Implausible diseases and public health

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The BMJ published in 2006 a paper introducing a new pathology: the motivational deficiency disorder.1 This time, it was an April fool’s day joke, so humanity escaped a new condition (perhaps a pandemic . . .). However, there are many papers, not published on 1 April, which present other novel diseases, from irritable bowel syndrome to social phobia, male baldness, restless legs and all the like.2

No doubts that discovering new diseases or new syndromes is an important task of medical research. No doubt either that a shaken up demography and a changing environment are both creative of new pathologies. However, inventing a new disease requires some formal process: this includes the establishing of its natural history, the definition of diagnostic criteria, plus some clues on the etiopathological mechanisms. Treatment and/or prevention may follow. The story of the acquired immunodeficiency syndrome is a spectacular illustration of how successful can be this process (and how rapid it can be in modern medicine).

Other diseases recently put forward, such as those listed earlier, are less convincing. These pseudo-pathologies are frequently pointed out by critics of the medical establishment as crude symptoms of the ‘medicalization’ of the society. Similar criticisms were developed by Illich4 and Foucault5, since the 60s of the last century, suggesting that this was part of the power game of health professionals.

However, the current situation is characterized by another pattern: the powerful orchestration by the medical care industry. The manoeuvre here is to convince people that a modest discomfort turns out to be some neglected disease . . . for which remedies and devices are already available. The final step is then to promote the disease and the treatment to consumers (both patients and doctors), presenting the pathology as underestimated, underdiagnosed and undertreated. As pointed out by one author, ‘the social construction of illness is being replaced by the corporate construction of syndrome’.3 Well known examples include the dissemination of the drugs against male erectile dysfunction, with a further attempt to develop the market to a more surprising ‘female sexual dysfunction’.6

The term of ‘disease mongering’ has been coined by Payer7 to describe this strategy, ‘widening the boundaries of treatable illness, in order to expand markets for those who sell and deliver treatments’.

This problem matters to public health for several reasons. The most important is related to the classical task of public health, i.e. assessing the health needs of the population. If the number of implausible syndromes and fuzzy diseases is bound to increase, the credibility of medical epidemiology and public health will decrease in the same proportion. And the concept of health needs is likely to be replaced soon by a more fashionable one: health care has the responses, public health professionals are requested to find the appropriate demand. The invention of new diseases aiming to the development of new markets is clearly the worst possible use of medicine and of people’s distress.

References

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