IN THE TWENTIETH-CENTURY WEST, there has never been a shortage of challenges to the traditional values we now refer to as Judaeo-Christian. The principal competition has been socialism, although it now appears that its appeal may finally be waning—except in such places as the American university. Another challenge has come from medicine, although less attention has been paid to this because science claims to be objective, value-free, and non-political.

In fairness to physicians, many of the more extravagant positions of medicine have not originated with them, but with envious imitators of doctors and their status and accomplishments. This is probably not surprising; medicine is alluring. It deals with great mysteries and momentous events. We trust our very lives to doctors. They bring us into the world. They say when we have passed from it, and why. They know things about us no one else does. Medicine has been popular in the twentieth century because of its ability to blend contradictory elements: the mysterious and the rational; technology and art; the sacred and the secular; life and death. It is doubtful, however, that medicine could have inspired such awe, and achieved such status, had it not been for the extraordinary technological and scientific advances that were made in such a very short time. Most medical innovations, in fact, have been made in this century.

Medical has appeared to offer the possibility of realizing a dream that men and women have had for ages; namely, diseases could be cured, perhaps even eliminated, and we could be made healthy and whole. One of the better known statements of this point of view is found in the opening paragraph of the 1946 World Health Organization treaty, which presents health as definition and goal as “a state of complete physical, mental, and social well being, and not merely the absence of disease or infirmity.”

By 1946, however, the purview of the “medical model” had already been extended well beyond the diagnosis and treatment of diseases of the body. The first great expansion of the medical model was from its application to the body to the mind. The disciplines of psychiatry and psychology were born, and with them the notion that the mind, like the body, can be healthy or sick, and subject to disease. We now want mental health as much as we want physical health.

One of the difficulties of a very broad and all-inclusive view of health is that it requires an increase in the number of...
diseases. This is partly reflected in the fact that the number of disorders in the Diagnostic and Statistical Manual (DSM-IV) of the American Psychiatric Association has more than tripled since 1952 (although some of this growth is attributable to increases in subcategories). We are trapped by our own definitions. The more we expect and demand in order to be "healthy," the "sicker" we discover we are.

Viewing all sorts of phenomena as medical problems, and therefore subject to treatment and cure, has spread beyond professional boundaries into the general culture. Prisons have become "correctional institutions" complete with "treatment" programs. Fat people are overweight because of "eating disorders." A host of self-abusive activities, such as gambling and sexual promiscuity, have become "addictions." Twenty years ago Leon Kass, then at Georgetown University, noticed a pattern of "rising patient and societal demands for medical help with behavioral and social problems." Kass went on to say that, "All kinds of problems now roll to the doctor's door, from sagging anatomies to suicides, from unwanted childlessness to unwanted pregnancy, from marital difficulties to learning difficulties, from genetic counseling to drug addiction, from laziness to crime."

When we tack the word "social" onto our view of health then all kinds of confusion occur. Social problems remain unresolved because they have become "health" problems. One of the best examples is the problem of violence. In the winter of 1993 the policy journal Health Affairs published a number of articles indicative of this thinking. In one the authors write about violence prevention: "Public health brings something that has been missing from this field: a multidisciplinary scientific approach that is explicitly directed toward identifying effective approaches to prevention." The article is filled with medicalized language, such as "risk factors and causes," "interventions," "delineating related mortality and morbidity," and "dangerous commodities."

The same issue of the journal also included an article by the current secretary of health and human services, Donna Shalala, who writes: "The tradition of public health is to seek systemic measures to prevent illness, injury, and death. That is why I consider violence a public health problem." This "public health problem" includes not only actual physical violence, but also the "roots of violence" and the "culture of violence" that encompasses the fake violence on television. Shalala is misguided and in pursuit of an illusion that will steer public policy into another dead-end street. No one can "prevent death," including the bureaucrats at the Department of Health and Human Services. Death may be postponed, and physicians and other medical professionals often make a contribution in this regard. It is, in fact, one of their basic tasks. They cannot, however, prevent death, nor can they do very much to prevent illness, and even less to keep people from falling down stairs or running their automobiles into trees. What medicine does best is to cope with the consequences of disease or our own actions. Medicine alleviates pain. Medicine helps us survive a bit longer. Very rarely does medicine eliminate a disease, as in the case of smallpox.

The biggest problem with applying the medical point of view to so many aspects of the human condition is that it blurs the line between medicine and morality, between what is disease and what is evil, between what is unhealthy and what is wrong, between being sick and being responsible. This is one of the goals of the movement to medicalize everything, whether it is stated or not. If one is sick, or has a "disorder" or a "syndrome," then he is not responsible...
for his actions. To put it more plainly, he cannot be judged guilty in any moral sense. He is to be treated and cured. This now applies to groups as well as to individuals.

Taking the medical view means that we are to concentrate on the etiology of our “diseases” and “disorders,” identify their “root causes” and “risk factors,” and cure, treat, or prevent them. This not only absolves the “patient” of responsibilities but also it gives us great power. We are at the center of things. We can understand great mysteries and do something about problems that previous generations failed to do because of their alleged ignorance and superstition.

The medical point of view pervades our culture and clouds our thinking about serious moral issues. The Clinton Administration advocates government-funded abortions as part of a “health plan.” After all, it is a “medical procedure” that takes place in a “clinic.” The Menendez brothers are not guilty of parricide and monstrous greed, but are “victims” of “abuse.”

What is frightening is that it is so easy to cite examples. Consider Dr. Jack Kevorkian and the movement to legitimate and legalize physician-assisted suicide. The psychiatrist Thomas Szasz warns: “Since Kevorkian’s recent announcement that he has abandoned his campaign of law defiance, and instead has undertaken a campaign of law ‘reform,’ he is more dangerous than ever. His aim is ominous because it taps into one of our most powerful popular delusions, namely the belief that we can solve moral problems by medicalizing them.”

Our expanding view of health and our efforts to medicalize our moral and social problems arise not from any demonstrated success in this enterprise, but from our failure to see them as moral problems. We hold instead to the belief that we can acquire with our reason a kind of knowledge that will give us control of ourselves and the world around us. We believe we can be self-correcting and self-perfecting.

In his book The Fatal Conceit, F.A. Hayek was critical of those intellectuals who insist that science and rationality can, and should, displace traditional moral reasoning. Hayek understood that one of the reasons morals exist in the first place is to help us avoid the often unpredictable consequences of our actions by restraining our behavior. Hayek wrote that “morals are concerned with effects in the long run—effects beyond our possible perception...”

Hayek also understood the real purpose of the famous World Health Organization definition of health. Hayek said of G.B. Chisholm, the first Secretary General of WHO, that Chisholm advocated no less than “the eradication of the concept of right and wrong” and maintained that it was the task of the psychiatrist to free the human race from “the crippling burden of good and evil”—advice which at the time received praise from high American legal authority. Here again, morality is seen—since it is not “scientifically” grounded—as irrational, and its status as embodiment of accumulated cultural knowledge goes unrecognized.

By now a great deal has been written about the defunct Clinton health care plan, which was merely the latest of many efforts to create a compulsory national health care system stretching back to the days of Teddy Roosevelt. Had the Clinton plan been adopted into law it would have precipitated the most massive expansion of the American welfare state in 30 years. The entire American middle class would have been made the recipients of an entitlement program, and
thereby dependent upon Washington.

Most of the writing about nationalized health care has been from either a political or economic perspective, each of which is perfectly legitimate given the issues and what is at stake. What transpired in Washington was also the manifestation of cultural conflict; that is, conflict over basic values, ideas, and beliefs about the good. Advocates of a national health care system insist that everyone has a right to health care, that it should be provided equally, and that the national government is the best instrument (morally and economically) for its provision. Where did this thinking come from? What is it based on?

In The Tragedy of American Compassion, Marvin Olasky makes the case that the driving force behind the welfare state is not fundamentally a political one, but rather a theological one. He writes that, in the twentieth century,

A changed view of the nature of God and nature of man led to impatience. The older view saw God as both holy and loving; the new view tended to mention love only. The older anthropology saw man as sinful and likely to want something for nothing, if given the opportunity. The new view saw folks as naturally good and productive, unless they were in a competitive environment that warped finer sensibilities. In the new thinking, change came not through challenge but through placement in a pleasant environment that would bring out a person’s true benevolent nature.

Such thinking packed a political pistol, for it soon became customary to argue that only the federal government had the potential power to save all, and that those who were truly compassionate should rally behind the creation of new programs.9

Almost the same thinking can be observed in the debate about health care and the role of government in providing it. As poverty is said to be the result of manmade injustice, to be corrected by government, so, too, is the lack of good health. Sickness is not so much the consequence of fate, of God’s will, or of our own actions as it is the result of what others did to us or refused to do for us. From cancer around Love Canal to AIDS to women with breast implants, the examples multiply.

The growing demands now being voiced and injected into the public arena are not merely demands for medical care. Amid all the shouting and weeping one can hear the claim that we have a right to good health and that the government (being the most powerful force in society) should make sure that we have it, and have it equally. If this sounds ludicrous, one should think about how demands for the elimination of poverty become demands for equality of income; how demands for basic education become demands for equality of outcomes (even intelligence); and how demands for fair play for the unattractive become demands for the abolition of all aesthetic distinctions.

In such a culture as this the crippled, the chronically ill, and the aged become something of a problem. What is to be done with those who are hopelessly unhealthy? The previously unthinkable is now being advocated as a matter of policy: They should die. All sorts of euphemisms have been concocted to express this brutal idea: post-natal abortion, physician-assisted suicide, termination of life-support. In such a culture as this sickness is a reminder that the vision of the perfect world is unrealized. It is anti-social to be chronically ill. Perhaps in the future it will be a crime.

Since modern medicine is regarded as the means by which illness is vanquished, it seems only logical in this new thinking
that government should take control of all health care. Only government can protect the new rights, dispense justice, and raise enough money to pay the bill. As already indicated, to bring about a truly healthy society government cannot limit itself to old-fashioned notions of public health like control of communicable diseases, but should strive to create a state of physical, mental, and social well-being in which all will live as equals. In this thinking even the Mighty Morphin Power Rangers are a health problem and a public policy issue.

Some physicians fear that things have gotten out of hand. In the New England Journal of Medicine, Dr. Faith Fitzgerald of the University of California at Davis Medical Center maintains that our greatly expanded view of health may become a "tyranny." She argues that the lay public and the medical profession have begun to "confuse the ideal of health with the norm for health." She also maintains that too many doctors have tried to "make people both physically well and also happy and socially content." Dr. Fitzgerald advises her fellow physicians that "We should not abandon modern preventive medicine, but we should undertake a brutally honest assessment of its proper purview. In particular, given our training and expertise, we health care professionals are no more competent to treat social distress than other citizens."

It has been 40 years since René Dubos raised questions about the ability of modern medicine to create a utopia in which all would be healthy and happy: "Complete and lasting freedom from disease is but a dream remembered from imaginings of a Garden of Eden designed for the welfare of man." Dubos believed that real human progress and happiness is achieved by struggle, which often involves suffering, and by having goals that "transcend biological purpose." "A perfect policy of public health could be conceived for colonies of social ants or bees whose habits have become stabilized by instincts." Human life is dynamic, not static. The greatest goals are those that often "bear no relation to biological necessity."

In the decades since Dubos published Mirage of Health, other writers from across the political spectrum have doubted the ability of modern medicine to reduce mortality and morbidity rates. Several studies have shown that the mortality rates for many diseases were declining steadily and substantially in developed countries well before effective therapies for those diseases were introduced. Explanations of this have focused on such things as a cleaner environment, improved diet, and rising incomes. Further research, however, indicates that while these conditions are clearly helpful, they alone do not account for the decline in death rates.

Research conducted over the past decade has found that despite massive attempts to provide medical care to the poor, mortality rates remain correlated with social status. This is not the result of "lack of access," as socialists charge. The poor do, on the whole, have access to good medical care, but this has not brought about any leveling of mortality rates among socioeconomic groups. Robert G. Evans observes that health and hierarchy seem to be inseparably linked. As social rank rises, mortality rates decline, but not because of medical care. Another force is at work, Evans says, but we do not know what it is.

The health of the Japanese also makes one wonder about the relationship between health and medical care. Since World War II, life expectancy of the Japanese has risen to the highest in the world. This was accomplished in a short period of time, and was not directly the result of increases in medical care.

One of the paradoxes of modern medicine is that it helps keep sick people alive.
longer. For many diseases, therefore, morbidity rates actually rise. Viewed this way, society is not made healthier by an ever-increasing application of medical care. This is not an argument for denial of care, since one of the purposes of medicine is to prolong life, but it ought to make us think about what we can reasonably expect to achieve.

None of this is meant to suggest in any way that modern medicine is without value. Surely we should resist efforts to politicize medicine in the belief that the coercive power of government can provide some sort of permanent state called health, and provide it equally. To guide public policy in this direction not only will be futile but also will lead to a squandering of national resources.

We must also resist using medicine in an effort to eliminate or eradicate distinctions between right and wrong. No drug will ever be invented nor therapy ever devised by human beings that will prevent acts of evil or cure flaws of character. We remain, like it or not, mortal and moral beings. We all face disease and death. We all sometimes act wrongly, and most of us suffer guilt. It is not the job of physicians to offer us absolution; as Leon Kass has argued, a "false goal for medicine is social adjustment or obedience, or more ambitiously, civic or moral virtue." 

Medicine has made many extraordinary advances in the twentieth century, and will do more in the century to come. It extends the lives of countless individuals. It often alleviates pain and suffering. It helps us understand many of the mysteries of our bodies. What it cannot do is make us "healthy" either individually or collectively, if "health" is defined as broadly as it has been in recent decades. Finally, we must realize that medicine has no answers to the many difficult moral and social dilemmas we face. Medicine cannot redeem us, nor can government.