

Health & History: Reflections on Past and Present

THE HISTORY OF MEDICINE HAS RELEVANCE TO THE PRESENT AS WELL AS the past. Indeed, it is constantly invoked in debates about the role of social intervention in the creation of a healthy society. This is particularly so at the moment in the United Kingdom, where the National Health Service has never been so troubled and so many doctors and nurses been so unhappy with their chosen profession. (It is reported that for the first time this year British medical schools have been unable to fill their quotas from school leavers.) Among the more outspoken critics has been James Le Fanu whose *The Rise and Fall of Modern Medicine* (London, 2000) takes vigorous issue with the 'social theory of health': a theory given its intellectual base by the work of medical historians such as Thomas McKeown. Michael Fitzpatrick, a fellow critic who has worked with historians at the Wellcome Unit for the History of Medicine now at University College London, is a general practitioner from inner-suburban Hackney. *Health and History* asked Dr Kathryn Robertson, who is both a general practitioner in Watsonia and a senior lecturer in the Department of General Practice at the University of Melbourne, to review his new book. (JMCC)

The Tyranny of Health. Doctors and the Regulation of Lifestyle. By Michael Fitzpatrick (Routledge, London, 2001, ISBN 0 4152 3572 3) 192pp., \$US16.95.

This book is essentially a thought provoking and challenging opinion piece, with references and quotes from like-minded authors. It is not a systematic review of the literature on the broad range of issues it addresses, such as the role, intention and effectiveness of health promotion and illness prevention strategies, or the role of government in the delivery of health care. It is polemic rather than scholarship.

The subject matter is set firmly in the social, historical and political context of general practice in the United Kingdom at the beginning of the twenty-first century, and many of the concerns about policies and their implications are specific to that situation. Nonetheless, it is an interesting insight into that context, both for the similarities that do exist between health care delivery systems in the so-called first world, and, specifically for Australia, where many of the strategies discussed in the book are being considered in the medico-political arena.

Readers' reaction to this book will depend on the opinions they hold regarding such questions as:

- Are health promotion and illness prevention approaches fundamentally empowering? That is, are people encouraged to move beyond being passive consumers of health interventions and therefore experience a sense of increased control of their bodies and potential illnesses that were previously deemed to be random 'acts of God', or the province of medical practitioners alone? Or are these approaches disempowering because they contribute to the increased medicalisation of life, and inevitably lead to victim blaming? Are they a 'manipulation of the masses' by governments and a health promotion industry, which engender a 'pervasive climate of cultural anxiety'?
- Should the General Practitioner's role be restricted to 'treating the sick and leaving the well alone', or should the GP have a continuous commitment to his/her patient populationæ sick or wellæ their community, broader society, or even beyond to global issues?
- Who should determine the agenda for the interaction between doctors and their patients? Is this negotiated individually, on a one-to-one basis, or should various health promotion agencies such as the Heart Foundation and the Anti-Cancer council, or the government directly, exert some influence?
- How much does the government's role in covering, contributing to and containing the costs of health care delivery entitle it to determine how that money should be spent?

The author argues for nothing less than the complete abandonment of health promotion. He puts forward the proposition that the Blair government's 'public health policy is really a programme of social control packaged as health promotion' and 'an effective system for regulating personal behaviour'. He encourages doctors to 'treat illness rather than regulate behaviour', and believes that there is too much government intervention in the doctor-patient interaction, in conjunction with the increased intervention in people's lives

A picture of health promotion is presented as akin to a religion that seeks to 'establish new norms of acceptable and appropriate behaviours', which are then regarded as 'virtuous'. He argues that approaches designed to 'encourage individuals to take responsibility for improving their own health' instead promote a sense of individual responsibility for disease, which leads to victim blaming. This is certainly a valid area for concern. For example, society is less sympathetic and supportive of people whose behaviour is perceived to have contributed to their disease, such as smokers. Are people who have *medically contracted* AIDS (and this is often stressed) more worthy of our compassion, as 'innocent victims'? In the recent past, it was seen as a community and society responsibility to assist families with children

with trisomy 21 (Down's syndrome). But with increased antenatal screening, many families are now faced with the harrowing choice of continuing or terminating a pregnancy when Down's syndrome is diagnosed. Will society feel the same sympathy (there but for the grace of God goes each of us), if a family chooses to continue the pregnancy? What if they choose not to be tested in the first place?

The author also raises legitimate concerns about the lack of appreciation of the most basic principles of biostatisticsæ not just among the general population but among the medical profession, politicians and others in a position to influence policy making. For example, there appears to be little understanding of the implications of relative versus absolute risk; the difference between risk and causation; the significance of prevalence of a disease; and the fundamental scientific criteria for a screening program (consider the ongoing debate about screening for prostate cancer). Policy often seems to develop in response to the highly emotional, rather than the dry factual presentation. This reviewer calls this the 'Yes, Minister' scenario, based on a quote from the television show of the same name: 'Something must be done. This is something. Therefore it must be done.' For example, some years ago in Victoria mandatory reporting was introduced for professionals, such as doctors or teachers, who suspect child abuse. This policy was introduced in response to community outrage following huge attention in the media to the death of a small boy as a result of abuse at the hands of his mother's de facto. This was undoubtedly a tragic case, and the new policy assuaged the community (and the media). However, the fact that Community Services had already been involved in the case, and that mandatory reporting would not have made any difference to the awful outcome, seemed to have been overlooked. Nonetheless, something was done, and the community felt satisfied.

The author touches on many of the frustrations facing general practitioners today. Health policy makers often seem to view GPs as readily available and compliant workhorses, onto whom they can hitch any variety of public health campaigns and thereby capitalise on GPs' broad access to the population. Doctors who choose not to adopt one strategy or another (each of which will only add a 'few minutes' to the consultation) seem to be regarded as little more than troglodytes. Yet GPs need to amalgamate population health principles with their care of individual patients. They are called upon to apply interventions across the community in the knowledge that it will benefit only a few, and may harm others. They need, therefore, to try to identify sub-populations either at risk of a particular condition, or at risk from the intervention. They need to distinguish and reassure the 'worried well'. They need to explain to patients why they have still contracted

a particular condition such as cancer, even though they 'did everything right'. They need to respect the patient's right not to follow their advice, but also be adept in presenting that advice in ways that engage and do not entrench their patients. They have to try to translate epidemiological benefit into clinical importance. And all of this in a climate in which they are all too often exhorted to apply recommendations based on specialist experiences of working with populations at high risk (carefully selected and referred at such by the GP) to a general population at low risk.

Not all of the author's assertions are convincing. For example, he questions the appropriateness of the safer sex campaign of the late 1980s, which was designed in response to the fear of a pandemic due to the AIDS virus. He expresses the view that this was run as one of a series of scare campaigns, such as those concerned with SIDS and 'mad cow disease', overemphasising the general risk to the majority rather than focusing on those at higher risk. To support this view he points out that, by the end of the 1990s there were very few cases of HIV transmitted heterosexually in the UK (which was feared would herald the onset of a pandemic). But this could more reasonably be taken as a successful outcome of the campaign, particularly in comparison to the patterns of HIV transmission in certain countries in Africa and Asia, rather than a vindication that the campaign was nothing more than 'a new moral code for regulating sexual behaviour'. Similarly he is critical of the mammography screening program for women over fifty, and supports his argument by questioning the official figures of 1 in 12 women developing breast cancer, claiming instead that the true figure is 1 in 26 women dying of breast cancer (the underline inserted by the reviewer). This is poor use of statistics in the extreme, particularly in someone whose thesis is so critical of others' use and interpretation of scientific data. And so he continues throughout the body of the book to question the value of an enormous range of health promotion ideologies and educational practicesæ such as the link between diet and coronary heart disease, pap smear screening, concepts of addiction, problem-based learning, and the teaching of communication skills to medical studentsæ with little evidence and often questionable assertions presented as fact. There is also a liberal use of emotional prose designed to persuade the reader. For example, a brief section on new approaches to the education of medical students is entitled 'Dumbing Down', and the Cochrane Library is referred to as having undertaken a 'systematic review'æ including the inverted commas which are used as the literary equivalent of the raised eyebrow or the tongue in the cheek. While the author strongly advocates the scientific method he is highly critical of clinical guidelines, evidence-

based method and clinical governance, all of which are based on the science rather than the art of medicine.

In many ways, by trying to dissuade the reader of the value of each policy in turn, the author sets up distractions from his core concern, which is that doctors have been recruited by successive (UK) governments into regulating the lifestyles of their patients, and that health itself has become politicised. He lists areas such as smoking, alcohol use, sexual behaviour, drug use, domestic violence and parenting as those in which the government, with doctors as its willing agents, intervenes in personal life. He clearly believes this book to be part of a regrettable small 'defence of individual freedom against the authoritarian dynamic revealed in the [UK] government's health policies', in the face of capitulation of previous political allies. He suggests that the government's agendas are to present a softer caring image and to 'compensate for its problems of legitimacy' in the face of a 'contraction of the traditional spheres of politics', particularly since the end of the Cold War. He also expresses the concern that this focus allows the government to ignore its real responsibility to improve health by addressing socio-economic inequities, most particularly financial, and associated problems such as unemployment and poor housing.

The philosophy behind the health promotion/illness prevention ideology of a pro-active approach and increased personal control are in accord with the life experiences and belief systems that characterise the middle and upper classes. But, as the author points out, they often do not conform with those at the lower end of the socio-economic scale. And these are the very people who, without recourse to the private health care system, wait on hospital waiting lists for financially constrained medical interventions, which would certainly improve their quality and perhaps quantity of life, while the rationed health dollar is directed towards health promotion campaigns.

In conclusion, while the author raises many legitimate concerns about the direction of health care delivery, too many of his arguments are not adequately worked through, and his conclusions sometimes border on conspiracy theories. Nonetheless, it was a stimulating process to reflect on one's own position in relation to the issues raised, involving not just critical appraisal, but also reflection on personal core beliefs and assumptions.

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