

Contemporary health issues essay sample



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How people think of medicine has changed very much over the years.

Medicine in the early modern period used to be text based and doctors from within this period drew their wisdom from the ancient. However by the nineteenth century doctors started to realise that there was a lot more money involved in the profession and along with this the status of doctors began to rise. Then by the 1950's, doctors saw medicine as a curative factor.

A very common definition of health that is given by the World Health Organisation (WHO) is ' A complete state of physical, mental and social well being and not merely the absence of disease or infirmity'. This definition was given over half a century ago and it seems that medicine, now, has a negative approach to health and sees it as ' the absence of disease or illness'. (Blaxter, 2004: 6) With this in mind modern medicine can be seen as a threat to the wellbeing of the individual as it focuses on cure rather than prevention.

However modern medicine has led to some benefits within society as it has helped to increase life expectancy over the years. On the other hand modern medicine has created a number of critiques such as; Illich who argued that modern medicine actually causes more risks than curing the individual, Parsons who believed that modern medicine is a threat to social order, Foucault who states that modern medicine is just an excuse for medical surveillance. There is also McKeown who argues that the only reason there was an increase in growth population was due to capitalism and not modern medicine.

So within this essay I will be discussing and assessing all of these critiques and coming to a conclusion as to whether modern medicine is a threat to personal autonomy and well being. Along with this I will also be discussing if efforts are being made to solve these problems and if the solutions are adequate. Illich and Iatrogenesis The core idea of personal autonomy is to have personal rule over one owns self whilst you are free from the interference of others and to act in a freely self chosen way. With this definition in mind, we could argue that modern medicine does challenge the concept of personal autonomy.

We can take a look at Illich's work to support this. Illich (1976) used the term Iatrogenesis to describe doctor-caused ill health. 1 There were three levels of Iatrogenesis that Illich proposed and one of these he termed cultural Iatrogenesis. This was where the medical profession ' undermines the ability of individuals to face reality, to express their own values, and to accept inevitable and often irremediable pain, impairment, decline and death'. (Illich, 1976: 133) Illich's argument is that all humans are subject to pain, sickness and death.

All cultures have developed means to help people cope with each of these three elements. Unfortunately modern medicine has destroyed these cultural and individual capacities; instead it gives an inhuman attempt to defeat pain, sickness and death. Now, due to modern medicine, individuals want to be ' spoon fed' or taught instead of leaning for themselves and trying to find their own way. An example of how modern medicine has undermined the individual's capability to tolerate pain is that we has human beings need to take a pill for every ache or every stomach upset.

Another level of iatrogenesis that Illich (1976) argued is called clinical iatrogenesis. This is where illnesses are caused due to harmful medical interventions, whether it is unnecessary surgery or an over prescribed drug prescription. (Illich, 1976) Since the coming of the Institute of Medicine Report in the US, it has been reported that an estimation of 44 000 to 98 000 Americans die due to medical errors. (Starfield, 2000) From this, an estimation of 12, 000 deaths occurs from unnecessary surgery a year and roughly about 7000 deaths a year happen from medication errors in hospitals.

Professor Starfield² (2000) points out these estimates and states that this happens because of iatrogenic damage. These figures show the death of those patients that were hospitalised or those that got medication over the counter from pharmacies. Looking at these figures, it makes iatrogenesis the third biggest killer in the US. (Starfield, 2000) One specific example where medication which has been authorised by the doctor stating that it would be beneficial to the patient but has in fact caused severe damage is the drug Thalidomide.

This drug is a sedative and an anti-inflammatory medication. It was sold between the years of 1957 and 1961 and was mostly sold to pregnant women during the late 1950's and 1960's. The use of the particular drug was for pregnant women to help battle against morning sickness and help them sleep better. Due to the improper assessment of the drugs quality and safety, it resulted in disastrous effects for the children of the pregnant women. (Medic8, n. d) During 1956 to 1962, an estimation of 10, 000 children

that were born from the women that had taken the drug, were born with malformities which included phocomelia.

This therefore shows that even though medication is seen as something that can be beneficial for the wellbeing of the individual, some do quite the opposite which can result of further illnesses. The third level of iatrogenesis that Illich (1976) termed was social iatrogenesis. This is where society's capacity to deal with health and illness is diminished through industrialised medicine. (Illich, 1976) Illich's argument was that suffering was a part of our life and medicine dictates on how we should live our lives. Illich called this a technology nightmare.

We lose our human elements and we, as individuals, become subordinated by medical professionals hence we start to lose control over our lives. In spite of this we can argue that Illich's view is far too radical and that modern medicine does not challenge individual's autonomy but it simply guides them, with their medical knowledge and expertise, in the right direction so they can lead healthy lives without illnesses or diseases. Modern medicine has had some benefits such as it has helped to increase life expectancy over the years, people are living a lot longer in the UK.

For both men and women, life expectancy continues to increase in the UK. From the Office of National Statistics Online, in 1992 the life expectancy at birth was 81 years for females and 76 years for men. Compared to, in the century of 1901 when the life expectancy was 49 for females and 45 years for males at birth. But changes have not just occurred at birth but life expectancy has also increased for adults. Between the years of 1981 and

2001, at the age of 50, life expectancy increased by four and a half years for men and for women it had increased three times.

So in 2002, men who were aged 65 were expected to live to the age of 81 and women at the age of 84. (Office for National Statistics, 2004) Not only has modern medicine helped increase life expectancy but also helped towards symptom control and disease management, for example insulin for diabetes and medicine for pain relief. These types of medication help the individual whether it is a pain or a disease, if it is a simple headache or gout that they have. Some types of medicine are also sold over the counter, such as cough mixtures, which allows individuals to take matters into their own hands rather than going to see a doctor.

However Wilkes (1976) disagrees with the fact that they are good for the individual as all it does is reassure them. He argues that cough mixtures resembles homemade traditional remedies of warm water and honey. This just shows that even when it comes to minor illnesses such as coughs, individuals need the advice of a doctor as Wilkes (1976) suggested that an estimate of six million cough mixtures are prescribed in Britain by the NHS every year and this excludes those sold over the counter.

In this case modern medicine has come about so it undermines individuals personal autonomy as people have transferred from using simple homemade remedies to consulting the doctor as their initial step. (Helman, 1978) On the other hand advice and consultation from the doctors is necessary when it comes to life threatening illnesses such as cancer. ' During 2003-2007, survival from prostate cancer five years after diagnosis was 79.7 per cent, 2.

7 per cent higher than survival for men diagnosed in 2001 – 2006. ' (Office for National Statistics, 2009) This shows that modern medicine is helping towards diseases such as cancer.

Also treatments for some cancers and heart diseases have extended life expectancy. In a recent study it has been shown that there are certain treatments that can extend life expectancy for those who have prostate cancer. One of these treatments is with a drug called Taxotere. Life expectancy, for those men that took the drug, had increased by twenty per cent. Those that were given Taxotera lived an additional eighteen months but those that did not, lived only fifteen months. However there were side effects from taking Taxotera and these were nausea and hair loss.

It could be argued that the difference with taking the drug is only three months and with the side effects it may not be worth it to take Taxotera. Nevertheless it shows that progress has been made towards the treatment for prostate cancer and that modern medicine is proving beneficial for the well being of the individual. (BBC, 2004) However, Mckeown who is an influential figure in the development of the social history of medicine during the twentieth century, disputes the fact that medicine plays a positive role for the wellbeing of individuals. (Harris, 2004) Mckeown believes that people's health started to increase due to capitalism.

With capitalism, people's wages rose therefore individuals had more money to have a better diet for themselves. Hence health increased due to having a better lifestyle and not due to modern medicine. (Colgrove, 2002) However evidence is rather hard to find to show that it is actually lifestyle that

increases life expectancy. Modern medicine can challenge personal autonomy in the sense of medical surveillance. Foucault (1973) in particular has focused on surveillance and medical domination. Medical surveillance is where particular behaviours or conditions become observed through a ‘medical gaze’.

An example of this could be childbirth, in which the mother is under constant medical surveillance. Due to medicalisation, The perception and management of birth was transformed by medical men, from a natural lay model of a normal female life event which took place under women’s control, to a pathologically and surgically oriented emergency, characterized by technological intervention and medical management in hospital. (Wertz, R & Wertz, D: 1989) The image of childbirth under modern medicine is in a hospital room full of people in the medical profession and monitors to keep control.

However, this was not the case up until the twentieth century as women were able to give birth at home, possibly with a midwife and the family members. Therefore we could argue that due to medical surveillance with childbirth, modern medicine has come to challenge personal autonomy of women who are pregnant. Alternatively, not only does modern medicine challenge the autonomy of women but of all individuals within contemporary society. Parsons (1951) stated that medicine is an institution of social control as it maintains the status quo that sickness is a threat to social order.

He developed the notion of the ‘sick role’. (Parsons, 1951: 296) Parsons described the sick role as the ‘sick person becomes helpless and therefore

in need of help'. (Parsons, 1951: 296) In this case it could be argued that the 'sick' individual has an obligation to seek medical advice, co operate with the doctor and then comply with the treatment. This can show that modern medicine has come to undermine individual autonomy due to the fact that as soon as an individual becomes sick their first act is to go and see the doctor.

However it could be argued that the role of the medical profession, in the broadest sense, is to take care of the sick and so the doctor is merely seen as doing their job. (McKeown, 1998) Efforts that are being made To solve problems that occur within the healthcare, we could argue that the medical profession should become more accountable for what they do. (Checkland, Marshall & Harrison, 2006) It had to come to these measures due to the high rates in scandals and disasters that took place in the UK, placing a great emphasis on the cardiac surgery in Bristol.

Also it had been exposed that various children's organs, including hearts and brains, had been removed and retained without the parent's permission during the post mortem examinations at Alder Hey Hospital in Liverpool. (Vinci, 2001) In response to this a new concept was brought about which was termed clinical governance which is 'the main vehicle for continuously improving the quality of patient care and developing the capacity of the NHS in England to maintain high standards (including dealing with poor professional performance'.

Clinical governance can be positive and developmental as it is seen as a way of addressing the concerns about the quality of the healthcare. The National Institute for Health and Clinical Excellence (NICE) is set up to encourage

doctors to start using newer treatments and to stop using the older ones.

(BBC, 2006) It was shown that pointless treatments such as tonsillectomies⁴ and hysterectomies⁵ are proven to cost the NHS £21 million a year.

Therefore NICE uses three specific techniques to encourage the NHS to stop using certain drugs and technologies.

One of which focuses on health technology, NICE provide guidance to the NHS on any new and effective treatments. Secondly, they focus on public health by issuing reminders about previous guidance so doctors are able to catch up. Finally, guides are produced for managers to help establish benchmarks for treatments in certain areas. (BBC, 2006) This can be shown to be beneficial as it tries to keep doctors up to date. Recently the NICE issued heart guidance which will help to reduce the amount of deaths from heart attacks.

Once an individual is diagnosed with Acute Coronary Syndrome (ACS), a set of heart conditions, including angina and heart attacks should be screened to identify their risk of any future heart attacks and then give specific treatment that suits the individual. (Nice, 2010) NICE stated that nearly fifty per cent fewer people are dying due to heart disease since this framework was put into place in March 2000. The safety of Medicines (Evaluation) Bill 2009 was launched in January. This was to solve the problem of adverse drug reactions.

Sarah Boseley (2008) reported, ' that millions of Britons are being hospitalised by prescription medicines every year, costing the NHS £2 billion'. (Boseley, 2008) Within this bill it is being argued against animal

testing and gives of evidence how animal tested medicine is actually harmful rather than curative for the individual. For example, thousands of people were killed after taking the Arthritis drug Vioxx when it had been proved safe in mice, rats, rabbits, dogs and monkeys.

It is arguable that these are sufficient efforts to tackle the issue of modern medicine being a threat to the well being of an individual. It may be better to compare drugs with human biology rather than with animals. As some animal testing has remained the same for over sixty years and science is constantly changing and moving ahead. Therefore a ban against animal testing may be the positive and beneficial move that is needed for modern medicine not to be harmful to individuals.

To conclude, we could argue that modern medicine is a threat to personal autonomy as it is just a way for medical practitioners to exert their power and authority upon individuals in society. As Foucault (1973) stated that modern medicine is just another term for medical surveillance, a way in which doctors can keep control over their patients. For example the way in which the medical profession keep a close watch on pregnant women and childbirth. On the other hand, even though it does undermine the autonomy of the woman, it is debatable that it is not a threat to health.

With childbirth taking place in a hospitalised room full of fully trained medical staff, it could be said that it is a lot safer and less harmful to the mother or the baby. Along with this we can also argue that modern medicine has helped towards increasing life expectancy and allowed for pain control and disease management to take place, for example insulin for diabetes and

allupurinol for gout. But there have been cases where unnecessary drugs and medical interventions have proved harmful to the individual. Therefore measures that been taken to ensure that deaths caused due to medical faults are reduced.

One measure that had been taken is to ban animal tests due to the fact that people have been killed from using drugs that have been proved by animal testing. Also a National Institute of Clinical and Excellence (1999) was set up to encourage doctors to start using newer treatments, mainly for clinical and cost effectiveness. Even with these efforts made there are still some cases where modern medicine is proving harmful to the individual. In this case it is arguable that there are always going to be positives and negatives within the medical industry and there will always be trial and error, just like everything else in society.