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Family Medicine

BOOK REVIEW

On Medicine as Colonialism

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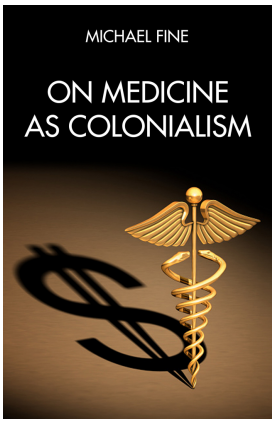

Book Title: On Medicine as Colonialism

Author: Michael Fine

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In his book *On Medicine as Colonialism*, Michael Fine—a family physician and the former director of the Rhode Island Department of Health—walks readers through the definition of classic colonialism[1] and then proposes an updated definition applicable to the political/economic marketplace in which the US health care system currently exists. Classic colonialism is when one nation-state conquers

> another place, replacing local government with the rule of an outside army or government, removing, under force of arms, the exportable value of the natural resources of the conquered country, and then profiting by selling back manufactured or other goods.
>
> *(p. 11)*

Fine's updated version subtracts state military power from the definition, substituting in its place undue corporate and individual influence as drivers of modern colonialism. While the agents of classic and modern colonialism differ, Fine argues, their goals are the same: wealth extraction. In service of money, both exploit existing systems of local and state power to take advantage of human labor and its products to maximize profit and acquire social dominance.

Thoughtfully and concisely, Fine analyzes how the US health care system is complicit in this process of medical colonialism. He spares no one in his assessment, describing how various segments of this system have capitulated to the medical industrial complex.[2] His targets include

- Hospitals and hospital-centric medical practice and interventions;
- The pharmaceutical industry;
- A technocentric, subspecialist biomedical culture;
- Administrators, lawyers, billing coders and others, all "strangers at the bedside" (p. 68);
- Insurance companies, including state-owned entities (Medicaid and Medicare); and
- Academic and research interests/institutions.

For readers asking about how medical colonialism has influenced family medicine, Dr Fine adds a chapter exploring its effects on primary care practice. Although in other chapters he focuses on how corporate medicine extracts wealth from communities, here he puts medical colonialism in an entirely new light: It is "a process that denudes communities of the rich fabric of relationships that communities need to sustain themselves" (p. 77), a fabric family physicians have traditionally supported.

For family medicine educators interested in global health issues (as I am), Fine also includes a chapter that exposes how corporate interests in high-income countries affect the health and well-being of people around the world, highlighting the insidious negative consequences market-driven policies have on practice patterns, medical education, and health behaviors in low and low-middle income countries.

What can we as educators in family medicine do in the face of medical colonialism? Or as Fine puts it, how can we "fix this mess?" After acknowledging the challenges ahead, he focuses on two options: Either we must band together and go on strike or build a new social movement. Although it would have been nice had Fine given more explicit directions—thus absolving us all from the burden of forging our own collective path as we walk it—I suspect his reason for not being more directive was to light a fire under each one of us.

Were that fire able to talk, I believe it would say,

- If, as a teacher of family medicine, you are not angry already . . . get angry now!
- Know that family medicine has always been at the forefront of providing person-centered, relationally based, community-embedded care and recognize that its countercultural heritage is still applicable today.[3]
- Stand up and fight for the democratic principles and deep meanings of family medicine as they were conceived of years ago and still resonate today.[4]

Or, in the concluding words of author Fine,

> We can watch and wait—and see the rich get richer while democracy collapses. Or we can stand up together, build health care systems that are for people, not for profit, and see if, by acting together, we can find that hidden, twisting, self-untrodden but liberating path.
>
> *(p. 136)*

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