Philosophers have to deal with real world problems through times.

Taking off from where Illich left us, Jacob Stegenga, the philosopher of science, has come up with a path-breaking and, indeed revolutionary work, in these counter-revolutionary times. And this is not. What medical nihilism shares most unequivocally as utterly unscientific. What he is asking in this book is whether scientific medicine is doing the scientific thing, which he finds it is not. What medical nihilism shares most with is social epidemiology, which looks at the broader determinants of health.

Stegenga makes it clear he is referring to drugs and pharmaceuticals alone. In other words, he is not discussing the technologies of investigation or surgery. So he does not comment, for example, on the fact that 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 National Health Service in the UK has stopped mammograms to identify cancer of the breast since it produced high rates of false positives, and women who did not have breast cancer were being wrongly diagnosed with the disease, 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, which he finds it is not. What medical nihilism shares most with is social epidemiology, which looks at the broader determinants of health.

Medical nihilism is a book that demolishes the many myths that surround the medical - industrial complex which dominates the world. The author, writing in an amazingly clear manner that even 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 they have 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”, Stegenga makes it clear he is referring to drugs and pharmaceuticals alone. In other words, he is not discussing here the technologies of investigation or surgery. So he does not comment, for example, on the fact that 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 National Health Service in the UK has stopped mammograms to identify cancer of the breast since it produced high rates of false positives, and women who did not have breast cancer were being wrongly diagnosed with the disease, thanks to this technology.

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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 changed this perception. Over the last few decades, as
more and more funds have been poured into medical research,
there have been no magic bullets and none are in the making.
On the contrary, there is increasing evidence that it is medical
nihilism that is indeed warranted, and not the misplaced
optimism of infinite progress – promised by the medical
industrial complex.

The book is divided into three substantial sections. In the first,
the author examines various theories of what is a disease. Till
recently, homosexuality was a disease. Now, it is not. What has
changed? Perhaps no disease is fundamentally biological, but
is 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 led by a drug manufacturer, finding
a new disease to use for a drug that is ending its patent life cycle.
Called ever-greening, this is extensively commented upon
in literature (3). This is also led by patient groups and doctors
anxious to garner attention and attract funds to one particular
condition.

The methodological chapters of the book 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 Cochrane Collaboration reveals. The Cochrane
reviews, considered the gold standard of scientific honesty
and integrity, recently hounded out the distinguished Danish
scientist, Peter C Gotzsche, allegedly at the instance of
pharmaceutical companies, for pointing out that psychiatric
drugs produce more harm than good (4). There have been
profound problems with the meta-analysis of statins, the anti-
cholesterol medication, Statins retain a huge global market,
despite a majority of studies showing they are really of no use
to patients for whom they are prescribed.

It is not fraud, although 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
in 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. For instance, many countries have
given up routine screening for prostatic cancer and thyroid
cancer, as most people with these cancers die of other natural
causes.

What is revolutionary in Stegenga’s prescriptions is his call to
abandon the patent system and treat 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 rarely made
in the interests of the people’s health. It is finance capital that
shapes these decisions: new free trade agreements are being
negotiated that will further curtail the production of generic
drugs and give even more power to patents. This was indeed
on the agenda of the Indian Prime Minister’s recent visit to the
USA and the much-hyped meeting with President Trump.

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

References

1. Illich I. Medical nemesis: The expropriation of health. New York: Pantheon
   Books; 1976, p. 201.
2. McKeown T. The modern rise of population. London: Edward Arnold; 1976,
p. 168.
3. Sunder Rajan K. Pharmacocracy: Value, politics and knowledge in global
4. Gotzsche PC. Death of a whistleblower and Cochrane’s moral collapse.

Innerscapes of an illness

NEHA MADHIWAL

Smile, please. Producers: Hashtag Film Studios & Krtyavat Productions, Director: Vikram Phadnis, Marathi (English subtitles), 2h 14m

In the last decade or so, Marathi cinema has produced a wealth
of meaningful films, many of them focused on illness, health
and medicine. While some are brutally real, others blend