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Health and medicine perspectives have changed in recent years, defining health as a factor of environmental setting and present lifestyles. As a result, people have developed strategies for monitoring health and anticipating illnesses even when patients are still healthy or in no space for risk. Consequently, the increased fear and anticipation for illnesses have redefined how the population uses medication to inform health choices and governments in setting the healthcare system. The trends in health and medicine have challenged the professionalism of medics in terms of the power they possess to drive and inform the healthcare system.

Risk in Health and Medicine

Development of various illnesses in the 21st century has led to a notion that almost every aspect of our lives poses a health risk. Likelihood of getting an illness is pinned on the food we eat, the air we breathe or the environment we live in, leaving individuals as controllers of their health (Lupton, 1993). Thus, advancements in technology have given a platform to the media to inform people of new health risks, and the information given sometimes compounds the inherent risks. Such perceptions of society are a community filled with fear and anxiety over-idealized risks when one is exposed to certain conditions. Notably, the risk discourse has given rise to categorization in the society whereby there is a group described to be at risk and that posing risk.

In most cases, those categorized as health risks are people living in marginalized areas with no access to proper food or sanitization. They are often used as tools in political races with a promise of reducing 'the risk.' It is unfair to constantly use such people for political gains when they have no control over the health risks. As a result, the new concept of health risk has influenced how those who get illnesses are perceived by society and medical providers. Since

risk discourse perceives that individuals should be in control of their health, those who fall ill are deemed to have failed to reduce health risks and are blamed for their shortcomings (Lupton, 1993). Hence, professions who attend to the ill are now working from discrimination and prejudice for patients they perceive to have exposed themselves. For instance, specialists assume that a person with a heart attack must have been lenient in dieting or those with HIV/AIDS were careless in their sexual life, rather than depending on a causative approach to medicine.

Health risks present today have been associated with lifestyle diseases such as cancer, diabetes, and heart attacks. Few lifestyle diseases were recorded in the past, but the numbers have been rising each day, requiring new measures. In the past, physicians could treat heart diseases or cancer through pharmaceuticals and surgery, but the new public conception of the body calls for a different approach. Doctoring has changed with the new health risks discourse where illnesses are said to result from dietary factors and environmental conditions. Therefore, professions are now more focused on palliative care where patients are closely monitored to increase the quality of life when illnesses in question are incurable (McKinlay & Marceau, 2002). Professions are becoming powerless in the face of complex health issues as offering treatment that restores health is no longer an obvious thing.

Medicalization

Medicine has recently become a tool for managing society following the rise of social aspects considered medical problems. Medicalization has influenced the basic practice of medicine which is surgery and prescription, overruling the purpose of such practice in the past (Zola, 1972). For instance, plastic surgery has been used as a corrective treatment for deformities, but today, the practice is used in creating new looks as defined by an individual. While wrinkling was seen as a natural process of aging in the past, medicalization has altered the youthful look.

On the same note, tampering with sexual reproduction has always been a medical concern, but hysterectomy today is a form of lifestyle. The power of prescribing drugs to a patient for medical purposes has been reduced to psychosocial prescriptions. There seem to be drugs for everything; drugs to stimulate energy or increase appetite (Zola, 1972). Hence, it is clear that the new health perceptions indicate that medicine offers a solution to all problems, which continually disregards other coping solutions.

Medicalization has shaped society through justifying good practices based on medical evidence. There is a growing phrase of 'unhealthy society' implying that bad decisions made in society can be linked to health issues. Notably, normal practices such as dress code in schools are restricted, explaining that they help control health concerns. Medicalization of human weaknesses such as alcoholism and abortion has reaped society's power to deal with such things (Zola, 1972). For that reason, physicians have special ways of handling such cases, increasing the number of people who go to physicians with personal problems. The concept of medicalization is closely linked with the health risks perspective. By identifying the origin of an illness and how to treat it, physicians dismiss reliance on other intervention methods.

Changes in professionalism are a great factor in explaining the current trends in medicalization. Notably, globalization and changes in patient-doctor relationships are among the given explanations for extensive medicine use (McKinlay & Marceau, 2002). Extensive dissemination of information aided by globalization has contributed to shared medical knowledge around the globe. Initially, physicians' knowledge was only on their hands and anyone who sought medical advice had to physically visit the clinics, thus limiting the amount of shared medical information. Technology enables people to learn the existing prescriptions for almost every non-medical concern they might have, such as bleaching products, sleeping pills,

among others. Changes in physicians' social positioning and functioning have created a close patient-doctor relationship, thus personalizing interactions (McKinlay & Marceau, 2002). The doctors are now referred to as service providers while the patient has become a client. A personalized relationship has made it easy for patients to book appointments with the doctors to address personal issues such as struggles with alcoholism and homosexuality. While medicalization of such issues would be challenging due to the weak doctor-patient relationship, a corporation of doctoring has provided for such encounters to ensure competitiveness.

In summation, the emergence of complex health issues in recent years is a trend that may continue in the future, thus calling for more understanding of how health risk factors inform medical issues. Thus, a plan to create awareness of health risks should be formulated to empower people in taking individual and social responsibility in promoting health behaviors. Awareness should be created out of well-informed medical researches to avoid creating unnecessary anxiety in society. Notably, medicalization has taken roots in our world today and reversing it may be impossible; however, incorporating social approaches can discourage reliance on medicalization. Human health is a paramount social aspect that calls for physicians to indulge in comprehensive research to ensure preparedness for new health risks that may present in the future. Thus, the present trends of physicians' demeaning should not discourage them from fulfilling their obligations in defining healthcare systems as they will always be the main pillars in informing medical decisions.

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