

A New Kind of Disease

By Dr Wong Wee Nam

THE POWER OF MEDICINE

It is the nature of man to improve what nature has provided. We build houses so that we do not have to live in caves. We build cars so that we do not have to walk.

It is also in the science of medicine to enhance what nature has pitifully neglected. We siliconise breasts and inject botox to make our females look more attractive. Of course, it would make no sense to have implanted breasts and botoxed faces if we do not have ED drugs to make our men rise up to the occasion.

As we tinker with our bodies and re-define our norms, we also bring into the nosology many "diseases" that were once non-existent or just normal biology. We create new needs and we introduce new labels for our new breed of patients. Medicine has become so powerful that we do not need evidence-based medicine to invent a new disease. We merely need to declare it.

Judith Lorber, Professor Emerita of Sociology and Women's Studies at Brooklyn College and The Graduate School, City University of New York, said, "Medicine has the authority to label one man's complaint a legitimate illness, to declare a second man sick though he does not complain, and to refuse a third social recognition of his pain, his disability, and even his death."

The term medicalisation has been used to describe this process. It is the process of defining life's problems as medical problems.

In his book, *The Greatest Benefit to Mankind – The Medical History of Humanity*, historian Roy Porter says medicine has gone beyond the original passive and negative activity of healing the sick and turned into a positive project of health promotion.

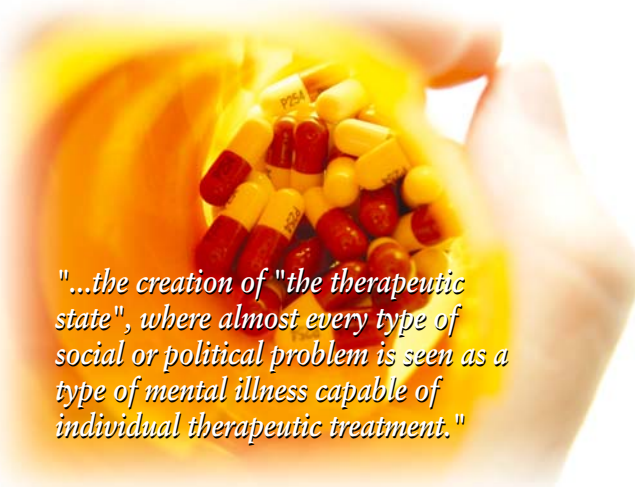
The result, he says, has been the creation of "the therapeutic state", where almost every type of social or political problem is seen as a type of mental illness capable of individual therapeutic treatment.

A NEW DISEASE

The introduction of the casino into Singapore has been a great revelation for me. All along, I thought gambling was just a social and moral problem. Now I am told that it is a "disease" and a "public health problem". How has gambling become a "public health problem" is something I find hard to understand.

Until now, I thought I had a healthy childhood. Now I am made to realise that I had all along been suffering from a "sub-clinical infection" of gambling, which has, fortunately, not progressed into a full-blown disease.

When I was a kid, there were plenty of sweet stalls where I spent my pocket money plucking numbers off a "tikam"



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cardboard chart in the hope of winning the attractive prizes that were displayed, placed a token and spun the suspended ruler in the hope of winning the extra "agar-agar" in addition to the drink, and pulled out matching coloured sticks to earn an extra scoop of ice-cream.

In school, we turned pages of our textbooks not to read the text but to add up the numbers on the page. Of course, we also went to fun fairs where gaming was really seen as fun fares. Such a euphemistic concept has now been translated into the modern language as "Integrated Resorts".

In medical school, we played mahjong and poker, and invented our own version of football pools.

In short, the wires of my mesolimbic reward system, and that of the youths of my time, must have by now been hardened into the brain circuitry from the brain stem to the nucleus accumbens. The foundation for "problem gambling" has been laid.

If modern medicine had existed during those days, we would have qualified for an early referral into Woodbridge Hospital to deal with the problem. Alas, without modern medicine, the only treatment we had was a good spanking from our parents. This treatment delivered not just an effective cure, it carried simultaneously the "health education" message that gambling is morally bad. Perhaps this was why none of us had become pathological gamblers.

Now that gambling has become a "disease" or a "public health problem", it has overturned the moral perspective of gambling. It is now something that needs to be medically detected early and treated. The gambler has suddenly become a helpless patient. He is no longer morally to be blamed. The fault lies in his neurotransmitters and his genes.

In the April issue of the SMA News, Dr Munidasa Winslow had asked doctors to identify the problem early "by asking about their patients' gambling behaviours." I do not know how our general practitioners will be able to do that.

I have many auntie patients who spend their mornings addicted to coffee and their afternoons playing mahjong. Does



About the author:

Dr Wong Wee Nam is a general practitioner who is beginning to think that *Life and Society* are getting crazier by the day.

this qualify them for referral? If not, can some experts (I do not know how one could qualify to be an expert on this new disease that we have put into our latest nosology) tell us when is the right time to refer early enough so as to prevent them from progressing into “problem gambling”?

Moreover, now that “problem gambling” has been declared a “Public Health Issue”, I hope we will not forget our basic preventive medicine principles and take the correct steps to minimise the problem. Like the way we are trying to get people to cease smoking, I hope we will be able to come out with a “Guideline on Problem Gambling” in future. There could also be a “National Week of Quit Gambling Campaign” though, understandably, it might be difficult to get a VIP to open the campaign or rent a venue at the Integrated Resorts for such a CME function.

However, this is not to say that such campaigns would be of any use. Richard Restak, preeminent neuropsychiatrist, said, “If you are a smoker and have tried unsuccessfully to quit, you’ve experienced firsthand the powerful effect a neurotransmitter can have on its receptor. And you are not alone. Of the 45 million smokers in the United States, about a million stop each year. But from this pool of ‘former’ smokers, about 2,000 relapse each day.”

Any doctor who has patients who are alcoholics, chronic smokers and ex-drug addicts, will appreciate the difficulty of treating such problems. Any expert who believes he can easily solve this problem of addiction must be a chronic optimist (not yet a disease).

There is also another dilemma that the medical profession must face. We have to decide whether we should refer and treat foreign patients, or quarantine them as “public health problems”, or just leave them alone. This would not be an easy choice to make. According to Professor Jan McMillen from the Australian Institute for Gambling Research, it is the problem gamblers, the two per cent, who are the reliable money-spinners for the gambling industry. “The industry relies on these people. Where most Australians will spend four or five-hundred dollars on gambling over the year, the people with gambling problems are spending on average over 12 thousand dollars.”

This means that if we treat all these addicts, both foreign and local, aggressively, the casinos might as well close down. Surely, the medical profession does not want to be blamed for bringing down the economy?

MEDICAL IMPOTENCE 

The problem with medicalisation of social problems is that doctors are now being made to solve problems that they cannot solve.

Irving Kenneth Zola, a prolific writer and activist in the field of disability rights and medical sociology, said, “The medical profession has first claim to jurisdiction over the label of illness and anything to which it may be attached, irrespective of its capacity to deal with it effectively.” Are we not, as he said, pushing “our physician far beyond his office and the exercise of technical skills”?

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According to an article in the British Medical Journal, there is a weariness amongst doctors, a frustration with a medical service which is asked to shoulder so many of society’s problems. “The burden on the medical profession from society’s inability to deal with fundamental issues of life and death is heavy. The overlap of social problems with medicine asks many of us to work outside our sphere of knowledge and training, or in areas which are less amenable to treatment.”

Doctors are now no longer just expected to be doctors. They have also to assume the duties that lawyers and priest can no longer handle and that politicians would want to sidestep.

Ivan Illich, a prominent theologian and philosopher, said, “In a morbid society the belief prevails that defined and diagnosed ill-health is infinitely preferable to any other form of negative label or to no label at all. It is better than criminal or political deviance, better than laziness, better than self-chosen absence from work. More and more people subconsciously know that they are sick and tired of their jobs and of their leisure passivities, but they want to hear the lie that physical illness relieves them of social and political responsibilities. They want their doctor to act as lawyer and priest. As a lawyer, the doctor exempts the patient from his normal duties and enables him to cash in on the insurance fund he was forced to build. As a priest, he becomes the patient’s accomplice in creating the myth that he is an innocent victim of biological mechanisms rather than lazy, greedy, or envious deserter of a social struggle over the tools of production. Social life becomes a giving and receiving of therapy: medical, psychiatric, pedagogic, or geriatric. Claiming access to treatment becomes a political duty, and medical certification a powerful device for social control.”



CONCLUSION

The problem with medicalisation of a social problem is that the aetiology of the problem is removed and the source of the problem becomes located in the individual, in his brain and in his genes. It blinds us to the truth and relieves the society of having to deal with the social problem. At the same time, it shifts the burden of managing such problems onto the shoulders of the medical profession, which need not be the best group to handle them. By turning gambling into a disease, therefore, we obfuscate the moral issues and deceive ourselves that it is something that can be dealt with and eliminated. The moral issues need not be faced and raised. In other words, it is not gambling that needs to be dealt with, it is problem in the gambler that needs to be cured.

Casinos have become fun fairs. Gambling has become public health problems. What is next? ■