

CARLSON, R. J., (1975): *The End of Medicine*, John Wiley & Sons, USA

Rick Carlson's "The End of Medicine" was published during the mid-1970s, a time of extraordinary ferment when questions were being asked by many regarding the role of biomedicine in maintaining the health of the nations.

Those questions looked beyond the institutional structures that supported biomedicine and the cultural authority claimed by its practitioners and adherents. They addressed the increasingly evident neglects of a system of medicine that disregarded everything other than the presenting symptoms and the biochemical and structural changes that could be identified through diagnostic tests. The patient's experience of sickness was somehow subsumed by a technical assessment of identifiable "objective" changes in blood chemistry and organ structure.

Although Rick Carlson is trained in law and not medicine, he has a firm grasp and a deep understanding of holistic principles, of how our experience of health and disease is determined by more than the presence or absence of bacteria or biochemical changes in the blood or urine, of how mental, emotional, environmental and economic realities can all influence our state of health.

In "The End of Medicine", Rick Carlson presents an impassioned case for the indictment of a profession that has abused its privileges and freedoms and failed to critically examine the role of the many commercial, institutional and political interests that have influenced its particular style and agenda.

Carlson calls for the radical deprofessionalisation of Western medicine in order that personal autonomy in matters of health and health education can be restored to individuals and the general community rather than remaining vested in the profession of medicine.

Carlson's work reflects the widespread cultural reaction to institutional and governmental excesses that occurred during the late 1960s and early 1970s. His uncompromising language is often uncomfortably close to the mark. This may reflect his deep sense of outrage at the abuses of the biomedical establishment and his rejection of the political and institutional collusion that ignored the broader social, political and economic realities that influence our states of health and proneness to disease.

When this book was published over three decades ago, it was widely read by social scientists and those who believed that radical reform was desperately needed in the profession of medicine. His message is still relevant.

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The argument in this book . . . is profoundly radical, even revolutionary. It calls for the dissolution of the largest and most expensive social service system in the world - the

medical care system in the United States. But my critique diverges from the usual radical critique of medical care. The “radical” critique centers first on the exploitation of the hapless consumer by the rapacious provider and, second, on the failure of the "system" to extend services to everyone, in spite of the alleged exploitation. This analysis is accurate as far as it goes, but it fails to engage the pivotal issue - what does medicine have to do with health? The radical solution - the provision of care to everyone - may simply result in more care for those who may not need it. But if it is health we care about, and not medical care, we must look for improvements in the life setting of the unhealthy, not simply the provision of services designed to cure them once they are sick. p. 3

Ivan Illich . . . argues that medicine unquestionable injures more than it cures - not just through crude technology, but essentially because it has stripped patients of the tools to take care of themselves. Illich refers to this as “social iatrogenesis.” p. 17

Historically, physicians functioned not only as healers, but also as counselors, confidants, and friends, roles that display the anthropological side of medicine. But with the advent of new and more sophisticated medical hardware, and the specialization that characterizes today's medicine, the technical aspects of the physician's practice are emphasized. Many physicians still dispense homely wisdom and act as friends and counselors to patients. But specialization and assembly-line processing of patients has become inevitable. The patient can no longer be treated as a whole person because few physicians are equipped to do so. pp. 34-35

The public has been convinced that human suffering is a disease that medicine can cure. People are less willing to accept pain. They are shrill in their denial of suffering, and enervated by their dread of death. Medicine has become a synonym for health when it can do little more than modulate human suffering. Although estimates vary, well over one-half of those who seek physician's services do not have medical disorders. Rather, they are afflicted by disorders of the spirit bred by the suffering and anguish that accompany life. p. 37

In times of inordinate complexity and stress we have been made a profoundly dependent people. Most of us have lost the ability to take care of ourselves. We have been progressively stripped of the skills and tools to do so. Our bodies are the cannon fodder of a reductionist, mechanistic medicine. Our emotional lives are buffeted by the fear that our behavior will subject us to the ministrations of mental health professionals. And our practical business and work worlds are increasingly governed by obfuscating legal terminology and practitioners. pp. 46-47

It is still a matter of equity. Is there any justification for the expenditure of thousands of dollars to maintain the health of an American, when for the same amount of money the afflictions of hundreds and even thousands of people in less developed countries could be ameliorated? p. 54

The sustained growth and development of a “services” approach to health throughout the world will bankrupt treasuries everywhere. The cost explosion in the United States threatens the public purse. And the British Health Service is near to bankruptcy, because, contrary to the predictions of the architects of the service, demand for services in Great Britain has not subsided. p. 61

The way medicine is practiced in the United States is commonly assumed to be not only the most scientifically pure way, but also the only way in which medicine can legitimately be practiced. p. 69

Whatever the theory, there seems to be a constant: The most effective healers are time and self-help. The most reflective healers, whether physicians, natural healers, or chiropractors, acknowledge this. All the healer can do is to diagnose and then create the conditions, the climate, in which healing can take place. But healing requires belief in its efficacy. Modern medicine has systematically shorn its consumers of belief in their recuperative powers. It has fostered a pervasive and pitiable dependency. This is why healers operating outside traditional American medicine have always had a marginal but formidable claim upon the loyalty of many of those who are ill. p. 70

The natural healer, whether physician or shaman, fosters and builds upon the confidence and belief of his patients. This is a crucial difference. Today's physicians create a climate of uncertainty and dependence and are consequently left with only the tools of massive intervention to effect a cure. Patients' complicity is seldom encouraged. Thus the most fundamental factor in healing is denied. pp. 71-72

Modern medicine has successfully isolated and denigrated non-allopathic practitioners and practice. But as more people turn to other strains of healing, as often as not because of the failure of modern medicine to heal them, the pressure on medicine to adapt will intensify. Evidence of the efficacy of acupuncture alone has focused the attention of consumers on the rightness of other traditions of healing, and on the parochialism, if not impoverishment, of our indigenous practice. p. 72

Health is not the product of the multiplication of services and people; it is rather a function of a health producing environment and individual energy. The poor have neither. Two of the greatest insults that poverty inflicts are the narrowness of options and vitiation of energy. The debate about access to medical care misses a more fundamental point. The poor need medical care, but only to achieve a threshold condition, a state that can make other things possible. p. 137

Changes now occurring in society will fuel the dissolution of the medical care system and, more importantly, lead to a redefinition of health. p. 142

Professionalism is incompatible with the idea of community and the egalitarianism that accompanies it. But professionalism in the sense of autonomy, to use Eliot Freidson's conceptualization, is the cornerstone of the medical care system. A successful attack on it

may shake the edifice. If the attack on professional prerogatives by new naturalists is coupled with a rational systemic critique, the trend to a different medicine may be accelerated. p. 150

Medicine is a part of the culture in which it is practiced. If transformations take place that alter the beliefs and attitudes underlying our culture, medicine will inevitably be affected. p. 153

At the core of medicine is the concept of autonomy, which is a function of specialized knowledge and methods. The training of a physician is the progressive enshrinement of specialized information. At the end of the educational process, licensing serves as the final rites of passage. p. 158

Most of the dying are in degenerating states due to the ravages of disease caused by poor health habits, age, and occasionally trauma. Medicine cannot cure these conditions; but in its marketing of life, it simultaneously invades the province of "natural" death. The thing most dying people want is to be in a familiar place with loving people. But because of medicine's control over death, the patient is wired, doped, and incarcerated in a sterile hospital room surrounded by indifference. p. 178

The principal objection of modern medicine to unconventional healing is that it is fraudulent, that it fails to utilize accepted tools and techniques, in short that it is "unscientific." The result is that the battle between modern medicine and other healing therapies is joined on the wrong question. The question of the impact on the patient is not raised - but it is the crucial question. One of the reasons that the question is not asked is that the answer is potentially embarrassing. p. 206

In 1856 Claude Bernard published 'An Introduction to the Study of Experimental Medicine'. Bernard's book was an attack on the concept of "vitalism" in medicine - that there was a vital force which, although not understood, was responsible for health and well-being. Bernard believed that events had causes, and that phenomena occurred as the result of discernible "laws". p. 207

In 1910, as a result of the Flexner report, the supply of medical schools was reduced to those most capable of turning out finely trained clinicians - the first of a technical class of healers. This, then, is the period when medicine indisputably shifted its focus from the anthropological to the technical. p. 208

It is one thing to treat a patient as a machine, ignoring a rich store of information that is related to health and functioning, and yet another to further subdivide the machine into its constituent parts. In the former medicine, at least the possibility existed for holistic treatment. In today's medicine the task is nearly impossible. p. 210

Modern medicine is only one approach to health - a wholly disease-oriented approach. Its paradigm of healing assumes that highly refined techniques and profound interventions

into the body can produce health by eliminating the symptoms of disease. This has led to the neglect of population medicine because there is no paying consumer; the neglect of social and environmental conditions, because physicians are only trained to intervene at the individual level; the neglect of a blizzard of phenomena about the human being, because it does not fit the paradigm; and finally neglect of the role of the individual in achieving health, because if health is a commodity it must be delivered to a manipulable public. pp. 210-211

The most fundamental message of this book is that no amount of social and systems engineering will replace the need to think differently about health. p. 215

Further Sources

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