



Health of the Health System

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Take a Look Inside Your Eye

There is a pervasive contemporary belief that modern medicine is evidence-based, and thus rational, profession. Likewise, evidence-based medicine and evidence-based health system are supposed to have an inherent ability for self-correction and self-improvement. Of course, many critiques are addressed toward modern medicine, for example because of progressive increase in costs due to the end of the era of “low hanging fruit” in health industry and because of deleterious effects of free marketing on a health system. However, the very idea of medicine and related sciences as scientifically and rationally based has strong general acceptance and is rarely questioned.

Presence of myth in modern medicine

It is impossible to see your own retina because it is the very instrument of our sight. Similarly, it is not much easier for a physician to perform insight into medicine be-

cause the physician is in a certain way the very instrument of medicine. This is why medicine needs some “help from aside,” eg, from the “eyes” of philosophy, sociology, or political science. Let me describe how contemporary non-medical authors addressed some of mythical and irrational elements of modern medicine, providing theoretical armament for the detection of its irrationalities.

Social antidepressants

The first modern myth that pervades in medicine, as noted by Polish philosopher and historian of ideas Leszek Kołakowski, is a complete departure from the belief in the value of suffering. Kołakowski does not uphold the masochistic Christian cult of suffering, which masks the impotence in the face of evil, but suggest that the use of painkilling drugs (perceived in a broad spectrum from analgesics to antidepressants to hormone replacement therapy) would also:

...“enable us to shut out the realities of evil from our consciousness, or to drown its presence in voluntary self-intoxication (1).”

Massive use of antidepressants is not purely a medical issue, but has definite social background: a person in a depressive mood is neither a good worker nor a good consumer and the use of antidepressants helps him or her to “normalize” his “antisocial” mood. In other words, in this example medicine is used as an instrument of social control (2).

Self-helped by the others

Kołakowski also addresses the myth of individuality, independence, and self-responsibility in relation to the concept of patient empowerment through self-help books and programs: patients are not only overloaded with information regarding health and healthy lifestyle, but these pieces of information are often contradictory and thus confusing. A new kind of asymmetry of knowl-

edge between the patients and health care professionals emerges, and a surplus of information builds up a new kind of ignorance (3). Even the term “self-help” has mythical connotation, as the self-help books and programs are not created by the person that pursues the self-help or self-improvement, but by some other people. (According to the best of my knowledge, the only genuine case of self-help was when Baron Münchhausen grabbed his own hair and pulled himself and his horse out of the swamp.)

Cure for healthy folks

The concept of medicine as the art and science of healing also attains some mythical dimension. Modern medicine progressively loses the interest in diseases and diseased people, becoming more and more oriented to healthy people. This statement is even more valid when applied to the main ally of medicine, pharmaceuticals. Healthy people are wealthier and more numerous than sick ones; medicine is not anymore oriented strictly toward curing and searching for the causes of the diseases, but also toward redefining some common states as diseases and curing “non-diseases,” which range from ugliness to aging and loneliness (4). There is virtually no human condition or discontentment that could not

be medically treated, ie, medicalized. Subsequently, the application of medical methods to non-medical reasons has been equated with medicine: esthetic surgery (in ever broadening spectrum from vaginal rejuvenation to esthetic ophthalmic surgery), pediatric surgery (routine circumcision of neonates in the USA), eugenics (“designer babies,” preconception selection of sex), obstetrics (nonmedical use of obstetric ultrasonography, and elective Cesarean section on term) (5,6).

Big Brother in a restroom

Another very well-elaborated myth is medical privacy. Indeed, overemphasis of medical privacy is a product of the progressive and systematic reduction of privacy in other spheres of contemporary life: from surveillance cameras in former areas of privacy (eg, in such notorious places as ladies’ restrooms in libraries) to strip search and body search at airports and the lack of medical data privacy at insurance companies. Indeed, the function of “medical privacy” is merely to substitute or even conceal the general lack of privacy in other areas of ordinary life.

Sacrament of Hippocrates

Medical education reveals its mythical and ritual dimension when compared with practices

of ritual initiation. The whole process of becoming a doctor resembles more to the novitiate and preparation for priesthood than to professional training (eg, training in subordination, process of matching for residency programs). The rite of Hippocratic Oath resembles the ritual of baptism –the young physician enters the chain of physicians that had begun with the self-ordained founder.

Beware of physician

Medicine as a safe practice is indeed a myth, and evidence for this statement is abundant, ranging from adverse drug effects to lethal consequences of iatrogenesis: in 1999, the Institute of Medicine of the American National Academy of Sciences estimated that there were a total of 98 000 patient deaths as a consequence of medical errors in American hospitals only; that is to say, more patients died because of errors than because of breast cancer or AIDS. Further, another million patients sustained some damage (7). Thus, physicians must be aware that sometimes the road to hell is paved with good intentions.

Bypassing the death

Modern prevention is mostly a mythical construction and a product of avoidance of suffering at all costs. Consequent-

ly, preventive medicine is often confused with predictive medicine or medicine of risks (8). Diseases and death are normal parts of human experience and life, they cannot be completely eliminated or avoided, and, therefore, preventive medicine cannot substitute or bypass curative medicine.

World indifference

According to Kolakowski, all negativities of life, including illness, pain, and death are explorable as manifestations of indifference. For example, physical pain is “a paradoxical experience in which that body which is me becomes indifferent in relation to me, bearing down upon me as if on foreign object, forcing me into a situation of an intolerable distance in relation to myself... In a physical pain I am abandoned in a body which I am.”

Modern medical perception of disease and death as unnatural conditions could be understood by the Kolakowski's concept of “the phenomenon of world indifference” – medicine constructs the myth, thus removing the world's indifference.

Violence-positive medicine

Until the emergence of anesthesia, Western allopathic medicine and surgery were not pleasant experiences for patients. Ample use of anesthesia, analgesia, pro-

motion of patients' rights, and patient empowerment contributed to the production of myth of modern medicine and modern health care as a non-violent institution. Slovenian cultural critic Slavoj Žižek deconstructed this myth by means of the concept of systemic, or structural, violence (9). This kind of violence often appears invisible but thoroughly permeates the fabric of neoliberal culture. Medicine, as a mirror that reflects the society, can be defined as “violence-positive” (10).

The sin of medicine is mostly the one of permissive violence (ie, permissiveness toward sometimes catastrophic effects of economic and political systems). Modern health care systems are criticized as expensive, highly bureaucratic, and low cost-effective, but they permit and maintain systemic violence toward patients, as demonstrated by 25 million uninsured or underinsured citizens in USA, or through the process of “Americanization” of health care systems in the European transitional countries (11).

Ophthalmologic dare

Many readers will not agree with the idea about mythical elements of modern medicine and will insist on its unquestionable rational base. As an ophthalmologist, I challenge you to take an ophthalmoscope, stand in front

of a mirror, and examine your own retina. Let me know what you have seen.

And don't forget to say “cheese” next time you enter a restroom.

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