Chapter 161
Modern Medicine... Hope or Hype

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I would suggest that the whole imposing edifice of modern medicine, for all its breath-taking success, is, like the celebrated tower of Pisa, slightly off balance.

—Charles, Prince of Wales (1948 - )

INTRODUCTION
The helping hand and healing touch of a physician replaced with vigorous application of new technology in the field of medicine has altered the relationship between the doctor and patient. Specialized physicians know more and more about less and less; doctors treat diseases rather than people; medical schools teach the science but ignore the art of medicine; medical technology has outpaced moral understanding; and hospitals have become cold, impersonal mazes.1

A 3,000 years tradition, which bonded doctor and patient in a special affinity of trust, is being traded for a new type of relationship. Healing is replaced with treating, caring is supplanted by managing and the art of listening is taken over by technological procedure. Doctors no longer minister to distinctive persons but concern themselves with fragmented, malfunctioning biologic parts. The distressed human being is frequently absent from the transaction.2

The time has come to abandon disease as the focus of medical care. The changed spectrum of health, the complex interplay of biological and non-biological factors, the aging population and the inter-individual variability in health priorities render medical care that is centered on the diagnosis and treatment of individual disease at the best out of date and at worst harmful. A primary focus on disease may inadvertently lead to undertreatment, overtreatment or mistreatment. Clinical decision-making for all patients should be predicated on the attainment of the individual goals and the identification and treatment of all modifiable biological and non-biological factors, rather than solely on the diagnosis, treatment, or prevention of individual diseases. Medical care must evolve to meet the health care needs of patients in the 21st century.3

"Medical Nemesis" by Ivan Illich has become a key document in the case against modern Western systems of medicine. According to Ivan Illich, "The medical establishment has become a major threat to health," modern medicine has not been designed to treat epidemics of disease; rather, modern medicine is itself an epidemic, and a virulent one at that. Like any pestilence, it must be defeated. According to Illich, progress in medical science has done little except expand the disease burden associated with medical interventions. Contemporary medicine and its product, iatrogenic disease, are little more than man-made misery. To talk of doctors' effectiveness is therefore to indulge in myth. Western medicines, according to Illich, "redefine, but do not reduce morbidity." Treatments commonly lack evidence to support their widespread use. Doctor-inflicted injuries are now being recognized as a major source of illness in their own right. Patients are becoming overdependent on their physicians, and on the drugs they prescribe. Doctors are less concerned with the sick than they are with sickness. Their hospitals are nothing more than a museum of disease. It is within this "specimen house," that patients become "cases" to be studied and discussed, as objects of scientific curiosity. An overindustrialized economy has created an overmedicalized society. Illich predicted that hospital-based medicine was approaching a crisis.4

Today, the proliferation of technology and technodrugs has changed expectations as well as techniques. Perfect health (or, at the minimum, improved well-being) is too often viewed as the patient’s right and the physician’s responsibility, no matter what the patient’s fitness or condition. Anything less is viewed as substandard medicine. People expect absolute cure without any risk, complication, pain or pressure. There’s a belief that the more technology is applied, the better the outcome. Not only that, while the patient is subjected to diagnostic testing, probing, medicating and operating—all with no-risk, no-pain, 100% guaranteed results, the medical professionals are expected to keep the customer satisfied with super service.

We concentrate on diseases and their possible cures rather than on the people who suffer from them. We tend to assume that “the doctor” is a certain type of person, practicing in a standard way for the benefit of the patient. We pay too little attention to variety in doctors and their individual beliefs, motives and desires. We give no thought to the various needs that need to be met while practicing medicine. We mislead ourselves partly because we tend to look first for the latest discovery, the new, fashionable treatment, the most recent breakthrough. In this, we are strongly encourage by the media and the pharmaceutical industry. We often concentrate on what is new without examining it carefully. What has been discredited is pushed to one side; what is outmoded is dropped and ignored; what is new fills the headlines and soon afterward, the textbooks.

Though, the great physician William Osler said, “It is much more important to know what sort of patient has the disease, than to know what sort of disease the patient has.” “This is not the attitude of modern Western medicine. The emphasis on the ‘lesion’ (the anatomical abnormality) and the disease have become more conspicuous, as investigations and treatment are more objective, complicated and scientific.”5

The evidence-based medicine has many advantages and disadvantages. As long as the patient’s illness can be successfully accommodated within the boundaries of medicine, it has a good
General

chance of cure, or at least of alleviation. If it cannot be fitted within those boundaries, scientific medicine has little to offer and may even do harm. Scientific medicine rejects all concepts of “vitalism.” Scientific medicine is strongly geared to be progressive, and encourages this belief in society, by producing and marketing spectacular advances in knowledge and practice in specific areas, with dramatic discoveries and cures. These phenomena, sometimes genuine, sometimes disappointing, are often glamorized by media hype that goes far beyond the claims of the physicians and medical scientists responsible for them. This hype encourages patients to demand the latest treatment and incites doctors to use it. Sometimes these discoveries and cures save people from death or greatly improve the lives of sufferers, but they can also cause disappointment and devastation. Hype within the profession encourages a tendency to apply a reportedly new or successful method of treatment to more patients, than decide as to who will benefit from it. As a result, hopes are unfairly raised and doctors become skilled at the expense of some of their patients.

Moreover, those who practice Western medicine seldom confront the fact that many of its advances are developed at the cost of numerous lives and that, even though they are outstandingly successful in general, they do not always succeed in individual cases. For instance, the uncomfortable life of a person with arthritic hips may become much worse if the hip replacement operation in unsuccessful. A person who has a failing heart may deteriorate or even die as a result of surgery or medical treatment rather than the disease itself. Conversely, forms of “miracle” treatment may save or transform the lives of individuals, which makes such treatment seem generally attractive, but their effect on mortality rates is seldom impressive and there may well be long-term side-effects and disadvantages.

It is general knowledge that more lives are saved by improvement in diet, hygiene and living conditions than by medical interventions. For most doctors, though, actively treating patients, saving lives, solving problems and pushing forward the frontiers of knowledge are more attractive rather than persuading people to change their diet, lose weight and stop smoking.  

Today’s practice of evidence-based medicine has resulted in the dependence on investigative tools thereby leading to an abnormal increase in the cost of treatment. Most tests incur some physical risk and investigating a patient often causes anxiety. A balance has to be struck between the cost of investigations—physical, emotional and financial, and the benefit which might accrue from treatment of the suspected illness. There is little point in over-investigating a patient to exclude an improbable diagnosis when no treatment is available for that condition. However, the risk of not making a diagnosis of a treatable condition, however rare it might be, has also to be taken into account. It should never be forgotten that a diagnosis is made primarily for the patient’s benefit and not the doctor’s, especially when no benefits can be seen in pursuing a diagnosis.

It would be a retrograde step, however, not to aim for a diagnosis in the first place.

RISKS OF TOO MANY TESTS

Newer diagnostic tests are aggravating the problem of excessive care. CT and MRI scan offer amazing picture of the inside of the body. But they also reveal tiny abnormalities that would once have gone unnoticed. Perhaps 85% of patients with back pain cannot be given a definitive diagnosis, despite the best medical evaluation. X-rays and MRI scan often cannot distinguish which is the true source of an individual’s pain. And we know that bulging, degenerated and even herniated discs in the spine are common among healthy people with no symptoms. When doctors find such discs in people with back pain, the discs may be irrelevant, but they are likely to lead to more tests, patient anxiety and perhaps even unnecessary surgery. In fact, rate of surgery for back pain are highest where MRI rates are the highest. In randomized trials, we found that doing an MRI instead of a plain X-ray led to more back surgery, but did not improve the overall results of treatment.

Many of these abnormalities are trivial, harmless and irrelevant, so they have been dubbed “incidentalomas”. Nonetheless, these incidentalomas sometimes get treated. It is easy to be fooled into thinking that if the patient does fine, it is because we found an abnormality and treated it. But with an incidentaloma, the patient was destined to get better anyway because the condition was a non disease to begin with. However, patients are grateful for a good outcome and often attribute their success to finding the abnormality early on. In addition to unearthing unimportant abnormalities, every diagnostic test is occasionally wrong. Just as every treatment has some risk of side effects, every test has some risk of inaccurate results. False positive refers to a positive test in someone who really does not have the disease. These false-positive and false-negative test results can mislead both doctors and patients. Interpretation of test results is rarely straightforward. Statistically speaking, the more tests you have, the more likely it is that you will have an abnormal result. Although doctors often identify erroneous results through repeat testing or ancillary tests, false positive can result in unnecessary anxiety and unnecessary costs. And they can sometimes lead to disastrous mistakes in treatment.

Medical treatment is more effective when standard pharmacological intervention is combined with the management of emotional distress. Sick people need physicians who can understand their disease, treat their medical problems and accompany them through their illness.  

It is not enough for physicians to mean well; the physician must know enough to do well. The efficiency and the effectiveness of medical interactions will be enhanced if the physician can converse with concern and thereby create an everlasting impression. Without knowledge, empathy and the highest ethical standards, no one can truly be a good physician. A physician steeped in the art, knows the value of kindness, sympathy and care in the healing of a patient. The art of medicine remains all-pervasive even when its science fails or has reached its utmost limits. When all the marvels of science are of no avail to unfortunately ward of the fatal end, it is well to remember the time honored Hippocrates’ aphorism “cure rarely, comfort mostly but, console always” which we cannot afford to forget.

When I went to the scientific doctor
I realized what lust there was in him to
wreak his so-called science on me
and reduce me to the level of a thing
So I said: Good morning! And left him
—DH Lawrence
REFERENCES