

Lessons from Ivan Illich

Ian Hammond, MD

Almost 30 years have passed since the initial publication of Ivan Illich's *Limits to Medicine. Medical Nemesis: The Expropriation of Health*.¹ A medieval historian who has been described as one of the world's great thinkers, Illich introduced his iconoclastic work with the indictment, "the medical establishment has become a major threat to health." The book makes a passing reference to radiology when the author argues in favour of a new ethical imperative to "act so that the effect of your action is compatible with the permanence of genuine human life," giving the concrete application, "do not raise radiation levels unless you know that this action will not be visited on your grandchild." The advice seems prescient in view of our recent concerns about the radiation dose from helical computed tomography (CT) scanning.² However, for the most part Illich's criticisms are more general and are aimed at the medical establishment as a whole.

One of Illich's central themes is the undesirable medicalization of life, wherein medical professionals, pharmaceutical companies, and medical equipment firms all have a vested interest in sponsoring sickness by creating unrealistic health demands that require more treatments.³ This leads to a society whose members lose their autonomous coping skills and ultimately become less healthy, relying excessively on institutional care. Using a familiar analogy, Illich reminds us that too many automobiles, by creating traffic gridlock, actually impede our mobility. He accuses physicians of being complicit in the medicalization of society by virtue of their training, which makes them feel most useful when diagnosing and treating illness; thus they have a diagnostic bias in favour of disease rather than health. Lest we feel singled out, we should note that over his lifetime Illich took aim at a host of other major social enterprises, among them the school system, national defense, mass transportation, and law enforcement.

Prior to his death in 2002 at the age of 76 years, Illich undoubtedly was aware of the remarkable advances that have shaped medical imaging since his work was first published and would have been familiar with the work of, for example, Hounsfield and Cormack, who helped develop CT and shared the Nobel prize for medicine in 1979. He might remind us that our growing enthusiasm for detecting and treating certain diseases in their preclinical stages, as personified by commercialized medical screening, is based largely on intuition; and that other public health measures, such as thymic irradiation in healthy children and supplemental oxygen for healthy premature infants (and, recently, the administration of combined estrogen and progestin to healthy postmenopausal women), all made intuitive good sense until we learned otherwise.⁴ Overzealous screening for prostate cancer with prostate-specific antigen may soon join this list.⁵

Illich's views, which have been described as more polemical than analytical, still have the power to cause discomfort, but it is worth noting that rather than opposing the application of contemporary technology, he stressed that dependence upon it must be combined with the capacity for mutual self-care. As physicians we need to be constantly mindful of the authority society has granted us and of our considerable ability to influence public spending.⁶ It is entirely appropriate that we should expect Canadian health care to equal that of other Western nations of comparable wealth. But to give the last word to Ivan Illich, the biggest bang for our buck is still

Department of Medical Imaging, University of Ottawa, Ottawa Hospital, Ottawa, ON

Address for correspondence: Dr Ian Hammond, Department of Medical Imaging, University of Ottawa, Ottawa Hospital, 501 Smyth Rd, Ottawa, ON K1H 8L6; fax 613 737-8957; ihammond@ottawahospital.on.ca

Submitted Oct 7, 2004

Accepted Oct 18, 2004

©2005 Canadian Association of Radiologists

Can Assoc Radiol J 2005;56(1):13-14

likely to lie in investment in clean water, clean air, proper nutrition, and those measures that promote sociopolitical stability.

References

1. Illich I. *Limits to medicine. Medical nemesis: the expropriation of health*. New York: Marion Boyars Publishers; 2002.
2. Lee CI, Haims AH, Monico EP, Brink JA, Forman HP. Diagnostic CT scans: assessment of patient, physician, and radiologists awareness of radiation dose and possible risks. *Radiology* 2004;231:393–8.
3. Smith R. Limits to medicine. Medical nemesis: the expropriation of health. [book review] *BMJ* 2002;324:923.
4. Sackett DL. The arrogance of preventive medicine. *CMAJ* 2002;167:363–4.
5. Stamey TA, Caldwell M, McNeal JE, Nolley R, Hemenez M, Downs J. The prostate specific antigen era in the United States is over for prostate cancer: what happened in the last 20 years? *J Urology* 2004;172:1297–301.
6. Hoey J. Pound of prevention, ounce of cure? [editorial] *CMAJ* 2004;171:213.