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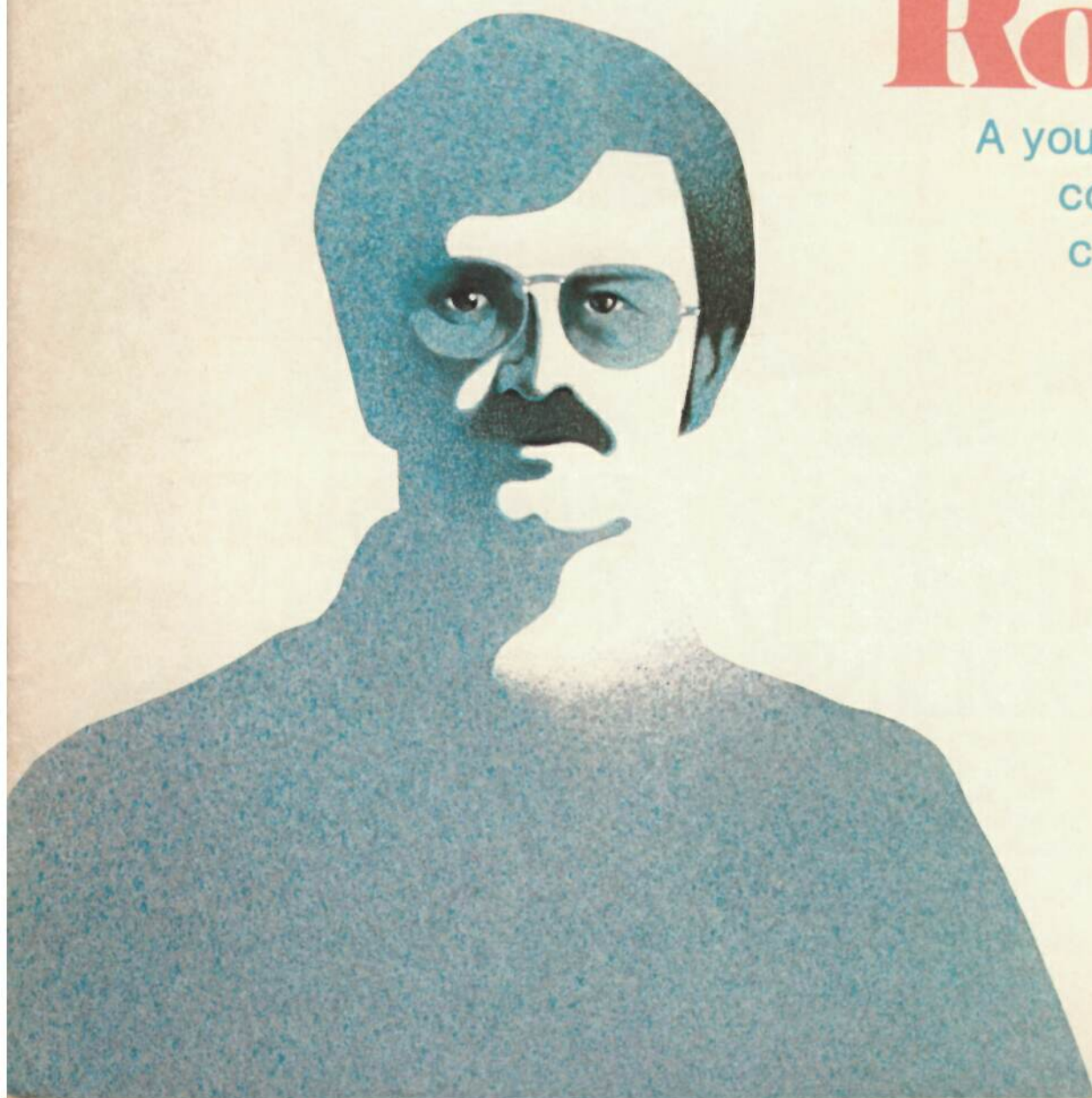
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viewpoint

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the medicalization of politics

by John McKnight

The United States was once known as a consumer society because of our predilection toward defining life as the use of goods and services. But during the past decade we have become a society that lives by consuming crises. We have ingested such unpalatables as civil rights, ecology, overpopulation, Watergate, energy shortages, inflation, and recession. The popular impression is that in the face of crisis we will digest — if not overcome. There is, however, one crisis that has been with us for a generation, and we still cannot seem to get it down. It is popularly known as the "health care crisis."

The chronic American "health care crisis" has created an impressive array of palliative reforms. Each ineffective remedy has produced a new prescription. At least six therapies have been tried:

1. Ensuring equal access to medical care. The government has outlawed racial discrimination, supported all manner of programs to increase the number of "health workers," created incentives for doctors to practice in underdoctored areas, and supported regulatory systems to allocate hospital beds in relationship to "medical need."

2. Improving the quality of health care. Increased professionalization and professional review processes have received the support of the state and of many modernized medical

practitioners.

3. Dealing with costs. Comprehensive prepaid systems, health maintenance organizations, Medicare, Medicaid, and the proposal for a national health insurance program represent efforts to conquer the medical system's growing capacity to consume the gross national product.

4. Involving "health consumers" in the system. Here, the government and the medical industry are gradually enabling nonprofessionals to participate in the decision-making processes of the system.

5. Increasing concern over ethical issues posed by modern medicine. Organ transplants, abortion, and life-extension technologies present new crises and new public and professional policies.

6. The preventive health care movement. This reform provides policy alternatives designed to "get at the root of the problem." It calls for continuing check-ups, computerized screening systems, and medical outreach plans tied to public education programs.

Although these reform efforts have consumed the resources and energies of Americans for more than a generation, the recent growth of modern medicine has had very little positive effect upon the health of the American people, insofar as health is measured by morbidity and mortality rates. In the face of the mounting evidence that modernized medicine is irrelevant as a determinant of health, we have responded with phenomenal new investments in medicine. Since 1965, the growth rate for total medical care expenditures has averaged more than 10 percent a year. The nation's medi-

cal care bill has increased from \$30 billion in 1965 to \$94 billion in 1973 — a figure representing 7.7 percent of the gross national product.

medicine's hegemony

Since these soaring investments in medicine appear to have so little effect upon our health, the basic question is not how we can reform medicine, but why we invest so heavily in its reform. The answer may lie in the very fact that the reform increases the hegemony of the therapeutic ideology.

Consider the predictably hegemonic outcomes of the six American reforms:

1. Achieving equal access serves to confirm the value of medicine by broadening the clientele and establishing the legal premise that the right to *consume* medical service is the central "health" issue.

2. The guarantee of quality care serves to intensify popular belief that health care professionals know what care is. The critical issue is to force or entice the professionals to *produce* "it."

3. Cost control ensures a rationalized guarantee of the medical system's income. The central issue is how to extend the system while lowering or stabilizing the price.

4. Consumer participation co-opts potentially disruptive citizens by providing participation in medicine as a substitute for political action that might affect the critical determinants of physiological ill health.

5. Ethical "reform" could limit medical hegemony by concluding that such issues as abortion and life extension are not medical prerogatives. However, medical professionals have

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co-opted theologians and clergy by becoming guiding counselors.

6. "Preventive" medical care systems can make every person a client each day of his life. Medicalized prevention tells us that we need the medical system precisely because we do not perceive a need.

Each reform, therefore, represents a new opportunity for the medical system to expand its influence, scale, and control. It is no wonder that the reform efforts are often generated by medical interests. Indeed, should the American people come to believe that health is basically a political affair and abandon the medicalized reform efforts, the medical system would deflate like a great balloon pricked by the common sense of citizens. The system needs the hot air of reform if it is to inflate.

the system's political functions

Despite the utility of reform as an essential process to promote the growth of medicine, it would be totally inaccurate to suggest that medical reform is basically a self-serving mechanism of the medical industry. Its "nonmedical," political effects are now its most important function. Indeed, the reason the "health care crisis" is so nonconsumable is that we cannot afford to digest it because its functions are so critical to the maintenance of the status quo. The political functions of the system are numerous:

- In any economy that becomes capital-intensive, means of distributing income are needed in order to create new markets and to forestall disruptive unemployment. "Service" systems rationalize alternative means of income distribution. The expansion of the medical system is, in most modernized societies, a primary means of providing income and markets disguised as help.
- Expanding medical systems require the manufacture of need. As each new need is created, citizens have an increased sense of deficiency and dependence. Indeed, an essential function of professional medical training is to increase the capacity of the trainee to define his or her neighbor as deficient while reducing the capacity of the neighbor to cope.
- As physiological health remains stable or diminishes while medical resources increase, political energies are increasingly consumed in the effort to reform the medical system. The con-

sumption of politics through medical reform is a central function of the "crisis."

- In many countries current research demonstrates that increasing numbers of people use the medical system for reasons that *doctors* say are not physiologically based. In the U.S., well over half the "patients" are classified by doctors as not having physiological problems. When doctors are asked why these people visit them, they identify a series of cultural, social, and economic problems. Medical "care" is, by the doctor's own definition, a placebo for action that could address the cultural, social, economic, and political causes of the malady.

- The growth of medical hegemony provides the training ground for popular acceptance of expertise. As public belief in the need for medically defined service expands, the people act less as *citizens*. They are more accurately defined as *clients*. Clients are people who believe that they are going to be better because someone else knows better.

- The growth-oriented medical system trains people to accept inequity as the price of progress. Indeed, issues of equity and justice can be most effectively co-opted by the belief that the next professional-technological breakthrough will bring health to everyone if we will only invest our resources in professional "help." This "research and development" argument has been a magnificent mechanism to ensure regressive use of efficacious medical resources while preparing people to accept the generalized proposition that inequity is the price of progress.

- The most important political role of a growth-oriented medical system is its capacity to obliterate any remnant cultural sense of the limits of a technological society. Communicating its commitment to the death of death, the medical system, by its growth, affirms a world view that places ultimate value in development, exploitation, and conquest. In a society that is decaying because of the unlimited growth of technology and technique, medicine's primary political function is to obscure the cause of our dying.

the possibility of politics

Viewed in these terms, the essential function of medicine is the medicalization of politics through the propagation of a therapeutic ideology. This ideology, stripped of its mystifying symbols, is a simple triadic credo: (1)

the basic problem is you, (2) the resolution of your problem is my professional control, and (3) my control is your help. The essence of the medical ideology is its capacity to hide control behind the magic cloak of therapeutic help. Medicine is the paradigm for modernized domination. Indeed, its cultural hegemony is so potent that the very meaning of politics is being redefined.

Politics is interactive — the debate of citizens regarding purpose, value, and power. But medicalized politics is unilateral — the decision of the "helpers" on behalf of the "helped."

Politics is the act of citizens pooling their intelligence to achieve the maximum human good. Medicalized politics is the disavowal of that common intelligence, for it individualizes by bestowing clienthood and by replacing policy with the placebos of technique and technology.

Politics is the art of the possible — a process that recognizes limits and grapples with the questions of equity imposed by those limits. Medicalized politics is the art of the impossible — the process whereby an unlimited promise is substituted for justice.

Politics is the act of reallocating power. Medicalized politics mystifies the controlling interests so that their power is no longer an issue and the central political question becomes one of increasing the opportunity to be controlled.

Politics is the act of citizens. Medicalized politics is the control of clients. Indeed, as politics is medicalized, there is no need for citizens. Those citizens who remain are unobtrusive stumps of a dead idea.

There is, of course, an alternative. It is *not* "curing" a "sick society." Rather, it is the possibility of politics. It is even a mistake to understand reform as the process of limiting medicine, because medicine's hegemony is the central issue in that formulation.

The chief requirement is to restore politics, for we can find no cure in any medical function that is nothing more than a substitute for politics. The central reform is the conversion of clients to citizens.

A political society, peopled by citizens, will certainly find a need for a limited, valuable craft called medicine. That legitimate craft will be the result of whatever remains of modern medicine when our people have healed themselves by rediscovering their citizenship.