Tavola Rotonda
THE NON-DISEASE
Le implicazioni sanitarie, etiche, sociali, medico-legali ed economiche dell’eccesso di medicalizzazione
Conduce: Antonino Cartabellotta
Partecipano Marco Cambielli, Maurizio Mancuso, Valeria Valioni

Meador CK
The art and science of non-disease

Campbell EJM, Scadding JG, Roberts RS.
The concept of disease
Guy Scadding spent much of his life spelling out to doctors that no general agreement exists on how to define a disease.

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.

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.

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.

• 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).

<table>
<thead>
<tr>
<th>Numero di test</th>
<th>Soggetti con almeno un risultato falsamente positivo (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>20</td>
<td>64</td>
</tr>
<tr>
<td>100</td>
<td>99</td>
</tr>
</tbody>
</table>

Sackett DL
Clin Invest Med 1978
What is a disease?

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

<table>
<thead>
<tr>
<th>Property</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribution of diagnostic test results has a certain shape</td>
<td>Gaussian</td>
</tr>
<tr>
<td>Uses known or presumed percentage or proportion diagnostic test results</td>
<td>Prevalence</td>
</tr>
<tr>
<td>Cannot be additional risk for mortality</td>
<td>Risk factor</td>
</tr>
<tr>
<td>Socio-culturally desirable</td>
<td>Culturally desirable</td>
</tr>
<tr>
<td>Range of test results beyond which a specific disease is, with known probability, present or absent</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Range of test results beyond which treatment does more good than harm</td>
<td>Therapeutic</td>
</tr>
</tbody>
</table>

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.

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.

International classification of non-diseases

Has the medicalisation of childbirth gone too far?

Richard Johnson, Marc Newman, Alison Médicure

Over the past few decades, childbirth has become increasingly influenced by medical technology, and new models of intervention are the norm in most Western countries. Richard Johnson and colleagues argue that perhaps normal birth has become too “medicated” and that higher rates of normal birth are in fact associated with better overall health, implementation of evidence-based practices, and more control.

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

1. Aching
2. Wilt
3. noen
4. Baggy baggy eyes
5. Ignorance
6. Rubbish
7. Problems
8. Bag over penis
9. Grey or white hair
10. Fingress
11. Challenges
12. Allergy to the
13. 21st century
14. Utlipness
15. Cultible
16. London
17. Anxiety about penis size
18. I mean
19. Pregnancy
20. Road rage
21. Slenderness
Selling sickness

Selling sickness: the pharmaceutical industry and disease mongering

Ray Monson, Iona Heath, David Henry

A lot of money can be made from healthy people who believe they are sick. Pharmaceutical companies sponsor disease and promote their products to patients and carers. Ray Monson, 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” can 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 patient 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, seeing 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)
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.

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.

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.
Almost certainly

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.

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.