

Personal View

In Denmark our increasing consumption of drugs and our bad weather have this in common—everybody is gravely concerned and discusses them both strongly and eloquently. But nobody does anything, perhaps because there is little one can do.

Cf course, doctors are responsible for prescribing medicines and so should be blamed; if there were no prescriptions there would be no abuse of drugs, which is surely just logic. Without motor cars mortality on the roads would be limited to sporadic incidences of sudden non-violent death.

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But why do doctors prescribe drugs, and why do patients take them? There are various reasons, and most of them are medically sound and beyond criticism. But what about the millions of pills, psychosedatives, hypnotics, and analgesics which are prescribed and swallowed with less obvious justification?

I believe the real problem is concealed in the wealth of thoughtful explanations offered. A popular example is that a doctor's work load may make him choose the easier solution—to prescribe a medicine and then gently push the patient out of the surgery. People are very drug-conscious and have been so since the unfortunate events in the Garden of Eden. As Sir William Osler put it in the 1890s: "Man has an inborn craving for medicine . . . the desire to take medicine is one feature which distinguishes man the animal from his fellow creatures. It is really one of the most serious difficulties with which we have to contend."

Doctors, and especially general practitioners, have a peculiar job—almost a sort of priestly function based on humanistic ethics, but which is garbed in the robes of the medical and psychological sciences. After all, one of our ancestors was the witch doctor. By definition the relationship between the general practitioner and his patients is unrestricted. Everybody can go and see his family doctor whenever they like, and everybody is entitled to put before him a confusion of medical and non-medical problems; to refuse to co-operate is no alternative for the doctor.

All this means that doctors and patients alike are destined for trouble. For, paradoxically, this unrestricted relationship is beset with its own limitations. The patients' diffuse expectations, desires, and demands proliferate and advance at a greater pace than the doctor is able to cope with them. "But after all you must be able to do something, doctor!" is the well-known reply, but often enough we can't do anything sensible. We make our inevitable mistakes—after all that is only human—but to admit we cannot do anything is against the rules.

Looking at this something-must-be-done attitude with a purely medical eye inevitably leads to frustration. It may have been possible in Osler's day, but not today. Our job is not to treat some malady but a living person suffering from it—as we are repeatedly told. More and more man is defined not by his personality but by his function—his membership of groups—in the family, at work, and in society.

More than ever before, it seems, man's function must not be impaired—by minor medical problems which used to pass unheeded or, anyway, were rightly thought to be irremediable. But this view of man's frailties is disappearing, partly because we expect medical progress to supply a cure for almost everything and partly because maximum performance is regarded as a necessity and a right. To my mind this is crucial to the understanding of our consumption of drugs—or at least part of it. So a certain overprescription of drugs is in-

evitable in our modern, efficient society, because of our attempts to preserve the integrity of man's functions. But maintaining function at the same time as taking drugs is often absurd, as function itself may be the cause of illnesses—but we hesitate to realize and accept this.

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We tend to expect these days that the astonishing progress in technical science should generate similar progress in the entire field of medicine. We send men to the moon and bring them back alive against impossible odds; old and worn-out organs are replaced, and synthetic man appears to be more than just a Huxleyan vision. For this reason we feel entitled to expect that our commonplace problems have their specific solutions as well. Unfortunately, lots of them have no solution, and never will have—fundamentally human as they are. But modern man is not willing to accept suffering of any kind, however slight, as an inevitable part of the human condition—unless, of course, someone else is the sufferer. So the disagreeable or unpleasant aspects of what we call normality are displaced to the other side of the border and labelled abnormal, and abnormality should be treated. But the possibilities of treatment are not changed that easily.

Having redefined various discomforts as symptoms of illness the sum total of all our patients' demands are now too great for the doctor's meagre abilities to treat them in a supposedly rational way. To do nothing is no longer compatible with contemporary medical ethics, and so drugs are welcomed on the scene as an alternative. Sometimes they are believed to help, and new iatrogenic expectations are born. The doctor and his drugs may get quite a reputation, but it is hollow. Even so he must live up to it—and so we go on, needing new and more powerful remedies all the time.

Why do some doctors not take the time to talk quietly with their patients, instead of just prescribing? This would probably be the proper attitude, as we know perfectly well, and on the whole one we would much prefer. But that much time just does not exist, on our side of eternity, unless the number of doctors increases soon—and then by tens of thousands.

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To accept physical, mental, and social discomfort is against the code of a highly developed society; it is against human rights and is intolerable. So we want to treat and be treated, even if the reasons for this are absurd. We have manipulated physical and mental normality and narrowed its range. We have developed an irresponsible faith in our own marvellous achievements, and feel a constant urge to do all we can if only to show that we can, regardless of the results. To be inactive for the benefit of man would require a more advanced intellect than we possess.

When tomorrow's new and probably uninteresting medicines are marketed, they will surely be prescribed and taken. Why?—because they are there, because we dare not turn a blind eye on them, and because the ordinary effects and side effects of life are expected to be remedied.

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This is not an apology for resorting to and indulging in drugs, but merely an attempt to explain a fragment of the problem. But, of course, like everybody else, I am at a loss to know how to change things—just as I am not able to improve the distressingly bad weather.

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