

**PROF. DR. IGNAAS DEVISCH** 

Ignaas Devisch – Helsinki, 11/01/14

 Health ~ poverty/education: the more education/income, the longer you live (life expectancy) and the more years you live healthy

- Public debate about health: more focus on individual responsibility
- · Lifestyle diseases: individual is the one to blame

Health - social work

- More private insurances (diseases are putting pressure on the system)
- How about Finland?

- Health is at the centre of our daily talks
- · Advertisements, supermarket or lifestyle magazines
- Being healthy has become a target for all of us
- Though no direct obligation to be fit and healthy and yet, a sort of moral appeal
- But: who has the means to be healthy?
- The model worked with: the independent, rational, autonomous and well educated citizen

**Pressure to live healthy** 

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- Health care: investment driven system
- Medical overconsumption
- Increasing scans and screenings, taking of pills and more vague descriptions of disease labels
- e.g. US: CT scans from 3 M (1980) to 62 M(2006)
- · This costs a lot of money
- · No public debate about that, why?

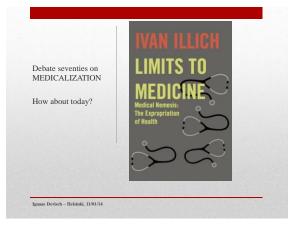
## Health - neoliberalism

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- · Link between poverty and health
- · Lifestyle diseases: the poorer, the more prevalence
- · Is lifestyle really a personal choice?
- · Healthy choices take more effort (time, money, etc)

Health debate=social debate

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#### Medicalization

 The process by which human behavior, more and more is considered and analysed as a medical given. As a consequence, our daily activities are a mere object of medical consideration

### Overdiagnosis

 When the treatment is worse than the problem (to declare someone sick while he is not)

#### Pharmaceuticalization

- · Medication as the most direct way of tackling all of our problems
- · Taking pills without being sick



Sick of health: the flipside of looking after health: health as a daily obesssion

- Side effects: overdiagnosis, too many screenings,
- Medicalization e.g. orthorexia nervosa
- We overuse the system 'voluntarily'(people ask doctors for pills or labels)
- · We are not forced to, and yet, we medicalize our lives

Flipside



Are we getting more sick because our behavior turns us into an unhealthy life, or are we worried because we have to be healthy?

- · Complex given of many factors
- On the one side: we are facing major health problems (diabetes, obesity, etc): SOME OF US SHOULD START WORRING
- On the other side: looking after health becomes an obsession: SOME OF US SHOULD STOP WORRYING

Sick of health

- Question 'am I healthy?' turns us into patients: we are sick, until proven otherwise
- · Those who are well (healthy) but still worried
- · Flipside of prevention
  - Increasing anxiety: afraid to become ill
  - Medical definition of disease coincides with social definition of disease, for instance being bold or not having the perfect teeth, becomes an illness
  - Social topics become medical issues: medicalization of unaccepted behavior/looks

## 'The worried well'

• Economical context of health care: patients become consumers, clinicians producers

- The more health production, the better our health?
- Quantity or quality?
- · Health industry: first you sell the disease, then the medicine
  - · Health counselors, screenings, ...
  - <u>http://www.prescan.co.uk/</u>
- Health has become a norm in western Europe:
  - Insurances, mortgages ask for healthy condition
    Average norms without ending point (cf. statistics: averages evolve because we try to catch them)
- When are we enough healthy?

**Health industry** 

Sickness and health
Healthy until proven otherwise
From bad to better

Better than well

Sick until proven otherwise
From good to best

## **New starting point**

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## New targets and ideals: to become better than well Ideal: fit, well trained body

- · While overweight and obesity are still increasing
- · Gap between ideal and reality is huge
- Society: tailored to individual success or failure:
   Peter Sloterdijk: we have learned ourselves not to satisfied with the status quo
  - Not doing more= wrong attitude: 'losers'
- Health becomes a moral issue: healthy (good), unhealthy (bad)

Society (1): 'better than well'

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- Is health an individual matter or a societal matter?
- Causes of medical disorders are situated into the individual, and not in society
- Societal perspective is crucial: we talk about depression, anxiety disorder, autistic disorders, ADHD (and not: pressure, increasing demand of flexibility; etc)
- 'Transient mental illnesses' (Ian Hacking): each society produces its own diseases (e.g. hysteria in 19th C, ADHD today)

# Society (2): individual versus collectivity

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#### Meritocracy

- Society is organised around merit and quantifiable deliveries
- Personality and identity are a 'work in progress'
- DSM-5 (Diagnostic and Statistical Manual of Mental Disorders
  - More vague descriptions of more aspects of our behavior
  - Daily emotions (grief, shyness) become disorders
  - E.g. Prolonged Grief Disorder

Society (3): meritocracy

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