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Emancipate Medicine from the Tyranny of Data

Health Is About Meaning

By **Mihai Nadin**
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With around 4 percent of the world's population, the United States spends over half of the world's $8 trillion healthcare economy (or should we call it business?). The outcome: close to 500,000 deaths each year can be attributed to medicine—the third cause of death (after heart disease and cancer). And decreasing longevity.

For the last 50 years, everybody has discussed access to quality healthcare, growing costs, and the shift from healing to fixing. The medical establishment and the pharma industry, united in preventing the use of alternative means, practice medicalization—every symptom is by now a disease. The result is the transition from individualized treatment to the large-scale industrial model. In the same period, the number of physicians grew by 150%, while healthcare administrators multiplied by 3,200%. Society spends over $250 billion for research in medicine. The outcome: more publications than ever, but also an ever-higher retraction index, measuring how often articles prove to be untrustworthy, plagiarized, or failing ethical guidelines.

In 1974 Lancet published Body History by Ivan Illich. It defined Iatrogenesis: side effects and risks associated with medical intervention. Fifty years later we read: Over 75% of the nearly 107,000 drug overdose deaths in 2021 involved an opioid. Exactly the "medication" that medicine, driven by the wrong science, expected the drugmakers to produce. A letter to the Lancet, signed by Richard Smith, the future Editor of the British Medical Journal, asked why there had been no response to the article.

The most devastating critique of medicine since Medical Nemesis by Ivan Illich in 1975 is the title of the review Richard Smith dedicated to *Can Medicine Be Cured? The Corruption of Medicine,* by Seamus O'Mahony. The author, himself a practicing physician with many years of experience, discusses "the age of unmet and unrealistic expectations, the age of disappointment." He ascertains that "the golden age of medicine, which began after the Second World War, with the appearance of antibiotics, vaccines, a swathe of effective drugs, surgical innovations, better anaesthetics" is over. It was replaced by the medicine driven by data. His good arguments for this assessment: *Medical research: good for science, less good for patients*; *Inventing and marketing new diseases; The decline in the power and influence of doctors.* Patients are forced to experience it, as the human being in need of help is replaced more and more by numbers, and physicians are turned into data management operators.

It is not that society does not spend money on health care—$4.7 trillion (in the USA) is not peanuts. Rather, what informs medicine as practiced might be problematic. One more detail: In the USA, an estimated 300 to 400 doctors die by suicide each year, a rate of 28 to 40 per 100,000, or more than double that of the general population. In *Medscape's Physician Suicide Report* 2023, 9% of American male physicians and 11% of American female physicians reported having suicidal thoughts. Two practitioners of medicine, worried about this reality, tried to understand it: Physicians aren't 'burning out.' They're suffering from moral injury (*If I Betray These Words: Moral Injury in Medicine and Why It's So Hard for Clinicians to Put Patients First 2023)*.

Medicine as a calling means dedication to the patient. No other career choice involves a similar deal: huge cost that "buys" the physician's nights on duty, the sight of blood, vomit, the experience of pain. No surprise then that when the hope of being of help to those fighting for their lives vanishes, some get cynical. Others experience desperation. What they studied is failing them. Larger hospitals, more and more turned into expensive feel-good facilities substituting for effective treatment, with less humanity are the new high-yield investments. The fast-changing requirements of professional training, mostly not related to medicine but to the technology medical practitioners are supposed to use, entail alienation. Some practitioners break down. Ironically, the "cure" for this situation was suggested: get doctors unionized, as though a union can compensate for the inadequate science used in training them. The same proponents are peddling more drugs, wearables (as though there is not enough monitoring already).

They became agents of the government—remember the absurdity of measuring temperature as an indicator for Covid, of the 6-feet distancing, of lockdowns. This is the medicine of what (to fix)—such as when a machine breaks down—instead of why is the organism affected and how it can be stimulated to partake in healing.

What actually explains the sad state of health care—in the context of spectacular technological advance--is the fact that the knowledge undergirding medicine is inadequate. It all originates in the deterministic view according to which the causality characteristic of phenomena in the domains of physics and chemistry can be generalized for addressing change in the living. Moreover, the reductionist perspective hijacked medicine: If we can explain how stones turn into sand over time by considering their material make-up, i.e., the behavior of atoms and electrons, we should be able to explain the flu and cancer along the same understanding of only the matter from which the living is made. “Take a pill” is reductionist determinism at work in treating headaches or some other pain. Instant gratification, instead of stimulating longer term processes of healing. Patients were conditioned to immediacy at the price of long-term consequences. If a mechanic can fix a car now, why can’t the physician do the same?

Living matter and the matter of the lifeless are different in nature. Life escapes measurement, and thus reduction to data, because it is in a continuous state of change. And because it is in a condition of creativity: it makes and remakes itself. There are no two identical cells in the body. But the medicine of determinism considers them the same. Moreover, there are no two identical organisms, no two identical persons. To reflect this understanding of the uniqueness of each person means giving up statistical generalizations. Yes, the past plays an important role: an unhealthy lifestyle leads to morbidity. Exposure to poisonous chemicals can lead to inflammation to cancer, often irreversible.

But more important than the past, informing exclusively deterministic medicine, is the possible future. In anticipation of disease, the body is in a continuous state of preventive actions. Some are simple—such as stopping oneself from a fall—others are more sophisticated—such as those pertaining to the immune system. Cancerous cells are present in each organism, but they are kept in check by the healthy cells. Medical protocols in place today are driven by numbers describing the past. From the first wave of AI, we inherited Expert Systems: a blood panel means that the chemistry of one's blood is translated into statistical values, which the physician gets from the machine already interpreted. But the human being is not a machine. Spare parts maintain machine functioning. Prevention would help protect human beings from breakdowns.

Medicine should learn from the dynamics of life, and not generalize from the dynamics of how the amazing mechanism of the universe functions. The major change that will re-establish medicine as it is supposed to be is simple: *I will prevent disease whenever I can, for prevention is preferable to cure.* The Hippocratic Oath of our times is not about swearing to gods but performing according to the ethics of preserving human life—instead of making it more and more dependent upon "medication." The physician, combining knowledge and the *art* of healing, has to be liberated from the tyranny of data (mostly useless) and encouraged, through proper education and through rewarding prevention instead of promoting expensive reaction, to understand the meaning of life processes.

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