Excellent review.

Please accept after a few changes

Edits - mail is typed instead of main,somewhere on page 1, i think

We need to know the price, number of pages, ISBN

More importantly, I think he needs to add sanitation as an important cause of improved health and life span.

Would he want to modify the comment on the upcoming Modi- Trump meeting as its now over ?

Amar to decide about the reference to Peter G and Cochrane. We don't need a libel suit !

**Gentle Medicine, Revolutionary Goals**

Jacob Stegenga, *Medical Nihilism*, Oxford University Press, Oxford, 2018, Hardcover, pp. 226, price: unstated.

In 1976, the Croatian -Austrian philosopher, historian and Catholic priest, later to be defrocked for his radical views, Ivan Illich shocked the medical world with his publication *Medical Nemesis: The Expropriation of Health* ( Illich: 1976)*.[[1]](#footnote-1)* Illich argued in the book that modern medicine was one of the greatest dangers to health, pointing to ever increasing rates of iatrogenesis, that is, illness, disease or death due to medical treatment. His dire forebodings were prophetic: as Stegenga reveals “a recent study estimated the number of preventable hospital-caused deaths in the United States to be over 400,000 per year (p.180). As is well known, iatrogenesis is one of the ten leading causes of death in the US.

Since Illich’s publication, the reach and spread of the medico-industrial empire has vastly increased. More people have access to bio-medicine than ever before. The drugs and pharmaceutical industry is only behind the armaments industry in the amount of profits it generates. While life expectations have also improved over these years, we also know that curative medicine in particular, while possibly easing suffering, contributes little to public health. As the epidemiologist and historian Thomas McKeown revealed for 19th century health improvements in England and Wales, coincidentally in the same year as Illich’s publication, even preventive medicine played a guest role in the improvements in health that took place (Mc Keown: 1976).[[2]](#footnote-2) What did play the mail role in health improvements were adequacy of food, improvements in real wages, and so on. In other words, how wealth and power are distributed in the real world, determine also how health is distributed, as Stegenga concludes.

Taking off from where Illich left us, the philosopher of science, Jacob Stegenga has come up with a path-breaking and, and indeed revolutionary work, in these counter-revolutionary times.

Philosophers have to deal with the real world problems through abstractions. That is their avocation and training. Which is why what they say is so much more compelling than those who are only dealing with the world through the empirical. Facts have to be understood as facts, but also interpreted. This is where ideologies, and therefore values creep in. There is no neutral social science.

This is also the reason why philosophers and historians and social scientists are being derided today: they raise questions about many things, including the role of finance capital in everything: education, health, culture and, in this book, we learn of how the ideas of science and the institutions that emerged, have been systematically undermined.

*Medical Nihilism* is a book that demolishes the many myths that surround the Medical Industrial Complex which dominates the world. The author, who is capable of writing in an amazingly clear manner that those uninitiated in philosophy can understand, has done the most extraordinary: questioned the claims of medical science, conceptually, methodologically and empirically.

The book makes the argument that more often than not, medical interventions have not helped, if not harmed. “Medical nihilism is the view that we should have little confidence in the effectiveness of medical interventions” (p.1), a view traced back to Hippocrates. By medical interventions, Steganga makes clear he is referring to drugs and pharmaceuticals alone. In other words, he is not discussing here technologies of investigation or surgery. So he does not comment, for example, on the fact the ultrasound is now ubiquitous in normal pregnancy, although not scientifically warranted, and known to cause foetal problems. Nor does he draw attention to the fact that the NHS in the UK has stopped mammograms to identify cancer of the breast since it produced high rates of false positives, that is that women who did not have breast cancer were being wrongly diagnosed with breast cancer thanks to this technology.

But first the caveats. There are a lot of anti-science and other movements around the world, critical of bio-medicine. These include alternative medical systems like homeopathy, Ayurveda, anti-vaccine movements and so on that he rejects most unequivocally, as utterly unscientific. What he is asking in this book is whether scientific medicine is doing the scientific thing, and he finds it is not. What medical nihilism shares most is with social epidemiology, which looks at the broader determinants of health.

Stegenga points out that medical nihilism was the pervasive attitude to medicine throughout history. And this is not surprising, given the medical practices of the past. It was the discovery of medical “magic bullets” like antibiotics and insulin, that changes this perception. Over the last few decades, as more and more funds have poured into medical research, there have been no magic bullets and none is in the making. On the contrary, there is increasing evidence that medical nihilism is indeed warranted and not the misplaced optimism of infinite progress – that the medical industrial complex promises.

The book is divided into three substantial sections. In the first, he examines various theories of what is a disease. Till recently, homosexuality was a disease. Now, it is not. What, then, has changed? So no disease is perhaps fundamentally biological, but also imbued with the social and political.

What, then, are the definitions of a disease? How do we assess the efficacy of interventions? Stegenga takes us through many definitions of disease and of interventions. These are important, because as he shows us, more and more situations or conditions, not considered disease are now being labelled as such. This is frequently lead by a drug manufacturer, finding a new disease, to use for a drug that is ending its patent life cycle. This is called ever-greening and is extensively commented upon in literature ( Sunder Rajan: 2017).[[3]](#footnote-3) This is also lead by patient groups and doctors anxious to garner attention and funds to one particular condition.

The methodological chapters argue that the gold standard of research, the Randomised Control Trial and Meta Analysis, do not always live up to the claims they make for a number of reasons. For example, “all randomized trials on the effectiveness of antidepressants use one of very few scales for measuring the severity of depression and such scales are systematically biased towards overestimating the benefits and underestimating the harms of antidepressants” (p.90). Problems have also arisen with meta-analysis, as the sordid story of the Cochrame Collaboration reveals. The Cochrane reviews, considered the gold standard of scientific honesty and integrity, recently hounded out the distinguished Danish scientist Peter C.Gotzsche, at the instance of pharmaceutical companies, for pointing out that psychiatric drugs produce more harm than good ( Gotzsche 2019). [[4]](#footnote-4) There have been profound problems with the meta-analysis of the anti-cholesterol medication, statins, with a huge global market, despite a majority of studies showing this is really of no use to patients prescribed this medication.

It is not fraud, although of course fraudulent research and reporting does take place; it is not conspiracy involving drug companies and researchers, although such conspiracies do exist and Stegenga documents them, it is instead a structural problem with the system. Stegenga highlights the biases and the conflict of interests that haunt the system. For example, “Joseph Biederman is a professor of pediatric psychiatry at Harvard who received 1.6 million dollars in consulting and speaking fees from pharmaceutical companies that manufacture drugs that he promotes” (p. 161). In the U.S, this is perfectly legal. Indeed, the FDA, meant to monitor and regulate drugs, is chronically under-funded, under-staffed and dependent on funding from the very industry it is to regulate.

Stegenga makes an impassioned plea for what he calls a “gentle medicine”, cautious in intervention, allowing nature and the body to heal. He cites sufficient evidence to show why this might be more healthy. Many countries have given up the routine screening for prostatic cancer and thyroid cancer: they have been abandoned as most people with these cancers die of natural, other, causes.

What is revolutionary in his prescriptions for the abandonment of the patent system and treating the industry as a public good. He gives us sufficient evidence and reasons as to why this should be so. But decisions in this world are not always made in the interests of health of the people. It is finance capital that shapes these decisions: new Free Trade Agreements (FTAs) are being negotiated that will further curtail the production of generic drugs and give even more power to patents. This is indeed on the agenda of the Indian Prime Minister’s forthcoming visit to meet with President Trump.

This dazzling book will be read by health activists. But it must be very widely read, not just by public health scholars but also by policy makers. Could it be on the curricula of medical colleges?

Mohan Rao

(Mohan Rao was formerly professor at the Centre of Social Medicine and Community Health, Jawaharlal Nehru University New Delhi. He is currently an independent researcher based in Bengaluru.)

1. Illich, Ivan (1976), *Medical Nemesis: The Expropriation of Health*, Pantheon Books, New York. [↑](#footnote-ref-1)
2. Mc.Keown, Thomas (1976), *The Modern Rise of Population*, Edward Arnold, London. [↑](#footnote-ref-2)
3. Sunder Rajan, Kaushik (2017), *Pharmocracy: Value, Politics and Knowledge in Global Biomedicine*, Orient BlackSwan, Hyderabad. [↑](#footnote-ref-3)
4. Gotzsche, Peter C. (2019)*, Death of a Whistleblower and Cochrane’s Moral Collapse*, People’s Press, Copenhagen. [↑](#footnote-ref-4)