Health of the Health System

by Karmen Lončarek
karmen.loncarek@markant.hr

> Croat Med J. 2008;49:279-83
> doi:10.3325/cmj.2008.2.279

Blessed Be Ignorance and Healthy Skepticism

All of us employed in the health system aim at keeping our patients healthy, never asking ourselves what health really is.

If we asked our patients to define health, the vast majority would instantly answer that health is when one is not ill. If we asked the definition of disease, they would perhaps hesitate for a moment, but then they would most probably say that to be ill means not to be healthy.

This, in mathematical terms, is a circular reference – a formula which is related to itself, or a concept explaining itself by itself. In terms of logic it would be a type of fallacy classified as *petitio principii*.

If we put the same question to a doctor, he or she, as a rule, would answer by using the definition of health given by the supreme authority in health questions – World Health Organization (WHO). According to the definition of WHO, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (1). This definition is also self-referential. Besides, it is very idealistic, because, taken literally, it would mean that health, to quote a surgeon Imre Loeffler (2), is achieved only at the point of simultaneous orgasm, leaving out most of us as unhealthy (and so, diseased) most of the time.

Albeit the intention of WHO has not been to create a paradise on Earth, but to emphasize the impact of social welfare on health, the idea of health based on this definition managed to achieve many good things, proving itself as excellent fundamentals for developing public health.

At first sight, the definition of disease according to WHO is clearer and more distinct from the definition of health, and it approximately tells that disease is anything included in the International Classification of Diseases (ICD). However, ICD is subject to revisions (currently the 10th), which unavoidably makes us ask why and when a certain condition comes on the ICD list, that is to say, how it becomes a disease and how it stops being a disease.

Prove that you are fatigued!

Let us now consider some examples from history.

In Hippocrates' time, epilepsy was considered sacred. Allegedly, it was so simply because people did not know what caused the disease; the moment they figured out the cause of a disease, it ceased to be considered divine (3).

Homosexuality is a reverse example. Today it is not regarded as a mental disease by the scientific community. But it was so until 1973, when the American Psychiatric Association (APA) removed

it from the Sexual Deviancy section of the Diagnostic and Statistical Manual of Mental Disorders (4). The main reason was a complete failure of treatments for homosexuality. The World Health Organization's ICD-9 listed homosexuality as a mental disease in 1977, and in 1990, a resolution was adopted to remove it from the ICD-10, which became effective in 1993 (5,6).

The chronic fatigue syndrome has been known as a disease since a long time ago. In 1687, Thomas Sydenham described it as a "muscular rheumatism," and from the 19th until the beginning of the 20th century it was known as neurasthenia (7). With growing domination of technology in medicine, the existence of this disease was denied (8). The reason for this is still unknown cause of the disease and the lack of an assay or pathological finding that would be widely accepted as a diagnostic criterion for chronic fatigue syndrome. It remains the diagnosis of exclusion, based largely on patient history and symptomatic criteria, although a number of tests can aid the diagnosis (9).

The example of the chronic fatigue syndrome shows that visual evidence (x-ray, ultra-sound, laboratory findings, ECG) becomes more and more important for a definition of a disease. In other words, disease is everything submitted to the technological verification, while health is a condition for which it is not possible to prove any deviation from normal.

Anyway, health is not equal to normality. The latter is a statistical notion. Biostatistics places "normal" within the scope of 47.5% under and above of the middle value, ie, 95% is "normal," and 5% is "non-normal" (10). With a sufficient number of medical tests, it is possible to find some criterion for practically everyone to include him or her into the group of these 5% of "non-normal" persons.

In other words, no one is normal, because no one is able to satisfy all the criteria of "normality." If we assume a definition that equalizes being healthy and being normal, nobody of us is in fact healthy (pharmaceutical industry has already exploited this fact). Definition of health as an aberration from normality is additionally complicated by the fact that it is very difficult to separate disease and a normal state, because there is no disease that you either have or do not have – except perhaps sudden death and rabies. All other diseases you either have a little or a lot of (11).

An ill for every pill

Generally, the boundary between health and disease is everything but clear, therefore let us examine a few more examples.

Pharmacological industry has managed to oversimplify that gray zone between disease and health – the zone haunted by various conditions – creating insomuch a definition of disease for its own purpose: disease is a state that is curable with a pill, and "ill for every pill" should be found (12). Disease is, therefore, something for which there is a medication, while health is a state which does not need to be additionally medicalized (at least not yet).

The *BMJ* has published a list containing two hundred such states, called non-diseases (2). Suffering caused by these non-diseases can even be much more horrible than that caused by officially recognized diseases. It is enough to mention mourning, loneliness, ugliness, difficult and tedious labor, hangover, baldness, aging, tediousness, ignorance, concerns about a small penis, teething, menopause, limp ears, bad breath, obesity, acne, indecision, exhaustion, pregnancy, and giving birth (13). It is not at all disputable whether these states or dysfunctions exist or not. However, if they are defined as diseases, those who are "ill" will perhaps be more willing to go to see a doctor and pick up their pills than to make some changes in their lives. Once upon a time, alcoholism was treated as a sin, later on as a vice, today as disease, which gave alcoholism a morally neutral color (and possibly diminishing

the motive of alcoholics to fight against their alcoholism) (14).

Coercion to health

Another gray zone between disease and health is caused by the fact that the definition of health is flexible and depends on age, meaning that certain states in youth are a dysfunction and in older age are normal and expected. Pharmaceutical industry makes use of it through forcing consumers to be healthy (coercive healthism) – if certain state is curable, it should be cured (15). If an older gentleman can achieve erection as if in his youth, he should achieve it. Since there is a help of chemistry, our gentleman has no right to reconcile with the fact that his hydraulics is not so operative as was in his younger days and dedicate his time to reading, collecting postage stamps, fishing, or his grandchildren.

Similarly, pharmaceutical industry has declared some natural processes of aging to be a disease. Although each second woman over 60 has decreased bone density, the risk of spine fracture is incomparably smaller, less than 4%. This means that diminished bone density is not a valid prognostic mark for fractures, but is a fantastic prognostic sign for taking drugs against osteoporosis and for bringing high profit to the producers of these drugs. By the way, medications against osteoporosis diminish a risk of spine fracture for 2% (16).

It has for a long time been a dream of medicoindustrial complex to make drugs for healthy people.

The number of ill people is limited, and healthy people are not just more numerous but also have greater purchase power. Converting of a state or non-disease into a disease is termed condition branding, and it is achieved in three ways (17) as follows: elevating the importance of an existing condition (example: introducing the gastroesophageal reflux disease instead of heartburn); redefining an existing condition to reduce a stigma (example: "erectile dysfunction" instead impotence); developing a new condition to build recognition for an unmet market need (example: development of Xanax (alprazolam) for panic disorder in the 1970s).

Was Bismarck a socialist?

To be poor in an undeveloped country means to have no approach to the basic health services, to have no drinking water, to be nourished badly, or even to be hungry. To be poor in a developed country means to have basic social assurance as Medicare or Medicaid, hot water, and enough supply of food. But it is not supposed to mean that the poor in developed countries are much happier than those in undeveloped countries. Poverty is a social construct, and to be poor actually means "to be more poor than ... " The rich alike are not just rich, they are "richer than ..." For someone to be rich there must be somebody poorer, with whom he or she could compare. Similar to that, in an affluent society, health, as the greatest wealth, has become a commodity. Break-down of the principle of solidarity and domination of the market economy thinking in the organization of public health systems in transition-countries (but also in most of the other countries) should be considered as a way that the rich impose their superiority over the poor. Russian millionaires cover their cars with diamonds to show that they differ from the poor and to exhibit their power. All power has the same goal – to be total and all-inclusive. Therefore, a wish for the power extends to the field of health. Since a healthy magnate cannot be healthier than his poorest healthy compatriot, the only way for him to exhibit his power in the field of health consists of diminishing the possibility of his poorer compatriots to keep health or recover from disease. Who does not believe that this is exactly what is going on in the transition countries (and not only in them), should remember that the principle of solidarity has nothing to do with socialism and that solidarity is one of the most luminousissues of the capitalism.

The first health insurance founded on the principles of solidarity was conceived by chancellor Otto von Bismarck in 1883 (18). Bismarck was by no means a socialist. One of the reasons why he introduced health insurance was the pressure of workers' trade-unions which were getting stronger and stronger at the time. As a statesman, he probably also took health as a strategically important issue (19).

According to the article 25 of the Declaration of Human Rights (20), "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including ...medical care ... and the right to security in the event of sickness, disability ... in circumstances beyond his control."

Blessed ignorance

Throughout the ages, all cultures have had the concepts of health and disease. For instance, gathering and keeping things was considered to be a respectful characteristic. In the consumerist society, such behavior is considered to be ill and is classified as Diogenes' syndrome (21). In some cultures, hearing voices is considered a sign of a mental disorder, while in other cultures a person who hears voices is venerated as a religious leader (22).

Health is not just physical, mental, and social well-being, it also has the fourth component – a personal feeling of being healthy, which is a learned term for blessed ignorance. Some diseases, such as diabetes, preserve a personal feeling of being healthy for a long time. Today, when searching for genetic markers for the risks to get ill is a routine, one should consider whether we get ill at the very moment when we learn that we shall get ill from some disease in the future. Being aware of that, we are robbed of the personal feeling of being healthy.

Feeling of being in good health is one of the background emotions, just as, for example, tranquility or tension (23). This feeling is founded on a physical feeling that all bodily functions that can be performed subconsciously are performed in such a way, not entering consciousness. Just because health is an emotion, it is not that the definition of health is susceptible to the changes over history thanks only to the progress of the medicine and science in general, but it is the idea of health in itself that changes as a result of changes in social and cultural context. Anyhow, medical truths are perishable goods. Half-life of the knowledge in medicine is very short, five years only (24,25). The good half of what we know now is at least questionable, and it may be unmasked as an error. Unfortunately, we cannot know today which of the two halves will be wrong.

I do not aim to determine what exactly health is: a human right, personal feeling, piece of goods on the market, social benefit, statistical notion, cultural or social construct, something of these, or all of it together. All I want to say is that it is very healthy to doubt everything what we as doctors do, decide, and believe. A little drop of healthy skepticism could improve the health of our patients a great deal.

References

1 World Health Organization. Constitution of the World Health Organization, Geneva, 1946. Available from: *http://whqlibdoc.who.int/hist/official_records/constitution.pdf*. Accessed: April 3, 2008.

2 Smith R. In search of "non-disease". BMJ. 2002;324:883-5. Medline:11950739 doi:10.1136/bmj.324.7342.883

3 Hippocrates. On the sacred disease. Available from: *http://www.greektexts.com/library/Hippocrates/On_the_Sacred_Dissease/eng/130.html*. Accessed: April 3, 2008.

4 Spitzer RL. The diagnostic status of homosexuality in DSM-III: a reformulation of the issues. Am J Psychiatry. 1981;138:210-5. Medline:7457641

5 Bohan JS. Psychology and sexual orientation: Coming to terms. New York (NY): Routledge; 1996.

6 Kirby M. The 1973 deletion of homosexuality as a psychiatric disorder: 30 years on. Aust N Z J Psychiatry. 2003;37:674-7. Medline:14636380 doi:10.1111/j.1440-1614.2003.01269.x

7 Sydenham T. The works of Thomas Sydenham, M.D. Vol 1. London: Sydenham Society; 1847.

8 Gijswijt-Hofstra M, Porter R, editors. Cultures of neurasthenia: from Beard to the first world war. Amsterdam: Rodopi; 2001.

9 Guideline 53: Chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy). London: National Institute for Health and Clinical Excellence; 2007.

10 Streiner DL, Norman GR. Health

measurement scales: a practical guide to their development and use. 2nd edition. New York (NY): Oxford University Press; 2000.

11 Rose G. The strategy of preventive medicine. Oxford (UK): Oxford University Press; 1992.

12 Moynihan R, Cassels A. Selling sickness: how the world's biggest pharmaceutical companies are turning us all into patients. New York (NY): Nation Books; 2005.

13 BMJ.com. Non-diseases. Available from: *http://www.bmj.com/cgi/content/full/324/7334/DC1*. Accessed: April 2, 2008.

14 Illich I. Limits to medicine. London: Marion Boyars; 1976.

15 Skrabanek P. The death of humane medicine and the rise of coercive healthism. London: Social Affairs Unit; 1994.

16 Cummings SR, Black DM, Thompson DE, Applegate WB, Barrett-Connor E, Musliner TA, et al. Effect of alendronate on risk of fracture in women with low bone density but without vertebral fractures: results from the Fracture Intervention Trial. JAMA. 1998;208:2077-82. doi:10.1001/jama.280.24.2077

17 Yom SS. Selling sickness: how the world's pharmaceutical companies are turning us all into patients. JAMA. 2005;294:1114-6. doi:10.1001/jama.294.9.1114

18 Evans T. British and European worker mutuality in healthcare: welfare solidarity beyond the state. Available from: *http://www.stockholm-network.org/downloads/publications/d41d8cd9-Worker%20Mutualities%20and%20Healthcare.pdf*. Accessed: April 10, 2008.

19 Lalonde MA. A new perspective on the health of Canadians: a working document. Ottawa: Minister of Supply and Services; 1974. Available from: *http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/1974-lalonde/lalonde_e.pdf*. Accessed: April 3, 2008.

20 United Nations. Universal Declaration of Human Rights. Available from: *http://www.un.org/Overview/rights.html*. Accessed: April 3, 2008.

21 Cooney C, Hamid W. Review: Diogenes syndrome. Age Ageing. 1995;24:451-3. Medline:8669353 doi:10.1093/ageing/24.5.451

22 LeBeau D, Lipinge E. Beyond inequalities 2005. Women in Namibia. Harare: Southern African Research and Documentation Centre; 2005.

23 Damasio A. The feeling of what happens: body and emotion in the making of consciousness. Orlando (FL): Harcourt Brace & Co; 1999.

24 Emanuel E. A half-life of 5 years. CMAJ. 1975;112:572.

25 Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. BMJ. 1996;312:71-2. Medline:8555924