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7 – Transient Illnesses

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Within the context of mental illnesses, Ian Hacking talks about ‘transient illnesses’, in that certain illnesses are typical for certain eras. (Hacking, 1998). By this, he does not state that an era determines its illnesses and therefore illnesses can be reduced to it; instead, he analyses why certain illnesses are more prevalent in certain eras than in others. ADHD, depression or bipolar disorder for instance, are diseases of our era.

One can ask why we are limiting ourselves to mental illness? Obesity can also be described as a ‘transient illness’: it is a basic characteristic of our era, far more than it was before. Obesity is particularly a problem of contemporary society. Everywhere in city streets, you can drink coke or eat burgers and all of us are on a daily basis faced with a battery of advertisements, influences which can hardly be overestimated. Listen to the radio, watch television or walk on the streets: we all are bombarded with advertisements appealing us to enjoy our life via the consumption of food and beverages. (Minkler, 1999)

The concept of transient illnesses opens up the forum for discussion on health and illness in today’s society. When discussing so called lifestyle diseases, many people consider individuals responsible for their health condition and people are even blamed for being sick (Wikler, 1987, 2002). Consequently, in many countries the pursuit of a healthy lifestyle has or is expected to become a criterion in the allocation of healthcare services. One of the crucial questions is what the consequences of this evolution would be for health care policy, for individuals and for society in general? If we consider individuals as autonomous and regard the way they live as largely a matter of their own free choice, it seems ‘logical’ to hold patients personally responsible for making (un)healthy life style choices when they try to obtain insurance or enter healthcare facilities. And if the individuals are unwilling to change their risky behaviour, could they then also be denied health care services? In short, the discussion about lifestyle also concerns responsibility and the amount of control that others should be allowed to exercise over an individual’s choice for a particular way of living. Critics of paternalism talk about control and tyranny, while defenders point out the importance of public interest. (Cosner Jr, 2008)

The idea of transient illness has the potential to make a breakthrough in this debate and can be of help to general practitioners in facing patients with lifestyle diseases. It explains why people, at the very moment they make autonomous decisions, decide for things which are obviously analogous to the main characteristics of society, i.e. enjoyment of your personal life, putting your desires first, etc. Despite the fact we are often very aware of the possible consequences of our decisions for our health, a lot of us keep on making unhealthy choices – it is for instance hard to say we are not informed about the dangers of smoking and yet many people continue smoking (Devisch I & Dierckx, 2009).

