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"Think Big": Beyond Medicalization of the COVID-19 Pandemic Response

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Almost all public debates on the government's response to Coronavirus Disease 2019 (COVID-19) in South Korea have revolved around a pair of keywords: whether the current response is "Scientific" as opposed to previous one often considered "Political". The former refers to a scientifically-oriented one, which is often called evidence-based medicine. Meanwhile, the latter is meant to indicate an ideologically-motivated approach to the coronavirus crisis, which has been thus blamed for its inappropriateness in guiding public health measures. Yet as Bill Roper, a former director of the US Centers for Disease Control and Prevention, succinctly pointed out, the notion of "We need to get the politics out of public health" is not only "Never going to happen" but also "naïve" at best.[1] His remarks becomes more evident when we consider the COVID-19 pandemic a *science-related public controversy*.[2] It means that SARS-Cov-2 is a pathogen which has to be scientifically examined, while COVID-19 it causes has a huge impact on the everyday lives of the public both directly and in real time. Policymakers are thus required to inform their citizens about the rationale of how to cope with the crisis as well as to receive inputs from the society as a whole. That is why the pandemic response should be seen as a public health enterprise in which trade-offs among "Conflicting values, competing economic and personal interests, and group or organizational loyalties" are carefully negotiated, with the government's legitimacy being secured.[2,3] All of this falls under one we commonly call politics, which we here define as the process by which policymakers along with experts discuss over *who gets what*, thereby proposing compromisable policy options.[4] Once again in Roper's words, that is "The best way we make decisions in a democratic society" where "We need science – the best of the science – to guide the decisions made by political leaders to implement effective public health programs."[1]

Then an intriguing question would be why the dichotomy *still* persists. Our answer is that it is attributable to the issue of medicalization of the pandemic response. In this Opinion, we simply define medicalization as "A process by which personal, behavioral, and social issues are increasingly viewed through a biomedical lens," thereby creating "The fallacy that societal problems having to do with health primarily need health care solutions."[5] We find medicalization in large part in the decision-making processes of the non-pharmaceutical interventions (NPIs). At the core of the problems is that the government has misunderstood NPIs as one of the "Technological fixes." However, technical interventions such as vaccines or antivirals target the virus, whereas NPIs target social practices.[6] For the NPIs, what matters is how to induce people to comply with the public health policies. Put differently, implementing the policies is not necessarily – i.e. automatically – translated into their voluntary acceptance.

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That is why they cannot be sustainable without fully taking into account human behavior. And putting a term of these "Behavioral antecedents of infections" in the equation necessitates the political process defined above.[7] To substantiate our claim, three cases in point throughout the pandemic are examined.

The first case has to do with the tools of physical distancing. For instance, the government imposed the restriction of operation hours and put a limit on the number of customers for private businesses (e.g. restaurants or cafés) to contain the virus transmission. Despite its necessity, the resultant burden was particularly significant for the self-employed and small business owners. However, policymakers did not succeed in framing their suffering as a whole-of-society issue. Take the *Revised Act on the Protection of and Support for Micro Enterprises* as an example. It was only applied to the cases that occurred *after* July 7 of 2021 when the *Act* was promulgated. Thus, even if it is reasonable to assume that the financial damage upon which the self-employed and small business owners were inflicted would be larger at the earlier stage of the pandemic, they could not get supported by the *Act*. This judgment call obviously seems arbitrary and unfair.[8] The rent support, which has closely to do with the property right of the owner, was another case that required political efforts. As the efforts failed, since the latter half of 2021 their discontent and anger became finally visible in the form of a series of protests against the NPIs.

The second case also points to the lack of consultation with those affected by public health measures. During November 2021-January 2022, the government made the vaccine pass mandatory for 17 categories of multi-purpose facilities. These expansions in the COVID-19 vaccine pass backfired, however. The crux of the dispute was an issue which pits constitutional rights against public health security. For example, the vaccine pass system required people to present proof of being fully vaccinated or have negative test results to enter cram schools, reading rooms, and book cafés. This could be interpreted as de facto keeping unvaccinated students from using these study venues, likely to end up with the encroachment of their right to learn and thus pursue happiness. Yet, rather than listening to a wide array of stakeholders and weighting in on a trade-off between basic rights and public health, policymakers just seemed to expect that given the urgency of the omicron surge the public would be willing to accept the extensive use of the mandatory vaccine pass. Before long it turned out a policy fiasco. On January 4, 2022, the Seoul Administrative Court ruled that the use of the mandatory vaccine pass at educational facilities be suspended until a judgment on the merits of the case has been reached. Losing traction, the public health authorities rolled back to lift all the measures on March 1, 2022.

The last case to consider should be *disenfranchised grief* to describe "Situations where people struggle to cope with losses that aren't socially sanctioned, openly acknowledged, or publicly mourned."[9] Unlike the previous two issues which generated visible resistance, this one largely remains submerged despite its social ramifications.[10] One of us (Oh) already stressed that a question of what a good death looks like cannot be dealt with health care solutions alone.[11,12] Let us briefly emphasize two discussion points. First, the absence of mourning for the loss of life is deeply traumatic. Due to a cremation-only policy with no robust scientific evidence, those who lost more than 6,600 to COVID-19 could not have funeral rites, which led to grief, resentment, and feelings of guilt that negatively affect their mental health. As the regulation was justified with the intention of protecting public health, the government would be given a responsibility to console and commemorate their sacrifice. Second, honoring the deceased of more than 28,000 and memorialization of them at the national level is essential.

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These rituals would be instrumental in not only overcoming "Mass isolation" that the bereaved are experiencing but also reminding others of collective loss from COVID-19 deaths, all of which will contribute to social cohesion.[9,11]

Our three cases in point highlight the hyper-medicalized approach to COVID-19 and the means misaligned with policy ends have undermined the legitimacy of public health authorities, failing to improve public compliance of the protective measures they employed. That urges one to move beyond the medicalization of the pandemic response toward the inclusive governance that activates better coordination and negotiation.

REFERENCES

1. Berke R, Foege B, Frieden T, Gerberding J, Redfield R, Roper B. CDC at the Crossroads. *Harvard T.H. Chan School of Public Health;* 2022. https://www.youtube.com/watch?v=l-ffcdZDKZc. Accessed April 5, 2022.
2. National Academies of Sciences Engineering and Medicine (U.S.). Committee on the Science of Science Communication: a Research Agenda. *Communicating Science Effectively: A Research Agenda*. Washington, D.C., USA: The National Academy Press; 2017, xiv, 137.
3. Dupont SC, Galea S. Science, competing values, and trade-offs in public health — the example of COVID-19 and masking. *N Engl J Med* 2022;387(10):865-7.
   PUBMED | CROSSREF
4. Lasswell HD. *Politics: Who Gets What, When, How*. New York, NY, USA: Whittlesey House; 1936.
5. Lantz PM. The medicalization of population health: who will stay upstream? *Milbank Q* 2019;97(1):36-9.
   PUBMED | CROSSREF
6. Jasanoff S, Hilgartner S, Hurlbut JB, Özgöde O, Rayzberg M. *Comparative COVID Response: Crisis, Knowledge, Politics.* Ithaca: CompCoRe Network, Cornell University; 2021.
7. Petersen MB. Providing Behavioral Advice During a Pandemic. *APS Observer* 2022;35(2):28-9.
8. Court SA. A decision to propose an unconstitutional request for the text of Article 2 of the Addenda of the Small Business Act, which stipulates compensation only for losses resulting from a collective prohibition order after July 7, 2021, among serious business losses incurred by small business owners due to a collective prohibition order, etc. (2022아12194). Seoul Administrative Court; 2022. https://sladmin.scourt.go.kr/dcboard/new/DcNewsViewAction.work?seqnum=24330&gubun=44&cbub_code=000220&searchWord=2022%BE%C612194&pageIndex=1. Accessed September 30, 2022.
9. Yong E. The final pandemic betrayal. *The Atlantic;* 2022. https://www.theatlantic.com/health/archive/2022/04/us-1-million-covid-death-rate-grief/629537/. Accessed April 23, 2022.
10. Jung U, Jang Y, Kim SJ. The omicron great wave should be the time for politics and mourning. *Hankyoreh 21* 2022;1402:17-20.
11. Bear L, Simpson N, Angland M, Bhogal JK, Bowers R, Cannell F, et al. 'A good death' during the COVID-19 pandemic in the UK: a report on key findings and recommendations. London, UK: LSE; 2020.
12. Byun J. A doctor's question of a sustainable response to COVID-19. *SISAIN* 2020;681/682:34-40.