

Our fear of illness is their business



There is a lot of money to be made from telling healthy people they are sick. In fact, there are whole legions of people working hard to try to convince us that our lives are being blighted by hitherto unknown conditions and we are in desperate need of the latest wonder drug.

This phenomenon is known as “disease-mongering” and is a multi-million pound business. It relies on the ability to change a frustrating or embarrassing aspect of our lives into a medical condition with a marketable, profitable treatment attached.

What is defined as a disease or syndrome, rather than being static, as one might expect, is in constant flux and recently has been subject to pressure from the pharmaceutical industry.

While some conditions, such as a heart attack, remain constant in how they are defined, others appear and disappear over time. Neurasthenia – which saw people bed bound with “nerves” – was commonplace 100 years ago. Then it vanished. There wasn't a cure, we didn't all become resistant to it. It just ceased to be categorised as a distinct disease.

And just as a disease can vanish, so too can a new one appear. A few years ago, shy-

ness became an official medical problem known as “social phobia”. Millions of people who had previously just been uncomfortable at cocktail parties, suddenly had a medical condition.

Of course much of the research, and resultant publicity, was orchestrated and funded by the drug company who just happened to have the “treatment”. It became a classic example of how drug marketers could define what doctors and the general public thought of as a disease.

By setting up pressure groups, funding research and using indirect marketing, drug companies try to generate anxiety in the public. People, in turn, go and see their doctor, who will have already received leaflets from the drug company, and therefore prescribe the medication. Hey presto, you’ve created a disease and can laugh all the way to the bank.

As well as creating a disease out of thin air, drug companies also take a condition and try to make it apply to as many people as possible, by moving the boundaries required for a diagnosis. So, erectile dysfunction became defined for the purpose of a drug-company-funded survey as “occasional problems achieving an erection” – suitably vague to include just about any man.

What’s wrong with all this is not that people have problems, but that they’re being viewed as sick. The public think of medicine as being objective and empirical, and don’t realise how fluid the boundaries for disease classification are – and how easy it is to manipulate them to open up markets for new drugs.

Lifestyle problems, such as obesity, hair loss and unhappiness, are now no longer part of everyday life, but sicknesses. Not only do we end up paying for all this out of the NHS, but it pathologises our lives and creates groundless fear and anxiety. But it’s OK, because excessive worrying has been classified as Generalised Anxiety Disorder (GAD), for which there is, thankfully, now a pill.

State should allow carers 'family time', says Marr

It’s telling how we view carers that, while the right for mothers to go on maternity leave is enshrined in law, those caring for sick relatives have no right at all when it comes to employment.

After Andrew Marr’s stroke, his wife, Jackie Ashley, a journalist, became his full-time carer while he recovered. The couple have now spoken out about the lack of support offered to carers, to enable them to take breaks from employment or reduce their

working hours.

They want the Government to do more to protect the rights of carers in work, and have highlighted a proposal made by the Institute for Public Policy Research, which suggested that Britain could adopt a German policy called Familienpflegezeit, or “family time”.

“In Germany, employees can reduce their working hours to a minimum of 15 hours a week for up to two years if they have caring responsibilities,” the couple said. “That way, job security and flexibility are built in for the employee and the employer.” No doubt some businesses will worry about this proposal, but overall, the plan makes sound economic sense.

Research conducted by the charity Carers UK estimates that 6.4 million people nationwide are providing care for ill or disabled relatives. Around 3 million of those are thought to be juggling work with their role. The work that carers provide saves the country a staggering £119 billion a year. That’s more than the entire budget of the NHS.

It seems to me that not only is it right and proper that we acknowledge the contribution carers make by allowing them some flexibility, but also we’d be daft not to do everything we can to help them continue in their role as, in effect, a free labour force.

The alternative is that the state has to step in, with potentially crippling financial implications. Given the contribution that carers make, don’t they deserve a little in return?

Medical school for the rich?

I have very mixed feelings about last week’s report that a new, private medical school is due to open in Britain. The University of Buckingham, a private university established in the 1970s, has set up its own medical school and is preparing for its first year of intake in January 2015.

The course will take only four-and-a-half years (as opposed to the usual five or six) and students will be charged an astounding £35,000 a year. That means that a medical degree will cost £157,500, before living costs. The university has said the fees are comparable with those charged by other medical schools for overseas students, although it will charge overseas and British students the same. The interesting question is who will go there.

Will British students consider it? The university says that the admissions criteria will be comparable with other medical schools. But surely the only students who would consider such a hefty fee will have failed to get into a regular British medical school, where fees are set at £9,000 a year.

It's true that entry to medical school is very tough and many good and able students are rejected. It's also true that some students from wealthy families who have failed to get into British medical schools go abroad to train as doctors and then return here to work.

But should we be encouraging this behaviour? Is it right that those students who fail to get into regular medical school but are wealthy now have the option of going privately? Surely we should be trying to widen access to medical school, not making it easier for the wealthy to become doctors.

Max Pemberton's latest book, 'The Doctor Will See You Now' is published by Hodder. To order a copy, call Telegraph Books on 0844 871 1515.