The Risk of Freedom Briefing

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Why is Good Health Causing so much Anxiety?

Medical advance has ensured that life expectancy in developed countries is around 75 for men, 80 for women, while many of the old scourges of mankind, from smallpox to bubonic plague, have been decisively defeated, to appear again, if at all, only as weapons in the hands of terrorists. New drugs, new operations and an increased understanding of the physiological and genetic causes of illness have ensured that for most people, until the encroachment of some terminal disease, pain and discomfort are both rare and remediable.

Yet evidence suggests that people have become not less anxious about health but more. Health scares dominate the news; visits to the doctor are constantly increasing; quack cures and alternative medicines are routinely sought even by those who have no evident need for them. Health has become the dominant topic of public debate, taking up almost as many column inches in the press as sex and football, and occupying the time, thought and tax-raising powers of politicians to an extent unrivalled by any other public concern. Health and safety regulations issue unceasingly from both national and trans-national legislative bodies, and quality newspapers now have their in-house doctors, whose role is simultaneously to arouse and to assuage the fears of their aging readerships.

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The risk-averse culture which has arisen from the obsession with health is also profoundly death-denying. People have a tendency to act as though death were some kind of accident, a proof of negligence, and therefore grounds for compensation. Instead of seeing death as the price paid for life, people now think of it as an outrage, thrust upon them by malignant powers, to be averted for as long as possible and at whatever cost to the planet.

This attitude has important social consequences. Risk-aversion is encumbering business, agriculture, research and medicine itself with ever more oppressive regulations. In this issue, Bill Durodié reminds us of the enormous scientific cost of accepting the precautionary principle — which urges us at all costs to avoid costs. But the impact of risk-aversion can be witnessed throughout the health industry: consider the notorious case of BSE-CJD, in which megaphoned rumours destroyed beef farming in Britain, or the case of Foot-and-Mouth disease, spread largely because EU regulations issuing from unsubstantiated health scares had closed our local abattoirs. Foot-and-Mouth shows clearly that the cost of avoiding risk is often far greater than the cost of taking it.

In all the confusion over health-risks the one question that never seems to be asked is that of health itself. What exactly do we mean by health, and why is health desirable? The General Confession of the Book of Common Prayer says that 'we have left undone those things which we ought to have done; and we have done those things which we ought not to have done; and there is no health in us'. In that pregnant summary of the human condition we encounter a concept of health as something other than longevity, something deeper than physical vitality, something more important than mere survival.

We need not go so far, perhaps, in order to recognize the inadequacy of our current conceptions of the role of medicine. Left out of consideration by the health police is the fundamental fact of our condition — that we are not merely animals, but *rational* animals, whose lives are guided by values, hopes and choices, and who flourish when we are content with what we are. Anxiety over physical health undermines present contentment, and by endlessly postponing death we lose the capacity for love.

A true conception of human health would therefore include factors which are increasingly marginalized from current policy: the pleased acceptance of risk, the indulgence in convivial pleasures and the ability in the midst of misfortune to smile. Of course, freedom from disease makes all these things easier, and there are illnesses which take them away. But mere longevity adds nothing to the sum of human happiness, and it is as much part of health to be prepared for 'timely death' as it is to be in full vitality and possessed of one's natural powers.

That view, endorsed not merely by religion but also by a philosophical tradition that extends from Plato and Aristotle to Nietzsche and Heidegger, is a long way from current orthodoxies. But since current orthodoxies seem to be undermining happiness and filling the world with anxieties and hates, why should we respect them? In this issue we point to some of the ways in which the concept of health is or ought to be put in question by those at the forefront of medical practice.

Our theme

Health Creation

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What do we mean by good health?

Piers Benn

It is hard to come by a definition of health. It is increasingly understood that it involves a value judgement. To call a person healthy is not only to offer a medical description of his or her condition, but also an endorsement. But that raises the question: what conditions of body or mind should we be trying to promote, and why?

We may approach this by looking at the opposite notion of illness. We should first distinguish illness from disease. Someone may be in the early, a-symptomatic phase of a serious disease (e.g. cancer) but not yet ill with it. He does not yet notice that anything is wrong, and feels fine. Conversely, someone may be ill although there is nothing organically wrong with him. Such may be the case with 'psychosomatic' illness, or even (on some views) mental illness. The illness shows itself in an overall breakdown of organic functioning, usually accompanied by subjective distress. Disease is the localised functional breakdown of a part of the body, whereas illness affects one's functioning as a whole. To be healthy, by contrast, is to be functioning well, with one's essential capacities intact and operating in harmony. But which capacities are essential?

We should remember that while being ill and feeling awful often go together, they can be separated. This is brought out particularly well when considering mental health and illness. Much mental illness involves distress — e.g. depression — but it need not. Consider someone in the manic phase of bipolar disorder. As he goes around making extravagant purchases that he can't afford, formulating grandiose plans and generally making a nuisance of himself, he feels wonderful. But he is ill, at least according to standard psychiatry. The concept of mental illness is quite mysterious, but is best thought of as the functional breakdown of the person (as opposed to the body). All of this, however, raises the hard question of what bodies or persons are *for*, and this is not a purely factual matter.

It also reminds us, that it is the person, not the human animal, that is the focus of our most important hopes and fears, and that we should not wish to stay alive as a human animal, if we were not a person too. It is arguable, therefore, that we should base our medicine on a concept of the healthy person, rather than the functioning organism, and recognize that rational choice, human relationships and the prospect of happiness are integral to health. It is for these things, after all, that health is valued.

Dr Benn is a philosopher
and medical ethicist

Inventing Disease — Mike Fitzpatrick

A recent American study suggests that between five and nine per cent of the adult population suffers from major depression (see publications column). Similar studies fifty years ago estimated a rate of 0.5 per cent. Another US survey, carried out by the Centres for Disease Control and Prevention suggests that around 1.6 million elementary school children have attention deficit hyperactivity disorder (ADHD), a rate of seven per cent of all children between the ages of six and eleven (see **www.cdc.gov/nchs**). Though ADHD was only recognised by the American Psychiatric Association in 1981, within twenty years it has become a major disease of childhood.

The rapid expansion in the numbers of patients suffering from familiar psychiatric conditions, and the even more dramatic growth in the numbers of those suffering from previously unrecognised conditions: these are key features of the medicalization of contemporary society.

How can we explain the growth in depression by a factor of between ten and twenty among adults and the emergence of an epidemic of disturbed behaviour among young children? There can be little doubt that the key factor is the redefinition of old problems in medical and psychological terms. In the past adults who considered themselves miserable or unhappy might have sought solace from family and friends, or from ministers of religion. Now they come to see doctors and are diagnosed as suffering from clinical depression and offered anti-depressants or some form of counselling. Children who were considered rowdy or ill-behaved would have been disciplined by parents and teachers. Now they are labelled as having a brain disorder and sent to doctors for Ritalin and to clinical psychologists for therapy.

Doctors — particularly GPs — are at the forefront of the process of medicalization. After (largely) vanquishing the infectious diseases by the middle of the last century, medical science subsequently made little headway in the treatment of the modern epidemics of heart disease and cancer. The discovery of the link between smoking and lung cancer led to a quest for similar causative factors — and the consequent preventive strategies — in relation to other cancers and heart disease. The failure to discover distinct causes in any other condition (though a wide range of loosely associated risk factors have been identified) has not deterred systematic medical intervention in lifestyles. Thus, despite the lack of hard evidence for the efficacy of any of these measures, doctors make detailed recommendations about diet, exercise and alcohol consumption.

Lifestyle interventions have been supplemented by schemes for the early detection of cancer (or risk factors for heart disease, such as raised blood pressure and cholesterol levels). These are based on the convictions that prevention is better than cure and that early diagnosis confers a better prognosis. Unfortunately, though these notions sound commonsensical, they are poorly substantiated by evidence. The recent controversy over mammography revealed a doubtful contribution to life expectancy at the cost of a high level of anxiety for many and unnecessary surgery for others.

Over the past decade, successive governments have encouraged medical intrusion into personal life. Politicians concerned by their loss of legitimacy and authority have looked to health as a sphere in which they can both project a concern for the welfare of the electorate and establish points of contact with the public. In addition to sponsoring lifestyle and screening programmes, governments have encouraged doctors to play a greater role in dealing with problems of alcoholism and drug addiction, as well as both old and new psychological disorders such as depression and ADHD.

The election of the New Labour government under Tony Blair in 1997 has given a new impetus to the medicalization process. The establishment of NHS Direct, a 24-hour, nurse-led advice service, claimed by Blair as one of the great achievements of his first term, symbolises the government's quest for 'one-to-one' contact between an aloof government and an atomized public. Under New Labour the Department of Health has encouraged GPs to play a more active role in exposing domestic violence, in referring patients for parenting courses, and in regulating sexual behaviour (in particular, through deterring teenage pregnancy, a particular preoccupation of the Blair government).From my perspective as a full-time GP in an inner city practice, the state-sponsored drive towards the medicalization of life is bad for patients, bad for doctors and bad for society.

Patients who turn up at their surgery because they are ill are likely to find that their doctor is less interested in treating disease than in promoting virtuous behaviour (whether this will improve their health is open to doubt). The subordination of medicine to political expediency has resulted in a style of medical practice which is increasingly petty, intrusive and moralising.

The shift of medical practice away from the treatment of disease towards the regulation of personal behaviour draws doctors into areas in which they have neither competence nor expertise. If doctors assume a more authoritarian role in relation to their patients, this will inevitably lead to growing conflict between them. It is ironic that, after inviting the problems of the world into their surgeries, doctors are now complaining that their patients are increasingly inclined to assault them.

The medicalization of society reinforces popular anxieties about health and fears about disease. Professional intrusion in personal life undermines individual autonomy and encourages dependency. The proliferation of disease labels, from post-traumatic stress disorder and social phobia to myalgic encephalomyelitis ('ME') and fibromyalgia, tends to prolong incapacity and inflates rates of disability. A return to the old labels — 'sadness', 'fear', 'laziness', 'apathy' — would also point the way to the old, and often effective cures.

Mike Fitzpatrick is a GPand author of *The Tyranny of Health: Doctors and the Regulation of Lifestyle*

The Precautionary Principle is causing a scare

Bill Durodié worries about the self-appointed experts regulating science

The Prime Minister's recent speech to the Royal Society argued that: 'Responsible science and responsible policy making operate on the precautionary principle'. The precautionary principle is held to suggest that, in the absence of definitive scientific evidence, measures should be taken to protect the environment or human health whenever there is any threat of serious or irreversible damage to either.

Critics have argued that, as certainty is never possible and irreversibility inevitable, the principle is a recipe for paralysis. Further, defining the extent of evidence necessary to justify concern, as well as what measures should be invoked and by whom, are considerations lending themselves to significant commercial and political manipulation.

Equally important, in my view, is the threat posed by the precautionary principle to science. The principle encourages an approach that continuously seeks to go beyond the available scientific evidence. Moreover, it demands the inclusion of new voices to act as sources of authority in future deliberations on all scientific matters. Taken together these two elements amount to what could be broadly defined as the 'institutionalisation of rumour'.

Inevitably, in order to err on the side of caution, scientists are forced to consider layer upon layer of worst case scenarios even where the conclusions become absurd or implausible. This explains why environmental campaigners and consumer activists prefer to emphasise the 'hazard' attached to a particular situation rather than the 'risk'. Stairs are a hazard, but the likelihood of injury is a risk. Everything we do exposes us to hazards. However, it is *how* we do things that determines the risk. Emphasising hazard effectively removes human agency from the equation and ignores our ability to deal with, and even to choose to take risks. By insisting on worst case evidence we effectively remove our will and ingenuity from the picture and rather unsurprisingly are left with an image of a frail humanity filled with victims who need to be protected from nature and human action.

Hence the Stewart inquiry into the safety of mobile phones, despite finding no evidence of any harm, concluded with a call for further investigation, as well as the need to take account of non-peer reviewed and anecdotal evidence in order to 'keep ahead of public anxiety'. As a result, new mobile phones now have to carry a warning label with their SAR (specific absorption rate) value indicated. This is despite all parties being agreed that heating effects are not the issue, but rather the elusive non-thermal effects. In other words, as one commentator put it; 'in its rush to be open about communicating risk to the public, the government has simply forgotten that there was no risk to communicate'. Others have pointed to the fact that the government reaction is driving public concern rather than responding to it.

Application of the precautionary principle almost invariably demands the elevation of new 'experts', ranging from constellations of professional risk managers and communicators, to ethicists and relatives of the bereaved. Thus parents of autistic children were recently promoted into sources of authority on the use of the MMR vaccine. It is almost as if the government and media feel that the less somebody knows about an issue the more authority they have in making public pronouncements. It is ironic that, while being told to distrust the old sources of authority, we are also being asked to invest our trust in those who know nothing at all about the issues.

In addition public 'values' now have to be incorporated into the scientific decision-making process. These so-called values are usually no more than opinions, which should be challenged just as rigorously as the scientific evidence itself. But by labelling these opinions as 'values' the advocates of caution are attempting to set them beyond critical scrutiny.

Further, whilst science can inform democratic decision-making, it is not in itself a democratic process. We are witnessing an attempt to reinvigorate the political process by encouraging the public to believe that they can determine the legitimacy or otherwise of some scientific result by an opinion poll. You don't have to be a fanatical 'progress addict' to recognize how dangerous this is. While there was much to be commended, especially by way of sentiment, in Tony Blair's speech, his reluctance to question the new orthodoxy of precaution presents a serious risk to science, which aims to discover truth by exploration and experiment. It is indeed high time we applied the precautionary principle to itself.

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The Rise and Fall of Modern Medicine
James Le Fanu

reviewed by Virginia Bottomley

James Le Fanu notes four paradoxes which may seem incompatible with medicine's recent success: Why are doctors disillusioned? Why are people who are enjoying better health growing more concerned about their health? Is there a state of 'healthism' — a medically inspired obsession with trivial or non-existent health threats? Why should the demonstrative success and effectiveness of modern medicine be associated with the soaring popularity of alternative medicine?

What about spiralling costs of healthcare: does the financial largess of the past 10 years (his words) suggest that it is incorrect to believe that more generous financing alone could solve the problems of the health service?

Le Fanu also lays into what he identifies as insupportable assertions by experts. The reader may get the message that a chief medical officer need not lay down the law on what is the safe number of lamb chops that may be eaten. Then we have to accept that modern medicine has pushed the major burden of illness to near the end of life. The odd thing about illnesses in middle years, such as adult diabetes, rheumatism, MS, Parkinson's and others, is that their causes are unknown. Enigmatic origins render them impossible to cure or prevent. Yet.

This interesting book ends with an optimism that may be challenged in part by others in medicine. Le Fanu contends that doctors will in future be less likely to regret their choice of career, that the public will have fewer reasons to be unduly concerned for their health, and that the limited prospects of future medical advances should by now be recognised so there is no need for costs of medical care to continue to spiral upwards. 'Thus, the present discontents of medicine may be resolved and its future guaranteed.'

This review was published in *Management Today*, April 2002. Virginia Bottomley MP was health secretary, 1992-95.

The Elixir of Life still eludes us . . .

Moralists, magicians, philosophers and alchemists have been fascinated since the earliest times by the search for eternal youth. If an elixir of life exists, then we should destroy ourselves and our world by drinking it — so we learn from Karel Čapek's play *The Makropulos Case*, familiar to us now from Janáček's brilliant opera. This does not prevent mad scientists, unscrupulous entrepreneurs and the new brand of 'internal cosmetics' salesmen from preying on human hopes. In an effort to draw attention to the truth 51 scientists engaged in the study of aging have signed a position statement, warning the public against 'remedies' that are both ineffective in themselves, and potentially dangerous in their side-effects. Aging, they argue, is the inevitable result of the fact that our genes have not been selected for their ability to survive decay, but for their ability to reproduce before decay sets in. This sets radical limits to what we can expect by way of longevity. To which one might add, thank God.

Summary of argument presented in *Scientific American*: 'No Truth to the Fountain of Youth', S Jay Olshansky, Leonard Hayflick and Bruce A Carnes, June 2002 (see www. column).

Fukuyama v Stock: Does Humanity have a Future?

Conference report by Roger Scruton

In two recently published books, the celebrated futurologist **Francis Fukuyama** and the geneticist **Gregory Stock** defend rival approaches to the science of genetics and its medical use (see publications column). Launching their books at a conference organized by the Institute of Ideas in London, the two authors entertained an audience whose size and quality indicated the extraordinary level of interest that this topic now inspires. **Fukuyama** sounds alarm bells already rung by Aldous Huxley in *Brave New World*: if we allow science to proceed unimpeded down the path of genetic experiment, the result will not be an 'improved' human being, but a post-human being, a creature whose nature will be to a great measure strange to us and disconnected from the moral values by which we live. Already, Fukuyama argues, we are subverting our ideas of character and the moral life by the use of drugs like Prozac and Ritalin — which provide medical short-cuts to what are in fact moral results, so by-passing the web of human dialogue. And already we are allowing medicine to encumber the world with new and perhaps insoluble demographic problems, as the average age rises and the birth-rate falls. To go one stage further, so as to choose the genetic makeup of our children, is to risk not only unforeseeable negative externalities, but also the very concept of 'human nature' on which reasoned choices depend. If human nature becomes plastic, then human rights and duties lose their absolute force. We shall be drawn inexorably into Brave New World, as we design babies for our uses, and so lose the conception that people are not means to some post-human future, but ends in themselves.

Greg Stock would have none of that. Rather than base our decisions on abstract fears about an unknowable future, Stock argues, we should see genetic research as simply the latest stage in the piecemeal progress of medicine. We are not designing new human beings, but granting people ever more control over their lives. Entrust people with decisions and they will make them wisely; expropriate those decisions by legislation and they will make them anyway, but in circumstances that they cannot fully control. If we try to ban the use of genetic technologies, the rich will migrate to those parts of the world where they are available. Moreover there is a tendency to look on every medical advance in catastrophist terms, even when it is merely directed at curing some known and dreaded disease. Stem-cell research is less concerned with creating a new human being than in finding a cure for Alzheimer's disease. Eventually we shall have the kind of control over emotion, reproduction and life-span that all of us secretly desire.

Three commentators made three vital points. **Robin Lovell-Badge** argued that Stock's confidence in genetic engineering is naive, since the human genome confronts us with uncountably many alternatives at every point of choice; **Raanan Gillon** argued that we should certainly pursue the benefits conferred by genetic research, but must always protect the core of human nature, which lies in morality and rational choice — whatever it is in our genes that confers these attributes must therefore be left well alone; **Bryan Appleyard** argued that the whole conception of an 'improved' human being is a scientistic illusion: moreover the ultimate goal of medicine should be not to postpone death but to live well.

Greg Stock's optimism was infectious, and also an excellent illustration of why Schopenhauer called such optimism 'unscrupulous'. Fukuyama, by contrast, was hesitant and melancholy, attempting to rescue human nature from the grip of science without deploying the concept that has always in the past been used to that end — namely, the concept of the sacred. The audience came away with the belief that a vital contest had been begun but not resolved, and that as yet only some of the cards are on the table.

Organized by the Institute of Ideas 30 May 02

Healthy, Wealthy — What about Wise? Frank Furedi

Education is good for your health. That is the verdict of a report on the wider benefits of learning, *Measuring the Wider Benefits of Learning,* Prof John Bynner, (Institute of Education, 2001). Education, it appears, is an all-purpose remedy that can provide the learner with physical, psychological and emotional benefits. For some time, governments have regarded education as a tool for realising extraneous objectives. In the 1980s, education was promoted on the grounds that it made good economic sense.

According to the current approach, the benefits of education are no longer confined to the domain of economics. It is only a matter of time before a new set of researchers discovers that education is not only good for your health, but also makes you look beautiful. School is gradually becoming transformed into a clinic.

Leading educationalists argue that schools spend too much time promoting intellectual subjects and too little on social and emotional skills. Advocates of this new emotional education believe that the main role of teaching is to affirm children's self-image.

Many of New Labour's distinctive policies target people's emotions. Counselling and therapy are part of its programme. The advisory group on education for citizenship and the teaching of democracy in schools considers self-esteem an important core skill. Higher education has also gone down the therapeutic road. The government's dubious idea of a learning society, has little to do with the fundamental role of education, such as the acquisition of knowledge or the development of character.

A full version appeared in the *Daily Telegraph* (8/8/01). Frank Furedi is a sociologist.

Publications

The Rise and Fall of Modern Medicine, James Le Fanu, Little Brown and Company. 2000. 1940 to 1970 was the period when medicine conquered all the major chronic diseases affecting the very young and the very old. Le Fanu rejects the recent theory that social behaviour causes disease and also questions the effectiveness of genetic screening and genetic therapy.

'Science: Can we Trust the Experts?' ed Tony Gilland, Hodder and Stoughton. Essayists consider the role of expert advice and the question of whose opinion to trust. Includes essay from Bill Durodié .

Our Posthuman Future, Francis Fukuyama, Profile Books, 2002. The biotechnological revolution precipitates the 'recommencement of history'and human beings are now at the dawn of a posthuman age. Fukuyama urges us to resist this development, unlike Gregory Stock, scientist and author of *Redesigning Humans* (Profile Books, 2002), who sees it as inevitable. Genetic manipulation of embryos to develop desired traits is just around the corner. The biotechnology that will allow scientists to delay aging and to insert into embryos genes that enhance physical and cognitive performance, combat disease or improve looks is in place. Stock argues that there is no turning back.

The Tyranny of Health — Doctors and the Regulation of Lifestyle, Mike Fitzpatrick, Routledge 2000. A practising GP questions the current crusade of government to improve public health and the consequent increase in the level of state intervention in every aspect of people's lives.

'Is this patient clinically depressed?' JJ Williams et al. *Journal of the American Medical Association* 2002; 287: 1160-1170), referred to by Fitzpatrick in his contribution.

Brave New Worlds, Bryan Appleyard, Harper Collins, 2000. Beware the forward march of science in a moral and philosophical vacuum.

W W W .

www.amazon.co.uk Look up the two reviews by readers (both medical practitioners) of Mike Fitzpatrick's *Tyranny of Health* for evidence of what may be a growing consensus.

www.spiked-online.com to read a recent interview with Francis Fukuyama.

www.sciam.com/explorations/2002/051302aging/ the *Scientific American* website for the full report from 51 scientists, rebutting the many claims to discover an elixir of life.