

14.2 Disease as an Ethical Category (p. 345)

What's Sick?

IT MIGHT APPEAR THAT whether someone is ill or not is a question for a physician, not a philosopher, to answer. But consider the following argument, from a paper arguing that public funding should not be used to pay for medical treatment for infertility.¹ The author agreed that infertility is a physical abnormality that medicine can often do something to fix, but he argued that infertility is not a *disease*. Having one's own genetic children is something that people sometimes *want* very much, but they don't *need* it. Society sometimes puts a negative value on childlessness, but public funding should be limited to curing disease, to providing for people's medical needs, not their wants, especially if those wants are a result of society's norms.

Maybe the author's conclusion—that public funding shouldn't be used to pay for medical infertility treatment—is right. But we can raise questions about a lot of steps in his argument.

What counts as a *disease* anyway?

A medical student I discussed this question with argued that infertility isn't a disease, because infertility is not a state of morbidity.

But what's morbidity? My dictionary tells me that a morbid state is a state relating to disease. We're back to the starting point.

Diseases are things that have gone wrong with your body. But infertility is something gone wrong with one's body. Lots of people count going bald as something going wrong with their bodies. But baldness doesn't seem to be a disease. What is a disease anyway?

The article mentioned above suggests that diseases are things that go wrong with your body in a way that deprives you of what you *need*. If what you're deprived of is merely what you *want*, then it's not a disease.

But now we can ask: What's the difference between a need and a want? A want, we're tempted to say, is merely a subjective desire; but a need is ... a need is ... what?

Does the fact that someone's desire is socially inculcated make that desire less important? Almost all our desires depend to a large extent on influences from our society.

¹ Thomas A. Shannon, "In Vitro Fertilization: Ethical Issues," in *Embryos, Ethics, and Women's Rights: Exploring the New Reproductive Technologies*, Elaine Hoffman Baruch et al., eds. (New York: Harrington Park Press, 1988).

Maybe this author is making distinctions that don't make much sense. Maybe what we really should say is that anything counts as a disease if it's a physical state of the sort (perhaps) treatable by medicine, and if it runs counter to the desires of the person who has it. The question remains whether society should pay for treatment of infertility, or of baldness for that matter. But this question can be solved by considering how desperate people are to have their condition fixed. Maybe if bald people really think that their state is worse than having cancer, we should divert public funds from cancer treatment to hair-transplants.

However you want to answer these questions, you can see by now that they're the sort of questions you take to your family philosopher, not to your family doctor.

Unhappiness as Illness

LEAH McLAREN WRITES:

In a recent examination of annual prescription drug sales, the private health information company IMS Health found that over the past six years, doctor visits for depression have gone up 36 per cent in Canada. In 2000 alone, Canadians made 7.8 million consultations with office-based physicians for depressive disorders, an increase of almost 10 per cent over the year before.

What these numbers indicate is a raging epidemic of a new kind of depression—one that is situational, rather than endogenous (originating from within). Endogenous depression, according to Cathy Gildiner, a Toronto psychologist and author of the memoir *Too Close to the Falls*, “has to do with family history, and so the numbers stay the same. It's a chemical imbalance; it has some science behind it.” Situational depression, on the other hand, “has to do with life events” like when Tipper Gore was treated for SD after her son was injured in a car accident.

You might remember a time when SD was called “sadness,” “anxiety” or “going through a tough time.” It was a normal response to life's rough stuff: death, divorce, career mishaps and February in Canada. Now it's a widely diagnosed and medicated mental illness.¹

She's right, of course, that what was once thought of as mere gloom has now turned into a Syndrome.

Is situational sadness/depression a disease or not? This is not a question to be settled by medical science. There's no doubt that there's some physical difference between sad and happy

¹ “Sadness used to be normal. Now, it's a disease,” *The Globe and Mail* [Toronto] May 4, 2001.

people, just as there's some physical difference between people who like olives and those who don't. But nothing important follows from this. Answering this question appears to be a matter of choosing what we take to be the appropriate reaction to somebody's sadness. Pills can cheer them up, but is this a good idea? Or is one being a better person if one faces up to the sources of one's unhappiness and tries to get over it unaided by chemistry—or at least, suffers with the unhappiness until that time, if ever, when it goes away?

But when we answer these questions, we're making moral judgements, not factual or scientific ones.