

The Medicalisation of Life

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Curriculum Vitae

Prof Richard Sosnowski gave this lecture at an international congress, "Medicine de la Personne" in France, August 1994. Richard has been in private practice in the USA with a part time university appointment for 21 years, thereafter he became a full time faculty member and practised privately part time for a further 21 years.

He is now Professor Emeritus (Obstetrics and Gynecology) and Vice Dean Emeritus (College of Medicine, Medical University of South Carolina). His is a diplomate of the American Board of Obstetrics and Gynecology and "Chevalier", Order of St Stanislas. Richard is married to Elizabeth and they treasure their group of children and grandchildren.

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Summary

We live in a time where our lives are more and more taken over by powerful medicine: the medicalisation of our lives. The implication of this, for the development of an individual, for character building, for development of courage and creativity is highlighted. The author concentrates on the way medicalisation influences birth, the understanding of pain and suffering, and lastly the experiences around death. He concludes that if we allow uncontrolled medicalisation of life, we will lose the dignity, the nobility and the sanctity of the human person.

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Introduction

In at least one of his books, Dr Tournier quoted Dr Edward Livingston Trudeau who said: "The duty of medicine is to cure sometimes, to help often, to console always." Over the years it seems that there has been an insidious transformation to something like this: "The duty of medicine is to make everything perfect most of the time, to improve the situation every time, to always assure informed patient consent." Thus it is that the heightened demand for patient autonomy, the increased influence of insurance companies, and the pervasive intervention of government have modified the physician-patient relationship in particular and the practice of medicine in general. As a result, our traditional Judeo-Christian philosophy of life may be changing, leaving little or no place for inconvenience, for personal risks, for confronting danger, for accepting failure, for enduring suffering, for facing death.

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What does this do to one's identity, indeed to one's personhood? To what extent does it limit character building? How severely does it endanger the development of courage? How does it shape one's philosophy of life?

Another question: how does health care have the power to have so great an impact on our lives? I believe that our state of health profoundly molds our perception of life. After all, our state of health is the environment in which our egos reside. Thus, if our health care is portrayed as a constant guarantee for good results and as an invincible shield against all evil, then, we begin to think about life from those perspectives.

I should like to address the remainder of my remarks to three periods of time, namely: the beginning of life, the interval of life, and the end of life.

The Beginning of Life

Human beings always have hoped that they would give birth to "perfect babies". With the medicalisation of life, however, this hope has become a demand. As a result various highly sophisticated techniques have been developed to evaluate the infant before birth. Some of them are invasive, for example, amniocentesis and chorionic villous sampling, with inherent, albeit low, risks of unintentional abortion. Some are minimally invasive, involving no more than a venipuncture to obtain blood from the pregnant woman for various chemical analyses, for example, maternal serum alpha-fetoprotein. Some are non-invasive, for example, ultrasound, with no known risks.

Implicit in all of this testing is the prerogative to terminate the pregnancy if the embryo or fetus appears abnormal chromosomally,

structurally or metabolically. Thus, we see a manifestation of the potential demand for a perfect product, and it is very understandable.

Going a little further brings us to genetic manipulation. The Recombinant DNA Research Committee of the National Institutes of Health in the USA declared a ban against the manipulation of germ cells, that is, ova and sperm. However, the Committee does allow selection of sex by separating X-bearing sperm from Y-bearing sperm and inseminating only with X-bearing sperm in order to produce a daughter who might be a carrier of a serious disease but who would not have the disease herself. The success rate is 70-90%. Many people accept this as good preventive medicine.

Another acceptable use of genetic information is as a basis for counselling persons as to whether they should reproduce at all or simply not with certain specific other persons. While this may have virtue, it also comes very close to the invasion of individual autonomy and privacy. It is especially difficult for those who believe in the divine overall plan of creation with which we should not interfere.

We embark on the truly "slippery slope" when we begin to utilise genetic technology to select sex of offspring for social reasons. Warnock in the Green College Lecture, questions whether there is any harm in parents with three girls selecting for a boy, or vice versa.¹ But remember India where until recently genetic technology was used to predict sex for the purpose of aborting female embryos.

Another horror feared by some is that through genetic manipulation or engineering – frightening words in

Our philosophy of life is leaving little place for inconvenience, for personal risk, for accepting danger or for facing death

Our health care is portrayed as a constant guarantee for good results

Facing no danger, enduring no suffering, accepting no failure: what does this do to character building?

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themselves – humans will be produced to the design of some dictator or political tyrant.

Warnock suggests that to block the “slippery slope”, a list of diseases for which embryo manipulation may be employed should be compiled, not by individuals but by committees. “Genetic diagnosis and genetic treatment,” he says, “give rise to moral questions which are fundamentally questions of power: who should exercise it over whom?”

Part of the moral issue,” he continues, “is not what is right and what is wrong, but how can agreement be reached on what is right and what is wrong. Morality rests not just on calculating and reasoning but as much on tradition or feelings, scruples, and reluctance.”

Martin Briggs (himself a physician and a patient suffering from a disastrous disease) points out that even patients suffering with what may, to some, seem intolerable, may contrive to enjoy the experience of life. “The aim of preventing an intolerable disease is a noble one,” he says, “but unless it is possible to prevent the disease without also preventing the patient who might, in reality, find life a great deal more than tolerable, such screening is not something that some sufferers, myself included, wish for.”²

Recently Eric Hoffman predicted that the day of the personal DNA profile provided at birth, complete with calculated risks of various cancers, heart disease, alcoholism, and many other conditions, could be an actuality by the time current first year medical students begin to practice medicine.³ In response I say that this is phenomenal in terms of scientific achievement; but threatening, perhaps even obstructing personal individuation.

The Interval of Life

Let us now consider that interval of life between the beginning and the end. Time does not permit a consideration of all the various manifestations of medicalisation. Therefore, I have chosen an experience which most of us want to abolish, or to avoid, or to control: that is, the experience of pain. Our desires are both an expression of our human nature and also an extension of one of the primary goals of medicine. Pharmaceutical companies know this and profit by it. The shelves of pharmacies are filled with scores of medications to relieve pain, many of them not even requiring a physician’s prescription. Industry understands and exploits our vulnerability to pain. Through seductive advertising, we are persuaded to buy certain kinds of shoes so that our feet will not hurt, or to sleep on specially constructed mattresses so that our backs will not hurt, or to add jet stream hot baths to our homes so that no part of our anatomy will hurt. This is not intended as criticism but simply my observations. My saddest observation is that our terrible drug culture with its devastating addictions to marijuana, cocaine, LSD, etc, is based primarily on the desperate desire to be free from any of life’s pains. But suppose that in our medicalisation of life we were able to remove all pain. What would happen to us?

Dr Paul Brand is a world renowned orthopedic surgeon who was knighted by Queen Elizabeth II for his work restoring function to the hands and feet of lepers in India. He speaks of the protective value of pain. Our bodies and our extremities would be burned, frozen, broken, were it not for the sensation of pain warning us to remove ourselves from contact with dangerous degrees of heat or cold or

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with continuous trauma. One of Dr Brand's most vividly horrifying memories is of a leprosy patient who appeared in the clinic in great distress one morning. During the night a rat had gnawed away large portions of his fingers because there had been no pain to awaken him. You see, leprosy destroys the neurological pain transmitting system early in the disease. Thus, lepers suffer much more loss from unperceived injury than from the pathological lesions of the disease itself.

All of us can remember instances when we or someone we know were spared a ruptured appendix, or a gangrenous gall bladder, or a severe coronary occlusion, or a crippling back strain, having been warned by physical pain. For my early diagnosis of cancer 13 years ago resulting in my complete cure, I am thankful for the intense pain which compelled me to seek medical consultation. In fact, I have come to consider pain – physical, emotional, or spiritual – to be a friendly voice to which I should listen and try to understand. If we allow medicalisation to control our lives excessively, we will swallow a pill, or demand an injection before we have had a chance to benefit from our bodies' important messages to us through pain.

CS Lewis asks the question: "If suffering is good, ought it not to be pursued rather than avoided?" And he answers: "Suffering is not good in itself. What is good in any painful experience is, for the sufferer, his submission to the will of God, and for the spectators, the compassion aroused and the acts of mercy to which it leads."⁴

Speaking of physical pain, he observed some victims of chronic pain deteriorate, "but the wonder is that the failures are so few and the

heroes so many; there is a challenge in physical pain which most can recognise and answer."⁴

Lewis speaks of the heroism exhibited by some in overcoming chronic mental pain: "They often produce brilliant work and strengthen, harden, and sharpen their characters till they become like tempered steel."⁴

In the preface to his book, *The Problem of Pain*, Lewis wrote, "Nor have I anything to offer readers except my conviction that when pain is to be borne, a little courage helps more than much knowledge, a little human sympathy more than much courage, and the least tincture of the love of God more than all."⁴

Dr Paul Tournier experienced and understood the pain of being an orphan. Out of his pain came his meaningful books, *Escape from Loneliness* and *A Place for You*. From his suffering following Nellie's death, came his inspiration to write the book, *Creative Suffering*. In this book he speaks of many artists such as Goethe who brought artistic creativity out of their pain suffering. He makes the remarkable observation that suffering is necessary in order to become really human. But he makes it clear that "suffering is never beneficial in itself... What counts is the way a person reacts in the face of suffering."⁶ One of the tasks of medicine, therefore, is to help the patient to an understanding of the redemptive element of the creativity of suffering.

The End of Life

At the end of life, medicalisation manifests itself in ways as far apart as the North and the South poles figuratively speaking. On the one hand some are powerfully motivated to sustain the life of a loved one by every known means as long as

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possible, even when it is clear that treatment is futile and life is without quality or meaning to the patient. On the other hand, some patients in a medicalisation mode of thinking, demand to control the time and the manner of their own dying, even contracting with another person to assist them in terminating their lives. In the United States, we describe the process as assisted suicide; some call it euthanasia.

I do not subscribe to either of these extremes of medicalisation. When my grandfather was in coma from irreversible heart failure, I gave permission to his physician to discontinue the injections of digitalis; they were the only cause of discomfort for him. Several years later, when his sister, my great aunt, was in irreversible coma from an inoperable brain tumour, I gave her physician permission to remove her feeding tube, the only cause of her discomfort. Many years later, my mother, after multiple small cerebrovascular haemorrhages, suffered a devastating hemorrhage resulting in deep and profound coma. My father and brother and I requested that no heroic resuscitative measures be instituted, knowing that she could experience no better than vegetative existence. I loved all of these people dearly, and I have never regretted my decisions.

I cannot speak about euthanasia or assisted suicide with nearly as much authenticity as some of you who live in countries where it is legally practiced. Whereas I can, in good conscience, discontinue artificial life support when all hope is gone, I cannot bring myself to actively kill a patient. I am not insensitive to terminal pain; I abhor it. But I believe that the deceased has no memory of pain, whereas, he or she may have bequeathed to the survivors a

monumental memory of courage, faith, acceptance, and serenity.

Throughout life, medicalisation can lead us as physicians to enshroud our patients in plastic tubes and metal wires attached to gadgets. Thus, it can happen that our patients with healthy babies delivered, or diseases cured, or disorders corrected, or injuries repaired, may nevertheless go home diminished as persons. The invasion of their privacy, the impersonal machinations of our electronic systems, the loss of their identity as individuals may represent high technology health care, but it is not medicine *de la personne*.

To summarise: if the medicalisation of life changes the sublime phenomenon of human reproduction to the manufacture of a satisfactory product, if it excludes pain and suffering from the human experience, if it allows us to select the time and the manner of our dying, if it results in the depersonalisation of our patients, what happens to the dignity, the nobility, and the sanctity of the person?

I know that I have asked more questions that I have answered. They are the kinds of questions which cause grave moral concern among theologians; which challenge the intellects of ethicists and philosophers; which titillate the legally oriented antennae of avaricious attorneys; which confuse the minds of conscientious physicians practicing a profession in which sophisticated technology may have outdistanced common sense and common decency. Hopefully, I have provided a foundation upon which the discussion groups can build answers.

One of the tasks of medicine is to help the patient to understand there is an element of creativity in suffering

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References

1. Warnock M. Comment. *Br Med J* 1992;304(6839):1446.
2. Briggs M. Comment. *Br Med J* 1992; 304(6839): 1446.
3. Hoffman EP. The Evolving Genome Project: Current and Future Impact. *Am J Hum Genet* 1984;54: 129.
4. Lewis CS. *The Problem of Pain*. New York: MacMillan Publishing Co. Inc. 1962.
5. Tournier P. *Creative Suffering*. San Francisco: Harper and Row Publishers, 1983.