

## **Is medicalization a threat to health?**

Hamilton Spectator and Straight Goods, May 2, 2003

**By Dr. Gordon Guyatt**

**(Spectator headline: Aging and pain are part of being human)**

In an increasingly common way of looking at the world, every one of us is ill.

At any given time, a small minority of Canadians are experiencing an acute illness, from a mild cold to severe pneumonia. A much larger proportion suffers from a chronic illness such as diabetes or emphysema. Typically, such chronic conditions require careful monitoring and care.

Many others feel well, but have learned from their doctors that they have a medical condition requiring treatment. For instance, many Canadians have received a diagnosis of high blood pressure, otherwise known as hypertension. Hypertension increases your risk of stroke and heart attack, and treatment lowers that risk.

Another common condition is abnormal composition of fats in the blood, known as high cholesterol. High cholesterol also increases the probability of heart attacks, and treatments that lower cholesterol decrease that probability.

The common denominator in these conditions is increased risk. We find a marker of increased risk, such as blood pressure or cholesterol, and if we treat the marker, risk of bad outcomes such as stroke or heart attack decreases.

We are finding more and more such markers, and more treatments to decrease risk. For instance, many older people suffer fractures of their bones. The most serious is a hip fracture. Researchers have found that thinning of the bones increases the probability of fracture, and treatments that strengthen bones decrease the probability.

For some conditions we consider everyone at risk. Most industrialized countries have accepted that women over age 50 should have regular mammographic screening for breast cancer. Evidence suggests that

regular screening from colon cancer can decrease colon cancer death rates, and advocates suggest screening for the entire population over age 50.

Even if we aren't sick because we have a "disease" like hypertension, or osteoporosis, we may have one of a number of conditions that are increasingly being characterized as illnesses.

We all get episodes of diarrhoea, constipation or abdominal pain, some of us more often than others. When these symptoms are severe and occur most of the time, doctors use a label of "irritable bowel syndrome". But, since everyone has the symptoms on occasion, where is the dividing line between who is normal, and who is "diseased"?

Emotional problems are subject to this same medicalization. Serious depression is a personal disaster and drugs can have crucial benefits. But when does unhappiness become depression that warrants treatment? Recent drug company campaigns label excessive shyness as "social phobia", a disease that may warrant drug treatment.

Aging is inevitably associated with loss of youthful appearance, and declining function. When we start to treat what used to be considered as the normal consequences of aging, we treat getting older as a medical condition. Hair loss, or declining sexual function, are good examples. Sildenafil citrate, commonly known as Viagra, an impotence treatment, has become the pharmaceutical industry's biggest success story ever.

There are clear benefits to these trends. The drugs we give for high blood pressure and cholesterol have prolonged productive lives, and screening has prevented premature deaths from breast and colon cancer. Viagra has increased sexual satisfaction and improved well-being.

Still, there are down sides to medicalization. All treatments, and many tests, have common mild side effects, like headaches or fatigue.

In addition they may have other side effect that are rare but very serious. A small number of patients treated with cholesterol-lowering drugs have, for instance, died from severe muscle damage. Rarely, patients taking a drug for irritable bowel syndrome have died from bowel inflammation. Women with suspected breast cancer have had biopsies that showed no

cancer, but have caused serious breast infections.

We must also consider monetary costs. Drug treatments and screening are expensive. The costs and side effects become increasingly questionable when applied to patients at low risk.

There are other less obvious downsides to medicalization. Focusing on lowering our risk of heart disease, stroke, or colon cancer, we may come to see ourselves as walking time bombs. What does that do to our sense of well-being?

Minor and sometimes major pain and discomfort, aging, decline and death are all part of life. We may try to escape pain and discomfort, ward off serious illness, and delay our death. But our efforts are ultimately doomed, and our successes temporary.

Medical therapies have contributed enormous improvement in quality of life. Preventing serious illness and death is often worth cost, minor side effects, and small risks of serious complications.

But have we gone too far? Is our medicalized culture, focused on avoiding aging and unpleasantness, alienating us from a basic part of what it means to be human? Could it be that we end up suffering more in our attempts to escape illness and decline? Would we suffer less anguish if we accepted the inevitable, and learned to live comfortably with our vulnerability, and with the normal aging process?

If the answer is yes, that in striving to retain health at all costs, we become more and more sick, we must ask what are the forces that are driving medicalization. And what, if anything, can we do about it? I'll address this issue in my column two weeks from now.