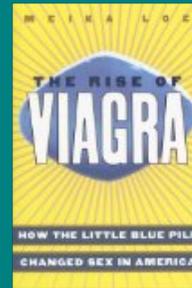


A New Opt-Out Revolution? Individuals Across the Life Course Say “No” to Medicine



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My research is hopeful in that it emphasizes how many among us are questioning. Quick tour of a decade of research, three different generations... prescription generation raised on medication and DTC advertising, Viagra consumers ages 18-86, and the “oldest old” of America – depression generation – caught between prudence and respect for doctors
All of these groups express medical ambivalence in our contemporary era

Viagra Blues

I have tried it. I went a long time and the bottom line is I don't like it. It hasn't done me any good and it had a harmful side-effect—heartburn and indigestion. I'm a little fearful of it. I'm a healthy guy and I don't take any maintenance medicines of any kind. My system seems to be functioning nicely. I think I'll just leave it alone. (Don, 67 years old, White, heterosexual, retired fire captain)

I think there is a gross overuse of drugs for happiness and well-being. Feeling depressed, get a script for a mood enhancer... feeling tired, get a pill for energy... want to have better sex, get some blue magic. What about the age-proven solution of removing or reducing the problems or stress factors affecting your life and then seeing if pharmacological agents are still needed? (Miles, 45 years old, White, heterosexual paramedic)

4 men of various backgrounds Talking back to Viagra –

Talking back to media messaging about broken male bodies...

Some consumers comment that although Viagra may promise bodily repair or enhancement, it can actually cause more trouble than its worth.

...talk about a body that is scary unnatural uncontrollable

Viagra Blues (cont.)

I didn't like [Viagra] because it was unnatural. Like you were hard and you stayed hard. I didn't like the idea of being forced into being sexual. (Dusty, 17 years old, White, homosexual, student)

I think everything we do nowadays is overblown. I just see that society is just driving us crazy, making us jump through hoops and do things we really don't need to do. I think they—or not they—but the way things are set up, is to make you want to do things. Even if you don't want to do it, you are driven if you pay attention to what's going on. I'm not that kind of person. I won't let you do me that way. I just don't believe in it. (Ollie, 64 years old, Black, heterosexual, printer)

Biomedical and gerontech – carol estes concept of “aging enterprises” – profit-focused enterprises that benefit from emphasizing social ideas such as youthfulness

Key Ethics question – qual of life/autonomy

Ritalin Generation

I think it's messed up and twisted that I've been on study medications since first grade. I think it's...it's something I kind of...I can't say really a moral debate but, just a debate internally about how I feel about it because I know...there's no way I would be at [this school] without it... And at the same time...[just thinking] how much [taking a pill] can change your personality...who you are is...challenged. I mean I can deal with it. It's easy for me to rationalize it in the sense that I've taken for so long I can just not think about it...which is what a lot of people do. (Mary, college student)

I wonder, at what level...if so many people have ADD...at what level it is just because of the standards we hold over everyone and the expectations of the school system and the work world... (Ali, college student)

Medicated childhoods – 4 college students - all diagnosed and on prescription stimulants in elementary school

inevitability of medicalization AND/OR medical ambivalence, concerns again with loss of self,

Ritalin Generation (cont.)

All Adderall does is make you think that you can do those eight things at once and really stretch yourself out; especially if you are as hyperactive as I am--Adderall is not the answer. The answer is meditation, the answer is yoga, the answer is smoking weed, the answer is having sports so like you're relaxed when you're not doing sports. (Dylan, college student)

I refuse to take the drug now—[so] I've had to come up with like techniques. Like I have to take breaks incessantly, if I don't then I will burn out. Like if I'm reading something, I have to, if I really wanna retain it, like I've gotta write, like, underline things— and then write next to it reminder words. Umm... and that's been real helpful. (Homer, college student)

Technogenarians

- Technogenarians are creative technology users.
- Elders use technologies for support and well-being, including participation in communities, mobility, intellectual growth, emotional connections, and physical care.
- Elders both accept and actively question the use of technology.

Oldest old in America – also technology users! Creative technology users.

CONTEXT of a society that promotes youthfulness – technology users in context of ageism and biomedicalization...

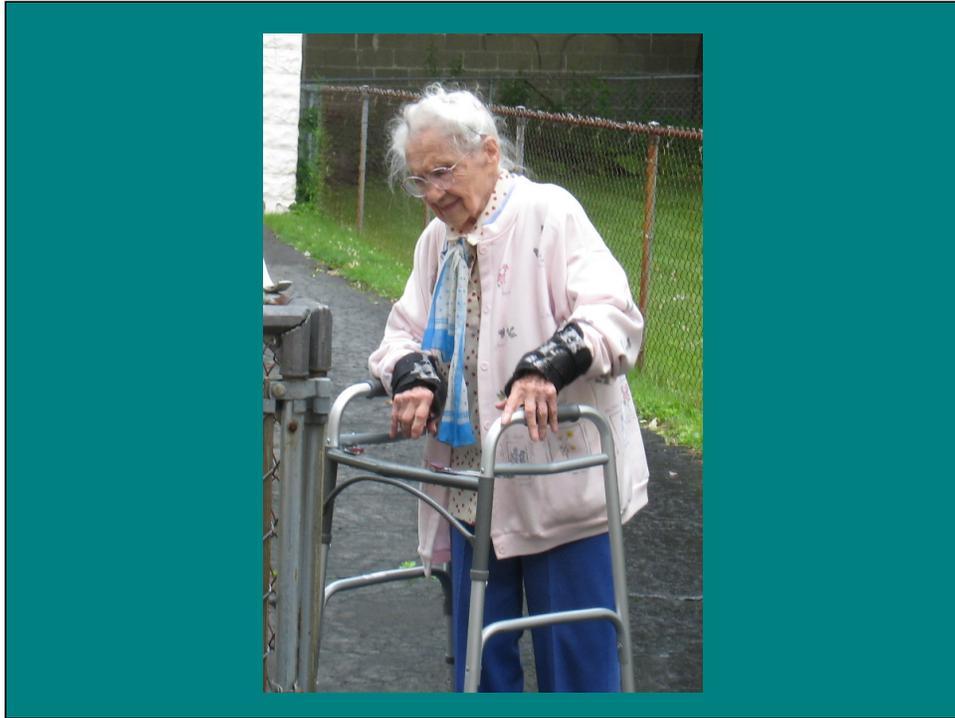
Actively accept and question the use of technology – this includes biotechnology...



Biotechnologies

Average...when we hear average 9 pills at a time – assumes a certain passivity...

backstory may involve actively limiting drugs or advocating for themselves to have access to certain treatments.

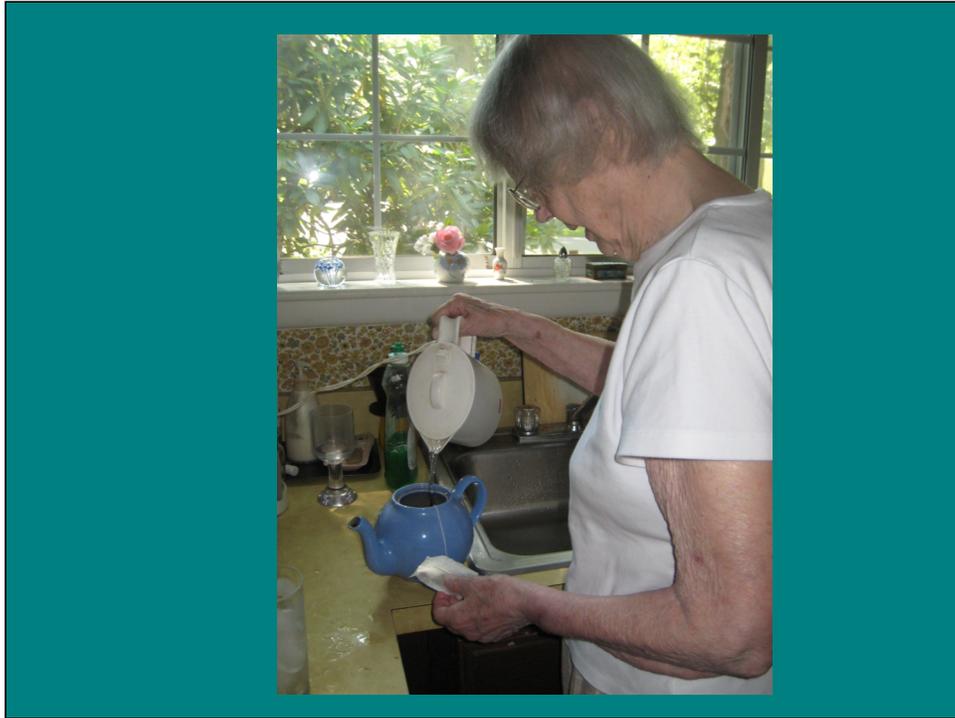


Mobility tech – ruth- walker like another set of legs – security and control navigating the neighborhood on her own



Exercise technologies

Enrico – a regular at the gym 2 days a week – where exercising his body is just as important as his mind and jaw (telling jokes, checking in with folks)



Household technologies



Digital information technologies

Opting Out

Alice (age 93): "I talk with [a friend] about old age and what they do to old people—medically I mean—these newfangled medical things. She told me she saw someone in the hospital, eighty-three, and she was in pain, and they were giving her something so she could live five months. We both agree, we don't want any part of that. We'd rather be comfortable. To me, the eye [injections] are worth doing. I can try that again, and see if it works. So far not. But that other stuff—I won't take it. It is for the doctors, not for us. Their pride. That's why I'm not going to a nursing home. I need to be in control—that's the big thing."

When the oldest old participate in decisionmaking in late life, a sizeable group may opt out of life extension technologies, or resent medicalization of their daily lives. They may want less testing, less pills, less time at doctors offices, hospitals, and rehab centers.

Alice and Mary are concerned with what they perceive as the overuse of medical technologies. A sense of caution helps them to weigh the costs and benefits of new treatments and procedures, such as life extension, eye surgeries, biopsies, and preventative tests.

Mary (age 94): "Recently I have been having TIAs (mini-strokes). They come on quickly and then disappear. Even though I feel fine afterward, I go to the emergency room to be checked. Each time I am subjected to a full day of tests, and sometimes they keep me overnight to observe. This is frustrating, because I know I am fine and really I just want to be home. Then last week my gynecologist suggested a precautionary measure—a biopsy—to make sure I didn't have ovarian cancer. Was this really necessary? I don't know. I didn't really want to go, but [my daughter] wouldn't let me pass on it. Afterward I was very uncomfortable and had heavy bleeding for weeks. It reminded me of the surgery I had—that created more stress on my body, in new places. I just don't know about all of this."

Although Mary's daughter is concerned about her mother's health and wants her to take all precautionary health measures, Mary (who is married to Bill) wants to avoid stress associated with time spent in doctor's offices, in the hospital, and recovering from procedures. Mary and Alice point out that sometimes the practice of medicine can create health issues, instead of remedy them.

Iatrogenic Concerns

Ruth (age 98): “I have been taking something for pain in my wrist, but I don’t like drugs. My doctor knows that I think they are a mixed blessing. They have side effects. And natural healing is more viable. So I have a homeopathic doctor in Albuquerque. I’ve been calling him on the phone for twenty- five years. So if I have a cold, he’ll send me a remedy. That helps.”

Quality of life may intersect with medically-constructed issues or iatrogenic concerns

Learning from Elders

Given that elders are living longer and healthier than ever before, let's continue to talk with elders about what they want and need.

How do they define quality of life in the context of an increasingly medicalized society?

What do they have to say about quality of life, autonomy, and control particularly in an increasingly medicalized society

A New Opt-Out Revolution?

- Growing evidence of medical ambivalence across the life course
- Many resisting the pressures of medicalization
- Critical structural analysis

MCAT now requires background in sociology

Thank you!

- Visit my blog:
AgingOurWay.wordpress.com



- Check out my book:
Aging Our Way: Lessons for Living from 85 and Beyond (2011, Oxford University Press)

Learning from Elders

- How can we work against ageism to ensure elder autonomy?
- What does autonomy look like in a risk/liability culture?
- When is paternalism justified?

This means paying serious attention to these questions and tensions...