

PHILOSOPHICAL REFLECTIONS ON THE LIMITATIONS OF CONVENTIONAL MEDICINE

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ABSTRACT

The central objective of this paper is to show that although contemporary western medicine represents a valuable approach to health, it lamentably remains an incomplete framework within which the achievement of its goals can be realised. In what follows we shall thus endeavour to establish that the philosophical presumptions underpinning the [western] medical-industrial complex in dealing with many modern day health problems are fundamentally misguided. Moreover, we shall argue that in certain contexts there has been both a misuse and abuse of its position of institutional power. This being so, we shall see that Medical Science, especially in regard to its liaison with the pharmaceutical industry, has been corrupted in the pursuit of profit, leaving the interests of people's health largely in the hands of the medical drug industry. Lest we be misunderstood, let us make clear that we make no pretence of denigrating the importance of conventional medicine and its quite remarkable achievements, though this is not to say that the dominant materialist foundations of the methodological approach to advancing community health represent a sufficient description of the wide array of our health problems. Our argument is that although Conventional Medicine is an extremely valuable orientation to our current health problems, it remains an incomplete paradigm of healing in regard to chronic and degenerative diseases such as cancer and diabetes.

INTRODUCTION

In what follows we shall argue that one of the major problems with medical science is that it creates an army of discipline specialists to whom the general population pledge their allegiance, and in so doing, relinquish their own responsibility for aspects of their personal health which they could readily be educated to manage through a deeper understanding of what is now known as 'life style medicine'. Because medical science has, as we shall see, exaggerated many of its purported achievements, such as the diminution of infectious disease, it has covertly encouraged people to put their faith in a techno-

materialist healing industry which serves to provide healing strategies and techniques for the little more than 10 to 15 percent of the contemporary health problems which confront the western world. To significantly advance the overall health of a community people it is clear that people need to be educated to understand more deeply the extent to which their wanton lifestyles have compromised their health, on the one hand, yet could be reconceptualised to improve their state of health on the other.

It is salutary to remind ourselves that the pedagogic provisions proposed here should not be reduced to an argument about the superiority of one lifestyle versus another, as is illustrated by the many cavil-some debates about which diet is best. There is a plethora of reasons why the traditional debate regarding diets evinces a misunderstanding, one of which is that allergies to food have now reached epidemic proportions. Because people's nutritional needs are different, as are religious-based restrictions on particular foods, it is unsurprising that certain diets will suit some people better than others. Accordingly, the same is true of lifestyles that promote gluten free or kosher diets, and others which do not.

This being so, there is a more subtle challenge which is not simply about prioritising comparative dietary or lifestyle dispositions. It is a challenge rather to the vested interests of power which manipulate these very factors. It is a challenge to the power brokers who control the promotion and availability these lifestyles to suit its own purposes of vested interest, denying to the population the educational information and understanding that would otherwise enable people to make informed choices about the ways in which they should be living and treating their bodies.

This process of manipulation involves more than just a denial of the freedom of choice. Rather, it represents an egregious violation of the right to the very information that serves as the precondition of freedom; the conditions that ensure that freedom is real, meaningful, and fruitful. The violation here signifies that a fatal blow has been struck by the power brokers to extirpate the conditions under which true freedom can persist and intelligent choice survive. What has been commandeered here is the access to the capacity for reflective intuition that can only be exercised when the pertinent facts are made available in an educational setting, not withheld.

The challenge is not against genuine authority; it is against the spurious use of positions of civic responsibility, and the misuse of authority galvanised by the power of institutional vested interests which exploit the very population it was meant to protect.

Our exploration is not directed so much against a medical body of facts; it is against the misrepresentation and *mis-use of those facts*, which has become a far more endemic dimension of materialist techno- medicine than has been acknowledged. .

Similarly, our argument is not intended to militate against the statistics gathered, but rather, to expose the *distortions and misrepresentations* that are made in using statistics to proliferate institutional *aggrandisement and commercial returns of huge vested interest, as is well illustrated by the pharmaceutical industry.*

Nor is our argument an attack on individual doctors whose noble work and efforts are all too often marginalised. *Our objective is in no way intended to denigrate the integrity of the undaunted efforts doctors make to help make well the sick people who come to them by relying on the predominantly chemical treatments with which they have been inundated.* There are obviously areas of crisis medicine which are of critical importance, and no one should have to do without it—as is well exemplified in cases where the emergency treatment required to deal with injuries from terrorism or other forms of societal violence, automotive crashes, sporting, or industrial accidents, to name just a few. There is no doubt that Crisis Medicine is a vital and enormously effective dimension of modern medicine that we cannot live without.

“Health Care” in crisis: Medicine’s shortcomings—and gains!

Whatever the shortcomings of contemporary medicine may be, it has succeeded in gaining for its practitioners and shareholders a greater share of the Gross Domestic Product of western countries than any other industry or professional group that has ever existed. It has engineered the greatest peace-time transfer of wealth in the history of the planet.

This *represents an astonishing economic achievement*; but its ability to deliver effectively “health for all” is problematic. Modern medicine’s shortcomings, although previously and variously intimated, need restating and elaboration the importance of our position.

What is needed is honest assessment and appraisal of the strengths and weaknesses of modern medicine. By way of elucidation, it is necessary to recognise the monumental strengths of conventional medicine and make transparent its weaknesses and indiscretions which have

traditionally not been recanted. . One plausible reason for this is the high status that modern medicine has accorded itself in the area of health. According to Willis,

“Medicine dominates the health division of labour economically, politically, socially and intellectually. This phenomenon of medical dominance is the key feature of the production of health care in Australian society and the central analytical focus in explaining the social structure and organization of health care.” (Willis, 2)

Willis continues: Medicine

“is dominant in relations between the health sector and wider society; doctors are institutional experts in all matters relating to health. The effect of this is that state patronage for other health occupations has been historically contingent upon medical approval or at least acquiescence. Registration has traditionally been on terms acceptable to medicine or not at all.” (Willis, 3)

In stating that “doctors are institutional experts in all matters relating to health”, Willis is not implying or asserting that doctors, either collectively or individually, actually *have* such expertise. Rather, he is suggesting that, by virtue of its elevated place in society and its position of dominance, medicine *assumes* a monopoly on an all-encompassing expertise on virtually every area of health, thus imposing its sociocultural dominance on other alternative orientations to health such as chiropractics . In fact, modern medical training does not concern itself *sufficiently* with *the extirpation of disease, being more concerned* with the *eradication of the symptoms of disease*. It concerns itself *primarily* with the “effects” of disease and their “cures” rather than *their aetiology*.

Nor can we look to medicine to reform itself, because once *having gained its sociocultural position of power*, it is reluctant to allow *its prestige to be diminished*. —as seen in “*Promoting Health*.” (Wass).

The Transition to a New paradigm

A new and more comprehensive paradigm of medicine is needed; a conceptual framework within which the goals of health are also addressed in predictive and preventive terms (Cheraskin &

Ringsdorf, 1973); and where curative-symptomatic medicine is ultimately recognised as only a stop-gap measure, a means of last resort.

At the moment, the boundaries of conventional medical education are rigidly circumscribed. This dimension of medical myopia is reflected by the fact that the majority of the US government's health budget is devoted to “curative” procedures and measures. Prevention is not even a poor cousin—hardly even a distant relative—to modern medicine. Many procedures described as “preventive” by modern medicine are in fact constituted by diagnostic and/or screening tests, and in themselves do little to prevent the relevant diseases they analyse. Such screening tests as mammograms and pap smears fall into this category. In Australia, regardless of the huge benefits that could be delivered by lifestyle changes, the promotion of lifestyle medicine receives little more than 4.4% of the national health budget which is dominated by the pecuniary and financial allocations promised to vested interest groups. We argue that modern medicine represents a response to a certain *urban* way of thinking about health and well being. *The medical establishment* finds both its greatest opportunity and the scenes of its greatest failures in the culture of the city. Modern medicine is *in essence* a response to the consequences of modern living. Ultimately, modern medicine *is* a product of the city—or rather, what we shall call '*city-think*'. In the “city”, medicine finds its greatest opportunity for expansion, and its greatest opportunity for profit.

If meaningful progress is to be made towards improving community health, a paradigmatic change will need to be made in the way health is conceptualised, not only in medical education, but in the attitude of the population at large which is obsessed with the symptomatic 'quick fixes' provided by chemical drugs or surgical intervention. At the moment we have a monolithic, mercurial structure called 'medicine' that stands like a colossus across the land, sustained by a population that is hoodwinked into believing that it is within this colossus that their salvation resides.

At the moment, for every dollar spent on preventing disease by extirpating the consequences of profligate living, the colossus of medicine swallows up \$20 on medical practices directed towards the treatment of the symptoms of disease, rather than their causes.

What is needed is a paradigm which can redress this huge imbalance in expenditure, or the current situation will continue indefinitely. Given the mammoth pecuniary interests that orthodox medicine has in preserving the *status quo*, the new paradigm will have to address the limitations of myopic medicine and commit to developing educational programs for people of all ages which advance our

community understanding of relevant lifestyle changes which become embedded in the reform of the current medical system. HERE It would appear that the hope of the population in developed countries, and increasingly in developing countries, will depend in large measure on an informed and motivated population. This is a *matter of education, and there is a level of intelligence required* as to how human physiology works, so that the life style threats to well being that are *environmentally engendered can be recognised and addressed*. Interestingly, Illich regards the very existence of modern medicine as one of those threats. *REF? It is clear that education could play a powerful role in encouraging people to take a much greater responsibility for their personal health, and in so doing, make a real difference to turning around the health challenges of the developed world . If the money now being poured into conventional health services in developed countries was redirected to public health education in the developing world , coupled with the implementation of public health measures pertinent to their health problems, the developing world would be spared many of the pitfalls of modern “curative” medicine.*

Conclusion

To summarize, there are two reasons for addressing the subject of health in the current context:

1. Never in the history of the human race has so much money, *and* resources, been expended on “health”, and yet *the* health of the population, especially in developed countries is failing to *improve significantly* to this massive *investment*.
2. Further, the current paradigm of modern medicine *is being increasingly imposed on the developing world, without sufficient proof that the conventional medicine it offers is well-suited to the medical problems of the contexts in which is applied.*

In the light of having now set the context for this analysis, it will now be apposite to elucidate our conclusions more determinately.

1. *to reflect critically on what we identify as the 'paradox of contemporary medicine' , namely, that increasing amounts of money are being poured into the enterprise of medicine, but without the improvement in community health that has been expected.*

2. to assess the suitability of the current medical “system” as an *effective and financially viable* approach to *the management of health* problems;
3. to explore the reasons for the failure of modern medicine to address these challenges— despite claims and illusions to the contrary; and finally,
4. to propose and promote a little-known but already well established and proven, workable alternative to the current mainstream approach.

