the body multiple

“Whatever the condition of her body before she entered the consulting room, in ethnographic terms, Mrs. Tilstra did not yet have this disease before visited a doctor. She did not enact it. When all alone, Mrs. Tilstra felt pain when walking, but this pain was diffuse and not linked up to a specific walking distance on flat ground.”

“You only ever become a vascular patient if you visit a doctor and say that you have pain on walking.”

By visiting the doctor and being diagnosed with a disease, this women was introduced to a whole new world. She was given a new vocabulary, common symptoms, and a new social status at the flip of a switch. The doctor did not bring the disease into being in the physical sense, but I think it was brought into being in an emotional and social sense. She was assigned to a category and now her body is expected to enact the atherosclerosis that the doctor has diagnosed.

The disease takes on the power that we give to it. In many instances, not just with the examples provided in this book, disease consumes our lives. We inject our babies with dormant viruses because we fear disease. We constantly go to the doctor because we fear disease. We get unnecessary preventative operations because we fear disease. The list could go on and on, but my point is that in a biomedical society we are consumed with the fear of diseases.

After reading this book I couldn’t help but think that something wrong with our system… something that we have already discussed but it was so obvious to me after reading this book. The complexity of information that we have available to us about the body and the mind has made it nearly impossible to know what is right. We have multiple modes of treatment for a “single” disease and discontent over which is the best mode of treatment. Options are nice, but when do they become a hindrance? There were many different kinds of medical professionals mentioned in the book and I kept thinking that they could come together and plan a course of action for atherosclerosis. Something like Dietary counseling→ Physical Therapy→ non-invasive techniques→ invasive techniques→ Physical Therapy and more dietary counseling. But people have to be willing to try to get better without medications and without surgery before opting for the quick fix right away. I don’t necessarily see this happening.

The definition of the disease changes depending on who it is being defined by: the pathologist, the internist, the general practitioner, the surgeon, the patient. All under the umbrella term: atherosclerosis. They all see the disease in different lights, but the patients are the only ones who actually feel the pain that it is causing. The physical body might even be experiencing a different disease than the mind. The process of the disease v. the target of the operation.
Preventative medicine (where is it going?)
- Genome sequencing, 23&Me, FDA, invasive preventative medicine
- Patient responsibility and autonomy

“For if someone finds a drug, and preferably, that’s important as well, and they’re working on it, a genetic marker that indicates who’s prone to atherosclerosis and should take the drug, well, then it’s finished. Done and over with. No more vascular surgery. Or almost.”

Do the pharmaceutical companies really want cures for things? No. Because what happens when we find them? A cure for cancer could mean that we no longer need drugs or even then oncologists. What could cures do to our medical system. We have so many specialties these days that a cure for any one disease could put many people out of work.

Epidemiological studies: quantifying disease, Mol mentioned that there are so many diseases in one disease so what disease are these studies actually quantifying? what do indicators actually indicate? Doctors relying on this information to treat their patients.

Medical practitioners are better at dehumanizing their patients and switching their vocabularies depending on the situation. The process of medical socialization has taught them to remove themselves socially from situations so that they can treat the disease. Putting the cloth over the deceased individuals head when conducting an autopsy in hopes of keeping the individual's human dignity. Social life of the patient may still be resumed after the patient is deceased.

Atherosclerosis is not the only reality that patients live with.

Consequentialism: “Aiming to improve the health of populations or rather that of individuals are goals that often are at odds with one another.”