*The medicalizing of society**

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Medicine is becoming a major institution of social control, nudging aside, if not incorporating, the more traditional institutions of religion and law. It is becoming the new repository of truth, the place where absolute and often final judgments are made by supposedly morally neutral and objective experts. And these judgments are made not in the name of virtue or legitimacy but in the name of health. Moreover, this is not occurring through the political power physicians hold or can influence, but is largely an insidious and often undramatic phenomenon accomplished by "medicalizing" much of daily living, by making medicine and the labels "healthy" and "ill"relevant to an ever increasing part of human existence. This process is taking place largely through four mechanisms.

1. *The expansion of what in life is deemed relevant to the good practice of medicine.* At least three interrelated changes: a shift from concern with acute infectious diseases and epidemics to chronic debilitating disorders; a change of commitment from an etiological model of desease which emphasized specific causal agents and specific disease states to a more complex multi-causal model; and the increasing acceptance of the concepts and principles of "comprehensive medicine", psychiatry and psychosomatics, have enormously expanded the data which is or can be relevant to the understanding, treatment, rehabilitation and even prevention of an individual patient's disorder. Thus it is no longer necessary for the patient merely to divulge the symptoms of his body but also the symptoms of daily living, his habits and his worries.

It is not merely, however, the nature of the data needed to make more accurate diagnosis and treatments but the perspective which accompanies it — a perspective which pushes the psysician far beyond his office and the exercise of technical skills. To rehabilitate or at least alleviate many of the ravages of chronic disease, it has become increasingly necessary to intervene to change permanently the habits of a patient's lifetime — be it of working, sleeping, playing, and eating. In prevention, the "extension into life" becomes even deeper, since the very idea of primary prevention means getting there before the disease process starts, the physician must not only seek out his clientele but once found must often convince them that they must do something now and perhaps at a time when the potential patient feels well or not especially troubled. Certain forms of social intervention emerge even when medicine deals with some of its more traditional problems like heart disease or cancer, for example, changing a patients' eating or smoking habits either through argument or legislation. And what will be the implications of even stronger evidence which link age at parity, frequency of sexual intercourse, or the lack of male circumcision to the incidence of cervical cancer, can be left to our imagination!

2. *Through the retention of absolute control over certain technical procedures.* In particular this refers to skills which in certain jurisdictions are the very operational and legal definition of the practice of medicine — the right to do surgery and prescribe drugs. Both of these take medicine far beyond concern with ordinary organic disease. In surgery this is seen in several different sub-specialities. The plastic surgeon has at least participated in, if not helped perpetuate, certain aesthetic standards. What once was a pratice confined to restoration has now expanded beyond the correction of certain traumatic or even congenital deformities to the creation of new physical properties from size of nose to size of breast as well as dealing with certain phenomena — wrinkles, sagging etc. formerly associated with the "natural" process of ageing. Alterations in sexual and reproductive functioning have long been a medical concern. Yet today the frequency of hysterectomics seem not so highly correlated as one might think with the presence of organic disease. What avenues the very possibility of sex change will open is anyone's guess. Transplantations despite their still relative infrequency have had a tremendous effect on our very notions of death and dying. And at the other end of life's continuum sine abortion is still essentially a surgical procedure

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it is to the physician-surgeon that society is turning (and the physician-surgeon accepting) for criteria and guidelines. In the exclusive right to prescribe and thus pronounce on and regulate drugs the power of the physician is even more awesome. Forgetting for the moment our obsession with youth's "illegal" use of drugs, any observer can see, judging bij sales alone, that the greatest increase in drug use over the last ten years has not been in the realm of treating any organic disease but in treating a large number of psychosocial states.

3. Through the retention of near absolute access to certain "taboo" areas. These "taboo" areas refer to medicine's almost exclusive licence to examine and treat, that most personal of individual possessions — the inner workings of our bodies and minds. My contention is that if anything can be shown in some way to effect the workings of the body and to a lesser extent in the mind, then it can be labelled an "illness" itself or jurisdictionally "a medical problem". This jurisdictional extention is worth comment. At one time a debate might have been carried on as to whether a particular phenomenon was really a disease. Today this no longer seems necessary. For if a phenomena can be shown to be either "caused" by some recognized disease agent or to result in some medical condition, or to lend itself to prevention or treatment by some medical intervention, then it comes under medical purview and control. In a sheer statistical sense the import of this is especially great if we look at only four such problems — ageing, drug addiction, alcoholism, pregnancy. The first and last were once regarded as normal natural processes and the middle two as human weaknesses. Now this has changed and to some extent medical specialties have emerged to meet these new needs. Numerically it expands medicine's involvement not only in a longer span of human existence but opens the possibility of its services to millions if not billions of people.

Partly this foothold in the "taboo" and partly through the simple reduction of other resources, the physician is also increasingly becoming the choice of help for many with personal and social problems.

4. Through the expansion of what in medicine is deemed relevant to the good practice of live. Through in some ways the most powerful of all "the medicalizing of society" processes, the point can simply made. Today the prestige of *any* proposal is immensely enhanced if not justified when it is expressed in the idiom of medical science. To say that many who use such labels are not professionals only begs the issue. For the public is only taking their cues from professionals who increasingly have been extending their expertise into the social sphere or call for such an extension. A look a the New York Times in a recent year vielded medical and psychiatric commentaries on such diverse phenomena as hippies, race riots, black power, juvenile dilinquency. The use of heroin, marihuana and LSD, college dropouts, racial and religious intermarriage, disrespectful children, civil-rights workers, divorces, war protesters, non-votors, draft resisters, and female liberationists. A recent Presidential address to the British School Health Service group called for action on the following "health problems": Poverty and slum or new slum housing, behavior and emotional difficulties, maladjustment, juvenile delinquency, drug taking, suicide, children in care, veneral diseases, teenage illegitimate pregnancies, abortion. To these which were singled out for special attention, were added the more traditional problems of children with visual, hearing, physical handicaps, those with speech and language difficulties, the epileptic, the diabetics, the asthmatics, the dyslexics, the emotionally, the educationally and intellectually retarded. One wonders who or what is left out! The rhetoric extends even more broadly into the political sphere. One hears of the healthy or unhealthy economy of the state. More concretely the physical and mental health of U.S. presidential candidates has been an issue in the four last elections and a recent book claimed to link faulty political decisions with faulty health.

Conclusion. Thus in many unwitting ways, medicine has become more and more relevant to daily living. This extension into society is, however, not the result of any professional imperialism. If we search for the why of this phenomenon we will see it rooted in our increasingly complex technological and bureaucratic system — a system which has led us down the path of the reluctant reliance on the expert. The issue before us is not only whether medicine is able to assume such a burden but whether it should. For any reliance on an expert can only be made at a cost to individual liberty and freedom.