

Exploring Medical Consumption Based on “False Needs” Theory

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Abstract

With the development of social productive forces and the gradual improvement of people's material living standards, more and more "false needs" have appeared in the real world. The prevalence of consumerism is also driving the growth of "false needs". In the context of the marketization of medical services, medical services also have the general characteristics of consumer goods. In recent years, some scholars have revealed the phenomenon of "induced needs" in medical consumption, but this empirical analysis is not enough to grasp the root of the problem. Using Marcuse's "false needs" theory, we can find out the root cause of the phenomenon of "false needs" in medical consumption, and reveal that this phenomenon is the result of the integration of instrumental rationality of medical technology and the nature of capital increment, which is made and imposed by the external society. Based on Marcuse's "false needs" theory, this paper analyzes the phenomenon of "false needs" in the process of contemporary Chinese medical consumption, explores its root cause, and puts forward some suggestions to avoid "false needs".

Keywords: Marcuse, false needs, medical consumption

1. Marcuse's theory of “false needs”

Marcuse's theory of "false needs" was put forward in the "One-Dimensional Man" in 1964. Marcuse believes that human needs not only have historical characteristics, but also have the distinction between true and false. "True needs" would mean freedom from the economy - from being controlled by economic forces and relationships; freedom from the daily struggle for existence (Marcuse, 1991, p.15). The need is the autonomous demand of human nature, and the fulfillment of "true needs" is a prerequisite for the fulfillment of all other needs (including vulgar or noble ones). Only those "needs" which are unconditionally needed to be met and those "needs" which are vital to life are the true needs. "False needs" are "those which are superimposed upon the individual by particular social interests in his repression: the needs which perpetuate toil, aggressiveness, misery, and injustice". And "most of the prevailing needs to relax, to have fun, to behave and consume in accordance with the advertisements, to love and hate what others love and hate, belong to this category of false needs." (Marcuse, 1991, p.15) "False needs" have a societal content and function which are determined by external powers over which the individual has no control. As for the cause of "false needs", Marcuse holds that it is produced by the mode of production or social structure by various means, and acts on the individual with the help of external force of public opinion, so that the object of demand has some symbol that is not inherent in itself, and induces people to pursue the thing that is not originally needed. How to distinguish between "true needs" and "false needs", Marcuse pointed out that this question must be answered by the individuals themselves - "as long as they are kept incapable of being autonomous, as long as they are indoctrinated and manipulated (down to their very instincts), their answer to this question cannot be taken as their own." (Marcuse, 1991, p.16) It can be seen from this that a person who can distinguish true needs from false needs must be a "free man" - free from interference or restraint from external political, economic or ideological forces. Therefore, he must be confident enough, have a strong mind, clearly know what he real needs, and not be influenced or indoctrinated by social advertisements, other people or things. If one can not distinguish the true needs from the false needs, what follows the "false needs" is that the needs of others and the needs of society are transplanted into one's own needs, turning waste into normal needs, that is, the "false needs" leads to "alienated consumption". "the worker and his boss enjoy the same television program and visit the same resort places, the typist is as attractively made up as the daughter of her employer, the Negro owns a Cadillac..." (Marcuse, 1991, p.17) They are immersed in the superficial enjoyment of the "false needs" transplanted from society, instead of thinking deeply about whether they like such consumption and whether it is suitable for such consumption. These people have become people who have lost basic consumer judgment and personal autonomy and are controlled by "false needs" and "alienated consumption". Of course, all this spending is based on polishing oneself to cater to society and working hard to make money crazily. But not everyone who works hard can afford Cadillac, and it will be a painful and endless ordeal if the obsessive pursuit material enjoyment brought by "false needs" and "alienated consumption". In contemporary society, it is very harmful to transplant the needs of others and society into the needs of individuals. However, people lost in "false needs" and "alienated consumption" can not make a distinction, they can not make a distinction between "the car that produces pollution and the car that provides convenience", and can not distinguish between "the terror and comfort of practical buildings". Changing that, Marcuse argued, requires mental remodeling.

2. Problem in medical consumption— “false needs”

Consumption generally refers to the process in which people consume material wealth and cultural products in order to survive, produce and live. Under the condition of marketization of medical services, in order to improve health, patients spend money to buy medical services and diagnose and treat diseases in hospitals, which is a real consumer behavior. The patients who buy medical services are consumers, and the hospitals that provide medical services are suppliers. In theory, there is no problem with this statement, but it should be noted that medical consumption is very different from the general consumption behavior. The key point is that the purpose of medical consumption is to obtain health, which is related to the physical and mental health of patients. To sum up, medical consumption differs from other industries in the following three aspects: Firstly, the guiding role of doctors in medical consumption behavior is very important, patients in the process of medical services are often in a passive position, and some patients will buy medical services at any cost in order to maintain life and health. The mismatch between doctors and patients in consumption is precisely the special attribute of such consumption behavior. Secondly, doctors as medical service providers must have professional medical knowledge and skills, as well as a wealth of practical experience in medical services, which is an important reason for patients willing to pay for medical services, but also a prerequisite for the smooth progress of medical work. Thirdly, there is a certain risk in medical consumption process. Due to the limitation of technical level, the process of diagnosis and treatment of some diseases is unpredictable and uncertain, and the same disease may have different costs in different hospitals.

From the special attributes of medical consumption, it can be seen that medical service providers- hospitals and doctors-play a dominant role in the process of diagnosis and treatment. Under the circumstance of insufficient supervision, it is easy for them to take advantage of information asymmetry and the patient's strong desire for life extension to magnify the patient's needs and make patients willing to buy medical services beyond the normal range of needs. Neoclassical economists Shane and Romer refer to the practice of inducing patients to receive excessive medical care as "induced needs," and they concluded through their research: "As long as there are hospital beds, there are people using hospital beds." In other words, in the short term, there is a positive correlation between the number of hospital beds per 1,000 people and hospitalization days per 1,000 people in a general hospital. This is the so-called Romer's Law, which some scholars call the "Say's Law" in the medical field (Zhongyi Li & Yanli Xing, 2012). And no matter how Marx criticized "Say's Law" in economics or whether Romer's analysis is completely reliable, Romer's revelation of this Law in the field of medical services is very original. However, "induced needs" has always been an empirical analysis of the field of medical services, more of a factual description, and the lack of deep-seated value criticism, so it has not been able to get to the heart of the problem at a more fundamental level.

Unlike the concept of "induced needs" in economics, Marcuse, an important representative of the Frankfurt School, distinguished the needs in modern society into "true needs" and "false needs". According to Marcuse's theory, there are mainly three types of "false needs" in current medical treatment: the first is excessive medical needs. In order to maximize the benefits of hospitals, patients are induced to use "high, fine, sharp" medical equipment for inspection. Doctors prescribe excessive drugs and are more likely to use expensive so-called specific medicines, but these are far beyond the actual needs of patients to treat disease. Second point is conspicuous medical needs, some hospitals and health care institutions introduced "VIP ward" and "VIP medical treatment" to meet the vanity of individual patients in medical consumption. The third is non-therapeutic medical needs, chronic diseases such as hypertension are difficult to eradicate under current technological conditions, but some medical institutions are building new medical needs by using high-tech cover such as nanotechnology. Under the cover of high-tech medical gorgeous clothes, it's hard for the blindfolded patient to tell which treatments are necessary and which are manufactured and can only pay for high medical costs. These excessive, conspicuous and non-therapeutic treatments not only bring hidden dangers to patients' health, but also lead to the nobleness of medical services, making the already very limited medical resources more tense.

3. Analysis of the root cause of "false needs" in the process of medical consumption

Under the background of modern society, economic globalization has brought all countries into the tide of market economy. Both the West and the East have entered a new stage in which consumerism and technolatrialism prevail. Although the medical field has its unique attributes, it must also be stamped with the brand of the times. Marcuse and other scholars of Frankfurt School exposed the problem of modernity mainly in the capital logic and the domination of science and technology on human beings. Leaving aside their criticism of capitalism, these analytical methods can still provide important inspiration for us to out of the dilemma of medical consumerism and technolatrialism.

Generally speaking, although the development of modern medical technology has been conquering many medical problems and satisfying people's needs for health care, driven by instrumental rationality, the development of medical technology is creating a "false needs", and the role of medical technology in the control of medical consumption is becoming more and more serious. In Marcuse's view, "true needs" and "false needs"

were originally chosen by individuals, but modern society has satisfied people's material consumption desire with the material prosperity created by science and technology, thus leading the direction of people's consumption, so that people immersed in material desire unconsciously obey the control of science and technology, and lost the ability to distinguish between "true needs" and "false needs". In this sense, science and technology has become a new ideological tool. At the same time, modern technology also regulates people's thinking through mass culture. "Technological progress enables the control of people in developed industrial society to invade people's leisure time through television, radio, film, radio and other media, thus occupying people's private space."(Jianfeng Liu,2002)This kind of consumption culture made by mass media does not intentionally conceal essence of its pursuit of profit, and in order to achieve the goal of maximizing profit, it will influence people's consumption concept through all-pervasive infiltration, and attract people to the consumption mode dominated by enterprises. As a result, the individual has become a puppet who is led by the enterprise and the consumption culture. Besides experiencing the satisfaction brought by consumption, he has no ability to reflect critically on the existing state. Similarly, medical consumption, fuelled by modern media, also takes advantage of celebrity advertising to promote medical services and products.

With the development of medical technology, modern technology is increasingly inclined to subjectification. Technology itself has no intention of self-selection, the evolution of technology depends on unconscious natural selection, that is, which evolution should be preserved is chosen by the public. However, the development of modern medical technology has become a runaway horse. As Jacques Eluer, a French sociologist and philosopher of technology, pointed out, human control over technology has given way to technology control over people, and human beings have become an object of domination and enslavement which is external to autonomous technology. It comes down to the inherent absence of enlightenment reason. Medical science and technology, like other fields, "on the road to modern science, people give up any search for meaning. They replace concepts with formulas, and substitute rules and probability for causes and motives."(Max Horkheimer & Theodor W.Adorno, 1972)Therefore, it can be said that instrumental rationality has realized the invasion of value rationality in modern society. Just as instrumental rationality controls human beings in other fields, people in the field of medical services place their health entirely on doctors and medical technology, without reflecting on the possible traps and external controls.

In addition to the comprehensive invasion of instrumental rationality on value rationality, there are deeper reasons behind it, because the utilitarian tendency of instrumental rationality is rooted in the capital's profitability. In fact, if you outline these phenomena, you will understand the reasons: In neurosurgery, only two EEG tests are needed before and after surgery, but some doctors do it every few minutes; patients in surgery only need two days of antibiotics when inflammation is eliminated, but some doctors do it for a week; some doctors choose suboptimal schemes in order to obtain a commission rather than the best one. For example, for heart disease, bypass surgery is the best option, but many doctors tend to put stents, and the amount of stents often exceeds the actual clinical needs. On the face of it, doctors' decisions are at work, but hospitals, pharmaceutical enterprises and scientific research institutes are all caught in the torrent of market economy. Therefore, research and development of new technologies, economic benefits of pharmaceutical enterprises and economic benefits of hospitals have all entered the control of the market law, and the operation of funds in the market economy plays an important role, as some scholars pointed out: "capital movement, as the deep logic of the generation of modernity, is a process of duality of expansion and absorption: capital does not recognize the existence of any boundaries in nature, it always incorporates as many things as possible into its own logic in the process of infinite proliferation of itself."(Jin Bao,2008)Therefore, in the field of medical consumption, capital controls the right to choose technology ultimately, and the technology that patients and even doctors "choose" is actually after capital choice. In this way, the development of medical technology is no longer simply for the purpose of curing illness and pain, but to give way to the crazy demand for profits, it can be said that "the alliance of capital and technology, greatly accelerated the pace of technology subjectification" (Zhizheng Du,2011).

In a nutshell, although marketization reform plays an important role in optimizing the allocation of resources, promoting free competition, speeding up the development of medical technology and improving the level of medical care, the lure of lucrative profits and the marketization operation of modern medical care have also led the focus of medical technology development to many technologies that were not urgently needed or even not needed. In the process of patients' treatment, doctors should adopt simple technology, but they use complex and expensive technology instead because of interests. Medical technology and medical services not only meet people's "true needs" but also create "false needs" that people do not need. It can be said that it is the collusion of capital proliferation nature and tool rationality that is the crux of the problem of "false needs" in the process of medical consumption.

4. Measures to avoid "false needs" in medical consumption

According to the above analysis, the emergence of "false needs" in medical consumption has become a fact, but we are not helpless. What we should do is to strengthen the supervision of the negative effect of capital under the

conditions of medical marketization, limit the manufacturing of "false needs" by medical service providers, and alert the patients who are addicted to the dreams of "medical omnipotence".

4.1 Constructing a scientific and reasonable regulatory mechanism

Although the market-oriented reform requires the government to decentralize power, it does not require the relevant departments to do the "absentee leaders", but puts forward higher requirements for the government to supervise and guide the work of medical services, in order to protect the legitimate interests of medical service providers and consumers. Under the condition of universal medical insurance, the compensation of medical insurance fund will gradually become the main income of hospitals. In order to improve the utilization efficiency of medical insurance fund, reduce the transaction cost, and curb the "false needs" made by medical service providers, relevant government departments should supervise the medical service market from three aspects: macro-layout, meso-regulation and micro-behavior. At the same time, an important responsibility of the government, especially the central government, is to regulate and guide the direction of medical technology development. It is necessary to encourage the development of new and high technology through active support, and to formulate policies to properly develop efficient and inexpensive applicable technology.

4.2 Intensifying the supervision upon medical practitioners' service

Under the existing system, the personal income of doctors is linked to the economic income created by doctors for hospitals. In the absence of effective supervision, many doctors will overprescribing to increase their income. In this regard, we can learn from Hong Kong's advanced practices: supervisory bodies regularly inspect copies of prescriptions, and impose severe penalties if unreasonable "overprescribing" are found. Of course, while strengthening the supervision of doctors, we should also protect the legitimate rights and interests of doctors. For example, we can "establish a dynamic doctor's salary system and objectively consider the benefits, achievements and efficiency of medical services provided by doctors with reference to the evaluation methods of pharmacoeconomics."(Chenke Deng & Yang Cao,2007)In particular, the cost-effectiveness analysis (CEA) of pharmacoeconomics was used to assess the economic effects of different drugs and between drugs and other medical measures. On the basis of ensuring safety and efficiency, the price and efficacy of drugs were analyzed and compared to determine the best treatment scheme, so as to improve the treatment scheme. This can effectively control the "false needs" and protect the enthusiasm of doctors, so that doctors really establish the "patient first" concept, to provide patients with scientific and efficient services.

4.3 Alerting patients blinded by the "false needs"

The above two aspects are external factors, but the key lies in internal factors, that is, patients themselves. The continuous progress of medical technology and blind optimism about technological progress have also led to misunderstandings in people's view of health, and imposed unrealistic demands on medical technology and self-health: treating "disease-free" as "sick", spending more money and taking more medicines. In fact, these practices are harmful to health. And many chronic diseases have not been radically cured under the current technological conditions. Therefore, it is necessary to strengthen health publicity and education, break their infatuation with high-tech myths, reverse the misunderstanding of "medical omnipotence" in patients' minds, educate patients to adjust their lifestyle and psychological state, and set up a health concept of "prevention first", so as to eliminate the adverse effects of "false needs".

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