

How to keep a healthy state of mind

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By: Dr. Gordon Guyatt

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(Spectator headline: Have we gone too far in medicalizing our lives?)

People living in countries with the longest life span, and the best medical systems, report that they are substantially sicker than those in countries with shorter life spans, and poorer medical care.

For instance, people in the United States, where average life expectancy is about 75, report more than three times the illness frequency of those in India, with an average life expectancy of just over 60 years. Are Americans sicker than Indians? Almost certainly not.

Part of the reason for the difference is American's better education, and disease detection.

Some reasons for increased perceptions of illness may not be so positive. As this column has described in the last month, Canadians are increasingly seeing themselves as being sick with conditions such as irritable bowel syndrome, baldness, social phobia or generalized anxiety disorder. Some have serious problems that merit the label of disease. Many, however, suffer minor complaints that people in other cultures would simply consider part of life.

For instance, while an Indian responding to a survey wouldn't think of mentioning intermittent diarrhea, Americans with the same symptoms might report that they have irritable bowel syndrome.

In Canada, virtually the entire adult population can see themselves as being ill with one disease or another. Is this a desirable situation? Because of risks and costs of drug treatment, problems with disease labeling, and destructive impact on how we see ourselves, we may be going too far with medicalizing our lives.

Who is responsible for the epidemic in disease-labelling, and what can we do about it?

In Canada, over 9% of our economy is devoted to delivering health care. In the US, the figure is 14%. Drugs account for about 16% of those expenditures. So, in Canada we spend over 1% of our gross domestic product on pharmaceuticals, while the US spends over 2%.

That is why, worldwide, the international pharmaceutical industry revenue is greater than Spain's GDP.

From an industry-eye-view, the ideal drug is one that we must take all our lives. The more chronic illness we think we have, the better, from the drug company profit point of view.

No wonder, then, that the industry has played a major role in the creation of new diseases, and in persuading as many people as possible that they suffer from "diseases" such as female sexual dysfunction and osteoporosis.

Since 1997, the American drug industry has had a powerful new weapon for disease-creation. That's the year the Food and Drug Administration (FDA) eased restrictions on direct-to-consumer advertising (DTCA). Anyone watching ads on American television won't be surprised that the industry spends about \$2.5 billion yearly on DTCA.

While DTCA is illegal in Canada, the Therapeutic Products Directorate, Canada's FDA equivalent, is thinking of changing laws to allow DTCA. One strategy for fighting medicalization is to keep DTCA out of Canada.

Kathleen O'Grady is the Director of Communications for a non-profit public education group, the Canadian Women's Health Network. Ms. O'Grady reports regular offers of sponsorship for the group's consumer health education efforts from public relations firms representing the pharmaceutical industry.

The industry hopes, through its generosity, to influence the organization's message. Ms. O'Grady, knowing that accepting the money would indeed affect their message, always refuses.

Many other community organizations are not so scrupulous. A second way to fight medicalization is to be skeptical when you hear of

community groups fighting for recognition of new illnesses, and greater access to drugs.

Look for acknowledgement of industry funding. If you find a statement that the group is not supported by industry, it's good news. If you find no such statement, it is likely that industry financial support has influenced the organization's message.

You should look with the same skeptical eye when prominent physicians present worrisome information about a new medical condition. "Is this doctor a paid consultant to a pharmaceutical firm?" is a question that should enter your mind.

Drug companies aren't the only ones to benefit from health care expenditures. The US recently reversed an expert panel's recommendation against screening women under 50 for breast cancer.

The evidence for the effectiveness of screening in women under 50 is weak. Furthermore, even if screening does work, delaying one breast cancer death would require screening well over 300 women for 10 years.

Of 1,000 women screened, about 400 will have a false positive result requiring a breast biopsy. A small proportion of these women will have complications of the biopsy.

The fear, worry, complications and expense are almost certainly not worth the uncertain benefit.

Women's groups and radiologists doing mammographic breast cancer screening were among the groups behind the public outcry against the expert recommendations suggesting no screening for women under 50.

Here, the motivation is more complex than the pharmaceutical industry. But the bottom line is once again an unhealthy decision that focuses women on their medical risk.

So, a final weapon against medicalization is skepticism about screening or treatment programs to prevent distant events in people at very low risk.

Canadians living in 2003 are among the healthiest group of people to ever walk on earth. We will be healthier still if we can see ourselves that way.