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Perspective

A perspective on the scam of the medical industry in the western world

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Abstract
This perspective paper critiques the medicalization of society, emphasizing its transformation of natural behaviors into medical conditions for profit. Using social anxiety disorder as an example, it explores how normal emotions are pathologized, leading to unnecessary diagnoses, overprescription, and social harm. It calls for transparency, stricter regulations, and public awareness to restore healthcare's integrity.
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We are often under the impression that the healthcare industry is in place to service patients. In the same way, science carries a presumptive credibility over its modus operandi, health culture has emerged as a preoccupation in and of itself. Of one such developments, is the medicalization of society.

Due to the social construction of medical knowledge, rarely is the reality shed that diseases are more commonly made, rather than discovered. "Being the self-enterprising carpetbaggers that humans are, medical advancement in science is one of few public sectors that goes unprecedentedly unquestioned."[1] Moving forward with this sentiment, the medical industry (more specifically, in the Western world), knowingly lures the public into both figuratively and literally speaking, buying anything they offer, getting away with it because it is assumed to be for the betterment of their lives. With such a charade going on, they are able to broaden definitions of natural human conditions and sell them as illnesses. On how these processes came to be and are practiced, will be expounded upon below using social anxiety disorder as a primary example.

To clarify social construction first and foremost, it is a theory that attempts to make sense of the world by understanding how social categories such as class, birth, gender, race, death, economic and political status, etc. Contribute to the construction and evolution of society, rather than it being a naturally given state from the get-go. Medical knowledge, much like social institutions, is then also a product of constructionism. The authority that is granted to medical knowledge, is what enables medicalization.

Medicalization is a process that labels non-medical problems and treats them as though they are. If the public is convinced that organizations like hospitals, pharmaceuticals, and insurance companies engage enough with the selected disease, then doctors and other professionals are vested in broadening the definition of the given disease and prescribing treatment or medication for it as they please. For instance, "doctors expanded the definition of osteoporosis to include anyone with low bone density, rather than the only individuals who had experienced unusual bone fractures."[2] Similarly, improved standard living conditions during the 20th century saw a considerable decline in sick children. The decreased urgency of pediatrics ensued. "Pediatrics thus became less well-paid, interesting, and prestigious. To increase their market while obtaining satisfying and prestigious work, some pediatricians have expanded their practices to include children whose behavior concerns their parents."[2] Therefore, through the tool of medicalization, new definitions of health scenarios are created in order to elevate a doctor's role, power, and income.

In this manner of mongering diagnoses, every day, ordinary, emotions and behaviors such as stress or shyness, are clustered into one disease-social anxiety disorder. "Doctors have played similar roles in medicalizing crooked noses, obesity, drinking during pregnancy, impotence, and numerous other conditions."[2] In the Western world, loudness and extroversion are celebrated. As a result, the human experience is reduced into a binary way of living in which the former is pegged as a normality. In contrary,

individuals who possess shyness or similar traits are, therefore, subject to stigmatization. In consequence, it is the act of medicalization itself of social anxiety disorder (or SAD for short), that is the source of that fear.

To elaborate, the interpretations of social anxiety disorder and shyness will be compared. According to a study done by Dr. Dalrymple on *Treating Social Anxiety Disorder* in a peer reviewed journal called *Current Psychiatry*, SAD is a fear of embarrassment or humiliation in social or performance-based situations. In contrast, shy people are defined as self-reporting to have greater anxiety and embarrassment in social situations than non-shy persons do; it also refers to exhibiting habits of anxiety, inhibition, reticence, or a combination of these findings, in social and interpersonal situations. Of course, this is only logical. Furthermore, shyness has been described as "a normal facet of personality and a stable temperament[3]"; supplemented with an NCS Adolescent study, finding that nearly 50% of adolescents self-identified as shy. It is almost ironic how the line between the characteristic of shyness, and SAD is so thin. Given that someone can so easily be mistaken for having a disorder, it is no wonder an individual will fear judgment from others by even remotely acting shy. Internalizing that fear, the individual will have no choice but to accept what is otherwise just an over-diagnosis, and construction or more appropriately, invention of fear.

On that note, medicalization has borne harmful (despite initially unintended), consequences. "In addition to creating new illnesses, medicalization has also led to labeling increasing numbers of individuals as 'potentially ill.'" As one can guess from context, this means individuals who are high at risk of becoming a patient of said new illness. With the aid of media and culture to impose biomedical values, and use them as a measurement of health norms, people end up pathologizing supposed "symptoms" of anxiety. Indoctrinated into thinking biomedicine is their savior and resolver of all their problems, individuals will seek out a certain body image, health practice, diet, lifestyle, and attitude, unconsciously beginning a domino effect on damaged self-esteem. That race to fit in ends up being the generator and root of genuine anxiety. It is more profitable to promote medicine as a corrector of deviance because people are more inclined to follow a sanctioning system that appears to be apolitical and cultural-free on the surface. But in fact, as with legal and religious institutions, medicine too has found its way into court orders and deciding moral issues.

In view of this, "doctors become the only experts considered appropriate for diagnosing the problem and for defining appropriate responses to it."[2] A woman intuitively "knowing" she is pregnant for example, is ignored because it can only be "truly" verified from a medical analysis or a doctor's diagnosis. In some countries, like China, if it were found that a citizen dissents from the political superstructure, they'll be admitted into a mental hospital, keeping them out of public eye, and silencing their existence. "In other words, medicalization allowed these governments to depoliticize the situation."[2] Another example would be how in the US, for a person to become a citizen through family ties, (i.e. the spouse, parent, or child of a US citizen) the federal government requires that they prove it through genetic testing.[2] At first glance, this sounds legitimate, until it is realized that this would exclude stepchildren, adopted children, children from polygamous families, families from backgrounds where it is culturally accepted to adopt nieces, nephews, and cousins from whom parents are unfit or have died, and finally, it denies legal documents, a parent's sworn statement, or a child's obvious desire to be with the adults they love. "Mandated genetic testing can rip apart rather than unite families when it reveals that a child is not genetically related to a man long assumed to be his or her father." Additionally, "it implicitly declares that we are all defined by our genes." [2]

Using these tactics, "experts" can monetize conditions to make people spend more than needed. In the case of social anxiety disorder, antidepressants and other drugs may be offered when psychotherapy alone may be sufficient. To relate, the US healthcare system wastes 765 billion dollars a year on unnecessarily prescribed medicine. That is more money spent than by the Department of defence. One sample of this is eye drops. Eye drops always roll down people's faces because one drop is larger than what the human eye can physically hold. Drug companies purposefully make eye drops oversized so that it is wasted, run out faster, have a bottle that barely lasts a month, and cause patients to spend twice as much as deserve. It is the same with cancer drugs.[4] Imagine then, how this ploy is carried out for SAD given its prevalence as evidenced above, assuming the diagnosis is not a false positive to begin with.

The author urges a collaborative effort from practitioners, educators, and researchers alike to restore healthcare to a true public amenity. If the industry fails to be transparent with its interventions, then researchers must expose the cultural and financial drivers of over-medicalization. Policymakers must make stricter regulations and base disease definitions on rigorous evidence that curb conflicts of interest. Individuals seeking out more second opinions and educating themselves on community equitability should be normalized.

All around, the healthcare system is more of an industry than a resourceful amenity. Owing to the medicalization of society, side effects include vulnerability and guilt towards one's feelings, body, and behavior, being assigned near non-existent sick roles, and being conned into being one sickness away from bankruptcy. As Goethe forewarned, "I too believe that humanity will win in the

long run; I am only afraid that at the same time, the world will have turned into one huge hospital where everyone is everybody else's humane nurse."[5]

Competing Interests

The author declares no competing interests.

Ethical Approval

This study did not require ethical approval as it did not involve human participants, animals, or sensitive data.

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References

1. Benjelloun N. Is Medicine Neutral and Universal? Literary Yard; 2019. https://literaryyard.com/2019/08/13/is-medicine-neutral-and-universal/. Accessed January 17, 2025.
2. Weitz R. The Sociology of Health, Illness, and Health Care: A Critical Approach. 7th ed. Boston: Cengage Learning; 2017.
3. Dalrymple KL, Zimmerman M. When does benign shyness become social anxiety, a treatable disorder? Curr Psychiatry. 2013;12(11):21-38.
4. Chakraborty R. How Drug Companies Make You Buy More Medicine Than You Need. Vox; 2017. https://www.vox.com/videos/2017/10/18/16496590/how-drug-companies-waste-medicine. Accessed January 17, 2025.
5. Parens E. On good and bad forms of medicalization. Bioethics. 2013;27(1):28-35. doi: 10.1111/j.1467-8519.2011.01885.x.