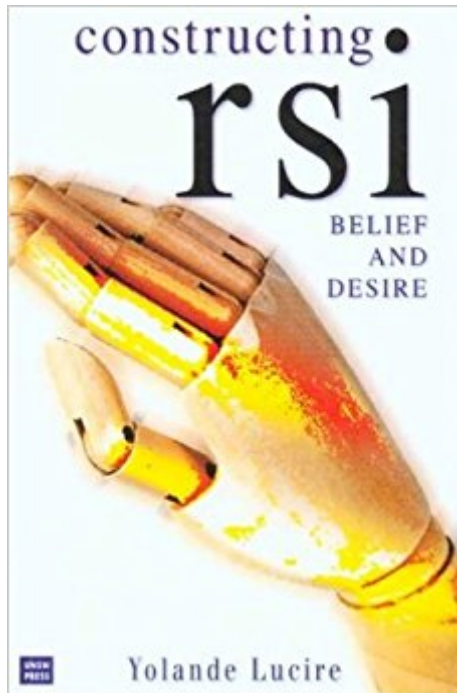




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Constructing RSI: Belief And Desire



Synopsis

Explains how and why medical symptoms collectively known as repetitive strain injury (RSI) or cumulative trauma disorder (CTD) became so widespread during the late 1980s. Author and forensic psychiatrist Dr Yolanda Lucire makes a strong case that RSI and cumulative trauma disorders are neither injuries nor caused by repetitive trauma.

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Customer Reviews

Author Dr. Yolande Lucire straddles a number of disciplines as she documents the flaws in medical thinking and practice that allowed an experiment in preventative medicine to go wrong. In considering the process by which many well-meaning doctors and medical institutions came to diagnose symptoms of 'RSI' and then advocate a wrong understanding of these symptoms, Constructing RSI puts medical systems and ethics under the spotlight.

Constructing RSI: Belief and DesireEdward Shorter PhDFaculty of MedicineUniversity of TorontoCANADARE Ideology and Aetiology: RSI, an Epidemic of Craft Palsyl found this thesis most impressive and I unconditionally recommend its acceptance.This thesis takes a scholarly look at the epidemic of 'Repetition Strain Injury" (RSI) that affected Australia during the 1980s, placing the epidemic in the context of writing on international patterns of epidemic hysteria and of Australian medical politics and labour relations. The author's conclusion, that RSI represented a combination of suggestibility on the part of sufferers, self-serving aggrandisement on the part of some members

of the medical profession, and a Labour-relations strategy on the part of the unions strikes me as well born out by the facts. Lucire has reconstructed this story on the basis of primary sources, has set it within the framework of medical sociology, and has told it in a literate and lively manner. That the author herself had a partisan role in the events she describes does not detract from the scholarly value of the thesis: Given the research she had done, I think it would be difficult to come to any conclusion other than the one she reaches. The dissertation represents that rather rare bird, a scholarly study that has the ability to make a considerable impact on public policy and discussion. A triumph of original scholarship and thought, it deserves to be published as a book. Lucire's work should have a considerable impact on the debate about such vexing conditions as RSI, both in Australia and abroad.

Personal view: It's all in the mind, or rather, all in the pocket
By Theodore Dalrymple (Filed: 04/08/2003)
Many people must have wondered about the paradox of health care: that the healthier we grow, the graver the crisis in the health care system. The paradox is not entirely explained by an aging population - for even the elderly these days are growing healthier. The peculiar thing is that the number of people claiming to be sick, and in receipt of certificates from their doctor allegedly to prove it, has also increased as we grow ever healthier. In Merthyr Tydfil, a quarter of the adult population is on the sick. Of course, the idea that health is a happy state to be reached once and for all is naive. The framers of the National Health Service believed that once the British people had been cured of all the ills that the previous system left untreated, the cost of health care would decline. O brave new world, that has such people in it! The sick note paradox is easily explained. Doctors conspire (unconsciously, no doubt) with the Government to keep the unemployment rate down. The Government is interested in statistical propaganda, while the doctor is interested in avoiding an unpleasant scene in his surgery if he refuses to sign. Sickness rises to meet the politically desired decline in unemployment. Moreover, we doctors, ably assisted by litigation lawyers, are able to make up whole new categories of illness. The means by which this is done is made brilliantly clear in two new books, one from Canada and one from Australia: *Whiplash and Other Useful Illnesses* by Andrew Malleon (McGill Queen's University Press) and *Constructing RSI* by Yolande Lucire (University of New South Wales Press). A combination of bogus science, evangelical fervour and moral cowardice on the part of doctors, and financial inducement to be ill created by lawyers that is eagerly grasped by patients, is capable of creating whole epidemics of previously unknown conditions. In Australia, for example, a condition that came to be known as Repetitive Strain Injury (RSI), or less respectfully as kangaroo paw, suddenly afflicted thousands of

workers, particularly women who used the new computer technology of the early '80s. This had all been seen before with the introduction of new technology: in the first decade of the last century, telegraphists using Morse code developed a condition known telegraphists' cramp. As Dr Lucire makes clear, both the history and the epidemiology of RSI prove beyond reasonable doubt that it is a psychogenic condition. RSI was not discovered, it was created, made up out of whole cloth - in this instance by unions, assisted by lawyers and a few misguided but charismatic and campaigning doctors who thought they were doing their patients a favour. Between them, they created an industry, an industry that manufactured cripples, medical reports and lawsuits. It is possible, of course, that the RSI industry added to the GNP of the country, insofar as the monetary output of the doctors and layers involved was probably greater than that of the patient, had she remained at work. This helps to explain why ceaseless activity, all of it with a price attached, may not conduce to genuine productivity, let alone human happiness. Dr Lucire is not without human sympathy for the 'victims' of RSI: she demonstrates that they merely seized the opportunity presented to them to resolve problems in their personal predicament by means of sickness while being financially rewarded for doing so. Most victims of RSI had profoundly unsatisfactory lives before they were encouraged by unions, doctors and lawyers to be sick, and RSI came as a convenient scapegoat for all their previous dissatisfactions, at the cost admittedly of crippling them for long periods and subjecting them to wholly unnecessary treatments and even harmful operations. As for Australian industry, it spent hundreds of millions of dollars on ergonomic measures to avoid a sickness that did not exist, except in the minds of those who promoted it and suffered from it. Whether all this expenditure represented a net economic gain (after all, someone must have made a lot of money from it) I leave it to economists to work out. Dr Malleson does for whiplash what Dr Lucire does for RSI. The sums of money involved are even larger, running (in America) into billions annually. Insurance companies don't mind: they simply add a percentage to the money they pay out. Doctors, physiotherapists and others are supplied with paying patients who take ages to get better, if they get better at all, and are therefore something of a licence to print money. Altogether, it is a miracle of economic growth. I believe that Dr Malleson is quite right. I recall a patient who was a refugee from one of the world's vilest dictatorships. His early career was spent as a torturer in the dungeons of the regime, but as the whirligig of time brings in its revenges, he subsequently became the tortured rather than the torturer. He eventually escaped to England, where everything went well until he was involved in a rear-end collision in Melton Mowbray. Someone went into his car at five miles an hour, and the wrench to his neck ruined his life. Its effect upon him was incomparably greater than that of having been both a torturer and tortured. There are no prizes for guessing

why. Sickness, to an extent, is like all other commodities: it obeys the laws of supply and demand. If you pay people to be ill, they will be ill. Theodore Dalrymple is a doctor working in the National Health Service

This book was alternately infuriating and interesting. Two days after finishing it, I noticed that my RSI (of ten years) had disappeared. Hallelujah!

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