

THE MEDICALIZATION OF SOCIETY. CONCEPTUAL AN ETHICAL CONTROVERSIES

ELENA ȘARGU¹

ABSTRACT. In order to support the evolution of medicine and to overcome the existing challenges, the phenomenon of medicalization becomes more and more remarkable in the field of medicine. Being conscious about the importance of forming a mentality on one's own health is the primary desideratum in a society where pathologies have become more and more numerous due to the distortion of the boundaries between health and disease.

Keywords: *Medicalization, Health, Disease, Ethics*

Introduction

In contemporary times the well-being – both physical and mental – of the individual generated the emergence of a modern concept in medicine called *medicalization*. In general terms medicalization is the process by which non-medical problems come to be defined and treated as medical conditions, usually as diseases or disorders. In this order of ideas the health of individuals became the object of medical study, invariably including mechanisms of diagnosis, prevention or treatment. The truth is that our whole life is medicalized, in the sense that we pay more attention to hygiene, we try to have a balanced physical and mental life and in most cases we use modern, more efficient medicine in a timely manner and so on. These are all factors that medicalize our lives at a fast pace, at the same time generating a controversial phenomenon characteristic to contemporary societies.

Practically medicalization is present at all times during our lives. This is quite obvious if we look at the numerous media sources, especially internet and TV stations where medical topics are covered quite generously. Currently, a

¹ Lecturer, PhD, Department of Philosophy and Bioethics „Nicolae Testemițanu” State University of Medicine and Pharmacy, Chișinău, Republic of Moldova.

proper living means a healthy living. Health became the convergence point of all human concerns with body, beauty, nutrition, sex etc. Medicalization is not an authentic medical discourse, but the adaptation of a medical discourse in socio-cultural discourses. This discursive contagion would not have been possible without the contemporary, highly developed, tentacular media providing access to a range of medical information. In the mass media pedagogy of health we can distinguish two essential elements: the pathological aspect, namely the fact that diseases must be identified as manifestations, as well as aspects regarding risk and prevention – how, by what means can we prevent the respective diseases. As a result, by combining these aspects the media presents a medicalized discourse emphasizing prevention. The desire for a healthy lifestyle hides the fear of death, which is represented and stimulated by the media, and constitutes the basis for an effective social practice. In this context there are a lot of discussions about the benefits of certain food, thus removing the random element and instituting the impulse to control consumption in a broad sense. We eat food high in magnesium, zinc etc. so as to prevent lung cancer, strokes etc. And at this point we can start discussing ethical implications. The socio-medical discourse, based on research and discourses in effective medicine, creates a health moral that tends to be incorporated in general ethics, thus making the reverse valid: to have a healthy life means to have a correct life, namely to have an ethical life [15, accessed: 20.01.2016].

The key to medicalization is defining. Medicalization is to define a problem in medical terms, using a medical language to describe a problem, adapting a medical framework in order to understand such problem, or performing a medical intervention to treat it. This is a socio-cultural process that may or may not involve the medical profession, determined by social control or medical treatment, or it can be the result of the intentional expansion of the medical profession [11, p.211]. Medicalization implies a change in our perception on health and disease. This becomes evident if we consider the fact that health is the result of a complex combination of interrelated factors such as: genetic baggage, social position, lifestyle, “the attitudes and values regarding health”; nowadays modern people are opting more and more for a healthy lifestyle and quality medical services [12, p.276].

Ethics is struggling to gain status in the eyes of scientists. The reflection on normative issues in medicine goes back to Hippocrates, however, the institutionalization of the discipline as medical ethics or bioethics is relatively new. Ethical thinking in medicine and biology is divided between philosophical principles and methods or hypotheses oriented towards the sciences of nature. And herein lies the dilemma, as those operating within the science of nature paradigm have different methods of investigating the subject. Moral conflict in

medicine became a reality with the pre-modern period, although these issues were not discussed extensively. This is due to “a specific cultural situation, where there is «a predetermined harmony» between medical ethics and the moral-theological position of the Church” [8. p.5]. If at the beginning medical ethics included the moral principles that govern all medical activities, being in fact one of the first ethical profession, today it also includes all discussions on issues related to ensuring the physical and moral integrity of people when they are subjected to medical treatments. However, the medical world is wide, it has many values and virtues, and a single type of medical ethics applicable everywhere is not desirable [5, accessed: 17.01.2016]. Medical ethics is correlated with bioethics, professional, scientific ethic, however, there needs to be an integrated overview, they all need to be interpreted within concomitant interactions for the medical act to be performed at a high level.

The cult of the body and health, the development of science and technology and the commercialization of life are complementary factors that presently establish the conditions for medicalization. It is obvious that medicalization should not cause concern, even if it comes with certain risks, as any other social process or phenomenon. The main concern is its uncontrolled expansion in all spheres of human life and society. When a situation is medicalized doctors are the only experts and consequently their power over other groups increases. The medical treatment is the only answer to health, although often it is not exactly adequate. Thus, medicalization should be considered a complex socio-cultural phenomenon that requires extensive research, especially with concern to socio-human disciplines.

The medicalization of health has an obvious impact nowadays, in the sense that the only way to maintain a healthy lifestyle is to comply with the norms of modern medicine that controls every stage of human life. The process of medicalization labels human physiological processes and eliminates any alternative treatment by prioritizing the medical act. I find Foucault’s observation very relevant in this regard, as he points out that all areas of our lives become medicalized: “the fact that starting with the eighteenth century human existence, human behaviour, and the human body were brought into an increasingly dense and important medicalization that allowed fewer and fewer things to escape” [8, p.81]. Medicalization is practically part of our daily existence until our deaths. As highlighted by Giorgio Agamben, we are dealing with a nationalization of the biological and a transformation of life care in a main objective of the state. However, “neither life nor death, but the production of a virtually infinite and modular survival is the decisive performance of biopower in our times” [2, p.107].

One of the major impacts of medicalization is the fact that we are only treated from a biological stance, and the spiritual or other aspects are

eliminated from the medical act. Medicalization is evident in the various states of the patient, and the intervention is often risky, for example in the case of mental disorders. For the treatment of disorders such as schizophrenia, affective psychoses and even severe depression the pharmaceutical market offers a variety of possibilities. In such cases it is important to carefully administer drugs and to gradually eliminate the treatment by replacing it with non-pharmaceutical therapies. However, the pharmaceutical companies do not operate under a Christian ethic, and their main interest is to sell; with big pharma it is all about profit and not mental health and curing sickness. As a result, the drugs prescribed for mental disorders prove to be an important risk factor for the general population. It seems that physical exercise is in fact very beneficial to mental health, as evidenced by several studies on the matter. Mental diseases could be healed much faster if this domain would not be moved by money, if research institutions, politicians and psychiatrists could not be bought. Unfortunately these therapies are either kept secret or simply avoided through medical protocols learned in medical school [14, p.66].

Consequently, in the 20th century we started witnessing the production of ethical-moral distortions which expanded in the 21st century with the technical-scientific progress impacting greatly on the medical field. The idea behind this ethical-moral disorder is the following: “Not everything that is technically possible is ethically or socially acceptable and legal – these are principles that act as a control mechanism against the increasingly technology driven medical acts. To know human beings as best as we can and still keep as close to what it means to be human as possible implies both technological and ethical interventions, in such a way as to maintain the integrity, individuality and intimacy of the human being [9, accessed: 29. 02. 2016]. As a result, in order to prevent a complete degradation of the medical act and the intervention on the human body, medicine and medical progress need to be looked at from an ethical point of view. In this situation ethics is like a savior of morality when: “The informed, scientific and technical men, overwhelmed by utilitarianism and material prosperity, give less and less importance to the spiritual universe, morality, religious beliefs, sacred feelings, even love. They pay an enormous tribute to scientific and technical performances, medicine – one of the oldest and always current part of culture and science that was always characterized by a harmonious “dualism”, seeking to combine knowledge and actions with psychological and spiritual levers. Namely, the latter are experiencing an increasingly pressing crisis” [10, p.329-334].

Medicalization changed the manner in which the individual perceives himself: “Man is slowly learning what a living species is in a living world, what is a body, what are the conditions of existence, life expectancy, individual and collective

health, what are the forces that can be changed and where can they be best distributed" [7, p.106]. Ethical issues cannot be eliminated from the medicalization process as behavior needs to be governed by ethics in order to distinguish what is legitimate and fair in the medical act. In this case both the doctor and the patient are responsible. Of course, we humans wish for a long and good life. That is why it is important to take all the necessary measures to ensure the psychological, spiritual and physical comfort of patients when treating them.

In the modern society we are now experiencing a strictly medicalized lifestyle, which paved the way for labeling, which symbolizes a psychological process and not a pathological one. As a result, if one wishes to maintain a healthy life it is inevitable to comply with the directives of modern medicine that correlate each stage of human life. On the other hand, this lifestyle has labeled a series of natural human physiological processes, therefore, through medicalization, an intervention to inhibit physiological processes can be considered "treatment" [1, p.36]. Medicalization is frequently mentioned in risk situations, in connection with the polymerization of uncontrolled drug consumption, without medical prescription, as well as in issues related to biomedical ethics (transplantology, cosmetic surgery, euthanasia etc.). Here we can notice how versatile the medicalization phenomenon is, and thus the urgent need for research to understand its characteristics, its place in the socio-cultural space, the potential risks associated with it [6, accessed: 17.02.2016]. However, why is it that this phenomenon is increasingly striking in the contemporary society, and the natural physiological disorders that occur at a certain stage in life, especially in the case of seniors, are labelled as pathologies that require drug treatment, surgery etc.? One possible answer is the increasing life expectancy due to rising living standards and the progress of public health, the use of drugs in various situations where natural remedies are ineffective (for e.g. pneumonia, leprosy, plague, devastating diseases in the Middle Ages). Moreover, pregnancy/birth are being given special attention, as in the past, due to the lack of hygiene, they could expose the mother and child to infection and death.

Today, thanks to medicine people want a good life, social fulfilment and dignity. The modern man successfully tries to overcome his limits starting with his attitude towards life and health. Fear of illness, aging, death etc. has sensitized man making him more receptive to changes in his body. Medicalization is defined by this state of fear. Despite the fact that ethics imposes certain limits, people seem to impose their personal priorities when faced with a critical situation. So, in this scenario, is medicalization beneficial or not for modern society? If certain ethical requirements are complied with, the impact of medicalization is positive.

In the 19th century society assumed responsibility for a "normal prolongation" of the human life, so that each individual can „have the possibility

to exhaust his or hers biologic capital" [3, p.289]. The newly developed disorders are relevant in this aspect: depression, menopause, sexual dysfunctions, anorexia, apnoea, hyperactivity in children (lack of concentration, impulsivity etc.), hypersomnia (excessive daytime sleepiness) [4, p.101]. On the other hand, many ethical problems today did not cause any concern 200 years ago, for example the informed consent for the medical act. The fact that certain issues are considered moral proves that fundamental changes occurred, and here we can also differentiate between cultures and how they interpret moral issues and find proper solutions to overcome them. All this is due to history, tradition, existing prejudices, experiences etc. [13, p.].

Medicalization is a modern phenomenon that revolutionized medicine by imposing new ethical-moral perceptions. Thus, whether we refer to natural physiological processes such as birth, death, hyperactivism, menopause etc., or to other states influenced by other factors such as heart disease, high blood pressure, diabetes etc., when we use medicalization to improve illness it is crucial to consider ethical aspects that can lead to overcoming certain limits that can have devastating effects on the individual.

Therefore, considering all the medical possibilities we have today to treat, stop, cure various diseases, I believe it is ethical to weigh if it is really necessary to use any means to improve these conditions, or if medicalization has gone too far by overcoming certain limits and has infiltrated so deep into the consciousness of society that we can no longer ignore this phenomenon. Medicalization is trying to eliminate certain human states such as: pain, suffering etc. by setting up a state of pleasure, of supreme good. Generally, medicalization seeks to set up a state of happiness, even if under certain circumstances the moral validity is surpassed by certain purposes. Therefore, medicalization is a rigid phenomenon implemented in the contemporary civilization that needs to be studied in perspective, as a much more complex aspect.

Bibliography:

Arda Berna. *Trebuie sau nu trebuie să oprim procesul de creștere? Problematika la copiii fără șansă de recuperare*. În: Revista Română de Bioetică, 2010, Vol. 8, No.1, Ianuarie-Martie, p.136.

Agamben Giorgio. *Ce rămâne din Auschwitz. Arhiva și martorul*. Traducere de Alexandru Cistelean. Cluj: Editura Idea Design & Print, 2006, p.119.

Бодрийяр Ж. *Символический обмен и смерть*. Москва: Добросовет, 2000, p.387.

Бурганова Л.А., Савельева Ж.В. *Медикализация и эстетизация здоровья в рекламной коммуникации*. Социологические исследования, 2009, №8, Август, In: <http://ecsocman.hse.ru/data/814/429/1224/Burganova.pdf> (accesat: 17.02.2016).

- Criveanu Silvia. *Exercițiile fizice ne pot salva sănătatea mentală*. În: <http://www.familiaortodoxa.ro/2013/02/02/exercitiile-fizice-ne-pot-salva-sanatatea-mentala/> (vizitat: 17.01.2016).
- Добродородный Д.Г., Черняк Ю. Медикализация как социокультурный феномен и предмет междисциплинарного исследования. In: <http://elib.bsu.by/bitstream/123456789/35142/1/82-88.pdf> (accesat: 17.02.2016).
- Foucault Michel. *Istoria sexualității*. Timișoara: Editura de Vest, 1995, p.480.
- Foucault Michel. *Biopolitică și medicină socială*. Cluj-Napoca: Editura Idea Design & Print, 2003, p.148.
- Manea Teodor. Filosofia contemporană și bioetica. În: *Revista Română de Bioetică*, 2003, vol.1, Nr. 2, p.134
- Мещерякова Т.В. *Причины появления биоэтики*. Философия. Социология. Политология. Вестник томского государственного университета, 2010, №4(12), с.94-95. In: <file:///c:/users/admin/downloads/prichiny-poyavleniya-bioetiki.pdf> (accesat: 29. 02.2016).
- Ojovanu Vitalie. *Context și premise ale axiologiei medicale*. În: *Analele Științifice ale USMF „Nicolae Testemițanu”*, Chișinău, 2007, Vol.1, p.393.
- Peter Conrad. *Medicalization and social control*. In: *Annual Review of sociology*, 1992, vol. 18, p. 540.
- Pop Cosmina-Elena. *Starea de sănătate a populației din România în context european. O abordare din perspectiva calității vieții*. În: *Revista Calitatea Vieții*, 2010, xxi, nr. 3-4, p.414.
- Satava R.M. *Biomedical, Ethical, and Moral Issues Being Forced by Advanced Medical Technologies*. In: *Proceedings of the American philosophical society*, 2003, vol.147, no.3, September, p. 246
- Sirbu Tanase. *Etică: Valori și virtuți morale*. Iași: Editura societății academice "Matei-Teiu botez", 2005, p.262.
- Teodorescu Adrian. *Alcohol without "ism" or for the necessity of a literary cultural perspective on alcohol*. Alba-Iulia: Editura Universitară, 2001. În: <http://www.upm.ro/gidni/GIDNI-01/Lit/Lit%2001%2048.pdf> (accesat: 20.01.2016).