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Editorial

Bioethics as a counterbalance to medicalization

Bioética como contrapeso a la medicalización

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The term "medicalization" has been coined in the 1970s by some sociologists (such as Irving Zola, Peter Conrad and Thomas Szasz) who wanted to emphasize how several socially 'deviant' behaviors have been historically put under control by qualifying them has 'illness' and justifying in such a way the isolation and 'treatment' of the persons showing such behaviors. In short, the concept of medicalization was understood as the use of medicine as a tool of social control which concretely amounted to an 'abuse' of medicine and was, therefore, condemned. The 'liberation' from such alleged social control was often presented as a fight against medicine, its institutions and professions. We are not interested in discussing here the often ideologically biased positions of such authors, and will rather analyze a more 'neutral' meaning of medicalization, that they have perhaps exaggerated and then interpreted in a negative sense. According to this neutral sense, medicalization is an approach to human conditions and problems that 'reads' them in terms of purely medical notions and, therefore, considers them as medical conditions that must be studied, understood and solved through medical treatments, from the administration of pills to the adoption of specialized surgery. This very simple definition indicates that medicalization is a form of reductionism which, as all forms of reductionism, focuses on a significant aspect of a given phenomenon, but pretends that the whole of this phenomenon is completely understandable and manageable within the limited framework adopted.

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Medicalization, however, cannot be correctly understood simply as a reductionist attitude, because it corresponds to an undeniable fact: in modern 'advanced' societies: medicine has deeply penetrated the most important events of human existence. The birth of a human being (that traditionally was a family event at home) normally occurs today in a hospital, in an aseptic milieu, surrounded by doctors and medical assistants, while family members are kept outside of the delivery room. Of course, this is strictly linked with the safety conditions offered in a hospital to the mother and the baby, and is also prepared by the medical controls that the mother has often received during pregnancy. It is easy to say that 'delivery is not an illness', but this does not eliminate the fact that it is treated like an illness in specialized 'obstetrician clinics' where the emotional and sentimental dimensions of this fundamental event are, as such, not foreseen. Also the other fundamental event of human life, that is, death, which traditionally occurred at home with family and friends surrounding the deathbed occurs today in a hospital, often in total solitude, as the final stage of an illness after unsuccessful and painful treatments. These 'symbolic' events that mark the beginning and end of the human existence are medicalized in what we could call the 'normal' situations, but everyone knows that the variety of options and methods offered by the so-called 'medically assisted procreation', as well as the wide display of end-of-life treatments, make birth and death more and more medical conditions treated by means of complex sophisticated medical technologies. If one then considers the stages, situations and conditions that scan the normal course of a human existence, from childhood to adolescence, to maturity, to aging, one sees that their more or less specific characteristics (such as physical growth, sexuality, physiological parameters, even temperamental, emotional and psychological features) are expressed through a medical 'model' that delineates the 'normal parameters' on which a diagnosis is based. Any significant discrepancy with regard to such normal parameters is taken as an indication of a pathological condition that might require medical treatment. Therefore, when a person does not feel good, or feels sick for any reason, it is spontaneous that she thinks that she must 'see the doctor' and take some medicament to get out of trouble. There is nothing fundamentally wrong in this attitude, because such confidence in medicine is not a 'blind faith' but is supported by medical evidence or medical theories, and is only a particular aspect of the general trend of modern societies toward becoming technological societies. Hence the serious question is whether this process of 'technologization' is, as such, a negative feature of modernity, as certain scholars explicitly maintain. We think that this is not the case.

Technology is simply the modern manifestation of the creation of the 'artificial word' that characterizes the human species and is, therefore, the direct expression of *human nature*. This artificial world is not only the environment 'in which' humans live, but also the environment 'of which' they live, finding there the means for satisfying their most disparate needs. wishes, desires and even whims. Therefore, we avail ourselves of aerial technology when we use a jet to fly in a few hours from our home to a far destination, or we avail ourselves of information technology when we speak with a friend by means of a mobile phone. Hence no wonder if we look into medical technologies not only when we want to cure an illness or a disease, but also to attain non-medical goals. For example, pretty girls or young women avail themselves of the (expensive) services of cosmetic surgery to modify the shape of their nose, or to reduce the size of their breasts or buttocks with the view of approaching a certain 'look' they want to have. Once the phenomenon of medicalization is seen from this point of view, certain consequences are not surprising that are often depicted with negative appreciation in the literature. For example, the prominent role of pharmaceutical companies (whose goals are eminently economic) in stimulating medicalization is patent, and advertising their products belongs to the normal behavior of industrial companies. This can induce people to excessive or inappropriate use of drugs even without consulting a doctor, and this is certainly dangerous; the remedy, however, must be looked for in suitable legal regulations concerning the selling of pharmaceutical products. It has also been noted that medicalization creates a sort of privileged status for the medical profession, giving to doctors an indirect but effective power over the policy of a country. This is a very vague charge and, after all, one may object that in the domain of health policy it is much better that the political class receives advice from doctors, rather than following ideological tenets or accepting pressures from other 'strong powers'. We are not interested, however, in analyzing similar considerations of a sociological flavor because it seems more important to us to focus on a deeper negative effect of an uncontrolled medicalization, that is, the potential dissolution of the idea of personal responsibility.

In order to understand the sense of this claim it is sufficient to consider a few features that characterize in general a state of illness, i.e. impotence, determinism and vulnerability. By impotence we mean the obvious condition for which a ill person is prevented from doing certain things, that are 'normally' performed in a state of good health, such as running, performing certain physical activities, concentrating on a mental effort or even simply reading a newspaper. If a person is affected by high temperature, for example, she is unable to do her normal job, but this is not imputed her as a fault, she is not considered 'responsible' for her absence from work,

and disciplinary measures against her are not admitted because she was 'prevented' from accomplishing her duty: her *free will* was to go to work, but her *freedom of action* was seriously limited by her sickness. Already in this elementary example the *deterministic* power of a pathological state is patent: it manifests itself in the capability of impeding certain actions. The same deterministic power of pathological states, however, can manifest itself also in compelling one to do certain actions, some of which may be strictly physiological, like urinating, other involving a stimulation of free will, like looking for sweet aliments, and others to assume even dangerous substances like alcohol and drugs, as in the cases of addictions. It is easy to see that this deterministic power of pathological states results in what we have called the condition of *impotence*, which consists in the fact that a person is incapable to perform or to avoid certain actions that she could want to perform or to avoid. Understood in this way, the situation of impotence, that *prima facie* appears as a more or less drastic limitation of the freedom of action, reveals itself as a discrepancy between the *freedom of choice* (that is, *free will*) and the *freedom of action*. From this analysis follows the qualification of a pathological state as a condition of *vulnerability*: indeed the vulnerable is understood as someone that is 'weak', that cannot resist attacks, both in the sense of not being capable of opposing adverse conditions by performing appropriate actions, but also in the sense of being compelled to do what goes against his free choice and his good.

If we now ask ourselves what is the right attitude we must adopt toward the vulnerable, the spontaneous answer is, compassion, sympathy, protection but not culpabilizing. This is fully in keeping with the right approach that medicine must have regarding whatever illness: the aim of medical treatment is that of helping the person recover good health, that is, in particular, to remove the obstacles to her freedom of action (in the sense explained above). For a doctor his patient is never 'responsible' for his illness, which is *caused* by certain deterministic conditions which have to be removed or counteracted. The free will of the patient has no medical relevance *as such* and this fact is already sufficient for understanding why an excess of medicalization is detrimental to the sense of moral responsibility, since such responsibility radically entails the free choice that a person has done for a given action. Therefore, if people become accustomed to think that no real freedom of action exists, since all our behaviors are deterministically caused, the orientation of free will toward what is good and against what is wrong becomes devoid of sense, and a general attitude of no-responsibility will follow, behaviors that are considered wrong should be simply treated by means of pills or pertinent medical measures, but no real moral conscience will be implied.

The scholars mentioned at the beginning of this paper, who criticized medicalization in the case of deviant behaviors, did not propose the correct remedy: they maintained that such behaviors are 'deviant' only from a social point of view, and must be imputed to social conditions. They were actually proposing a second-level determinism in order to escape the medical determinism. On the contrary, if we are convinced (and we are becoming more and more convinced) that a morally responsible way of using and directing our technological powers are urgently needed today, we are not going to solve our problems by looking for higher-order determinisms. Bioethics, to the extent that it makes explicit appeal to an *ethical* dimension precisely in domains where the medical sciences are acquiring a dominant position, is the most efficient counterweight to medicalization, and can therefore greatly contribute to the recovering of the sense of responsibility in our technological societies.