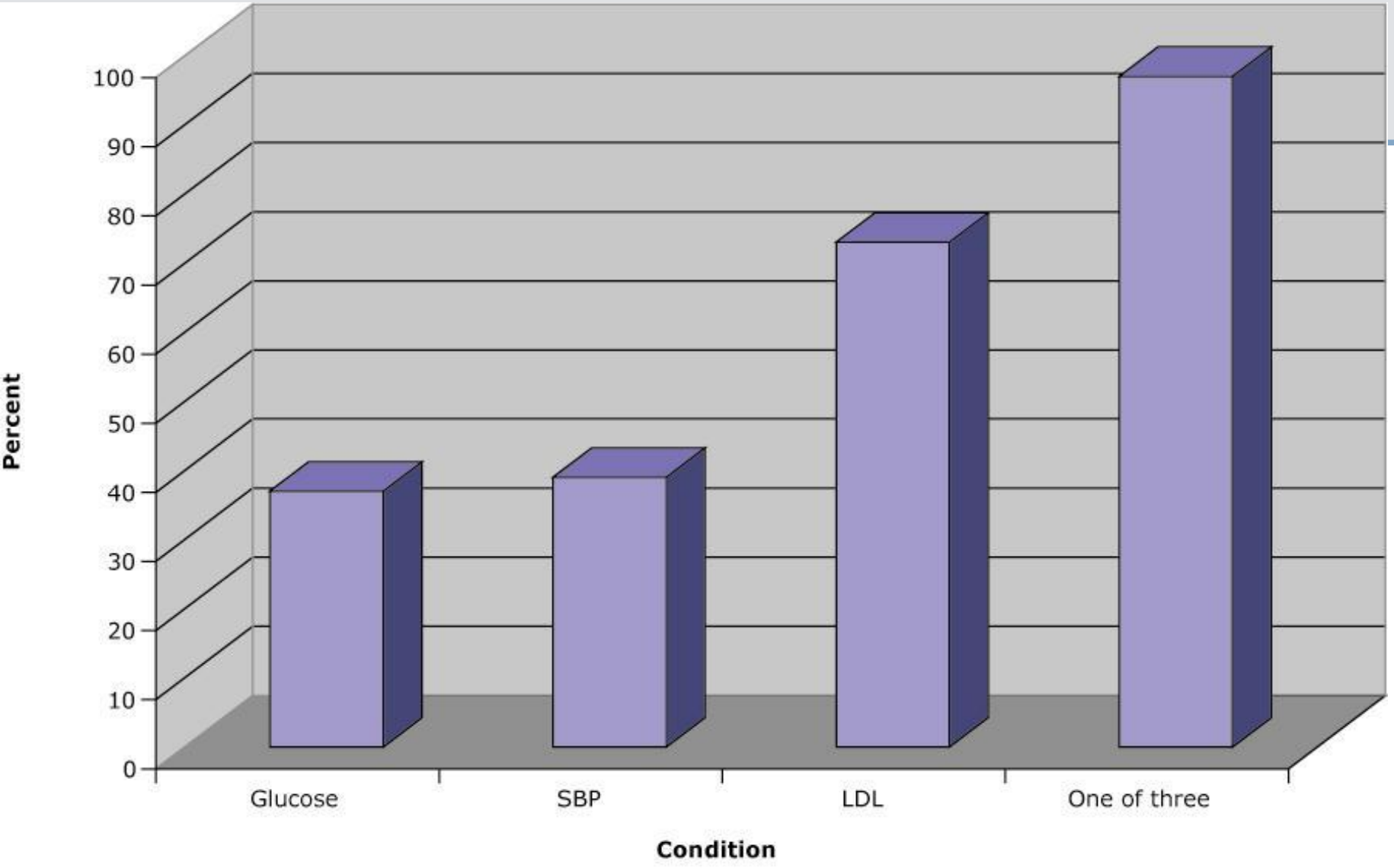
Quiz: what proportion of adults > 50 years of age in the USA suffers from Hypertension, Hypercholesterolaemia or Diabetes Mellitus?

a. 52%
b. 88%
c. 97%

Percent of adult U.S. population with early disease.



Kaplan RM, Ong M. 2007.
Annu. Rev. Public Health 28:321–44

What is a Well Person?

"A well person is a patient who has not been completely worked up" (a resident's answer to the question)

Meador 1999:423

"There must be something the matter with someone who goes to see a doctor when there is nothing the matter."

Barsky 1988 (cited in Meador 1999:423)

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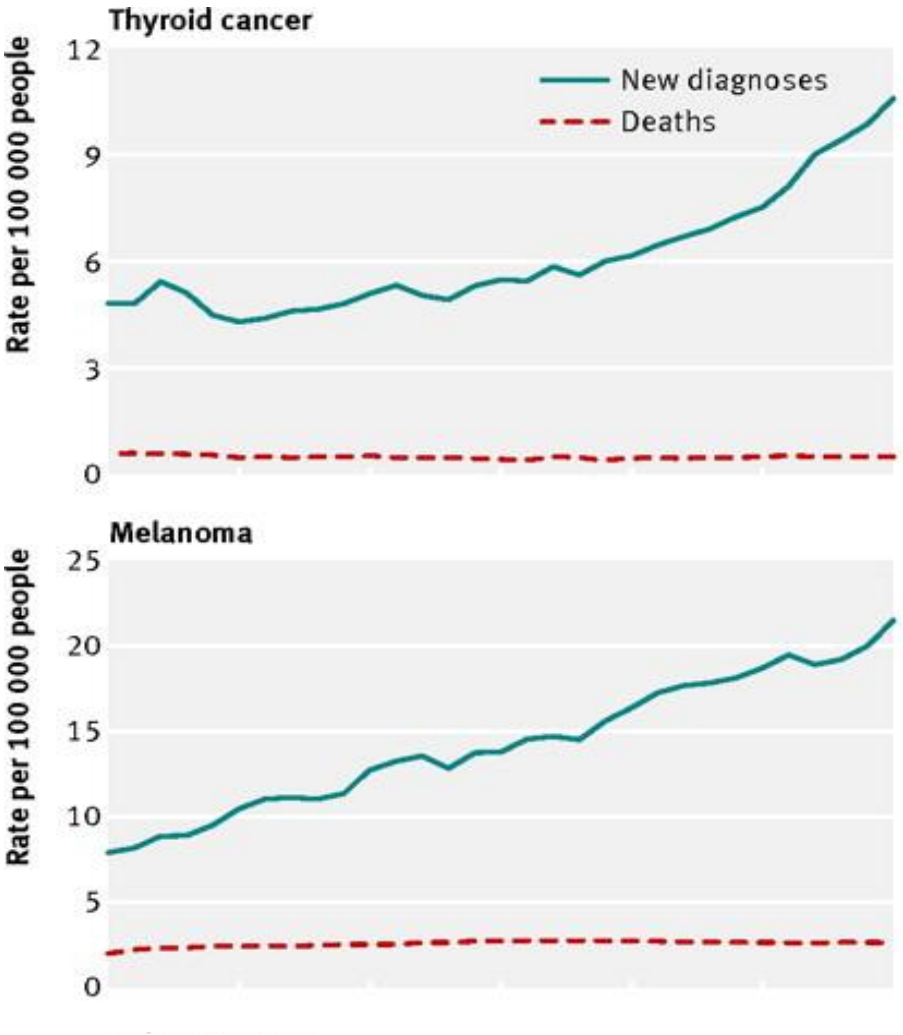
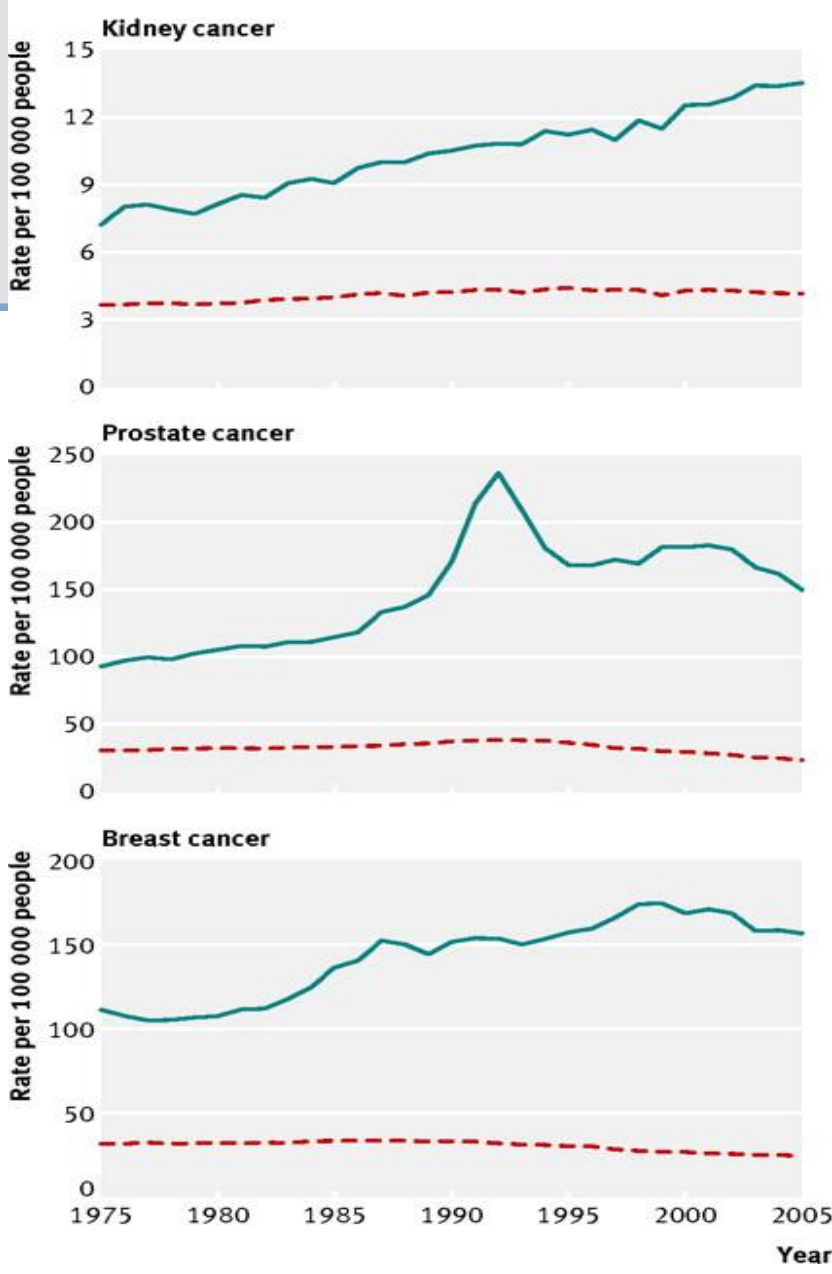
Rates of new diagnosis and death for five types of cancer in the US, 1975-2005.





Moynihan R et al. BMJ 2012;344:bmj.e3502

BMJ

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The effects of a Diagnosis

Receiving a diagnosis produces a range of effects

- A condition labelled as a disease may bring considerable benefit to an individual
- However, this may also create problems – inability to access insurance, mortgage and employment.

The case of parents of children with Autistic Spectrum Disorders: often express relief following the diagnosis (Midence and O'Neill 1999)

Video: A parent receiving a diagnosis of autism

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Labelling and Stigma

- Deviant conditions: deafness, mental illness, acquired Immuno-Deficiency Syndrome
- Doctor as Gaterkeeper, but not always
- Goffman (1963): stigma causes the bearer to be discredited or discreditable

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Healthcare professionals attitudes towards Obesity

Even professionals whose careers emphasize research or the clinical management of obesity show very strong weight bias, indicating pervasive and powerful stigma.

Implicit stereotypes associated with obese people:

Lazy

Stupid

worthless

Schwartz et al (2003)

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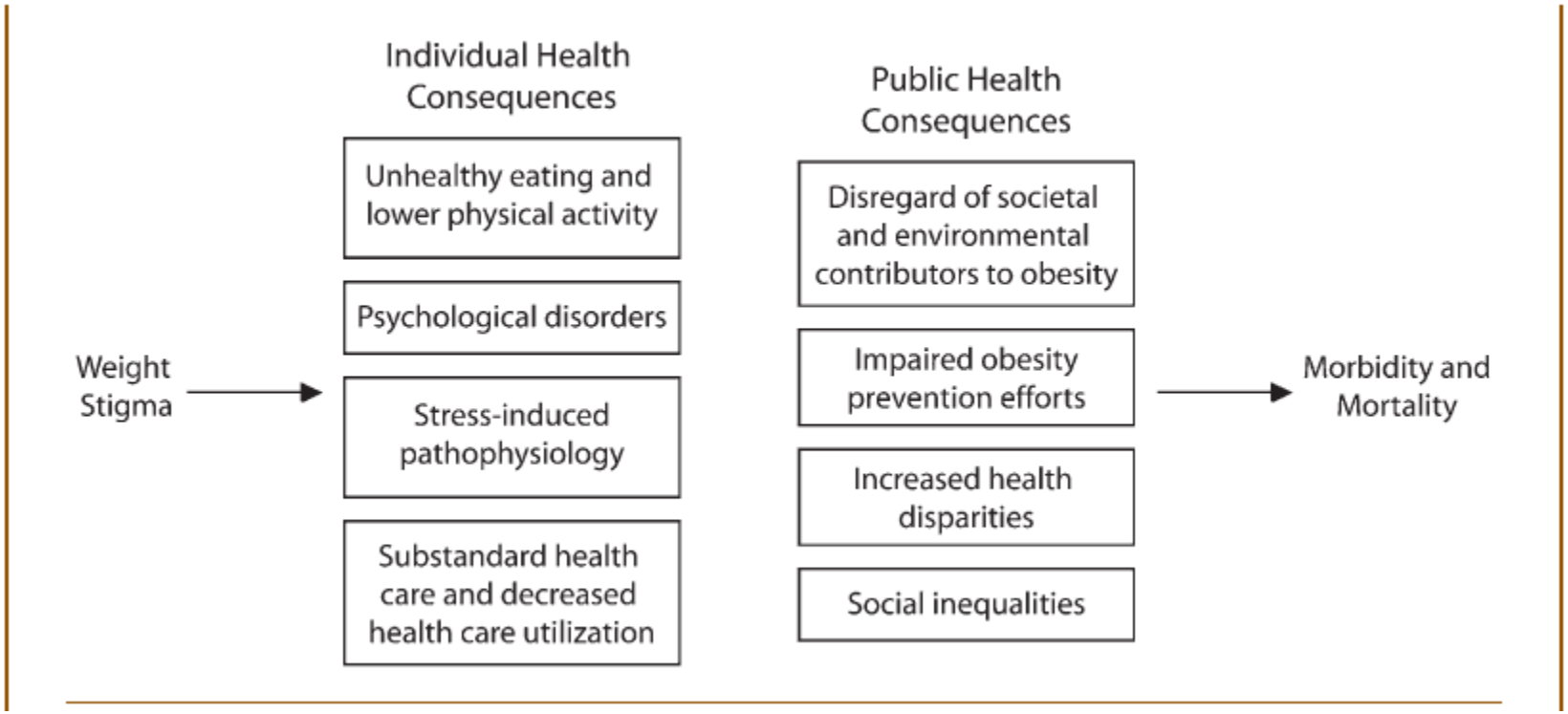
Health Effects of Obesity Stigma
A Model



Source: Heuer 2009

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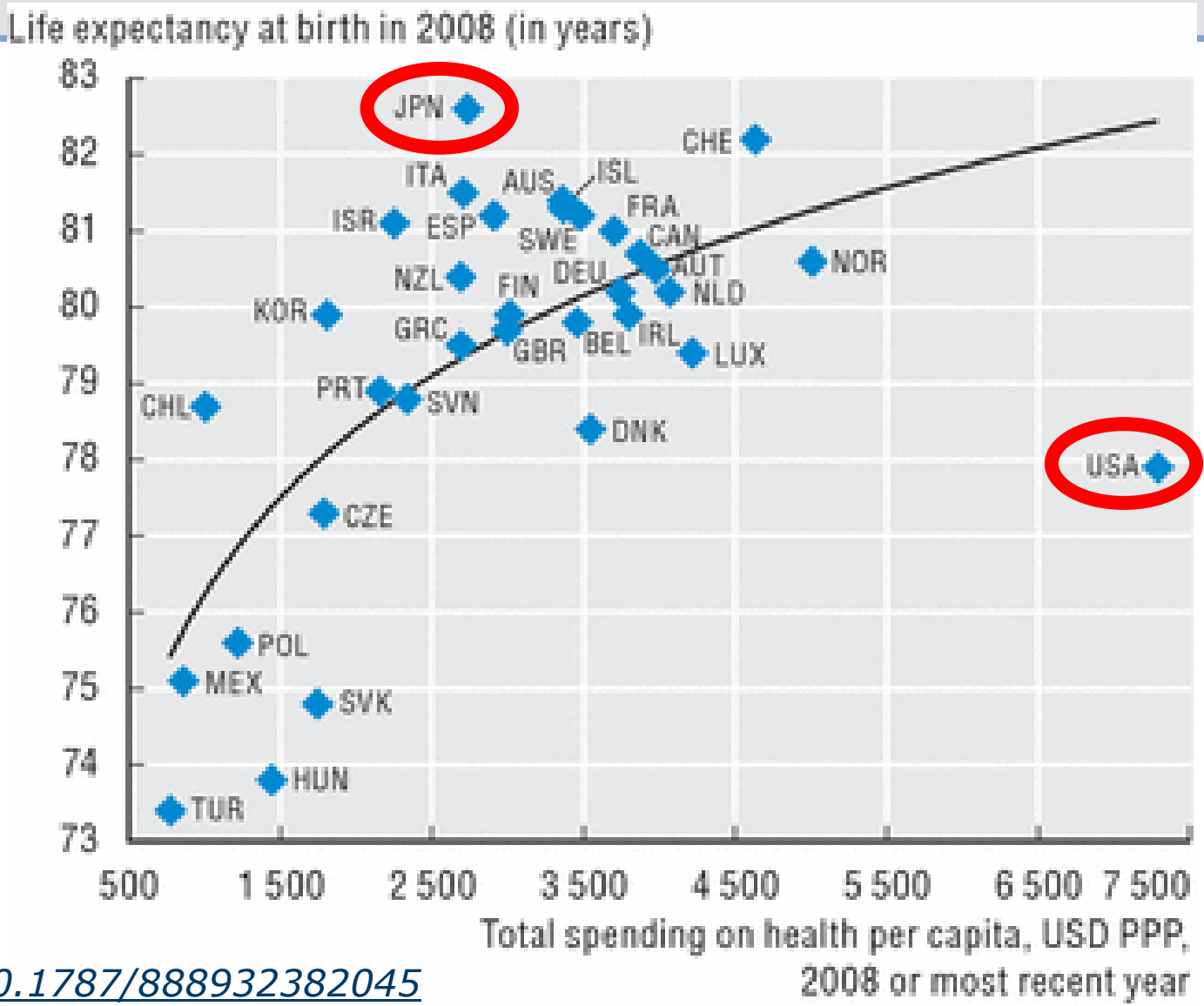
Financial Consequences

Total spending on health p.c. (US$) vs Life expectancy

Source: OECD (2010), *OECD Health Data 2010*, OECD Publishing, Paris (www.oecd.org/health/healthdata).

Countries with higher life expectancy spend more on per capita health care. However, some countries such as the USA have much lower life expectancy than would be predicted from the their health spending.



Statlink
http://dx.doi.org/10.1787/888932382045

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Social Consequences

Illness as Deviance:

Talcott Parson: sick role

Freidson (1970): medicine creates social possibilities for acting sick

Ivan Illich and Irving Zola: Social control

- Legitimate and illegitimate behaviour; the ‘normal’

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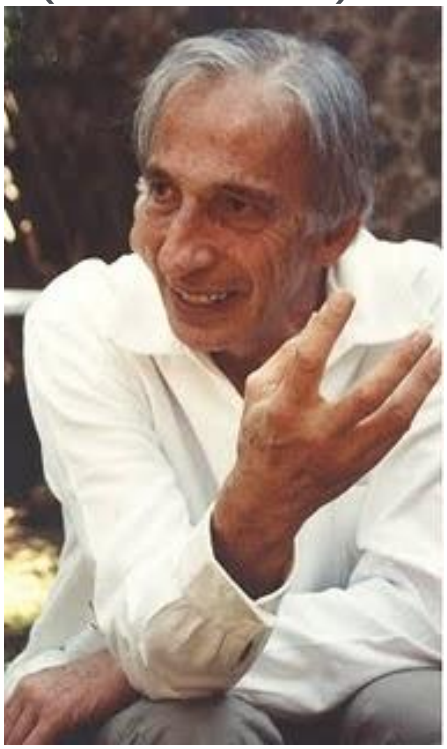
Is medicine an agent of social control?

Dr Smith
by Mariam Ali
Year 4 Medical Humanities student (2010-2011)

The appointment of Regina Benjamin as the US surgeon general in 2009 was reported in the media worldwide, because she is overweight. Critics of Dr Benjamin argue that she is a less than ideal role model for the United States when obesity is one of the biggest health problems, affecting almost one third of the population. Supporters however tell us that Dr Benjamin is just as typical of the population as anyone else, and the fact that she herself is overweight may mean that she is better placed to advise people on how to stay healthy, as she truly understands the struggle. The Russian dolls, I have painted to look like the same doctor, become gradually thinner as the dolls are taken apart. All the dolls carry potent symbols of the medical profession: white coats and stethoscopes, but will you see a fat doctor, or a doctor who is fat?

Ivan Illich

(1926-2002)



21st c. Medicine

Clinical iatrogenesis:

Social and cultural iatrogenesis

Reflections:

- What is the physician's role nowadays with regards to medicalisation?
- Who benefits from medicalisation, and who is harmed?

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What is medicalisation?

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Who drives Medicalisation?

Medical profession?

Other parts of society?

- Biotechnology (esp. pharmaceutical industry), consumers and managed care

"Parents are increasingly looking for labels [for their children]" (Richard Tyner (Director of the British Association of Pharmaceutical Industry, channel 4 Radio)

Frontline -The Medicated Child: section on ADHD and Pharmaceutical Industry

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Who drives Medicalisation?
Profit and the Pharmaceutical industry

Liberalisation of trade

Unnecessary interventions are estimated to account for 10-30% of spending on healthcare in the US, or $250bn-$800bn (£154bn-£490bn; €190bn-€610bn) annually (Cassel & Guess 2012)

"The coming years will bear greater witness to the corporate sponsored creation of disease" (Reuters Business Insight, cited in Coe 2003)

http://www.youtube.com/watch?v=e26948i3hKI *from 11.10 to 13.07 or 13.33*

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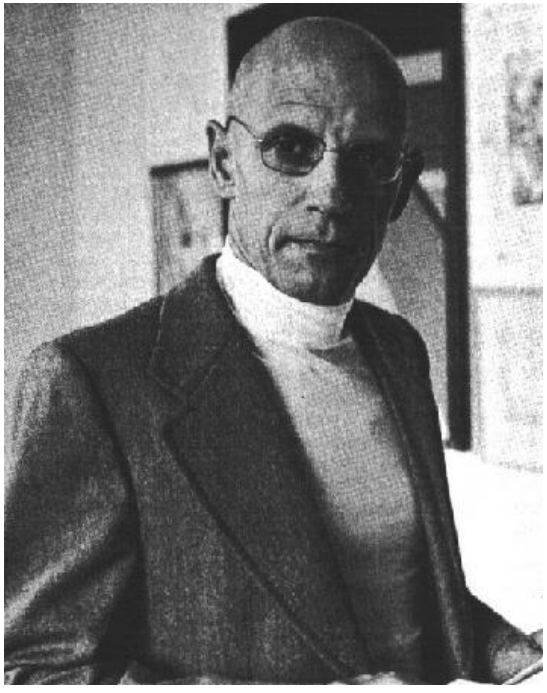
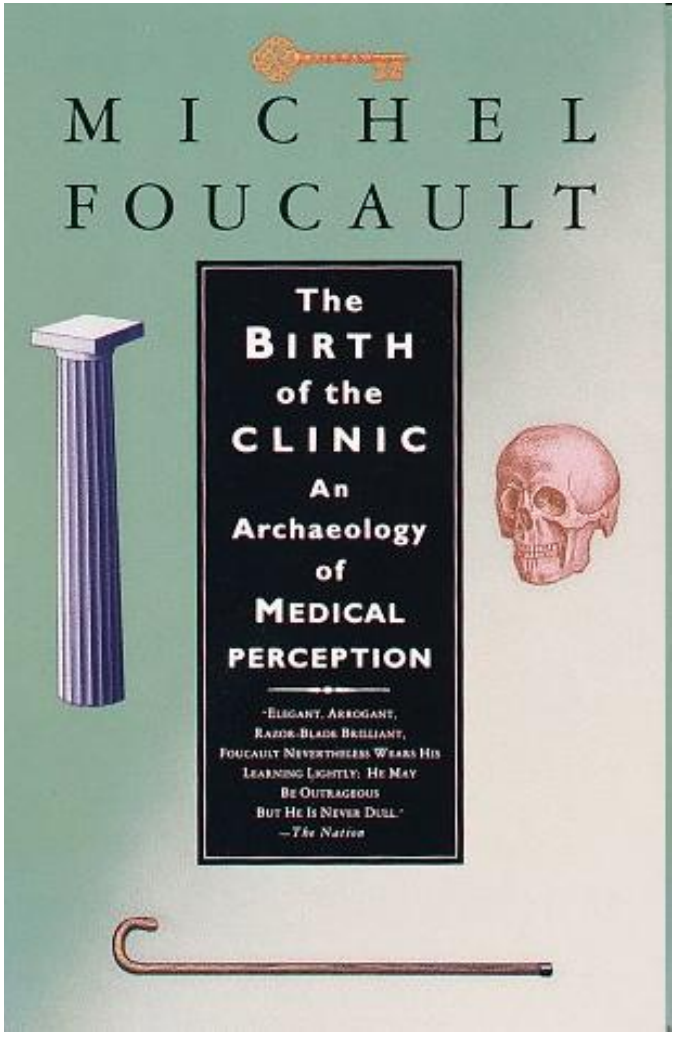
The Medical Gaze



Foucault, Michel. *The Birth of the Clinic* (1963, in English 1973). London: Routledge.



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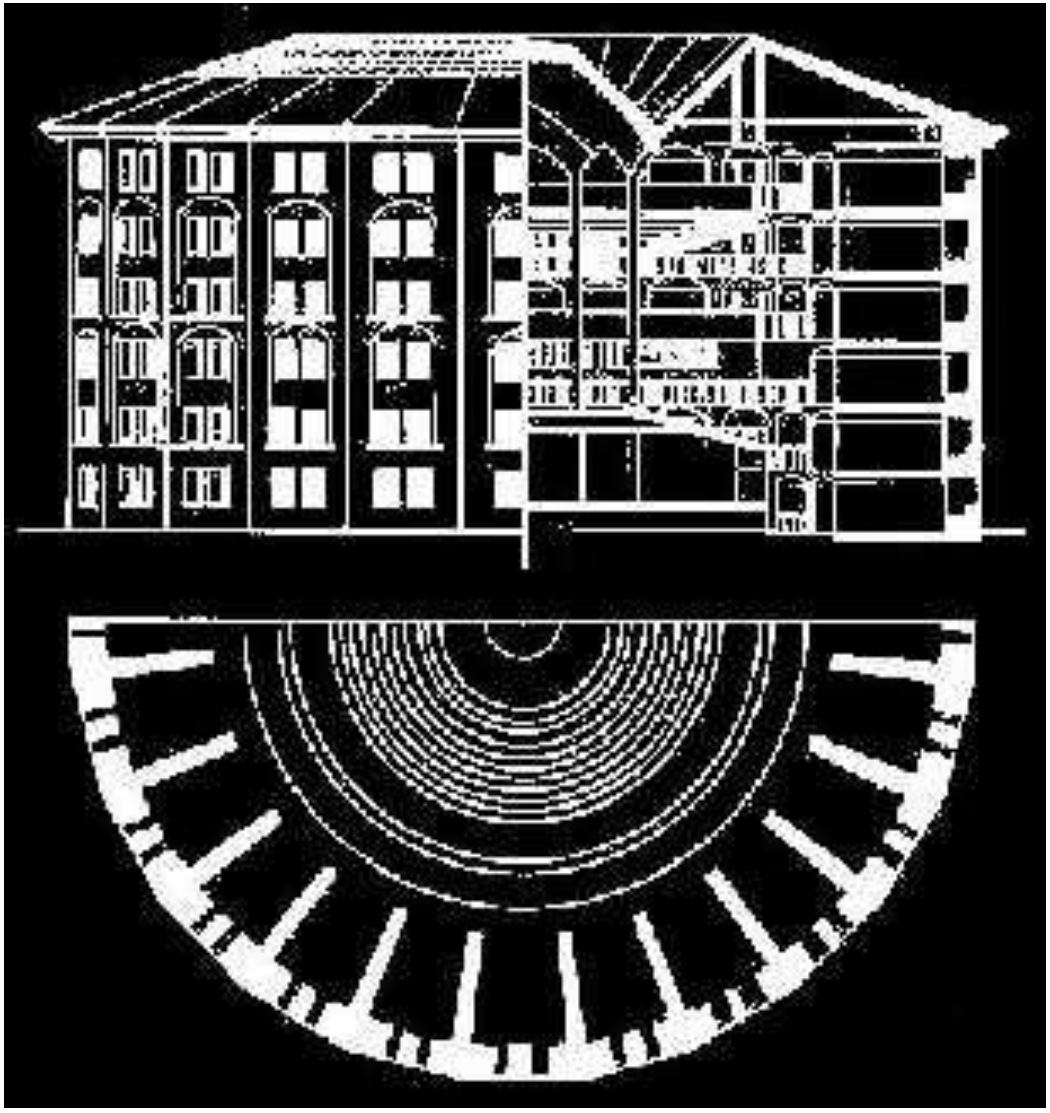
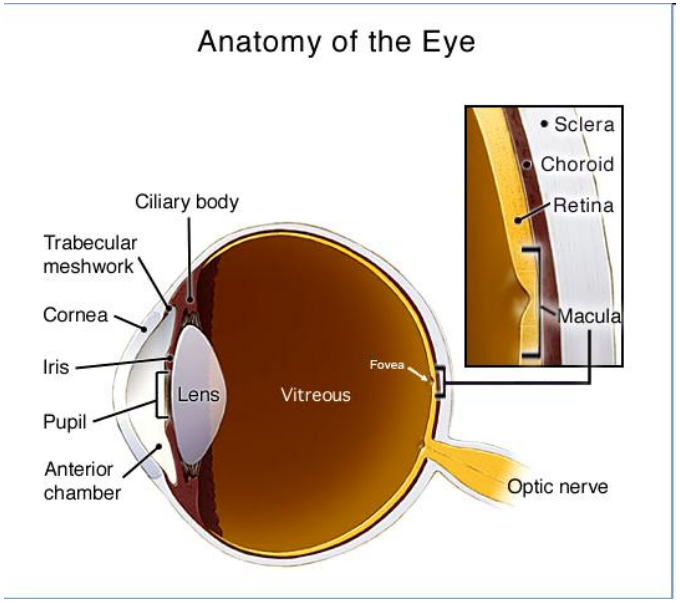
Bentham's panopticon





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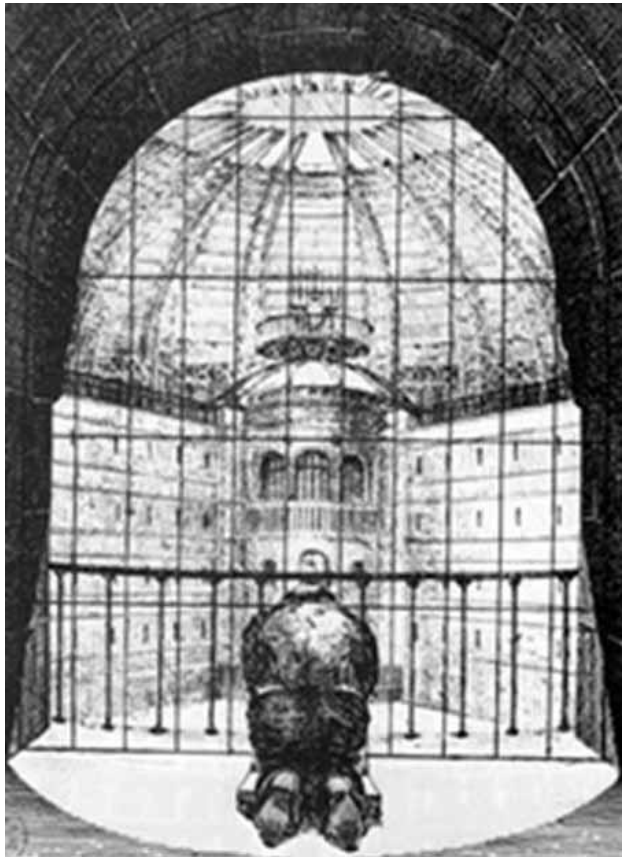
Therefore

Medicalisation is not a simple exercise of social control but a set of relations, of power/knowledge



Quiz: T or F

Medicalisation is a phenomenon of the late 20th century

Medicalisation is a one-way process: once a condition is medicalised in a given society, this cannot be undone

Medicalisation is always a negative process

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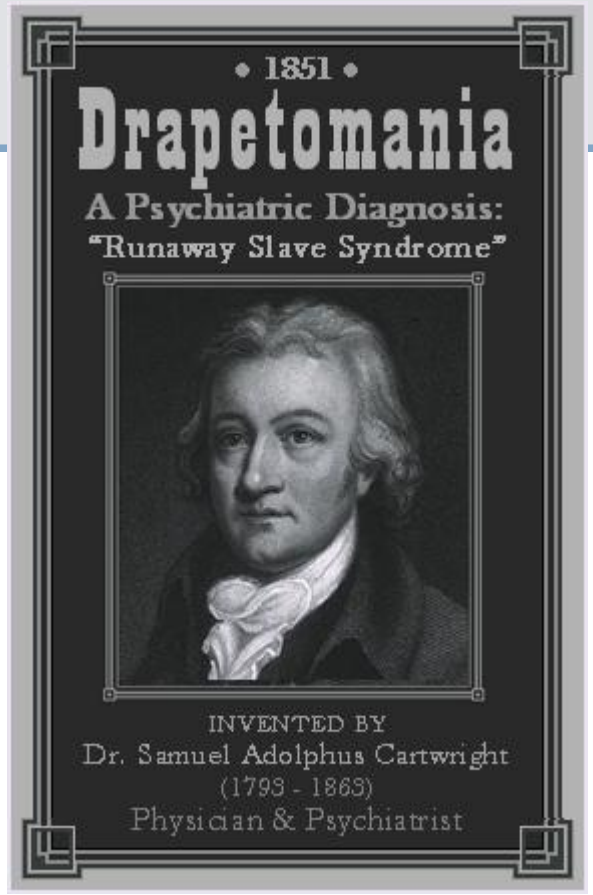
Medicalisation is a phenomenon of the late 20th century: F



"Diseases and Peculiarities of the Negro Race," by Dr. Cartwright. Cited in: De Bow's Review Southern and Western States Volume XI, New Orleans,

Drapetomania, or the disease causing negroes to run away

An example of a condition particularly common in 1840s and 50s

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Medicalisation is a one-way process: F

Case: Homosexuality

- Objections in English law since 1533
- Classified as a **medical** condition from end of 19c.
- Decriminalised in Britain in 1967
- However treatments peaked in 1960s and 1970s
- **(Demedicalised),** or removed from ICD in 1976
- **Remedicalised** in 1980s due to the HIV/AIDS epidemic

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Medicalisation is always a negative process: F

Medicalisation cannot be understood as a good or bad process (Conrad 2007)

Medicalisation solely understood as a critique on the use and abuse of external power upon us, leads to a complete misunderstanding of medicine in today's western societies (Jean Baudrillard)

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Medicalisation is always a negative process: F

People lacking a diagnosis

Medically unexplained syndromes

- England:
  - » 1ary care : > ¼ patients have unexplained chronic pain, IBS or chronic fatigue (Aggarwal et al 2006)
  - » 2ary & 3ary care: 1/3 new neurological outpatients have symptoms thought by neurologists to be “not at all” or only “somewhat” explained by disease (Carson et al 2003)
- Bangladesh: 1/3 women with abnormal vaginal discharge had evidence of infection (Hawkes et al 1999)

Lack of access to adequate healthcare

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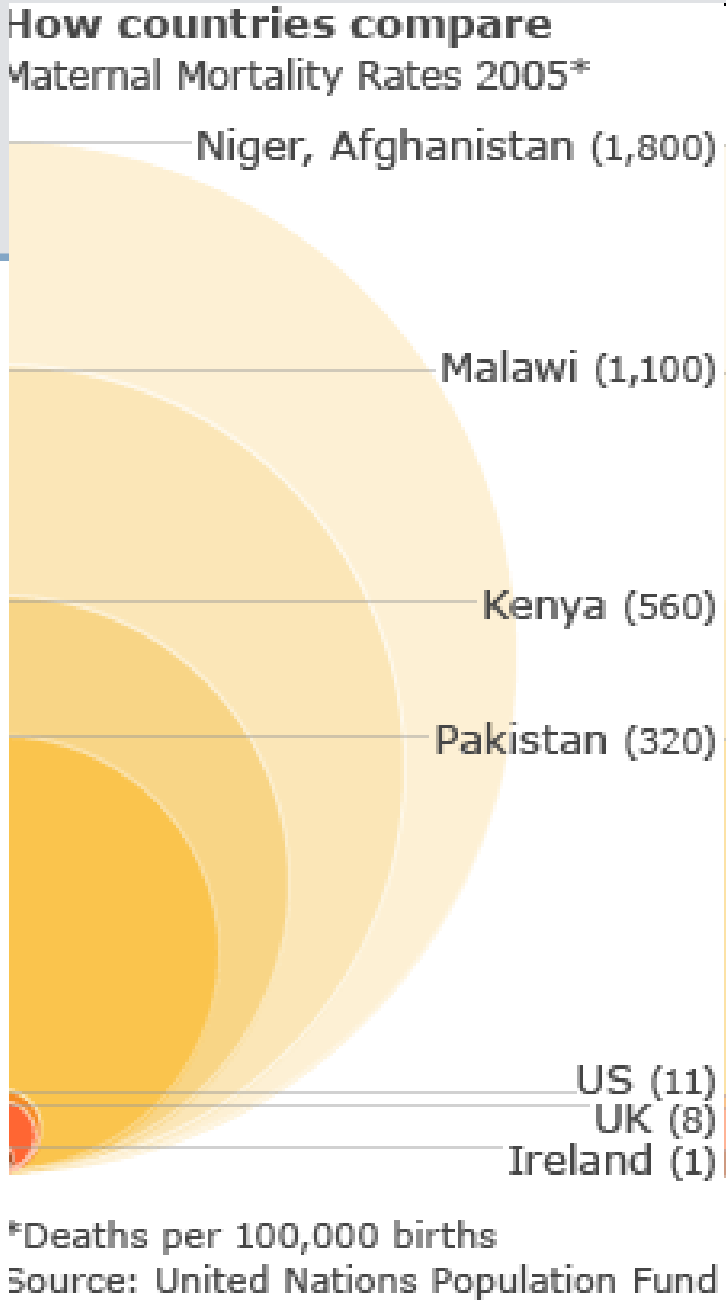
Medicalisation is always a negative process: F

People lacking a diagnosis:

The case of
maternal mortality

- A woman dies each minute -- day in, day out
- Maternal mortality is the public health indicator with the greatest gap between rich and poor countries

Lack of access to adequate healthcare



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Essential Readings for Session 2

Higgs P (2008). The limits and boundaries to medical knowledge. In: Scambler, Graham (ed.). Sociology as applied to medicine. 6th Edition. Chapter 12: *The limits and boundaries to medical knowledge*. W B Saunders. London. Pages 193-204.

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