

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

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Innerscapes of an illness

NEHA MADHIWALA

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

realism with enough dramatic content and glamour to reach a mainstream audience. Both have their uses. *Smile, please*—released in theatres in July 2019, and now streaming on Amazon Prime—belongs to the latter category, and has some similarities in plot with the Hollywood film, *Still Alice*. At the centre of the film is Nandini (Mukta Barve), a highly successful fashion photographer. A series of episodes of unexplained forgetfulness leads her to seek medical help and she ends up with a diagnosis of early onset dementia.

To begin with, Nandini does not have it all. Whilst she is immensely successful at work, she is struggling to connect with her teenaged daughter and her world. She oscillates between being confident to the point of abrasiveness at work, and diffident to the point of submissiveness, as the lesser parent. The illness turns her world upside down. No longer able to work, she retreats into a reclusive life at home, inhabited by an elderly father (Satish Alekar) and long-serving housekeeper (Trupti Khamkar). They enfold her in the banal, but comforting rituals of domestic life. Nandini seems destined to disappear relentlessly into oblivion; but for the intervention of a recently arrived house-guest, Viraj (Lalit Prabhakar), who goads her into reclaiming her life.

Smile, please is discreet in its portrayal of dementia. *Astu* (2015) was more direct and graphic in portraying the most discomfiting manifestations of the disease, loss of propriety and bodily control. *Sukhant* (2009) was more real in its depiction of the tedium and corporeality of caregiving. Where this film scores is in the nuanced portrayal of the inner-scapes of the characters. Nandini struggles desperately, first to preserve her pride and then, simply her dignity. Even in decline, she is sharp, forthright and unbending. The father slips instinctively into a long-forgotten parenting role, gently meeting her halfway as her dependency on him increases. Only occasionally, does he allow reality to overwhelm him. The ex-husband, Shishir (Prasad Oak) has enough concern and affection to take charge of Nandini's treatment. But his benevolence is sorely tested when he feels he is losing the monopoly over their daughter's love and Nandini's care. A sublimated anger erupts suddenly, descending variously on the daughter, the housekeeper and, mostly, on Viraj, whom he regards as an intrusive outsider. Nupur (Vedashree Mahajan),

the petulant and prejudiced daughter is first enticed when she gets a glimpse of her mother's capacity for happiness and then drawn in by a need to know and accept her mother. Viraj is the only one who had not known Nandini as she was before her illness. Without any preconceptions, he sets about trying to stem her decline, even while he reconstructs her life through her photographs, her father's reminiscences and newspaper articles.

Their platonic relationship is fragile. Nandini is older, knows she is vulnerable and is on her guard. She does not take kindly to his efforts. Viraj is helped by his remarkable absence of ego. When she throws a retort at him for being condescending, he meets it with a smile. It does not faze him that she never remembers his name. Ever vigilant about threats to her independence, she rebuffs him initially for converting her into a "project." But, later, she decides to embrace his enthusiasm and give in to her need for support, and, above all, friendship.

As Nandini reads out her speech, fitfully and without expression, we are hit by the enormity of her condition. Her own words, penned down in a moment of lucidity, are already not her own at that moment. The film ends on a suitably complex note, leaving the audience with mixed feelings. Can one be oneself without the emotions, memories and cognition that define us? And when that does happen, who are we? Without answering these questions, the film's message is pragmatic—not to let these endings overwhelm the present.

There are a few jarring notes. The time-frame is ambiguous. Does the film unfold over a year as it appears to, or over a few years, as a character seems to suggest? As she prepares for the exhibition, suddenly, Nandini seems to become completely symptom-free. An upbeat song, played after the film, somewhat dampens the impact of the nuanced final sequence.

On the other hand, the performances of the lead actors lift the film up several notches above its treatment. The accomplished supporting cast play their respective roles with ease.

Lalit Prabhakar brings the right mix of goofiness and sobriety to the part of Viraj. He appears to be suitably non-metropolitan in his demeanour and language, as also his lack of reserve. While his character is not intense, he is able to lend subtle touches to it, conveying the depth of his empathy.

Mukta Barve is outstanding. She does not overplay any part, whether it is the ambitious professional, the yearning mother or the woman struggling with her progressing illness. We can see the transition in time on her face and in her body language. Yet, while her moods change and her faculties decline, her dignity, poise and rich textured voice never let you forget that she is still Nandini.

Author: **Neha Madhiwala** (nmadhiwala@gmail.com), Independent Researcher and Doctoral Scholar, Tata Institute of Social Sciences, Purav Marg, Deonar, Mumbai 400 088 INDIA

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