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# Medicine as a Social Institution and its Role in Population Well-Being

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## ABSTRACT

*The research work, in contention, delves into the topic of medicine as an important social institution. It additionally sheds light upon the profound impact medicine has in ensuring the well-being of the population and the impact of the same in transcending individual health in order to shape the norms and structures of the society.*

*Furthermore, the research work discusses the role of medicine in enhancing longevity, emotional well-being and the overall quality of life. Moreover, it focuses in the advancements in healthcare technologies and its impact on the populace. In addition to this, the analysis discusses the interconnectedness of medicine with other social institutions like education. The complexities of increasing healthcare costs and the need to ensure adequate policies to regulate the same have been discussed.*

*Through this comprehensive study of medicine as a social institution, an idea regarding the impact of the same upon the population and its role in shaping societal frameworks can be framed.*

**Keywords:** *Medicine, Well-being, Education, Longevity, Economy.*

## I. INTRODUCTION

The term Social Institution has received a typical definition in the words proffered by Jonathan Turner- “A complex of positions, roles, norms and values lodged in particular types of social structures and organising relatively stable patterns of human activity with respect to fundamental problems in producing life-sustaining resources, in reproducing individuals, and in sustaining viable societal structures within a given environment.” Anthony Giddens has quoted: “Institutions by definition are the most enduring features of social life.”

Moving on, a fascinating aspect concerning social institution happens to be the field of Medicine and its role in population’s well-being. Medicine as a social institution seeks to diagnose and prevent illness along with promoting health care. However, there has been a certain level of dissatisfaction associated with the healthcare industry owing to the soaring cost of treatments.

In the present case analysis, we would focus on the sociological aspect of medicine.

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Furthermore, we will look into the role of medicine in ensuring well-being of the population and the burden of investment. Additionally, we would also examine the impact of medicine on other social institutions and efficacy of medication in ensuring quality of life, emotional well-being and longevity.

## **II. MEDICINE AS A SOCIAL INSTITUTION**

Usually, the term medicine is perceived in its “individual sense rather than the sociological one.” When a person, for instance, becomes ill, illness is viewed as a biological problem. However, sociologists take a different view to it altogether. They typically focus on examining the rates of illness and try to figure out the reason behind why certain social backgrounds are more likely than others to become ill. “An individual’s social location in the society makes a critical difference.”

“Whether someone suffers a serious illness is often simply a matter of bad luck or bad genes: we can do everything right and still become ill. In saying that our social backgrounds affect our health, sociologists do not deny any of these possibilities. They simply remind us that our social backgrounds also play an important role.” (Cockerham, 2009)

“A sociological approach also emphasizes that a society’s culture shapes its understanding of health and illness and practice of medicine. In particular, culture shapes a society’s perceptions of what it means to be healthy or ill, the reasons to which it attributes illness, and the ways in which it tries to keep its members healthy and to cure those who are sick.” (Hahn & Inborn, 2009)

“An interesting example in this regard is Japan’s aversion to organ transplants. Japanese families dislike disfiguring the bodies of the dead, even for autopsies, which are also much less common in Japan than other nations. This cultural view often prompts them to refuse permission for organ transplants when a family member dies, and it leads many Japanese to refuse to designate themselves as potential organ donors.” (Sehata & Kimura, 2009; Shinzo, 2004)

## **III. MEDICINE’S ROLE IN THE WELL-BEING OF THE POPULATION**

“To cure sometimes, to heal often and to comfort always”, this is how the role of medicine has been described aptly. Positive well-being of the population implies positive emotions, traits of mature character, improved quality of life and strength along with virtues of hope, compassion and courage.

### **(A) Efficacy of medicine in longevity**

Nordhaus (2005) had argued “improvements in health status have been a major contributor to

economic welfare over the twentieth century.” The major question that has eventually arisen is “What is the goal of medical treatment: Is it alleviating discomfort or lengthening lives?”

In the quest for improved life-expectancy “nobody has yet achieved a modest life extension beyond the upper limit of more than 120 years.” Moreover, worldwide life-expectancy at birth was 30.9 years in 1900, 46.7 in 1940, 61.13 in 1980. So, there was an improvement in life - expectancy at birth 1940. This could however be attributed to three major factors:-

- Introduction of global drug and chemical innovations including penicillin, streptomycin, vaccines and discovery of DDT.
- Improved access of medical and public health care technology to all including lower income countries.
- There was a change in international status of health to becoming a right rather than a mere desire.

With introduction of ventilators, blood replacement products, antibiotics, pacemakers and modern equipment for surgeries the longevity of population has improved. With sustained improvements in medication, life expectancy in India has also improved from just 35 years at the time of Independence to 70.15 years as of 2020.

### **(B) Efficacy of medicine in emotional well-being and quality of life**

Medicine plays an important role in ensuring emotional well-being and improved quality of life thus ensuring long-term health benefits. Symptoms of stress and depression can be alleviated through the effective use of medicine. It is however essential to recognise the importance of medication during adolescence and take the advice of healthcare professionals.

Firstly, medications aim at alleviating illness and distress. This involves medications for physical conditions like acne, chronic headaches, diabetes and asthma which can exacerbate mental health conditions like depression and anxiety.

Secondly, healthcare professionals must balance the efficacy of medications in improving emotional well-being and the burden of treatment. For Example: Medications like isotretinoin for acne or antidepressants like fluoxetine or sertraline may have significant merits in alleviating symptoms but however there are accompanying risks of mood changes, weight gain and other side effects.

### **(C) Burden of investment**

In medication, the burden of investment refers to the various costs associated with obtaining

and using medication, both financial and non-financial. Financial costs include purchasing medications and insurance coverage. Additionally, there are costs related to prescription medications as well. Some individuals may even experience emotional and psychological burdens associated with medicines such as anxiety. Hence, coping with potential changes in medication regimens and addressing concerns about dependency may lead to incurring costs.

So, focus must be on minimising side-effects of medications. *“This can be done by proper monitoring of patients and adjustment of doses including additional supportive care. Focus should be put on implementing policies to make medicines affordable and accessible at the same time.”* Some policies include price controls and introducing generic medications. Expanding insurance coverage and reducing out-of-pocket costs for individuals can help reduce the burden of investment especially for patients with chronic health issues.

#### **IV. IMPACT OF MEDICINE ON EDUCATION AND ECONOMY**

Medicine, as a social institution, has profound impact on various other social institutions. Two major social institutions where medicine has an impact are education and economy. It influences societal norms and addresses healthcare issues. There are some prominent works that further elucidate the same.

##### **(A) Education**

H.K.Rabinowitz had conducted a systematic review regarding the impact of medical school programs to further increase the number of rural physicians. The main purpose of this systematic review was to examine the outcomes of comprehensive medical school programs designed to increase the supply of rural physicians. A rural clinical curriculum was extended and a more focused rural admission process came into existence. “This model was implicated at 125 allopathic medical schools.”

*“The results were that 10 studies met all the inclusion criteria. Outcomes were that there were 1600 graduates across three decades from 6 programs. If 125 medical schools developed this model for 10 students per class then it would result in approximately 11,390 rural physicians during the next decade. This number was more than double the current estimates of rural doctors supposed to be produced during that time frame i.e. 5130.”*

This shows the relation between the social institution of medicine and education. Hence, in essence, there are profound impacts of this relation between the same.

##### **(B) Economy**

A survey was conducted in the U.S. on the impact of medical schools and teaching hospitals on

the national economy. *“It was founded that it supported nearly 6.3 Million jobs in the U.S. which contributed to 3.1% of the U.S.’s G.D.P. in 2018. Therefore, medical research promotes a healthy economy and the economic impact of U.S. Medical schools and teaching hospitals is comparable to other large sectors. Jobs related to medicine generated \$386 Billion in wages, salaries and benefits.”*

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## V. REFERENCES

- Miller, Seumas, "Social Institutions", *The Stanford Encyclopedia of Philosophy* (Summer 2019 Edition)
- Frank R. Lichtenberg, The effect of pharmaceutical innovation on longevity: Evidence from the U.S. and 26 high-income countries, *Economics & Human Biology*, Volume 46, 2022
- Acemoglu D., Johnson S. Disease and development: the effect of life expectancy on economic growth. *J Polit Econ*. 2007
- Bunker J.P. The role of medical care in contributing to health improvements within societies. *Int J Epidemiol*. 2001
- Kellett S.C., Gawkrödger D.J. The psychological and emotional impact of acne and the effect of treatment with isotretinoin. *Br. J. Dermatol*. 1999
- British National Formulary for Children . *Antidepressant Drugs*. BNFC; London, UK: 2015. p. 182.
- Rabinowitz, H.K., et al. (2001). "Medical School Programs to Increase the Rural Physician Supply: A Systematic Review and Projected Impact of Widespread Replication." *Academic Medicine*, 76(10), 1029-1038.
- Huggins J, "The Economic Impact of Medical Schools and Teaching Hospitals" (AAMC, June 29, 2022)

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