REVIEW ARTICLE

A CULTURAL CRITIQUE OF MODERN MEDICINE

anant phadke

The Cultural Crisis of Modern Medicine, John Ehrenreich (Edited), Monthly Review Press, New York and London, 1978, 300 pages, $7.50

It is quite often alleged that marxism is interested only in the economic aspects of society or a part of it. But this view is at best a misunderstanding. Marxism does attach primary importance to the analysis of the process of social production ("economic aspect") of any society but it is also quite concerned with a concrete analysis of the superstructural aspects. In the field of analysis of Health (determinants and dynamics of health status of the people) and Medicine (as science and technology and as system of professionals geared to intervention based on this science and technology) marxists have given due primary importance to the political economy of health. But the ideological/cultural aspects of health and medicine have also been analysed by Marxists. *The Cultural Crisis of Modern Medicine* is one of the most important contributions in this field. What follows is more of an introduction to this book than a critical review.

The book is a collection of a dozen essays abridged, and edited by John Ehrenreich. In his lengthy introduction, John Ehrenreich first traces the historical and political origins of the "cultural critique" of modern medicine. Ehrenreich alleges that the political, economic critique concentrates its fire on the inequitable distribution of health-services, on the problems of organisation of medical-care, and is not much concerned with the nature of medicine itself. Ehrenreich is not entirely correct in his assertion. There are marxist analysts who analyse the political economy of health not primarily from the standpoint of distribution of medical services. For example, *The Political Economy of Health* by Lesly Doyal and Imogeh Pennel is primarily concerned with showing the relationship between phases in the bourgeois economic development in Britain with the development of Medicine and it shows the ideological/political role of medicine at different historical junctures in England. It is however true that traditional marxist analysts have almost exclusively focussed on the lack of proper medical facilities to the poor and on medicine as a money making industry.

Ehrenreich points out that the question of the purpose and nature of medicine was brought forward by the women's movement, and movements of minorities who pointed out that in their experience, medicine was not so much a helpful measure as a tool of ideological, and cultural domination. Along with the radical community movements, the other sources of cultural critique were some critical health analysts (Dubos, Mckeown, Powls, Illich) who showed that modern medicine has not at all been as effective and beneficial as it is made out to be. Most of the infectious diseases in Europe were well on the way out before the era of antibiotics. When antibiotics came, the West had by then acquired the so-called diseases of industrialisation, cardio-vascular diseases, accidents, cancer, psychological and geriatric problems, and so on for which medicine has not much to offer in real terms.

Ehrenreich in his introduction also points out the problems of a cultural critique. For example when one says that the existing system of Medicine is not very effective, or helpful, this gives a ground for conservatives and reactionaries to argue for a reduction in the subsidised, social medical-care-programmes. In backward, developing societies, even a rise in the availability of conventional medicine can help to improve the health status of the population. In such countries a cultural critique is not a priority, though it is still relevant in such situations. In such situations what is needed is more medical care and also a better one, a helpful one and not as a tool of domination. He points out other problems such as dependency, professionalism, problems of technology. Capitalism has given a particular shape to these problems. We should reject their capitalist form but the problems in Ehrenreich's view do not end there and hence concrete socialist alternatives need to be worked out.

Medicine and Social Control : The Book is divided into three parts. The first Section consists of three essays which deal with how modern bourgeois medicine acts as one of the mechanisms of **Social Control**, of perpetuating and consolidating bourgeois social norms and ideology. *Medicine and social control* by Barbara and John Ehrenreich makes a critique of Talcot Parson's (the famous bourgeois sociologist) concept of 'sick-role' which governs the understanding of the relations between the sick-person and

the society in bourgeois society. The medical profession decides as to who is sick and how a sick person should behave. A particular person may be pronounced as below normal, or neurotic even if he/she is just different from or rebelling against what the doctor and the bourgeois ideology regards as normal. A worker may be ill, but the doctor may declare him to be normal and fit for work so that the employer does not have to give any concessions to the worker during his illness. Like law or religion, these medical verdicts cannot be challenged. This power of the medical profession is one of the mechanisms through which people are made to behave in the way in which bourgeois society wants them to behave. The authors show that the medical social control could be either disciplinary or cooptive. Disciplinary control mainly directed against the poor, discourages people from saying that they are sick by making sickness an unpleasant, painful episode--- long waits at the doctor's clinic, unpleasant reception by the medical profession, costly, painful treatment and so on. Cooptive control, on the other hand coopts the recipient of medical care (mostly well-to-do, rich people) into the dominant mainstream of social-cultural life by creating, and reinforcing a certain stereotyped understanding of what constitutes proper social behaviour. There has been a tremendous increase in the jurisdiction of the medical profession (from brith to marriage to old age), in the availability of medical services, and through these two, in the dependency of the people on the medical profession. The authors show how the situation of interaction between the highly trained, higher-middle-class doctor and a patient from a poorer or a minority community or a woman is a fertile situation for conveying ideological messages and cultural values; and how this is done in the U. S. today. This framework is a good starting point for us here in India to explore our own situation here.

Irving Kenneth Zola in *Medicine as an Institution of Social Control* continues with the same theme and further unravels the ramifications of this mechanism. Her analysis however, focuses exclusively on the domination of the medical profession without linking it with the capitalist character of today's medicine and today's society. It reads more like a radical attack on modern medicine as such, and not on its capitalist character. Nowhere does Zola make a distinction between the capitalist limitations of modern medicine and the potentialities created by it which can be used in a socialist society.

Marc Renaud in *Structural constraints to state intervention in Health* first shows how the medical profession, even after the advent of modern medicine, has played a very small role in the improvement in the health of the people. He quotes important authorities to back-up his statements. He then shows how, by their very nature, the incidence and effects of the so-called diseases of industrialisation (for example, cardio-vascular diseases) are not amenable to curative services. So long as the profit-seeking giant corporations continue to decide what we eat, what work we do and how we live and travel, which consumer goods we shall use, ill health is going to continue. The state allows this basic mechanism of production of illness on a social scale unaffected. It also allows the commodification of medical-care. All it does is rationalise the access to medical care and make it less costly. But the drug-industry and the health-industry in general, would continue to live happily. The manufacturers of ill health would then continue to accumulate profits as before. The bourgeois state is not prepared to stop the production of surplus-value even if it threatens the health status of the people; it cannot stop the commodity character of medical care. This is the limit of state intervention in bourgeois society. Renauds analysis is a good concrete case study of the limitations of state intervention in bourgeois society and a solid indictment of the limitations of medical care in this society.

Women, Illness and Medicine :-The second section of the book consists of five concrete case-studies which demonstrate how medicine in bourgeois society acts as one of the mechanisms of social control over women. In *Sick women of the upper classes* Barbara Ehrenreich and Deirde English show how medicine in 19th century Britain reinforced stereotyped images of women that they are inherntly prone to illness, and that they ought to be frail, and engaged only in "feminine pursuits" like decoration, courtship, motherhood. If a woman were to engage herself in social, intellectual activity, she would be regarded as being abnormal and inviting illness. By "women" the medical profession meant only upper-class women since it had a vested interest in the cult of female invalidism among its upper-class clients. Medicine gave a "scientific basis" to the male-chauvinistic ideas by proposing "scientific" theories which had no real scientific basis. Scientific knowledge of how sexual, and reproductive organs function did not exist then. This opened a wide door for the male prejudices amongst medical men to be propagated as scientific opinions. medical treatment was more of a punishment. It is quite a shock to read about the barbaric methods of treatment empolyed by doctors

to treat women including the application of leeches, blister-producing counter-irritants to genitalia, removal of the ovaries (for "conditions" like troublesome menses, eating like a ploughman, erotic tendencies, dysmenorrhoea...!) and others. The account of hysteria by the author is also extremely revealing. This short essay is one of the most damning indictment of medicine in the 19th century.

It is quite a surprise to learn that doctors were opposed to the birth-control movement as late as the 1920s. Linda Gordon in her piece on *The politics of birth-control* documents this opposition and the reasons for it. She also shows the connection between the left, the feminist and the birth-control movement, and how later, due to the problems created by World War I, the birth-control movement lost the leftist political edge. Later, the medical profession instead of oppossing birth control, decided to co-opt and monopolise it. With their entry and with the decline of the role of the left, the birth-control movement no more remained a people's movement. Along with the feminist birth-control movement, there was the tendency in the U.S. of new eugenics. The essential argument of this eugenics was that unfit people such as criminals, and paupers, were genetically inferior. They were therefore, interested in the compulsory birth-control for these "enemies of civilisation." Because of the lack of strong anti-racist traditions in the U.S., even the feminist used the eugenics arguments for the propagation of the birth-control movement. This, together with the lack of interest of the leadership in "reformist peripheral": issues like birth-control, resulted in the decline of the paople's birth-control movement and made it into one dominated by conservatives, reactionaries, racists and the ilk. In the 1930's however, eugenics fell into disrepute because Hitler's Nazi Germany took it over. This zigzag movement of the status of birth control makes very interesting reading.

The next three articles show how the ideology of sexist or of scienticist, commercial professionalism affects clinical practice even today. Doris Haire in her *Cultural warping of child birth* makes a point by point critique of the various technical measures employed by American obstetricians for conducting deliveries from confining the normal woman to bed, to shaving the birth area, to Routine Electronic Foetal Monitoring. She argues that all these interventions are not really indicated and that they are not beneficial to patients but to doctors and to commercial interests. It is because of these unnecessary and potentially hazardous medical interventions that the U. S. is outranked by 14 other nations in the low rate of infant mortality although the U. S. is the most prosperous and advanced nation in the world. The U. S. leads all other developed countries in the rate of infant deaths due to birth injury and respiratory distress such as postnatal asphyxia and atelectasis. The reason ? - monopolisation by doctors of midwifery (unlike in Europe) and their overintervention-list strategy. One cannot disagree with Doris Haire. One may add that even in countries like Britain with a long history of legal, expert, trained midwifery, doctors more or less decide the strategy of intervention and the midwives have to follow it. The midwives are fighting this out and are putting forward a series of arguments, facts, figures, and alternative practices. This disease of monopolisation and overintervention is no longer unique to the U. S.

The other two essays in this section focus on the sexist biases in the medical textbooks. Mary Howell exposes the paediatricians whereas Dianna Scully and Pauline Bart pin down the gynaecologists for their sexist bias and their ignorance about female sexuality. Like other articles in this book, these are also made up of quite concrete stuff.

The third section of this book deals with **Medicine and imperialism**. Frantz Fanon in his *Medicine and Colonialism* depicts the hatred, distrust, and alienation felt by the Algerian people towards their colonial masters and their doctors. Most of the doctors owned land or some business and were directly a part of the exploiting system, even of political oppression and torture. This explains the ill-feeling of the Algerian people about these doctors. As opposed to this, the Algerian people were extremely cooperative, helpful to the health programmes and to the doctors of the National Army of Liberation. It is difficult to fully appreciate the situation in a colonial country for those of us from the younger generation who have never experienced it. But Fanon has made his point clearly.

E. Richard Brown in his *Public Health in Imperialism* shows how the Western interest in tropical diseases and public health in tropical countries was motivated by their imperialist interests. The American imperialists wanted an overall penetration into South America for higher profits. But the productivity of these people was low. The reason for their "laziness", was found to be diseases like hook-wom. Hence the Rockfeller Foundation's first act after its inception in 1913 was to create an International Health Commission to extend worldwide the hook-worm and public health programmes initiated in the U.S. The programme against hookworn in Costa Rica

succeeded and resulted in a 50 percent rise in labour productivity. The Rockfeller Foundation had quite clearly expressed why it put a priority on the hookworm programme. "On account of the direct physical and economic benefits resulting from the eradication of the disease and also on account of the usefulness of this work as a means of creating and promoting influences." This latter element was as important as the first one. Brown convincingly shows how. Brown clearly welcomes the betterment of the health status of the population but shows that the chief aim of these programmes was to prepare better conditions for the accumulation of imperialist capital, and people's health was subservient to this aim. He shows that Health was defined as the capacity to work and other aspects of health were neglected.

James Paul in his short essay *Medicine and Imperialism* puts forth an overall picture of the relationship between the two. He considers five "principal features of medical imperial politics— (1) physicians as covert diplomats; (2) physicians as propagandists and spies among colonial people; (3) medicine as a vehicle for imperialist propaganda in the metropolitan centre; (4) colonies as territories for medical sales and medical experimentation; (5) Medicine as a vehicle for establishing and maintaining the exploitative social relations." His analysis is, however, exclusively based on the colonial experience and it has to be seen as to whether and how many of these five features continue in post-colonial imperialism and whether any new features are added. (For example : the question of brain-drain) The distinctly new phase of imperialism after the World War II must be borne in mind. Many marxists mistake colonial imperialism in general and hence generalise from the colonial experience. James Paul's analysis tilts towards such misinterpretation. He however points out that the contradictions of "imperialist medicine" and hence the possibilities of revolutionary change. It would be worthwhile to study the relationship between imperialism and medicine in India, keeping in mind the five features discussed by James Paul.

The last article in this section traces the relationship between the military and medicine. It shows how medicine has on many occasions not been above nations, and how it has directly, and indirectly helped war-efforts. This much is not surprising. What is more startling is the conscious effort of invaders to use medical work to boost up the image of the conquering nation. Howard Levy has successfully shown with the help of quotations from military men how this occured in the case of the American Army in the fifties and the sixties, especially in the Vietnam War.

On the whole, the book is rich and wide-ranging in the historical material it contains which exposes the ideological role played by medicine in bourgeois society. It does not, however, show the correspondence between the different stages of the development of capitalist economy and the development of health and medicine. This is partly because of its character as a collection of essays. But that in itself cannot explain this weakness. Secondly, the contradictions in medicine in bourgeois society are no where posited clearly, emphatically. The analysis therefore can be misunderstood as an attack on medicine as such and not on its bourgeois form. Morever the possibility and necessity of revolutionary change does not emerge because of this failure to point out the contradictions in today's medicine. Though not a very systematic account in this sense, this collection of incisive and very absorbing pieces of historical analyses is one of the most important and useful additions to the marxist analysis of medicine in bourgeois society. It is essential reading for anybody wanting to understand the nature of medicine in capitalist society.

(Contd. from page 44)

Appendix 2

DEVELOPMENT OF HEALTH INFRASTRUCTURE IN INDIA

Year	Doctors	Hospitals	Beds ('000)	Dispensaries	PHCs	Sub Centres	Pharmaceutical Production Rs. in Crores	
							Formulations	Bulk
1951	59, 338 (1950)	2694	117	6515	725 (1951-56)	—	10	—
1965	99,779	3900	295	9486	4793 (1967)	17,521 (1967)	150	18
1975	1,97,650	4023	404	11295	5293	33,616	560	130
1981	2,68,712	6805	477	28312	59511	51,192	1,430	289

Source : *Health Statistics of India*, 1971-75 and 1982 Central Bureau of Health Intelligence, Government of India, 1971-75 and 1982.
Health for All : An alternative Strategy, Indian Institute of Education, Pune. 1980.
OPP Bulletin, July-August, 1983.

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If you wish to write on any of these issues do let us know immediately. We have to work three months ahead of the date of publication. which means that the issue on Women and Health is already being worked on. A full length article should not exceed 6,000 words. You will appreciate that we have a broad editorial policy on the basis of which articles will be accepted.

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A Worker's Speech to a Doctor

We know what makes us ill
When we are ill we are told
That it's you who will heal us.

For ten years, we are told
You learned healing in fine schools
Built at the people's expense
And to get your knowledge
Spent a fortune.
So you must be able to heal.

Are you able to heal ?

When we come to you
Our rags are torn off us
And you listen all over our naked body.
One glance at our rags would
Tell you more. It is the same cause that wears
Our bodies and our clothes.

The pain in our shoulder comes
You say, from the damp; and this is also the reason
So tell us :

Where does the damp come from ?

Too much work and too little food
Make us feeble and thin
Your prescription says :
Put on more weight
You might as well tell a bullrush
Not to get wet
How much time can you give us ?
We see : one carpet in your flat costs
The fees you earn from
Five thousand consultations.

You'll no doubt say
You are innocent. The damp patch
On the walls of our flats
Tells the same story.

— Bertolt Brecht