

## Abstract in English

### Medication of healthy people – a sick idea?

#### The concept of risk-thinking and medicalisation in general practice. The case of menopause.

This thesis addresses the dilemmas that arise when general practitioners are counselling healthy people. The medical approach which is conceived to address the problems of ill people and therefore implies resort to examinations, diagnoses and treatment is also applied in the approach to healthy people. Healthy, that is, in the sense that these people do not consider themselves ill, even if their condition might be diagnosed as a medical disease, and even if medical technology might disclose a hidden risk of future disease.

By treating people as if they were ill or were about to become ill, symptoms may be relieved, and by changing life style or by taking preventive medicine, the person in question may reduce his or her risk of future diseases. But such an approach may also cause side effects and therefore imply that we, as general practitioners, do more harm than good when meeting people who are not (yet) ill.

The thesis is based on seven papers which describe women's menopausal experiences. The handling of this period constitutes a classical example of medicalisation of a period in life, and the introduction to risk of a group of healthy individuals.

**Aim:** Drawing on women's experience of menopause, the aim of this thesis is to explore the dilemmas of medicalisation and the general focus on risk of future diseases in general practice.

**Material and methods:** Both quantitative and qualitative data are used to describe women's experiences, and an analysis of published material is used to describe prevailing cultural issues and aspects related to menopause.

The data stem from:

1. Questionnaire sent to 1261 51-year-old women.
2. Semi-structured interviews with 24 Danish menopausal women,
3. 132 published text from Danish media or from informational material, accessible to Danish women.

**Results:** 1) The women mentioned several positive experiences in relation to menopause as well as to growing older. These experiences gave perspective to the dominant negative approach furthered by the prevailing tendency to medicalisation. 2) Awareness of risk caused uncertainty and worry among some, but not among all women. 3) Several menopausal discourses were identified, each of which influenced the way menopause and menopausal women were looked upon and each of which provided different positions and scopes of actions. The medical discourse dominated.

**Discussion:** Despite doctors' good intentions of preventing diseases and reducing illness, the medical discourse may influence people's lives in unintended ways that counteract health promotion and salutogenesis. The medical agenda may have much impact on the individuals' ways of perceiving themselves by shaping or preserving negative images and expectations. There are no simple solutions as to when it is appropriate for doctors unsolicited to introduce risk, or to contribute to further medicalisation of healthy people. The handling of these dilemmas depends on an individual assessment, which leaves general practice in a privileged position. However, this position means that we, as doctors, must become more conscious of our own influence when *we* are setting the agenda by introducing the idea of disease and risk.