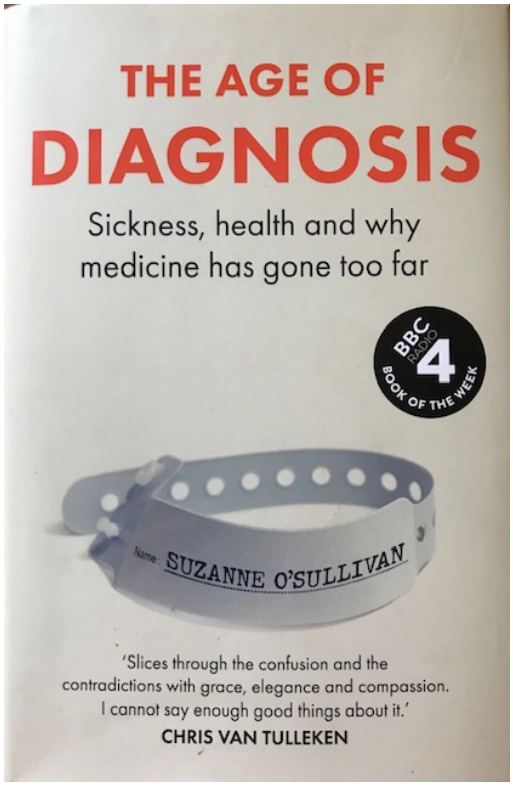
The Age of Diagnosis

a cautionary study of our unsustainable expectations

David Zigmond



Conventional wisdom often assumes that a diagnosis brings clarity, truth and agency to our suffering and distress. This book uncovers and explores when and how this is often a myth, and the price we then pay.

Dr Suzanne O'Sullivan's recently published book has been, rightly, well-received and much publicised. Its subtitle *Sickness, health and why medicine has gone too far* captures its essence; that theme is pursued in a style that is pleasurably readable.

Written with warmth and clarity, the reader is guided through wide-ranging topics of often great complexity, yet in a way that will be undaunting and engaging to the non-specialist.

O'Sullivan's central thesis is that medical diagnosis, thinking and language have become increasingly indiscriminately employed and – like promiscuity – such excessive uses then rarely yield what is desired. She cogently explains that, by contrast, the more correct and disciplined use of diagnosis yields a guided precision of *description* (a tight cluster of what something *is*), *prediction* (what will *probably happen* with, or without, intervention), and – hopefully – *prescription* (helpful things we *might do*). Increasingly, though, our currently expanded use of diagnoses often manages to do none of these effectively.

What is happening? And why?

In many ways it is about the very characteristic human folly of not knowing when and how to stop doing 'good' things (other species are more limited to their functional teleology; they rarely stymie themselves by fictions or excess).

But Homo sapiens is all too easily allured by the wishful rather than the actual. Clearly our biodeterministic medical model – with its lingua franca of

diagnoses – has been powerfully and massively successful in countering or eliminating many organic physical illnesses and infirmities. Cataracts, hip fractures, coronary artery occlusions, poliomyelitis … this is just a small, random sample of the kind of problem either eradicated or effectively countered by our realistically anchored medical model. Yes, of course, there remain many (often new) refractory conditions, but nevertheless biomedicine's power and success over the last century has been formidable and charismatic. Diagnostic terms have been both emblematic of, and fundamental to, that power.

But that charisma then lures us to our wishfully generated indiscriminate use and then overuse. If something is 'good' let's have more of it! So we have recurrently lowered the threshold for diagnostic inclusion and so expanded its territory.

What does that mean? Well, traditionally, the medical model and diagnoses were applied to people who had an evident and active current complaint or infirmity, usually of a physical kind. Psychiatry was, perennially, a kind of problematic, struggling foster-sibling. Such erstwhile entry requirements and territorial reach were never completely uncontentious, but they were certainly more realistically achievable and useful than what is evolving now.

O'Sullivan provides many examples of how the professional and public appetite for extending medically modelled diagnoses then loses precision and usefulness. Lyme Disease and Long Covid receive thorough scrutiny – she shows how the frequent lack of solid evidence has in no way impeded the

rapid proliferation of diagnoses. She plausibly infers that this overuse derives more from cultural and psychological need than biological reality. The result is many more people with a certain-sounding, but specious diagnoses requesting treatments that cannot then be assured or effective. In addition, the consequent diagnosis-labelling can itself induce illness experience and behaviour by the unconscious power of suggestion and attribution: the *nocebo* effect – the belief that we are ill. Clearly the costs to the (often self-diagnosed) patients, the health services and the sustaining economy become cumulative.

This pyrrhic-victory-practice trap ensnares, particularly, any condition whose existence and definition depends on a person's inner experience rather than externally observable, thus (relatively) objectifiable or measurable, enduring organ pathology. Hence the whole of mental health – disorders of behaviour, appetite, mood and impulse (BAMI) – are particularly likely to be so compromised. O'Sullivan readily acknowledges, however, that competent diagnoses of severe mental illnesses – say bipolar, major depressive and schizophrenic disorders – may have very similar natural histories and treatment-responses to undisputed physical illness.

But these serious problems now constitute only a small minority of psychiatric diagnoses. The book casts its gaze instead to the now profligately diagnosed cases of mild, 'masked' or 'atypical' claims of autism/spectrum disorders, depression, ADHD and neurodivergence. How can we distinguish these from 'normal' variations of human struggle, angst and distress? Unlike bodily damage or organ pathology, objectification is almost impossible and so

highly contentious – but this has not impeded the appetite to seek and confer such diagnoses.

Why is this? A major root of this imbroglio is that we humans struggle to cope with the complexity and discordance of our consciousness, our experience and imagination. Our approach-avoidance patterns are myriad and everywhere. We struggle to understand or accept issues of fate, responsibility, limitation and suffering. We wish both to be relieved of such burdens yet somehow be part of a recognised community of fellow-sufferers – to know we are not alone. The medical model – diagnoses – can do all this in a way that is both socially sanctioned and, now, conventioned: our industrialised and corporatised lives are increasingly made up of the packaged and the generically coded. These now certify validity and legitimacy.

So such quasi- or pseudo-diagnoses can bring certain kinds of relief, if rarely cure. But what of the problems they bring? O'Sullivan provides us with many and alarming statistics to show us the economic and professional drain of such unboundaried mission-creep. And, quite as importantly, she explores how such diagnostic misattribution can eclipse and obstruct opportunities for the growth of personal agency, responsibility and autonomy. The nocebo effect is not just limiting, it can be disabling. We become what we believe, what we have been told. Specious diagnosis can make us sick.

*

All of this was foreshadowed more than half a century ago. The radical social critic, Ivan Illich, wrote in his polemical *Limits to Medicine* how hazardous – both to health and economies – was the unbridled growth of medical practice, especially when fuelled by corporate and commercial interests. In that same era the psychoanalyst and investigator Michael Balint published *The Doctor, his Patient, and the Illness*. He explored the vast hinterland of human meanings and experiences that were often pushed aside and then discounted by insistent medical protocols, procedures and diagnoses. Many GPs reported how much more efficient and gratifying their work became through such insights.

So what addition does Dr O'Sullivan bring to this book, so many years later? Well, it is instructive to see how accurately instructive and prophetic those pioneer-luminaries were: what they said then is even more problematically true now. Even though longevity and general health has improved, more and more of us receive medical diagnoses and sickness disability benefits. Market forces, Big Pharma, and assumed wisdoms of ever-increasing specialisations provide perverse incentives for more and more diagnosis-definitions and their necessarily recruited patients – professional careers and financial investments depend on continually expanding the medical lexicon and its operating territory.

Our later current era has massively increased the problem in another way. In Illich and Balint's time there was little predictive testing or diagnosis, no genetic testing or treatments. We dealt with what *is*, not what *could* or *will* be. That is now very different, and *The Age of Diagnosis* considers how the

benefits of such knowledge and power are often undertowed by complex ethical problems and the painful foreknowledge of destiny. For example, the clear and future knowledge of the inheritance of Huntington's Disease can deprive an individual of a prior carefree life, shadowing it instead with a dread-future with its many nocebo-effects. If such a predictive diagnosis cannot change the disease, who benefits from such knowledge?

Another difference between Illich, Balint and Suzanne O'Sullivan is that she is a senior practising doctor with many years' experience. They were neither of these. Although a very specialised doctor – an Epileptologist – O'Sullivan's view of healthcare is wide, long, deep and multifaceted. Her notions are conveyed with compassion, clarity and a comprehending tolerance of what she disagrees with. Her very human and credible case histories add poignant resonance to her well-researched arguments.

Yes, much of this may have been said long ago, but it needs to be updated, said again, by this generation, and with such humanity.

-----0-----

Suzanne O'Sullivan, *The Age of Diagnosis. Sickness, health and why medicine has gone too far*. Hodder Press (2025)

Interested? Many articles exploring similar themes are available on David Zigmond's Home Page (http://www.davidzigmond.org.uk/david-zigmond-archive-homepage/).