



**New Episode of “Prescriptions for Health Reform” Available At [BlueCrossFoundation.org](http://BlueCrossFoundation.org)**

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**OCTOBER 2, 2009** — Peter Conrad warns against the costs and consequences of over-medicalization in the latest episode of “Prescriptions for Health Reform,” available now at [BlueCrossFoundation.org](http://BlueCrossFoundation.org).

Conrad, author of *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*, said he hopes that national health reform will limit medicalization, which he defines as the creation of “diagnoses for particular kinds of human problems.” One of the consequences of medicalization, he says, is the “pathologization” of human behavior:

*One of the interesting examples that I've actually written about is adult ADHD. ADHD in children's been around since the 70s. It had different names, but it's been around, at least as a viable diagnosis, since the 70s. I argue it's a classic example of medicalization. But in the 1990s, we began to see something called adult ADHD. But adult ADHD was not promoted by the drug industry, nor really by the medical profession, with a few exceptions, but was something that consumers, people on their own would go to physicians and say, well, I can't keep my desk clean, I can't keep a job, I'm having difficulty focusing or concentrating. I think I have ADHD. ... [So] we have demand from consumers for treatments for various problems, like not being able to have the success you want in life in your job. I actually called it, the adult ADHD, the medicalization of underperformance.”*

Another is focusing on individual solutions to societal problems:

*We all know that the rise of obesity in the past 35 years in the United States has been absolutely enormous, and there's not a medical cause for that. The cause is completely social, in terms of the food available, in*

*terms of dietary and cultural kinds of things that we've changed, in terms of promotion of the kinds of foods that we eat, in terms of fats, all those, portion size, and yet we look on the individual as ways of dealing with so-called obesity epidemic by intervening on an individual medical level, rather than on a societal level.*

Read the [transcript](#) or listen to the [podcast](#).

New episodes of “Prescriptions for Health Reform” are uploaded every two weeks at [BlueCrossFoundation.org](http://BlueCrossFoundation.org); they are also available via free subscription from iTunes. Grantmakers in Health recently [highlighted](#) the podcast series in a resource list of what health care foundations are doing to educate and inform those involved in the national health care debate. Past episodes of “Prescriptions for Health Reform” feature interviews with Shannon Brownlee, author of *Overtreated: Why Too Much Medicine is Making Americans Sicker and Poorer*; Dr. Jerome Groopman, author of *How Doctors Think*; and Melody Petersen, author of *Our Daily Meds*.

-30-

### **More About The Blue Cross Blue Shield of Massachusetts Foundation**

The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to expand access to health care. Through grants and policy initiatives, the Foundation works with public and private organizations to broaden health coverage and reduce barriers to care. It focuses on developing measurable and sustainable solutions that benefit uninsured, vulnerable and low-income individuals and families in the Commonwealth, and served as a catalyst for the pioneering Massachusetts health care reform law passed in 2006. The Foundation was founded in 2001 with an initial endowment of \$55 million from Blue Cross Blue Shield of Massachusetts. The Foundation operates separately from the company and is governed by its own 18-member Board of Directors. It is one of the largest private health philanthropies in New England and in 2007 was awarded the Paul Ylvisaker Award for Public Policy Engagement by the Council on Foundations for its work on health care reform in Massachusetts.