Medicalization

An Encroachment on Consent, Culture, and Society

By

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To Larry, Perry, Lizzie, Luke, and Susannah, who continue to put up with my quirks.

And in memory of my mother, a lawyer and judge, who instilled in me a love of law and learning.

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Foreword

How do we fight back against a half-good, half-bad thing? Medicine, on balance, is a good thing—even a great thing. The medicalization of every aspect of living, however, is a bad thing—a very bad thing. And, to compound matters, medicalization's stakeholders are among the most powerful and influential folks on the planet. Are we lost before we begin?

We may be. Even as the Atomic Scientists' doomsday clock marches on toward a minute to zero, this other, unnamed doomsday clock—the doom that will attach to everything human being treated as a drug opportunity—is relentlessly approaching its own midnight. Answers can only be found at a level several steps up the ladder from individual effort. And who knows if a ladder even remains?

If, to take just one aspect of the terribleness of the medicalization of everything, our mental health is *the* worldwide issue facing us, as person after person feels the rug of civilization being pulled out from under them, and if we are completely wrong-headed when we act like mental health is a medical issue, then where are we? We are wildly, dangerously, and despairingly on the way to the mental collapse of the species.

Why the medicalization of everything has happened is easy to understand. In addition to the obvious ways in which the profit motive and professional creep play their roles, its main cause may be the same cause that killed off existentialism. Existentialism demanded that human beings take personal responsibility wherever personal responsibility could be taken—and human beings balked. The species could not tolerate setting the bar that high. Similarly, it is so much easier to "have ADHD" than to notice that you are only distracted at certain times, say when too much is going on. Thank goodness there is a pill for that!

People have done the medicalization of everything to themselves. In a certain sense, they have deeply consented. In another sense, they haven't—and it is this large-scale, nuanced lack of consent that Anne Zimmerman focuses on in her forceful deconstruction of our medicalization epidemic. Doing a beautiful job of tracing the history of medicalization, the political and economic incentives involved, the arguments and counter-arguments for medicalization, and the bioethics of medicalization, Zimmerman paints a clear picture of where informed consent went—out the window, as an unfortunate something that was only getting in the way of profit.

From the medicalization of obesity to the medicalization of doing a school task slowly to the medicalization of rich folks' worries, Zimmerman addresses it all. She provides a wealth of scholarship and many would-be answers. There is no pill to take that will get you this information effortlessly—you must read the book. Fingers crossed that many will, especially those in positions of power who have something to say about how society functions. This should be their bedside reading.

Eric Maisel, author of *The Future of Mental Health*

Preface

I took an intro to psych class in college. I found it funny that the course provided names for the most obvious human emotions and conditions. I shrugged and wondered why people would major in such a field of study: the study of matching traits, behaviors, and feeling with labels. (I know if I had taken more, I would have encountered more depth, and I was truly frightened of the class labeled “abnormal”.) Some of it was set to a language meant to validate research: epistemology, etiology (perhaps there was some nod to causal relationships), heuristic, and rhetoric. Then, in the late 1980s, the diagnose-and-treat paradigm was not what it is today. But it was on its way. Looking back on that class, I see the harm of those labels. They seemed like nothing particularly noteworthy at the time, but somehow many of them have been reimagined as disorders to be resolved with drugs.

I never had any real interest in the psych industries, but when my daughter had cancer five times, I realized that the posse of clinicians, with their prescription pads in hand, very much wants to weigh in on feelings, pain, and other problems ancillary to cancer. The idea that happiness is medicalized and that some physicians impose on parents and adolescents to go along led me to an interest in the DSM-5 and the people and organizations that make up big medicine and feed into medicalization (e.g., pharma, academic research hospitals, schools, and parts of the multi-billion-dollar wellness industry). Much of my other works focus on human rights and rights people have that protect them from the imposition of big medicine, like the right to refuse or to seek recourse when things have gone downhill. But the other side of the medicalization story is public perception and buy-in. It feels like everyone is going along with interventions based on medicalized explanations of various everyday issues. I do note that not everyone is going along. But a lot of people are going along, and they do not understand why I do not go along too. I approach medicalization incorporating sociology, public policy, history, economics, and law, as well my own casual observations, pet peeves, and humor. I also take a critical look at bioethics as perpetuating medicalization and suggest that the bioethics concept of informed consent is not a realistic descriptor. The gathering of information that people engage in prior to giving consent is shaped by a medicalized culture and by medicine. I try to shed light on why people consent and the sources of information that shape their decision making.

This book is also a critical thinking project designed to encourage people to apply logic and rationality to decisions about health, health care, and medicine. Each chapter poses questions to consider. When looking into informed consent, I came up with many questions to which there are many answers. Everyone's experiences with medicine are different. The questions are not meant to be sarcastic or rhetorical. They bring up considerations that consumers of medicine may be at risk of overlooking. I suggest that people should take steps to become well informed and think about which information is relevant to understanding the medical ecosystem and how medicine is situated in society prior to providing truly informed consent.

I tried to restrain myself from using academic language, some of which I reserved for footnotes. While covering how (and speculating the degree to which) medicalization shapes informed consent through its impact on culture and society, I highlight ethical issues. Medicine is somewhat cynical in its lack of faith in social change. And I am somewhat cynical about medicine in its happiness mission.

Anne Zimmermann

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Medicalization and consent

This is a book about a change in society and a medicalized culture. It is not about medical advances, but about how *medicine* is woven into the cultural fabric of the United States.[1] Medicine creeps in. It is ubiquitous. It is not just for the sick. And in the case of the quite well, it is not just for prevention. The not-so-sick interact with medicine in social settings, at schools, and in the criminal justice and child welfare systems. Well people interact with medicine in its vast and growing risk assessment role. There is a near obsession with prevention of mental and emotional problems. There is outright enhancement and the murky territory between treatment and enhancement. Medicine plays a role in actions, circumstances, and behaviors and guides solutions to problems that used to be plainly social, personal, economic, or cultural. It has become commonplace to turn to medicine when public policy fails and when traits and behaviors are deemed unacceptable as they are couched in their cultural setting. For example, medicine "treats" people who do not pay attention, have poor diets, work too many hours, are worried or sad, or use guns to kill. It also treats them when they succumb to the bodily effects of lifestyle, diet, stress, and pollution. Medicine steps in to provide solutions to problems that were traditionally nonmedical, like baldness, slow test-taking, aging, sadness and grieving, and negative body image. Medicine has made a business of aging, and of dying.[2]

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[1] I use medicine to connote an organized field that encompasses hospital systems, medical schools, doctors, pharmaceutical and biotech companies, and related outlets for consuming medical products and services. Medicine is used for simplicity. To distinguish, I use "drugs" to describe medicines, for example those that one takes when sick.

[2] Einav, L., Finkelstein, A., Mullainathan, S., & Obermeyer, Z. (2018). Predictive modeling of US health care spending in late life. *Science*, 360(6396), 1462-1465. (25 percent of Medicare spending goes to treatments and expenses in the last year of life; 30 percent of that is in the last month of life.)

Public policymakers are off the hook when medicine steps in with a drug or intervention. Agriculture, education, tech, housing, workplace safety, minimum wage, banking, federal and state budgets, health care, environmental protection, campaign finance, food, drug, and tax policy impact health and wellness. The policy landscape makes it more difficult to achieve health and makes the path to maintaining health and wellness more challenging for some people than others.

Interaction with medicine as a way of addressing nonmedical problems is a hallmark of medicalized cultures. Society accepts it as it would other customs, the arts, and education. The medicalization academic discourse is wide-ranging, and difficult to narrow down. As I am tying medicalization to informed consent, I pull from many theories of medicalization. The ubiquity and social acceptance of the expanded breadth of medicine impacts informed consent. Consumers get information from doctors and healthcare practitioners. Generally, that information includes data on the science, side effects, risks, and efficacy. But the position of medicine in society is also behind every individual's choice when providing informed consent. Community members composing society – the simple aggregate of people – engage with medicine so regularly that culture reflects the deep relationship: there is a culture of medicine. For the sick, the openness and acceptance of science and medical discoveries is beneficial. For those with everyday personal problems, even quite serious problems, medicine is often the go-to starting place. And people enthusiastically consent to drugs for personal and societal problems.

Medicalization is a concern and, specifically, an ethical concern. Despite questionable success, medicine may step in where societal cleanup is too complex or has not happened. Medicine may step in prematurely and interfere with or prevent all other approaches. For example, smaller class sizes and more recess may help foster attention span. Yet ADHD diagnoses and drugs arguably fill a gap. Medicine is doing a job that does not address cause; legislation and policy changes could address causes of the social phenomena that have bodily and mental impacts.

And there are significant drawbacks and concerns. First, medicalization is an example of the power of big medicine over society. People have trouble pushing back. The people affected the most by science policy should be at the forefront of policy making. Members of the public should at least use their votes. Second, medicalization is altering society significantly. Nutrition, lifestyle, and emotional resilience are de-emphasized or presented in an already medicalized context in which drugs are viewed as a safety net, a last resort, or a first-line approach. Third, we must follow the money. The pharmaceutical industry benefits from societal views that favor medical approaches to social and personal problems.

Informed consent is a common topic in bioethics. It is rooted in autonomy and required by law for many medical interventions. Consent also has a clear meaning beyond clinical bioethics. We tacitly consent to participating in a medicalized society. This book asks what it means to consent and why people are consenting to certain medical interventions, let alone seeking them out. The influence of medicine and specifically pharmaceutical companies over society affects people; it propels the public to look to medicine for the most minor problems. While medicine led the charge, the public is complicit in some ways and victimized in others. There are even cases where consumers pressure medicine to provide easy solutions – the public wants a pill for everything.

It is difficult to tell whether we are at a special inflection point in the trajectory of medicalization. The internet and social media spurred self-diagnosis and added another space for pharmaceutical advertising. The cyberworld is both a medicalized space and a space where medicalization can grow and continue, perhaps more rapidly than ever. But it is possible that we are still at the beginning of the process of medicalization. In the future, even more conditions, qualities, and traits that can be altered by drugs or technology probably will be. For those who see medicalization as a social problem, engaging the public and promoting public policy could slow it down. For those strongly on board, even "confusedly" so,[3] there may be a reckoning if public opinion swings toward caution with drugs and biotechnology.

Even gaining an understanding of what medicalization can do to individual bodies is challenging in a medicalized environment. To measure unwanted side effects due to the overexposure to drugs is possible – to figure out which experiences people would have had if they had been left alone by medicine is nearly impossible. Many people go along because of a belief they are following the correct advice or that they would appear "anti-science" if they were to protest. But science is moving especially fast, and the public may continue to go along. The autonomy with which one expresses agreement may become a form of merely going along, swept into medical approaches with the tide of medicalization. Consumers give their consent readily and healthcare practitioners accept it in medicalized society. The changes encroach on cultures and subcultures and impact society overall.

The purpose of this book and its contribution to the medicalization literature is to establish the link between medicalization and informed consent, culture, and society. Medicalization undermines informed consent. When a medicalized infrastructure and a complex of large pharmaceutical companies and medical education control the information, society gathers information through the lens of medicine. The encroachment on informed consent has many aspects. After focusing on ways to think about medicalization, this book analyzes examples of medicalization using ethics perspectives and questioning what it means to be informed when providing informed consent.

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[3] Talbot, Margaret, (2001) "A Desire to Duplicate". *New York Times Magazine*. https://archive.nytimes.com/www.nytimes.com/library/magazine/home/20010204mag-cloning.html (Talbot notes a fear, "namely, that a common response to the disquieting feeling that science is accelerating beyond our capacity to comprehend it -- let alone control it -- is to declare oneself fervently, if confusedly, on its side. And that can also mean believing that somewhere, some wiser and higher force is guiding the latest discoveries and their uses, absolving us of the responsibility to judge them.")

When looking at consent and asking who is doing the informing, we see that some types of information are privileged over other types. In the obesity context, perhaps a person knows a lot more about drugs advertised than about their local farmer's market. In the mental health sphere, a huge new industry has built up. A once obscure industry has become so mainstream that when people refuse to participate in it, their judgment is questioned. People who refuse counseling, therapy, psychology, and psychiatry are depicted as difficult or irrational. But that does not mean consenting to it is free and informed. If you watch enough ads for pills for depression, you may become more likely to go along. When websites emphasize the conditions that are part of the checklist for depression, self-diagnosis follows. For example, feeling tired is a symptom that paired with four others would lead to a determination of depression. Disease creep privileges medical information over all other information concerning the source of the problem, prevention, and alternative approaches.

The encroachment on consent also concerns social control. People often sacrifice civil liberties in medicine. They follow the doctor's orders, for the punishment for failing to do so can be severe. Institutions ancillary to medicine like child and adult protective services, prisons, nursing homes, and assisted living facilities have a role in medicalization and are medicalized. If people do not choose the medical solution, they may face severe penalties, including custody loss or guardianship. Duress undermines informed consent.

However, and especially outside of institutional settings, medicalization is usually sneakier. People are informed about medical treatments by the media, social media, friends, colleagues, doctors, and pharmaceutical ads. People believe themselves to be sick and disordered, and definitely imperfect.[4] For that reason, they go along.

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[4] Zola, I. (1972) Medicine as an Institution of Social Control. *The Sociological Review*. Vol. 20, Issue 4. https://doi.org/10.1111/j.1467-954X.1972.tb0022.

Medicalization can result from people's vulnerability: many people exist in a state of wishing some physical or mental characteristic were better or in a state of believing themselves to be inferior, unwell, or abnormal. Medicine seizes on those beliefs. It enjoys a generally positive reputation — it is seen as valid despite the antivax movement and the pushback against pandemic policy. Its influence on the population far surpasses other influences.

It is difficult to attempt a definition of medicalization that matches its weight and influence. Medicalization infringes informed consent by privileging one type of information. That creates a continuum of increasing medicalization as there is more buy-in. Medicalization is a cultural change – in some cases more radical than others. Overall, it altered society. Impacts include undermined resilience, increased exposure to drug side effects, a population heavily reliant on drugs for the sake of mood or emotional comfort, and an obsession with minor deviations from an increasingly narrow "normal." Medicalization's vast alteration to culture and society both relies on consent of the people and feeds their decision to consent.

What does "medical" mean?

There are many definitions of medicalization. But first, a better understanding of the term medical may be helpful. From one vantage point, it may be that because medicine can fix certain problems, those problems are inherently medical. To me, that ability to fix (or to try to fix) is not enough to declare a problem medical in nature. Some may argue that it is. There are lots of viewpoints on that. I recall a conversation with a doctor who proudly provided ADHD drugs to over a thousand young consumers. That a drug increases focus has little to do with whether poor focus is medical.

Beyond the ability to fix, some may view problems as medical if they are bodily. For example, stress carries medical telltale signs like high blood pressure. On a broad view, that makes both high blood pressure and stress medical problems. From a stricter point of view, stress is personal and not distinctly medical. Stress may or may not cause high blood pressure. It causes it in some people and not others. The reasons for that are many. The issue of whether high blood pressure itself is medical is more settled. However, in cases in which it is caused by lifestyle and then cured by lifestyle, medical intervention is avoided. In such a case, it is still considered a medical problem; its diagnosis is not a sign of medicalization. Medical questions about blood pressure drugs and their safety and efficacy are generally in the jurisdiction of medicine. The issue of when something caused by social circumstances becomes medical remains up for debate. I would assert that stress is never medical but high blood pressure always is. There may be more of a continuum than a bright line.

The body is inextricable from the environment. Pollution causes disease. But exposure to pollution alone is not a medical condition. Should exposure to pollution be a medical condition before the body is damaged by it? No, but pollution is rightly a public health concern. Whenever both are possible, most people would agree that medicine should treat the body damaged by pollution and public policy should require immediate removal of the source of the pollution. For example, no one would treat lead poisoning while continuing to drink water tainted with lead. So, why then would one consider treating obesity with drugs and surgery without eliminating the source of the obesity? Obesity became a "disease" recently. Rather than waiting for the known diseases associated with obesity, consumers can be declared diseased and procure drugs. If we include societal situations in the medical, then birth into poverty could be considered a disease rather than a risk factor. Obesity appears unlike poverty and pollution, but it has in common with them that it is a condition that is associated with increased risk. Relabeling it a disease exemplifies medicalization.

Disease has many definitions. One is a basic dictionary definition: "a disorder of structure or function in a human, animal, or plant, especially one that has a known cause and a distinctive group of symptoms, signs, or anatomical changes."[5] An ancient definition (by Galen) suggests that disease "impairs biological function and is contrary to nature."[6] A medical description suggests, "Disease is failure to function according to a species design, in which functional efficiency is either degraded below the typical level or limited by environmental agents."[7] Some definitions refer to causes like parasites and environmental pollutants.[8] Many definitions are normative; some definitions are seen as more objective.[9] There is a focus on abnormality in many definitions of disease. What "counts as a disease" may change with "increasing expectations of health."[10] There is an ongoing debate over who should have the authority to define disease. The inclusion of mental health, changing the threshold for gestational diabetes, and including obesity are not exclusively scientific decisions.[11] The World Health

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[5] Oxford Languages.

[6] Salas, L.A. (2020). Galen on the Definition of Disease. *American Journal of Philology*. 141(4), 603-634. https://doi.org/10.1353/ajp.2020.0031.

[7] Murphy, Dominic, "Concepts of Disease and Health", *The Stanford Encyclopedia of Philosophy* (Fall 2023 Edition), Edward N. Zalta & Uri Nodelman (eds.). https://plato.stanford.edu/archives/fall2023/entries/health-disease (discussing Christopher Boorse's definition of disease, which distinguishes harmless and beneficial departures from the norm from disease.)

[8] Rosen H. (2014). Is Obesity a Disease or a Behavior Abnormality? Did the AMA Get It Right? *Missouri Medicine*, 111(2), 104–108. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6179496/# citing Heshka, S., and Allison, D.B. Debate: Is obesity a disease? *International Journal of Obesity and Related Metabolic Disorders*. 2001;25: 1401–1404. https://pubmed.ncbi.nlm.nih.gov/11673757/ defining disease:

Disease is a condition of the body, its parts, organs, or systems or an alteration thereof. It results from infection, parasites, nutritional, dietary, environmental, genetic, or other causes.

It has a characteristic, identifiable, marked group of signs or symptoms.

It deviates from normal structure or function (variously described as abnormal structure or function; incorrect function; impairment of normal state; interruption, disturbance, cessation, disorder, derangement of bodily or organ functions).

[9] Brown, W.M. (1985). The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine, Volume 10, Issue 4, November 1985, Pages 311–328, https://doi.org/10.1093/jmp/10.4.311 (contrasting Boorse and Caroline Whitbeck.)

[10] Scully, J. L. (2004). What Is a Disease? Disease, Disability and Their Definitions. *EMBO Reports*, 5(7), 650-653. https://www.embopress.org/doi/full/10.1038/sj.embor.7400195

[11] *See* Godlee F. (2011) Who should define disease? *British Medical Journal.* 342:d2974 doi:10.1136/bmj.d2974. (editorial responding to a change in the

Organization (WHO) describes health as "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity." Wellness is more than absence of disease. In its wellness mission, the WHO has expanded disease and reduced normal.[12]

Beyond merely concerning the body, some assert that biological markers bring things into the jurisdiction of medicine, i.e., make them medical. Neuroscience is leading to significant discoveries. Some researchers use the discoveries to bring more behaviors into the medical fold.

In the psychiatry arena, there is an ongoing search for biological markers associated with emotions, feelings, and behaviors. We need more robust debate about whether the associations would mean the behaviors are medical disorders to be treated with drugs. Indeed, if they are, we also need public input as to the parameters of the drug availability. Anxiety is treated as a disorder in itself – absent any biological marker. There is not a clear answer to whether anxiety is medical. It is a disorder according to the DSM-5. And many people use drugs to treat it even when it is quite mild.

Cosmetic surgery seems medical – it takes place in hospitals and surgery centers. But it is also evidence of medicalization. Is a crooked tooth a medical problem? A wrinkled face? Small breasts? Using surgery and drugs to treat people's dislike of their relatively normal and functional body or parts of it has become standard. Dysmorphia at one

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definition of gestational diabetes that brought many more cases.); Reed, G., Dua, T. and Saxena, S. (2011). Rapid Response: WHO should define disease. *British Medical Journal*. doi: https://doi.org/10.1136/bmj.d2974 (response to Godlee suggests that the World Health Organization (WHO) should define disease; lists stakeholders including countries, healthcare professionals and users of health services.)

[12] Scully, 2004 (noting osteoporosis became a disease in 1994, and was a normal sign of aging prior to that.)

time meant a deformity or abnormality. Body dysmorphic disorder is a defined mental illness – the flaw could be "minor or imagined."[13]

The federal government made doctors, and more recently other healthcare practitioners, gatekeepers who may use prescription pads to control drug dispensing.[14] The expansion of medicine into the purview of normal (or even of "a little off") carries with it responsibilities. The public cannot really decide when to use a drug. However, with direct-to-consumer advertising, individuals do request drugs frequently – and they are 17 times more likely to get a prescription filled when they request a drug they have seen advertised by name.[15] Customers see themselves as having medical problems. Self-diagnosing online communities define medical broadly, often stretching mild symptoms to fit disorders.

When we start to see reactions to the early societal conditions that can cause disease as diseases, the medical nature may come earlier. When we see the bodily changes as societal, we may stave off the medical diagnosis using societal remedies. Where the body is concerned, medicine tends to see problems as exclusively medical.

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[13] Johns Hopkins Medicine. Health. Body Dysmorphic Disorder. https://www.hopkinsmedicine.org/health/conditions-and-diseases/body-dysmorphic-disorder

[14] Food Drug and Cosmetics Act. 21 U.S.C. §§ 301-392 (1938) (authorized the FDA to enforce the FDCA and to promulgate regulations; developed system for prescribing which controlled the availability of drugs to consumers); Lam, C. and Patel, P. (2023). *Food, Drug, and Cosmetic Act*. Florida: StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK585046/ (the FDCA contained consumer protections and regulated drug availability through prescriptive authority; a poisoning of over 100 people who used an antibiotic prior to the act led to the safety measures.); Zhang, P. and Patel, P. (2023). *Practitioners and Prescriptive Authority*. Florida: StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK574557/ (examines the expanded group of practitioners with prescribing power including MD, DO, NP, PA, and advanced practice and other specialized registered nurses; state laws govern expansion and restriction of prescriptive authority.)

[15] Frances, A. (2013). *Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life.* New York: William Morrow, p. 168.

I do not want to argue over whether a problem is medical.[16] I do assert that identifying everything for which medicine may provide one remedy or attempt to do so as medical is terribly detrimental to health and wellness. But the debate should be social, semantic, and nonscientific. To declare a bright line beyond which something is medical would require arbitrary line drawing. Insurance companies are tasked with drawing that kind of line as they do not want to cover that which they deem unnecessary. They too may consider themselves losers in the medicalization process as they find themselves covering drugs for newly declared diseases and disorders. Public policymakers often push for insurance coverage of some items that fall in a murky territory along the continuum. When the medical community is charged with answering whether a problem is medical, the jurisdiction of medicine grows. Social forces empower medicine and medicine itself claims authority over problems of the body and mind. There is a circular dynamic: people trust and believe in medicine; pharmaceutical companies advertise extensively; people join community groups, self-diagnose, and speak the language of a medicalized society; they go to doctors and websites purchasing or asking for prescriptions for drugs and remedies; doctors and websites promote the given problem as one to be addressed within medicine; and, people spread the word (e.g., "my doctor gave me X for baldness…"). The cycle continues.

So there are open questions – when is one truly in need of medical care and why? Necessity was a commonplace precursor to medical care in the past. The growth of elective surgeries and unnecessary care was a change noted in the last century. It is becoming unclear whether the relationship between need for care and getting care matters anymore. Necessity is still an important concept – some health care is needed to continue life or to achieve even a modicum of wellness, while other

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[16] Conrad, P. (2007) *The Medicalization of Society: On the Transformation of Human Conditions to Treatable Disorders.* Baltimore: Johns Hopkins University Press. p. 4 (Conrad also avoids determining whether a problem is medical, preferring to explore the "social underpinnings of the expansion of medical jurisdiction." He focuses on evidence of medicalization and implications for society.)

health care is nearly for sport, like injecting lips with hyaluronic acid to embellish their size. Necessity is not the gauge for insurance coverage. Many interventions are recommended earlier than they used to be. For example, hip replacements are offered earlier based on improved surgical techniques and success rates. The nip-it-in-the-bud approach is commonplace. For many diseases, that is great. Early detection can improve the ability to cure disease. For non-diseases, it brings people in to shop medicine's wares and provides a more robust income to providers.

I use the word consumer to describe people purchasing the products of medicalization. While patient is the common word for those purchasing medical care, medicalization is intertwined with consumerism. To always declare the purchasers "patients" is to alter their status. Many argue that the doctor-patient relationship is somewhat a covenant rather than a simple contractual relationship. I find consumer better depicts relationships that result from medicalization. One consumes things like Ritalin and Botox, while one may more strongly argue that cancer patients are more than mere purchasers of chemotherapy. If a person purchases alcohol at a liquor store, consumer seems like the right word. If the same person purchases Ativan at a drug store for the same purpose, I think consistency calls for the word consumer.

Examples to consider

- A child is staring at her phone, tapping repeatedly scrolling through TikTok. The next morning, she scores in the bottom half of the class on a reading comprehension test. Is this exclusively a medical problem, partially a medical problem, or, perhaps, not a medical problem at all?
- A high school student cannot sleep without completing all of his homework for the week in advance and doing 5000 sit-ups. Is this exclusively a medical problem, partially a medical problem, or, perhaps, not a medical problem at all?

- An angry teenager takes a gun and murders children at a school. Is this exclusively a medical problem, partially a medical problem, or, perhaps, not a medical problem at all?
- A child gets a C on a test. Does she have poor-test-taking syndrome?
- A 90-year-old woman sounds confused when recounting which of her grandchildren are in college. She names her son rather than her grandson. Should she be evaluated for Alzheimer's disease? What about a 40-year-old woman?
- An adult without housing urinates in public behind a building. Should he be evaluated for a mental disorder?

What is medicalization?

Medicalization is the assigning medical terminology, a medical lens, and often a medical treatment to bodily and behavioral circumstances that were traditionally not defined as diseases or disorders. The following definitions get to the crux of the matter:

> …the expansion of medicine as an institution and the use of a medical lens to view human processes and behaviors.[17]

> …a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders.[18]

[17] Lantz, P., Lichtenstein, R.L., Pollack, H.A. (2007). Health Policy Approaches to Population Health: The Limits of Medicalization. *Health Affairs*, 26. 1253-1257. Doi:10.1377/hlthaff.26.5.1253

[18] Conrad, P., Mackie, T., & Mehrotra, A. (2010). Estimating the Costs of Medicalization. *Social Science & Medicine*, 70(12), 1943–1947. https://doi.org/10.1016/j.socscimed.2010.02.019

> … medicalization occurs when an aspect of embodied humanity is scrutinized by the medical industry, claimed as pathological, and subsumed under medical intervention. [19]

Yet medicalization is bigger than these definitions. Irving Kenneth Zola in 1972 noted the status of medical claims above all others, saying, "today the prestige of any proposal is immensely enhanced, if not justified, when it is expressed in the idiom of medical science." Science lends validity. In the practice of science surrounding medical care, like the question of whether a drug cures cancer, scientific validity is of utmost importance. Yet in the areas of overreach, we can plainly observe that scientific accuracy or correctness does not itself justify medical intervention or public policy. For example, science may show us that a stimulant alters the human brain, speeds up processes, and can result in better test taking. Poor test taking syndrome is not a disorder (yet), but it is couched in other disorders (ADHD, anxiety, OCD, and concentration deficit disorder/cognitive disengagement syndrome[20]) and many people treat it medically. Science can overstep and become a tool of social control as science now has everything to do with how society responds to the knowledge that a drug may work for a characteristic. Medicine has led to societal acceptance of stimulant use, both prescribed and purchased without prescription, used both on-label and off. Without the social movement attached to scientific discovery, the public would not have been likely to know about stimulants like Adderall and Ritalin. Yet their discoveries predated the medicine-backed influence campaign to diagnosis ADHD. Over time, it became normal to see rambunctious behavior as well as low test scores as medical.

The definitions above pertain to individuals and societies – they reflect a social phenomenon. Perhaps as it becomes more prevalent, the

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[19] Richie, C. S. (2019). Not sick: Liberal, trans, and crip feminist critiques of medicalization. *Journal of Bioethical Inquiry*, 16, 375-387, DOI: 10.1007/s11673-019-09922-4, referring to Zola, I.K. (1972) Medicine as an institution of social control. *Sociology Review.* 20(4):487-504. doi: 10.1111/j.1467-954x.1972.tb00220.x.

[20] These may replace the term sluggish cognitive tempo.

definition must grow or adapt. Medicalization is more than the expansion of the jurisdiction of medicine. It has small components like the massive growth in medical language to describe everyday occurrences, like calling thirst "dehydration", using the language of cognitive impairment to address everyday memory failures, or labeling distraction "ADD" or "ADHD" in conversation among those not in medical professions. In addition to the mind (cognitive and behavioral), almost everything related to the body has fallen into the jurisdiction of medicine. Medicalization connotes an element of social control over individuals and groups as well as control of society. Rather than separating medicalization (a process) from its social impact, I find it more accurate to see the social impact as part of the process. Medicalization is partly a two-way street.[21] Medicine has financial interests in medicalization — the bigger the umbrella of disorders that are considered medical, the more money streaming in from diagnostics, interventions, and drugs. But the public also takes part in promoting medical approaches to nonmedical problems.

I suggest a more inclusive definition of medicalization:

> Medicalization is the expansion of medicine as an institution and the phenomenon of the public and medicine treating human behaviors, bodily phenomena, societal trends, and nonmedical circumstances through a medical lens, using medical language, and looking to or promoting pharmaceutical and biotechnological solutions.

Under my definition, medicalization

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[21] Van Dijk, W., Faber, M., Tanke, M, Jeurissen, P., and Westert, G. (2016). Medicalisation and Overdiagnosis: What Society Does to medicine. *International Journal of Health Policy and Management*, 5(11), 619-622, p. 619. (argues that "society has an interest in more medicine for its inhabitants, to help its inhabitants but also to depoliticize social problems.")

a. expands disorders and contracts normal, privileges diagnosis of diseases and disorders over other inquiries and definitions, and leads to biological and pharmaceutical solutions,
b. distorts the information available for individuals to give informed consent to treatments (a form of social control) privileging scientific data over social explanations,
c. alters cultural preventive traditions and solutions, deprivileges natural remedies,
d. distracts from upstream social policies,
e. penalizes those who do not go along, and
f. contributes to a (sometimes irrational) faith in pharmaceuticals to treat and cure.

Both those outside medicine and those within it are complicit.

There are different ways that medicalization occurs and persists.[22] One is expanding diagnoses to mild cases of the same disorder or disease. Another is disease creep, which I use to refer to labelling a normal occurrence a disorder. Yet another is the expansion of alleviating suffering to "curing" things like wrinkles and baldness, blurring the line between enhancement and treatment. Medicalization includes using medical terms when discussing poverty and homelessness, emotions, and frustrations. Medicalization is a change in society – it

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[22] Types of medicalization include enhancement, defining a normal condition as a problem, expanding the definition of a current disease or disorder to make it cover more people (increase market for drugs), and expanding symptom list, including adding symptoms of a lesser degree (like fatigue as a sign of depression), and altering rhetoric like using medical terms to describe people's choices, actions, state of mind, and body. *And see* Boysen, G. A., & Ebersole, A. (2014). Expansion of the concept of mental disorder in the DSM-5. *The Journal of Mind and Behavior*, 225-243 https://www.jstor.org/stable/43854371 (increase in the number of disorders (although some is the result of splitting disorders) by creating disorders that may lead to earlier diagnosis of other disorders, for example, mild neurocognitive disorder, which is a risk factor for more severe neurological disorders, and "filling diagnostic gaps", for example binge eating disorder did not quite fit bulimia or anorexia; and making disorders more inclusive by changing the diagnostic criteria, "conceptual bracket creep" (including eliminating school benchmarks so that ADHD could expand and lowering the number of symptoms necessary for adult ADHD) and expanding autism "allowing more variations in behavior to be called autism."))

occurs in and out of the traditional medical arena. There is a trend to self-diagnose as anxious and even as having autism spectrum disorder.[23] The diagnosis framework infiltrated social groups in person and on social media through communities formed around common characteristics. The medicalization of the internet and all social media platforms is evident.[24] The medicalized society looks to doctors to cure problems that I argue should be resolved through social means, like public policy and better education.

Medicalization is a process of societal change occurring over time, the sum of individual actions that apply a medical lens to something heretofore not approached in a medical way. A huge increase in healthcare spending,[25] the number of doctors per capita,[26] and the number of new drugs for behaviors deemed abnormal are evidence of medicalization as a process. Medicalization can embody a social movement that brings an action, event, or circumstance into the medical fold. The action of directing someone sad to psychiatry is a medicalizing action even if it is due to the already medicalized treatment of sadness, as it reinforces the medical approach. Similarly, directing someone with heartburn to the doctor in some cases medicalizes a poor eating choice. The growing use of neuropsychological assessments is constant reinforcement of a medical approach to behavior, emotion, cognition, and problem-solving.

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[23] *See* Robertson, N., Polonsky, M., & McQuilken, L. (2014). Are my symptoms serious Dr Google? A resource-based typology of value co-destruction in online self-diagnosis. *Australasian Marketing Journal*, 22(3), 246-256. https://doi.org/10.1016/j.ausmj.2014.08.009 (addressing self-diagnosis and internet use.)

[24] Miah, A. and Rich, E. (2008) *The Medicalization of Cyberspace*. Abingdon: Routledge.

[25] Conrad, P., Mackie, T., & Mehrotra, A. (2010). Estimating the costs of medicalization. *Social Science & Medicine*. 70(12), 1943-1947. https://doi.org/10.1016/j.socscimed.2010.02.019

[26] Active physicians per 10,000 civilian population in the U.S. from 1975 to 2019. Statista. https://www.statista.com/statistics/186092/active-physicians-by-age-in-the-us-since-1975/ (in 1975, there were 15.3 doctors per 10,000 people; in 2019, there were 29.9 per 10,000 people.)

Bioethicists assert that medicalization is not necessarily always bad.[27] Sociologists suggest medicalization is a neutral descriptor.[28] Medicalizing a problem may sometimes lead to good outcomes. I think it is worth noting Peter Conrad suggests it is neutral, yet most of his examples imply it is bad. He suggests overmedicalization as bad. Noting that medicalization invokes pharmaceutical solutions and psych industry solutions including nonpharmaceutical therapy, and generally places more in the jurisdiction of medicine, my definition leans negative. Medicalization is not so neutral that the term "overmedicalization" is necessary.[29] The built-in conflicts of interest, profiteering, and proselytizing make medicalization suspect. In the tradition of Zola, there are noted elements of social control.

It is possible that medicine may be a better jurisdiction for some social phenomena. That depends on where in society the phenomena exists and how it is expressed. For example, medicalizing drug misuse places addiction in the medical and psychiatric arena and can lead to decriminalization. That can be a positive result, depending on how one feels about the topic. The medical alternatives to criminalization tend to have problems as well. Being held against one's will in a medical or

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[27] Parens, E. (2013). On Good and Bad Forms of Medicalization. *Bioethics*, 27(1), 28-35. doi.org/10.1111/j.1467-8519.2011.01885.x

[28] Conrad, P. (2007). *The Medicalization of Society*. Baltimore: Johns Hopkins University Press.

[29] *But see* Kaczmarek, E. (2019). How to distinguish medicalization from over-medicalization? *Medicine, Health Care and Philosophy.* 22(1), 119-128. https://doi.org/10.1007/s11019-018-9850-1 (Kaczmarek sets forth a four-pronged test to determine whether any given condition is overmedicalized. "1. Has X been rightly recognised as a problem? Does X cause or significantly increase the risk of considerable physical or mental discomfort, suffering, impairments or death? 2. Does recognising X as a problem not result from unfounded, exaggerated social expectations? Is recognising X as a problem not an example of undue limitation of diversity of individuals for the sake of normalisation? . . . 3. Does medicine provide the most adequate methods of understanding X and its causes? At which level (e.g. molecular, mental, social, several levels combined) do main causes of X occur? Are there any alternative, non-medical and more appropriate ways of understanding X and its causes? 4. Does medicalizing X ensure the most effective and safest methods of solving it? Are there any alternative, non-medical and more effective ways to solve X or its causes? Does medicalizing X do less harm than good?")

psychiatric hospital is not necessarily preferable to incarceration. Being free to navigate solutions to drug overuse would generally be better. There may be concurrent negative results if medical approaches to overcoming addiction crowd out nonmedical approaches, for example, attending AA meetings for alcohol misuse. When presented as binary, it is easier to conclude that medicine trumps criminalization. However, there are more than two choices. Addiction reduction on the societal level includes addressing opportunity, poverty reduction, and education. At the individual level, there are programs that offer nonmedical support, like volunteerism, religious and non-religious support and activity groups, and athletic programs.

Considerations

- Is treating baldness a sign of medicalization? Why?
- Does society's acceptance of drugs for an affliction support the argument that the affliction is not a sign of medicalization? Is cosmetic surgery for wrinkles due to aging different from cosmetic surgery for a cleft lip? Is the difference a matter of degree or type?
- Are there alternatives to the medical understanding of the condition or circumstance?
- How does the condition compare to other long-accepted diseases?
- What is the best definition of disease? Should it be broad or narrow? Why?

2

Medicalization's roots: Zola & Illich

Medicalization scholars framed medicalization in various ways. It is helpful to divide the voices that shaped medicalization discourse into social scientists (sociology, political science, philosophy, ethics, and those commenting on society) and medical insiders. The former observed and analyzed while the latter often took on the feel of whistleblowers. I view both sets positively: meaningful contributions to medicalization will continue to come from outside and inside of medicine, as long as those investigating medicalization feel empowered to speak honestly. Analysis, research methods, and social commentary are highly important to developing educated opinions about the role of medicine in society. I observe that current medicalization scholarship is more tied to empirical evidence than it was historically. Numbers appear and matter more, while the social impact was emphasized in clear but broad language in the earlier works.[1] It may be how medicine is situated in society, in a position of power, that makes sociologists aim to prove medicalization as a precursor to analyzing it. The measurable characteristics of medicalization have become more prominently cited in the literature. In the older, foundational medicalization discourse, many theories were built on the theories and observations of others, and they are used to tell a social history. The rich social histories of medicalization remain crucial and should not take a backseat to the evidence of medicalization in the form of number of hospital beds, prescriptions, corporations, and the words used in google searches. There is much more to the story – and admittedly, some of it is a smell test. Enhancement and treatment are not as easily distinguished as they once were.

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[1] For example, compare Illich (1976) and Zola (1972) to Conrad (2007) and Hall, L. (2019) *Medicalization of Birth and Death*. Baltimore: Johns Hopkins University Press.

Zola described medicine's infiltration of society and its social control.[2] He viewed medicine with suspicion and words like "insidious" to describe the stealth nature of medicalization.[3] He also noted the increased credibility of those within medicine as compared to the lay population.[4] As an early scholar of medicalization, he noted the ability of doctors to make people feel like they have a disease to be remedied within the jurisdiction of medicine. Society envisioned medicine's capabilities as powerful and broad. Zola describes medicalization as more items falling under the medical umbrella, an absolute control by medicine over drugs and surgery,[5] labeling aspects of life like aging and alcoholism sicknesses, and the increasing relevance of medicine in what it is to practice a good life.[6] His theory of medicalization was two-pronged: doctors were clearly complicit, but he notes that people believe they have something wrong with them that can be helped through medicine.[7] Zola noted the distinction between criminalization as morally condemnable and sickness as a "no-fault enterprise."[8] This notion is highly relevant today with the new publications blurring the never-quire-clear line between free will and genetic, biologic, and chemical determinism.

Zola was also a prominent disability rights activist. His social concern with medicalization was the limitless ability to define anything a medical problem: "From sex to food, from aspirins to clothes, from driving your car to riding the surf, it seems that under certain conditions, or in combination with certain other substances or activities or if done too much or too little, virtually anything can lead to certain

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[2] Zola, I. (1972) Medicine as an Institution of Social Control. *The Sociological Review*. Vol. 20, Issue 4. https://doi.org/10.1111/j.1467-954X.1972.tb0022
[3] Zola, 1972.
[4] Zola, 1972, p. 487 (medicine as the "repository for truth".)
[5] Some attribute this to the FDA Act, which gave doctors (and now an expanded set of practitioners) control over prescribing.
[6] Zola, 1972.
[7] Zola, 1972.
[8] Zola, 1972, p. 490.

medical problems. In short, I at least have finally been convinced that living is injurious to health."[9]

In the 1970s, Ivan Illich suggested that medicalization threatens health.[10] His early articles and his book, *Medical Nemesis*, were controversial at the time and remain relevant. His warnings focused not just on medicalization as a burgeoning social phenomenon but also on harms caused by treatment.[11] He described the harmful system as having three components: clinical, social, and cultural.[12] While he took things quite far and was considered radical in his assertion that more medicine makes the public sicker, he hardly could have predicted the expansive jurisdiction of medicine today or the growth of hospital borne injuries, like superbugs.[13] His anti-establishment background and views led him to contextualize medicalization in institutionalization as well as the commercialization going on in the 1970s. The relevance of his views is evident in the current state of medicalization.[14] Furthermore, the relationship between medicine and side effects of drugs, medical errors, and overreach is more established.[15] Yet, arguably the institutions perpetuating the expansion of medicine, for example pharma, are better equipped to promote their viewpoint and convince the public that medicine is a help, not a

[9] Zola, 1972, p. 498.
[10] Illich, I. (1976) *Medical Nemesis: The Expropriation of Health*, 1st American ed. New York: Pantheon Books.
[11] Illich, 1976 (popularizes the term iatrogenesis and uses it to describe sicknesses caused by health care, treatments, hospitalizations, and drugs.)
[12] Illich, 1976. (three types of iatrogenesis.)
[13] Wright, P. (2003). Ivan Illich (obituary). *The Lancet*. 361, Issue, 9352. https://doi.org/10.1016/S0140-6736(03)12233-7
[14] Barnet, R. (2012). Is the wisdom of Ivan Illich relevant to health care today? *Canadian Dimension*, Vol. 46, Issue 4. https://canadiandimension.com/magazine/issue/july-august-2012
[15] Johns Hopkins Medicine. (2016). Study Suggests Medical Errors Now Third Leading Cause of Death in the U.S. *Johns Hopkins Medicine.* Press Release. https://www.hopkinsmedicine.org/news/media/releases/study_suggests_medical_errors_now_third_leading_cause_of_death_in_the_us (found medical errors are a leading cause of death in the United States); For example of one analysis of Illich's contention specifically, see Russell, C. (2020). Does more medicine make us sicker? Ivan Illich revisited. *Gaceta Sanitaria*, 33, 579-583. DOI: 10.1016/j.gaceta.2018.11.006