10 Medicalization of Beings and Bodies: The Link Between Population Health and Biomedical Care

Learning Objectives

- Summarize the history of the biomedical model to demonstrate the social construction of medical knowledge
- Critically examine the five tenets of biomedicine.
- Assess the impact of biomedicine and the formal health care system on population health
- Distinguish between conflict and Foucauldian approaches to explaining the process of medicalization
- Explain and compares various types of iatrogenesis
- Analyze the role of pharmaceuticals in our health-care system and our society today
- Describe and debate the consequences of medicalization in various realms

Summary

This chapter begins by asking whether increased spending on formal health care would translate into improved health population status. International data on life expectancy and health care spending are not straightforward. Countries that spend the most on health care do not necessarily have the highest years of life expectancy.

A critical examination of the history of biomedicine is presented. Doctors in the late nineteenth century held very little prestige, often being of lower socio-economic status than their patients. Medical knowledge was limited and doctors' treatments were solely based on reported symptoms: symptoms and illness were not differentiated. With industrialization and urbanization, a new medical model emerged in the early 1900s: hospital medicine, a way to treat large populations of sick and often poor people. The focus in understanding disease shifted from symptoms to underlying pathological issues (strep throat causing a fever).

Medicine underwent a transformation in 1910 with the publication of the Flexner Report, which critically examined the state of medical education in Canada and the United States. The report concluded that medical schools must be science-based programs and affiliated with universities. The implementation of the Flexner Report marked the professionalization of medicine and the emergence of the passive patient. The next stage in the history of biomedicine is referred to as "laboratory medicine," necessitating the knowledge of the scientific research worker. In this stage there was a shift from pathology to understanding disease at a cellular level.

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The rapid shift in medicine from a focus on individuals and their symptoms to a complete objectification of the patient illustrates that medical knowledge is socially constructed. Our scientific understanding of the body today is based on five tenets that shape the biomedical model: mind–body dualism (there is no connection between the physical and psychological well-being of an individual); physical reductionism (illness is solely explained at or reduced to the microscopic level); specific etiology (each disease has a specific cause; the machine metaphor the human body is viewed as a biological machine); and regimen and control (the individual is responsible for implementing regimens that may thwart illnesses, such as exercising and eating low-fat food to prevent heart disease). Each tenet of the biomedical model is critically evaluated for failing to include the role socio-environmental factors play in understanding illness and disease.

The role of biomedicine in improving population has been overstated. The one factor that has had an overriding effect is public health: clean water and improved nutrition. Regardless of this, doctors, particularly white-male doctors, continue to hold substantial power not only over patients but also within the health-care system. One way to maintain medical dominance is through medicalization.

Medicalization, a term coined by sociologist Irving Zola, a conflict theorist, refers to the process of legitimating medical control over an area of life such as childbirth. Medicalization is an outcome of biomedicine's ideology to focus on sickness rather than health and well-being. In so doing, medicine often harms patients. Illich described this harm as "clinical iatrogenesis." Although the extent of harm done by medicine is difficult to quantify, it is believed to be high. Illich's model of iatrogenesis also includes social iatrogenesis, which is a social dependency on medicine to interpret life's realities, such as birth and death. Cultural iatrogenesis, the form of iatrogenesis that caused Illich most concern, focuses on an individual's complete dependency on medicine.

Foucault coined the term "medical gaze" to describe the scientific and objective understanding of sickness. Health theorists who draw on Foucault's work argue that our understanding of medicalization must go beyond an analysis of power held by the medical profession to an understanding of medicalization as a process whereby the individual embodies medical knowledge. Furthermore, a Foucauldian analysis does not hold that medical knowledge can offer productive understandings of health. Surveillance medicine focuses on the isolation of hidden risk factors for disease and illness.

The chapter concludes with a discussion on the ever-increasingly powerful pharmaceutical industry. Of particular concern is the industry's involvement in finding research of their own drugs, funding medical conferences where their drugs are promoted, and hiring researchers to "ghost write" articles that boast the benefit of a particular drug. Because of this, Foucauldian health theorists argue that medical industrial complex has become a major player in medicalization.

Key Concepts/Terms

Biomedical model: A model of health care based on scientific understanding which at the level of basic knowledge sees health and illness in terms of biological processes and at the applied clinical level privileges individualized, biologically oriented, pharmacological, surgical and technological interventions (p. 320).

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Biomedicalization: The extension of medicalization brought about through technoscience (p. 350).

Clinical iatrogenesis: Harm caused directly by health care (p. 337).

Cultural iatrogenesis: The manner in which the medicalization of life compromises people's abilities to look after their health without professional medicine's help (p. 341).

Demedicalization: When an aspect of social life is no longer defined in medical terms and the involvement of medical personnel is no longer deemed appropriate (p. 333).

Humoral theory: An ancient understanding of illness as resulting from imbalance involving physical, environmental, and spiritual factors reflected in four substances known as the humours (p. 317).

Iatrogenesis: Sickness and injury caused by the health care system (p. 336).

Medical screening: A process that assesses individuals for the risk of disease that has not appeared symptomatically (p. 345).

Medicalization: The tendency to understand aspects of life as medical issues requiring intervention and control on the part of medicine (p. 314).

Mind-body dualism: Descartes' 17th century philosophical separation of mind and body, which provided a rationale for focusing solely on the individual biophysical body as a way to understand health and disease (p. 322).

Pharmaceuticalization: The process by which social, behavioural, or bodily conditions are treated, or deemed to be in need of treatment with pharmaceuticals (p. 346).

Psychopharmacological societies: Rose's term to describe societies in which the modification of thought, mood and conduct by pharmacological means has become more or less routine (p. 346).

Reductionism: An approach to understanding the world that breaks phenomena into smaller and smaller parts in order to understand them (p. 322).

Risk factors: Factors that are believed to lead to disease and are often treated as diseases in their own right (p. 343).

Social iatrogenesis: The indirect harm medicalization causes society in general by defining more and more aspects of life, from birth through sorrow, suffering and sickness to death, as medical issues (p. 340).

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Specific etiology: The biomedical principle according to which it is assumed that each disease has a particular cause (p. 323).

Study Questions

1. What is the relationship between formal health-care spending and life expectancy in years?
2. What are medicalization, biomedicalization, and pharmaceuticalization?
3. What does a Marxist analysis of biomedicine argue?
4. What was bedside medicine in the 1800s characterized by?
5. Why was the Flexner Report viewed as a pivotal document in medical history?
6. What is the machine metaphor?
7. What is the major explanation for the decline of death rates over the last 100 years?
8. What are three types of iatrogenesis?
9. How do Foucauldian health theorists view medicalization?
10. What is surveillance medicine?

Explore and Discuss Questions

1. What role did the Flexner Report play in the professionalization of medicine?
2. How did professionalization occur?
3. Identify the three primary stages in the history of biomedicine and describe what each stage contributed to the history of biomedicine.
4. What is medicalization? Using an example of your choice, illustrate how medicalization is socially constructed.
5. Discus the key differences in the conflict and Foucauldian approaches to medicalization.

Further Exploration

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Recommended Films

1. **Orgasm Inc. (2009)**
   Extraordinary behind-the-scenes access reveals a drug company's fevered race to develop the first FDA-approved Viagra for women – and offers a humorous but sobering look inside the cash-fueled pharmaceutical industry.
   https://en.wikipedia.org/wiki/Orgasm_Inc.

2. **American Experience: The Pill (2003)**
   A PBS documentary recounting the development of the birth control pill.
   http://www.pbs.org/wgbh/amex/pill/filmmore/index.html

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