

## Commentary on 'The medicalization of life'<sup>1</sup> and 'Society's expectations of health'<sup>2</sup>

Gordon Horobin MRC Medical Sociology Unit, Aberdeen

*The main theses of the papers by Dr Illich and Dr Leach are compared. Both writers, says Mr Horobin, a sociologist by training and profession, discuss the uses and abuses of medical expertise in the modern world. In his view, the problems so created must be solved for the good of those they treat; doctors must rediscover the old skills of treating the whole patient.*

Both Illich and Leach raise important issues of the uses and abuses of medical manpower and knowledge. Predictably enough, Illich appears the more disturbing and radical, but Leach, in his more urbane manner, confronts us with problems no less fearsome. I am stimulated by their arguments, agree with a good deal of their different diagnoses, but am not totally persuaded.

Leach's argument suffers perhaps from the limitations of length imposed by its form as a conference paper. Statements which challenge the listener sometimes come out as unsubstantiated assertions in cold print. I am not, for example, entirely with him when he says that 'feelings and attitudes regarding sickness and health are everywhere closely related to feelings and attitudes regarding sex'. 'Everywhere'? How 'closely related'? 'Closely related' by members of society or by anthropologists?

### Degrees of efficacy attributed to medicine

The two critics of course, differ in the degree of efficacy they attribute to medicine. For Illich, improvements in health and longevity are due mainly to nutrition and have occurred almost *despite* medicine. Leach, however, credits medicine with a 'power to postpone death almost indefinitely'. The truth lies almost certainly between these extremes. Certainly death can be, and is, postponed and an enormously difficult ethical problem is presented to us as a result. How much of our medical resources should we allocate to such prolongation as against, for example, research on the unglamorous diseases which make life even in middle age painful and miserable? More importantly still, perhaps, should every individual have the choice of where, how and when he can die? Illich

would not perhaps want to go quite so far even though he wants 'man' to be given back 'the desire and the right to cope autonomously with pain, sickness and death'. For Illich the evil of modern medicine lies in its denial of this autonomy, its successful campaign to persuade modern man that medicine *can*, given sufficient support and licence, abolish illness and hold death at bay. This is perhaps, the biggest single issue in the field of health facing society and it surely lurks behind all those practical problems of doctors' pay, nurses' pay and recruitment, hospital planning, the organization of primary and community medicine, etc, which concern us today. These are problems not only of how much money we allocate to this or that sector of our services, but who should decide and how the decisions can be taken.

### Rediscovering old skills of treating the whole patient

There were in the past, no doubt, good reasons why the healing art should be shrouded in mystery but this is surely no longer the case. The doctor is a skilled worker not a magician, and the nature, degree and deployment of his skills should, like those of any other 'expert', be open to inspection. Mystification bolsters monopoly power in the hands of the profession and produces the dependency which Illich deplures in the people they treat. It may be argued that such dependency is part of the treatment (although it is more usually called 'trust' or even 'faith') and that demystification would reduce the power of healing. I doubt it. What it would produce is the possibility, which scarcely exists today, of challenging the assumptions of the medical experts, making them more responsive to the needs and wishes of those they treat. Health like war, is too important to be left to the experts. As members of the community, of society, we should require our doctors to rediscover the old skills of treating the whole patient rather than just the disease. We should ask consultants to be available to be consulted. We should halt, and if we wish, reverse the trend towards a centralized, bureaucratized and soulless hospital service; towards the medicalization of more and more of our social, moral and political problems; towards, in short, the concentration of decision making in the hands of the medical messiahs. If doctors collectively

<sup>1</sup>See pages 73-77 and <sup>2</sup>85-89.

have the power to prolong life, as Leach would have us believe, or, in Illich's version, the power to create illness, it is because we, collectively, grant them such power. The democratization of decision making in the medical services seems to me a worthy enterprise and one in which even Dr Leach's healthy but unathletic over 45s could find a useful and satisfying role.

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