

Medicine is not neutral

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We like to believe medicine exists solely to heal. History tells a different story.

From slavery to women's dissent, from homosexuality to neurodivergence, medical authority has repeatedly been used to define resistance as illness and compliance as health.

This video explores how diagnosis has been shaped by power, how difference has been pathologised, and how mental health is increasingly used as a tool of governance in schools, workplaces, welfare systems, and politics.

It argues for a politics of care that treats difference as human variation, not disorder, and asks whether medicine can be reclaimed as a genuinely liberating force rather than an instrument of control.

<https://www.youtube.com/watch?v=IATm4CohdKs?si=jB1xIKa09GDR9hun>

This is the audio version:

https://www.podbean.com/player-v2/?i=hvwnk-1a14716-pb&from=pb6admin&share=1&download=1&rtl=0&font=Arial&skin=f6f6f6&font-color=auto&logo_link=episode_page&btn-skin=c73a3a

This is the transcript:

Medicine is not neutral. We'd like to think that it is. We'd like to think that medicine, doctors, the whole medical health industry, all of it is there to promote our well-being, but that is not the case; history shows otherwise.

The fact is that medicine and mental health treatment in particular has repeatedly been used to suppress people within society who politicians think do not conform to the expectations of the norm that they wish to impose upon us. Again and again, difference has been defined by medicine as disorder, and that is still happening today. The costs have been enormous, and we need to talk about this.

This video started with the review of one obscure historical diagnosis that I'll mention in a moment, but in truth, it's all about a political pattern that keeps repeating. When people resist, refuse, or simply do not fit into what those with power in society want, they use medicine to define these people as aberrant. They don't listen to them. They instead use the power of the medical profession to label, manage, and discipline people so that they conform to what society expects.

This whole video started when my wife said to me, "Do you know what drapetomania is?" And the honest answer was, of course, no, I didn't. I had no idea what it was because I had never heard of it, and I strongly suspect that you haven't. Well, it was a medical diagnosis created in 1851 by a doctor in the USA who said this idea - drapetomania - explained why enslaved people tried to escape. But what it actually did, of course, was redefine a desire for freedom as mental illness. Resistance was made pathological, and obedience was redefined as mental health. The slave who wanted to run away was described as requiring treatment through what was, effectively, , violence, and punishment became "care".

The whole purpose of this diagnosis was to reinforce an economic system based on exploitation, protecting the ownership of slaves from challenge as a consequence. This was medicine made into political economy; it's medicine made into power.

And you could argue, of course, that this was a one-off error or just bad science of that particular moment, but it wasn't ; that's not true. The idea that non-conformity is, in fact, to be seen as mental illness is something that has gone on throughout the history of medicine.

Compliance in the name of healthcare has been enforced time and time and time again.

We've seen it with women. The same logic was applied to them when they dissented from patriarchal power. Their anger, their ambition, their sexual autonomy; they were all medicalised. Hysteria was turned from dissent into a diagnosis, and literally, women were locked up for disagreeing with patriarchal power. This was enforced through clinics rather than through courts, but the effect was absolutely devastating.

Women had to fight the most extraordinary prejudice to get to where they are in the

world now, and let's be honest, they're still suffering prejudice. The idea that women cannot partake in society on equal footing still exists. Hysteria is still used to describe "stropky people," and the fact is that this is the medicalisation of difference, and we've seen it elsewhere as well.

Homosexuality was officially classified as a mental disorder throughout decades of this century, and love for another person of the same sex was treated as deviance. Literally, criminal prosecutions followed, but so did medical treatment. Look at what happened to Alan Turing, who effectively died as a consequence of chemical therapies applied to him by force as a consequence of his homosexuality. He committed suicide in 1954, precisely because the medical profession was used to suppress his identity and not to support his well-being.

Now we're seeing the same issue again, which is happening over trans rights; whichever side of that argument you are on, it's being medicalised in a way that is wholly inappropriate.

The same is also true with regard to neurodivergence and everything that goes around it. Autism, ADHD, dyslexia and other differences are framed as if they are deficits when they're not. They might be superpowers, but they mean that a person does not comply with the norm. And so a way of thinking, a way of sensing, a way of communicating that diverges from that normal is medicalised as a consequence, and the whole language around this makes that clear.

Neurodivergence is a negative; it is not a positive. It implies that there is a normal, which is right, and that this is wrong. Difference is still being treated as a problem to be fixed.

In schools, children are disciplined for not sitting still or not concentrating in prescribed ways, or not complying with behavioural expectations when they have no chance of doing so because of who they are.

In workplaces, productivity norms assume a narrow model of cognition, but many people aren't possessed of that model, and so they are forced to the edge of the career structure or just out of work as a consequence. And welfare systems still demand proof of incapacity whilst penalising difference. Diagnosis is becoming an economic gatekeeper as a result, not just a support, but to reinforce legitimacy and to force some aside.

There is in this a crucial social distinction. Support has come to mean forcing people to adapt to systems, and discipline has come to mean forcing people to do the same thing.

We see this inside the benefit system. People are disciplined because they cannot time-keep, but some people are just unable to do so. And it is wrong that they are

penalised as a result. What they need is understanding, not penalty, yet what passes for mental health intervention does, in too many cases, become punishment precisely because that is what capitalism and neoliberalism require.

Mental health is becoming politically focused as a consequence. It is being used to define what counts as normal, and normality is then used to determine what employability means and, in consequence, what social worth is. All of those things are creating definitions of those who are also marginalised, managed, or excluded.

This is systematised abuse as a consequence. Those who are not normal are being punished. Capitalism requires predictability, standardisation, and compliance, and neurodivergence disrupts these requirements. The consequence is that those who are neurodivergent are being penalised, as were women, people who were gay, and those who were slaves in the past. Diagnosis is not being used to restore order. It's being used by institutions to try to correct individuals and to force their compliance.

What is more, the cost of adjustment is pushed onto those least able to bear it. It isn't the state that's bearing the cost of becoming normal. It is the person who is supposedly abnormal who bears this cost, and we are seeing this throughout our society. Everyone who opposes is penalised. This is also true of politics, of course.

And structural failure to manage differences is being reframed as personal pathology as a consequence. Burnout becomes a lack of resilience. Distress becomes maladjustment, and inequality becomes a psychological problem, and systems escape responsibility for all these things as a result.

Medical expertise is then not independent of power. In fact, power is being used to inform medical expertise and, in turn, to shape society.

Diagnostic categories are reflecting social norms, and research priorities reflect funding structures. The consequence is that the medical profession is actually closing itself down to challenge, whilst lived experience is treated as anecdote.

This is deeply dangerous. The state is embedding these dynamics in policy, whether that be medical policy, or education policy, or welfare policy, or employment strategy, as well, and the state legitimises all of this through law and regulation.

What a politics of care would look like would be decidedly different. It would, in fact, start from that precise word, "difference". It would accept that difference exists and that this is not deviation. It would adapt institutions rather than forcing conformity. It would separate support from coercion, and it would treat distress as information about systems and not as failure within individuals. This is critical.

We need to work in ways that recognise that there is no one uniform human being, that dissent is to be encouraged because it indicates the way in which progress can

happen, and that difference is simply an expression of humanity, and nothing more or less than that. But we live in a world where humanity is being undernourished and ill-treated, and that is what worries me, and that is why I do believe so passionately in a politics of care where freedom and difference and dissent are not called illness, but are literally respected for what they are: characteristics of human behaviour.

This also means that we have to reappraise what medicine is. It has become a tool for governance and oppression, but it cannot be that. Our task is not to reject what it does, but to refuse to accept its use as a tool that literally constrains people. Medicine is of value, but its use in this way is not. We have to, therefore, name that oppression now because unless we do, there won't be a change, and there won't be an apology for the abuse that has happened, and there cannot be reform.

We need to look at medicine in a different way. Medicine should be liberating; it should treat, but not condemn, and it should empower us and not literally push us to the sidelines. When it does that, empowerment, instead of that sidelining, we will know that medicine has joined the mainstream of society again. At present, that's open to question.

What do you think? There's a poll below.

Poll

[poll id="287"]

Taking further action

If you want to write a letter to your MP on the issues raised in this blog post, there is a ChatGPT prompt to assist you in doing so, with full instructions, [here](#).

One word of warning, though: please ensure you have the correct MP. ChatGPT can get it wrong.

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