

GIMBE[®]

Gruppo Italiano per la Medicina Basata sulle Evidenze

Evidence-Based Medicine Italian Group

Workshop

Evidence-based Medicine

Le opportunità di un linguaggio comune 2^a ed.

Como, 21-22 maggio 2004



Sezione di Como

Tavola Rotonda

THE NON-DISEASE

Le implicazioni sanitarie, etiche, sociali, medico-legali ed economiche dell'eccesso di medicalizzazione

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Partecipano

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Meador CK

The art and science of non-disease

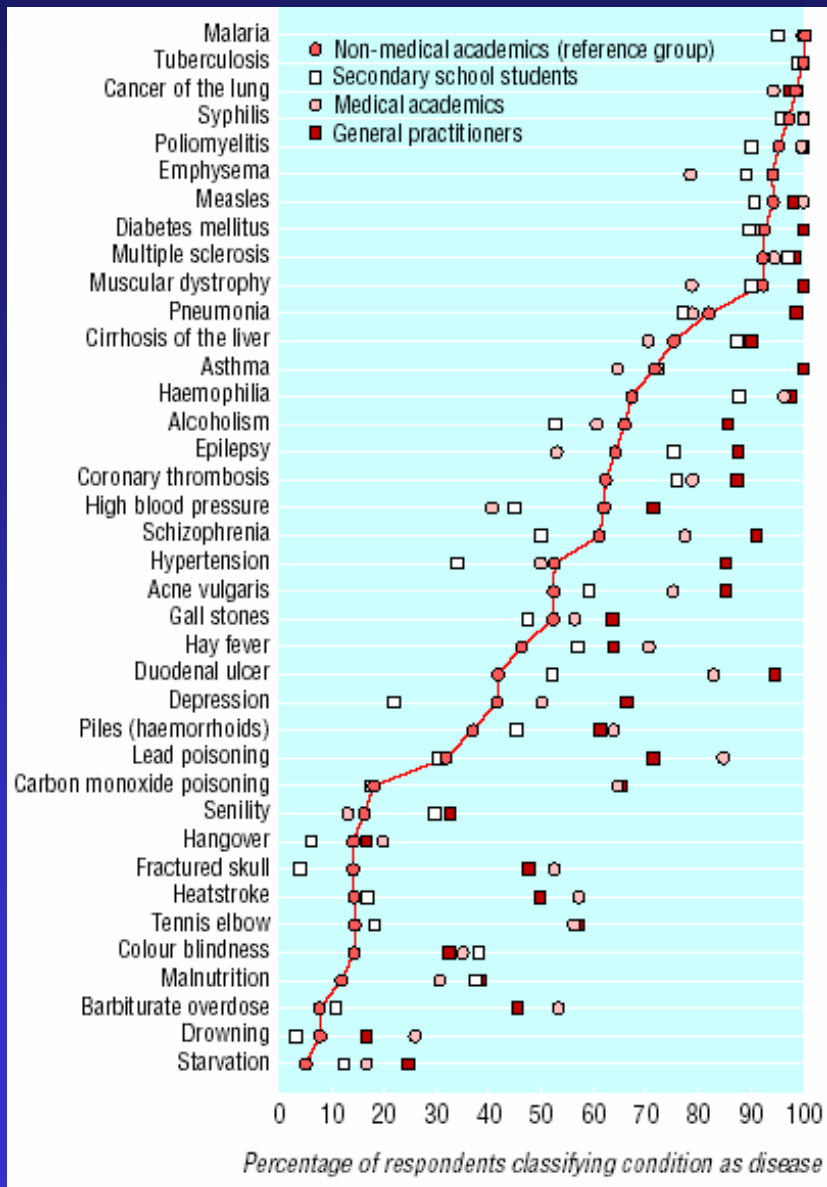
N Engl J Med 1965;272:92-5

Campbell EJM, Scadding JG, Roberts RS.

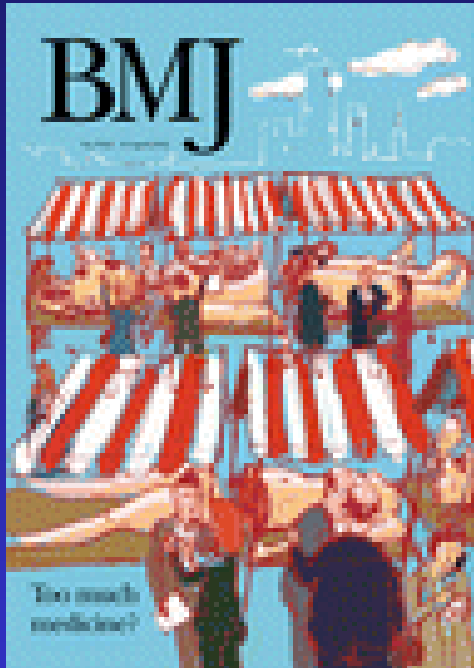
The concept of disease

BMJ 1979;ii:757-62.

Guy Scadding spent much of his life spelling out to doctors that no general agreement exists on how to define a disease.



Campbell EJM, et al BMJ, 1979



Too much Medicine?

BMJ, 13 aprile 2002

Smith R

In search of “non-disease”

BMJ 2002;324:883-5

In search of “non-disease”

- The BMJ recently ran a vote on bmj.com to identify the “top 10 non-diseases.”
- Some critics thought it an absurd exercise, but our primary aim was to illustrate the slipperiness of the notion of disease.
- We wanted to prompt a debate on what is and what is not a disease and draw attention to the increasing tendency to classify people's problems as diseases.

Smith R. BMJ, 2002

What is a disease?

- Thomas Sydenham (1624-1689) said that diseases could be classified just like plant and animal species. In other words, diseases have an existence independent of the observer and exist in nature, ready to be “discovered.”
- In complete contrast, others see the notion of disease as essentially a means of social control.
- Doctors define a patient's condition as a “disease” and are then licensed to take various actions, including perhaps incarceration.

Smith R. BMJ, 2002

What is a disease?

- The Oxford Textbook of Medicine wisely stays away from defining a disease.
- The Chambers Dictionary defines disease as “an unhealthy state of body or mind”.
- The World Health Organization's famous definition of health as “complete physical, psychological, and social wellbeing” is achieved only at the point of simultaneous orgasm, leaving most of us unhealthy (and so, by the Chambers Dictionary definition, diseased) most of the time.

Smith R. BMJ, 2002

What is a disease?

“There is no disease that you either have or don’t have—except perhaps sudden death and rabies. All other diseases you either have a little or a lot of.”

Geoffrey Rose *epidemiologist*

What is a disease?

- Disease is often defined as a departure from “normal,” and helpfully David Sackett and others offer six definitions of normal.
- One common definition is that you lie more than two standard deviations from the mean on whatever measure is used: height, weight, haemoglobin, and tens of thousands of others.
- By definition, 5% of people are thus “abnormal” (and we might say diseased) on each test. Run enough tests and we are all abnormal (diseased).

Smith R. BMJ, 2002

Numero di test

Soggetti con almeno un risultato
falsamente positivo (%)

1

5

5

23

20

64

100

99

Sackett DL
Clin Invest Med 1978

What is a disease?

Table 1 Six definitions of “normal” in common clinical use⁷

Property	Term
Distribution of diagnostic test results has a certain shape	Gaussian
Lies within a preset percentile of previous diagnostic test results	Percentile
Carries no additional risk of morbidity or mortality	Risk factor
Socially or politically aspired to	Culturally desirable
Range of test results beyond which a specific disease is, with known probability, present or absent	Diagnostic
Range of test results beyond which treatment does more good than harm	Therapeutic

The pluses and minuses of having a disease label

PLUSES

- You are likely to enjoy sympathy rather than blame.
- You may be exempted from many commitments, including work.
- Having a disease may also entitle you to benefits such as sick pay, free prescriptions, insurance payments, and access to facilities denied to healthy people.
- You may also feel that you have an explanation for your suffering.

The pluses and minuses of having a disease label

MINUSES

- The diagnosis of a disease may allow the authorities to lock you up or invade your body.
- You may be denied insurance, a mortgage, and employment.
- You are forever labelled. You are a victim.
- Some diseases carry an inescapable stigma: you are not just a person but an asthmatic, a schizophrenic, an epileptic.
- Worst of all, the diagnosis of a disease may lead you to regard yourself as forever flawed and incapable of “rising above” your problem.

Smith R. BMJ, 2002

International classification of non-diseases

Table 2 International classification of non-diseases, based on non-diseases suggested to bmj.com

	Aesthetic discomfort	Current discomfort or dysfunction	Possible future discomfort, dysfunction, or death
Misattribution or diagnosis	Anxiety about size	Allergy to 21st century; chronic candida infection; false memory syndrome; flat feet; Gulf war syndrome; multiple chemical sensitivities; total allergy syndrome	
Universal	Ageing; skin wrinkles	Ageing; ignorance; loneliness; menopause; teething; unhappiness; work	Menopause
Usual response	Acne; bags under the eyes; borborygmi; stretch marks	Adjustment reaction; bereavement; boredom; childbirth; jet lag; hangover; pain; pregnancy; whiplash	Whiplash
Ends of spectrum	Big ears; dandruff; gap teeth; grey or white hair; halitosis; obesity; ugliness	Air rage; alcohol dependency; anorexia; attention deficit disorder; bed wetting; burn out; chronic fatigue syndrome; colic; domestic violence; dyslexia; fibromyalgia; personality disorder; perimenstrual dysphoric disorder; procrastination; road rage; seasonal affective disorder; stress; teenage pregnancy	Hypercholesterolaemia
Variant of normal	Baldness; cellulite; freckles; skin tags	Chinese restaurant syndrome; conduct disorders in childhood; ear wax accumulation; food intolerance; infertility; nail chewing; teeth grinding; tension headaches; tics	Deviation of nasal septum; smoking

Top 20 non-diseases (voted on bmj.com by readers), in descending order of “non-diseaseness”

- | | |
|----------------------|--|
| 1 Ageing | 12 Allergy to the |
| 2 Work | 21st century |
| 3 Boredom | 13 Jet lag |
| 4 Bags under eyes | 14 Unhappiness |
| 5 Ignorance | 15 Cellulite |
| 6 Baldness | 16 Hangover |
| 7 Freckles | 17 Anxiety about penis size/
penis envy |
| 8 Big ears | 18 Pregnancy |
| 9 Grey or white hair | 19 Road rage |
| 10 Ugliness | 20 Loneliness |
| 11 Childbirth | |

Has the medicalisation of childbirth gone too far?

Richard Johanson, Mary Newburn, Alison Macfarlane

Over the past few centuries childbirth has become increasingly influenced by medical technology, and now medical intervention is the norm in most Western countries. Richard Johanson and colleagues argue here that perhaps normal birth has become too “medicalised” and that higher rates of normal birth are in fact associated with beliefs about birth, implementation of evidence based practice, and team working

Genetics and medicalisation

Genetics could drive a new wave of medicalisation if genetic tests are accepted without appropriate clinical evaluation

Medicalisation, limits to medicine, or never enough money to go around?

Spending on preventive treatments that help a few is unaffordable

Medicalisation: peering from inside medicine

Professionals and lay people should work together to a common purpose

Selling sickness: the pharmaceutical industry and disease mongering

Ray Moynihan, Iona Heath, David Henry

A lot of money can be made from healthy people who believe they are sick. Pharmaceutical companies sponsor diseases and promote them to prescribers and consumers. Ray Moynihan, Iona Heath, and David Henry give examples of “disease mongering” and suggest how to prevent the growth of this practice

Summary points

Some forms of “medicalisation” may now be better described as “disease mongering”—extending the boundaries of treatable illness to expand markets for new products

Alliances of pharmaceutical manufacturers, doctors, and patients groups use the media to frame conditions as being widespread and severe

Disease mongering can include turning ordinary ailments into medical problems, seeing mild symptoms as serious, treating personal problems as medical, seeing risks as diseases, and framing prevalence estimates to maximise potential markets

Corporate funded information about disease should be replaced by independent information

Selling sickness

- Mild symptoms as portents of serious disease: irritable bowel syndrome
- Personal or social problems as medical ones: social phobia
- Risks conceptualised as diseases: osteoporosis
- Disease prevalence estimates framed to maximise the size of a medical problem: erectile dysfunction
- Impotenza femminile (Viagra rosa)

Recommendations for “de-medicalising” normal conditions

- Move away from using corporate funded information on medical conditions/ diseases
- Generate independent accessible materials on conditions and diseases
- Widen notions of informed consent to include information about controversy surrounding the definitions of conditions and diseases

Defining medicine

Medicine is politics

“Politics is nothing more than medicine on a grand scale.”

Rudolf Virchow, 1848¹

Politics is money

“[Politics is] the conduct of public affairs for private advantage.”

Ambrose Bierce, 1911²

Ergo, medicine is money

“Pliny says, in so many words, that the cerates and cataplasms, plasters, collyria, and antidotes, so abundant in his time, as in more recent days, were mere tricks to make money.”

Oliver Wendell Holmes, 1860³

Sackett DL, Oxman AD. BMJ, 2003

Paolo Vineis Nerina Dirindin
In buona salute

Dieci argomenti per difendere la sanità pubblica



GLI EDITORI



- La sanità è di fatto un grande business, con positive opportunità di creazione di posti di lavoro e poco edificanti attività di speculazione economica.
- I privati ne reclamano la gestione perché intravedono nel nostro paese grandi possibilità di sviluppo e di profitti nel settore (anche in considerazione della “limitata sorveglianza” delle Istituzioni).
- Ma la salute è troppo importante per lasciarla in mano ai privati.

Vineis P, Dirindin N. Einaudi 2004

- La sanità privata:
 - è più costosa
 - è meno equa
 - aumenta la conflittualità e le rivendicazioni sociali
 - fornisce spesso prestazioni di dubbia efficacia, ma altamente remunerative
 - tende a scaricare sullo Stato l'onerosa assistenza ai malati cronici, ai tossicodipendenti, ai non autosufficienti, ai malati di AIDS, quando non a fornire a questa tipologia di paziente un'assistenza sub-ottimale.

Vineis P, Dirindin N. Einaudi 2004

Dieci argomenti per difendere la sanità pubblica

- Investire sui servizi sanitari e sulle tecnologie più avanzate non basta.
- Consistenti evidenze dimostrano che il supporto sociale alle persone in difficoltà, soprattutto in alcune fasi delicate della vita, è efficace dal punto di vista della salute quanto l'intervento con servizi tipicamente medici.
- Inoltre, molti trattamenti clinici producono benefici solo se combinati con attività socio-assistenziali, sottofinanziate dal settore pubblico, trascurate dal settore profit e “scaricate” al volontariato.

Vineis P, Dirindin N. Einaudi 2004

Moynihan R, Smith R

Too much medicine
Almost certainly

BMJ 2002;324:883-5

Too much medicine?

- The concept of what is and what is not a disease is extremely slippery.
- It is easy to create new diseases and new treatments, and many of life's normal processes - birth, ageing, sexuality, unhappiness and death - can be medicalised.
- Some argue convincingly, however, that there is much undertreatment, suggesting a need for more medicalisation.
- The challenge is to get the balance right.

Moynihan R, Smith R. BMJ, 2002

Too much medicine?

- Perhaps some doctors will now become the pioneers of de-medicalisation.
- They can hand back power to patients, encourage self care and autonomy, call for better worldwide distribution of simple effective health care, resist the categorisation of life's problem as medical, promote the professionalisation of primary care, and help decide which complex services should be available.
- This is no longer a radical agenda.

Moynihan R, Smith R. BMJ, 2002