

THE MEDICALIZATION OF SOCIETY: ON THE TRANSFORMATION OF HUMAN CONDITIONS INTO TREATABLE DISORDERS

By Peter Conrad, 205 pp, \$40.
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THIS SLIM VOLUME DESCRIBES, DISSECTS, DOCUMENTS, AND DEMYSTIFIES a striking phenomenon that I observed during my second stint as a summer camp physician. Almost 3 decades ago, fresh out of residency, I made my first foray into the wilds. I returned to this interesting type of practice several years ago and was amazed by what had changed. This time, on reviewing the children's medical charts, I suddenly found that lurking behind a facade of apparent good health was hidden illness that had not been evident years ago: attention-deficit/hyperactivity disorder, bipolar disorder, dyslexia, eating disorders, milk allergies, as well as other disorders. How could I have been so blind the first time? In discussions with colleagues who also took on this kind of work, it became clear that these new pathologies were widespread.

In my clinic work I find the same phenomenon: suddenly, new clinical diagnoses are cropping up everywhere: baldness, erectile dysfunction, fibromyalgia, and posttraumatic stress disorder. In my own field of geriatrics, I have learned that men my age are now going through "andropause."

And yet, all of the health statistics, at least in the industrialized world, show a steady improvement—not only from increased life expectancy, but also from increases in health expectancy—even into very old age.

How to square this apparent paradox? In a word: "medicalization," which the author of this interesting book describes as "a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders." And he asks a rhetorical question:

[Is] there a new epidemic of medical problems or [is it that] that medicine is better able to identify and treat already existing problems? Or does it mean that a whole range of life's problems have now received medical diagnoses . . . despite dubious evidence of their medical nature?

As a professor of social sciences, Peter Conrad clearly holds to the latter explanation. He examines various cases, such as new male diseases (andropause, baldness, erectile dysfunction) and those that used to be (over) diagnosed in children, such as attention-deficit/hyperactivity disorders. Now, these same conditions have been newly discovered in myriad adults and children who never knew that they had the conditions. The author goes on to look at the increased use of human growth hormone, especially as it is used for the treatment of idiopathic short stature, reversal of the aging process, and enhancement of athletic performance.

Finally, Conrad shows readers that the process of medicalization is not inevitably unidirectional. For example, he looks

at homosexuality, which actually has been demedicalized. However, Conrad explains how, via the diagnosis of "gender identity disorder," there is the real possibility of medicalizing the issue of childhood gender to justify coverage by the health maintenance organizations for sex-change operations.

How did this process come about? Conrad describes a combination of pressure by patient advocacy groups and sympathetic physicians, some of whom are actually not in the pay of the third powerful force—ie, the biotechnology industry, a powerful driver of medicalization in almost all cases. Of course, the latter interested party is always looking for new economic niches. What better way than to convince otherwise healthy people that they are now ill and need something to treat their malady—something that is conveniently for sale?

While this book is informative and thought-provoking, it does have some faults. For example, although Conrad is clearly one of the authorities in this field, he was not the first to grapple with the problem of medicalization. For example, more than 30 years ago, the inimitable Ivan Illich, in his *Medical Nemesis*, offered more or less the same thesis. For Conrad to simply cite this well-known authority just once in a mildly deprecatory manner seems to me a bit impolitic if not intellectually questionable. After all, do we not all stand on the shoulders of giants?

One of the book's strengths is also one of its limitations, at least for our profession—it is written by a nonphysician. In a way, despite the fascinating perspective sociology brings to the question, the book is (if I may be so parochial as to suggest) a bit undermedicalized. Another approach, more comprehensible to physicians and complementary to that taken in Conrad's book, can be seen in an excellent series with the powerfully resonating title, *Disease Mongering* (see *PLOS Medicine*, April 2006). These sources are helpful and complementary.

Despite the above-mentioned reservations, Conrad adequately formulates an important argument. This book makes us ponder how we have strayed so far from the therapeutic Calvinism that many of us once practiced. The great Irish writer George Bernard Shaw put it so well in his rant against medicine (in fact, against all professions), arguing that, for the most part, our work comprises "a conspiracy against the laity."

The playwright's fulminations notwithstanding, the medical priesthood has benefited and protected us over the years. But we have also shamelessly contributed to the medicalization of society and our patients via the shameful process of disease mongering. Conrad's fine work investigates and illuminates this baleful phenomenon.

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OVERTREATED: WHY TOO MUCH MEDICINE IS MAKING US SICKER AND POORER

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MEDICAL JOURNALISTS ARE BELEAGUERED PRACTITIONERS IN TODAY'S fourth estate. They live with near-instantaneous deadlines for plucking the sound bite of the day from the cacophony of good and bad science that wells up in our literature. They are rewarded for creating the scare of the week. They are afforded so little time to dig into topics that a quotable statement from whoever is the most available expert is sufficient for validation and verification. They march to multiple drums: deadlines, editorial demands to "dumb it down," and producers who insist they infuse their coverage with energy. There may even be implicit constraints on investigative reporting not to bite the hands that feed them—no mean task given the marketing budgets of the biomedical industry. I have empathy for these journalists and disdain for the institution that requires them to sacrifice content to dissemination. It is the same emotion I have for clinicians whose feet are held to the fire of "throughput."

But there are exceptions. There are medical journalists who find settings in which they are encouraged to hone their skills and are rewarded for plying their trade brilliantly. There are not many such settings and not many such practitioners. I have been privileged to interact with and learn from several, including Shannon Brownlee. From the shelter of the New America Foundation, Brownlee turned her journalistic skills to the question, "Why can't the United States seem to fix its health care system?" Ten chapters later she concludes that "This is the sorry state of American health care. Doing what's best for patients is bad for business."

Many of these chapters reiterate arguments that are all too familiar and easily substantiated. The US health care system is inefficient in terms of any cost-benefit or risk-benefit measure. It is drowning in administration. It lacks uniformity in access, performance, and goals. It denigrates professionalism. Its infrastructure has become its master to such an extent that any attempt to care for and about patients is an insurmountable uphill battle.

Brownlee illuminates another flaw, one that has escaped general attention. Utilization of costly medical and surgical services is highly, often dramatically, variable from place to place—and the degree of utilization has no relationship to favorable outcomes. It follows that much of what is af-

forded to the patient is unnecessary. Furthermore, she argues that the driving force is the cash flow that is necessary to feed what has become a voracious, greedy monster.

This book is written for a sophisticated general audience. I hope it is widely read, providing patients with the needed resolve to stop demanding that their physicians prescribe the latest procedure, poultice, or potion that marketing or medical journalism foists on them. In turn, they should demand an answer to 2 queries: How certain are you that I will be truly advantaged by this option? And if you are certain you can make an important difference, how much more meaningful is the benefit of this option when compared with that of alternative approaches? Such queries seem counterintuitive in a nation that is deluded by declarations of medical prowess. Until this questioning becomes common sense, health care reform will remain an exercise in circular reasoning.

I came away from reading *Overtreated* far from satisfied with the format and the quality of the arguments. I have grappled with the relevant primary sources for decades and written extensively about medicalization and what I call type II medical malpractice (doing the unnecessary, even if you do it well). Brownlee's presentation is brilliant journalism but inadequate epistemology. Medical journalism is formulaic. Each of her chapters revolves around an engaging anecdote or two, usually a dramatic clinical event or an interview with a health service researcher whom Brownlee finds a convincing and particularly appealing personality. She then offers readers her take on these opinions, peppered with interesting extrapolations and entertaining allusions. If I could teach her to dissect the primary sources, she would not assert, "We can't improve the quality of health care or control costs without better evidence for what works and what doesn't. . . ." We already have the data to eliminate much that is "overtreatment." All we need to do is reign this in by demanding a meaningful degree of effectiveness before we are willing to underwrite any treatment.

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MEDICINE, HEALTH CARE, & ETHICS: CATHOLIC VOICES

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THE SUBTITLE OF JOHN F. MORRIS' *MEDICINE, HEALTH CARE, & ETHICS: Catholic Voices* as well as the title of the Preface, "Raising our Voices," aptly suggest the purpose and contents of this book. Indeed, the 12 essays on various issues in health care ethics are all by Catholics—philosophers, theologians, and 2 political scientists. The purpose of the volume is precisely to