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A Cancerous Health Development: the Case of American Medicine

By John L. McKnight

The explosion of health costs has been tremendous in the United States and in the last eight years the percentage of the American GNP devoted to medicine has increased from 4.3 per cent to 9.6 per cent, says John L. McKnight in this paper. But what does this phenomenal expenditure achieve? More and more research in the USA, McKnight points out, shows that the major health problems—for instance obesity, many cancers, most heart disease—are caused by poor living conditions or irresponsible life styles. Yet the reaction to this has been to place more, not less, emphasis on medical expenditure, to create 'modern' diseases—even tiredness—which can be 'solved' by medicine, and to offer new medical frontiers such as the 'bionic' rebuilding of the human body or 'recreating humanity'. This, says McKnight, is 'a monumental misallocation of national resources'. It also turns people into clients, as opposed to increasing their autonomy or finding a new way of relating to each other. And, in a wider perspective, it prevents the search for a new set of economic, social and political realignments which could encourage a more convivial and self-reliant society. John L. McKnight is Associate Director of the Center for Urban Affairs at Northwestern University, Evanston, Illinois.



The institutional leaders of the United States are no longer concerned about health. They cannot 'afford' it because the central political issue is controlling the cost of medicine.

A few statistics will illustrate the dimensions of the problem:

1. Since 1950, hospitalization costs have risen 1,000 per cent. The daily fee for a hospital room is now 154 to 175 dollars.
2. In the last eight years, the percentage of our GNP devoted to medicine has increased from 4.3 per cent to 9.6 per cent.
3. In 1975, the average American family spent 10 per cent of its pre-tax income on medical services.
4. In 1975, 138 billion dollars were spent on

medicine, an increase of 17 billion over the previous year.

5. Economists of all persuasions agree that, within five years of the enactment of National Health Insurance, the percentage of the GNP devoted to medicine will increase by approximately 5 per cent. Thus, if NHI is enacted this year, by 1982 we could expect that 15 per cent of the GNP, every sixth dollar, will be dedicated to medical care. The total bill for medical service would then be at least 280 billion dollars.

In the face of this explosion in medical costs, the Rockefeller Foundation now funds conferences on the 'Limits of Medicine'. Labour leaders question whether they should any longer

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trade real income for medical benefits. Corporate leaders are exemplified by the frustrated General Motors official who recently announced that last year his company paid more for medical insurance than for the steel to produce automobiles. And the president of the largest health insurance organization recently indicated that the major American health issue is how to limit the costs of medicine.

When any sector of any economy consumes 10 per cent of the national wealth, we can also expect the state to become actively involved. Our federal government initially responded by establishing policies that encouraged self-regulation by the medical sector. These policies have been to no avail. The cost inflation has escalated in spite of managerial and professional efforts to limit the cost of the system. Therefore, the President has been forced to decide on some other approach for dealing with a system whose professionals and managers are unable to slow down, much less control, the exorbitant growth of their system. His response has been to announce that next year our national 'health policy' will be to limit the increase of hospital costs to an arbitrary nine per cent. This unique policy is the frustrated reaction of a leader whose advisers can no longer conceive of a rational basis for allocating medical services, much less developing a national health policy.

This dilemma could legitimately be called a crisis if the health of Americans was the issue at stake. There is increasing evidence, however, that the services of medicine have very little to do with the health of America's people.

For example, Duncan Neuhauser of the Harvard School of Public Health finds that the marginal health value of added medical care is zero.¹

Herman Somers, in the 1975 Eilers Memori-

al Lecture, concludes that in terms of dealing with our mortality rates, 'The availability of medical care is clearly not the problem'².

Victor Fuchs, the economist, finds in his study titled *Who Shall Live?* that health impacts of new medical inputs are very slight and concludes that 'the greatest current potential for improving the health of the American people is to be found in what they do and don't do for themselves'³.

Anne Somers notes that 'most of the nation's major health problems—automobile accidents, all forms of drug addiction including alcoholism, venereal disease, obesity, many cancers, most heart disease, and most infant mortality—are primarily attributable not to shortcomings of (medical) providers but to living conditions, ignorance, or irresponsibility of patients. No amount of additional funding or even reorganization of the (medical) delivery system is likely to have much impact on this problem.'⁴

Lewis Thomas, past Dean of Yale University's medical school and now the President of the Sloan-Kettering Cancer Center, recently noted that in 1974, just under one per cent of Americans died and the life expectancy of the population rose to 72 years. He concludes that 'The new danger to our well-being ... is in becoming a nation of healthy hypochondriacs ... We should be worrying that our preoccupation with health may be a symptom of copping out, an excuse for running upstairs to recline on a couch, sniffing the air for contaminants, spraying the room with germicides, while just outside the whole of society is becoming undone.'⁵

A great Swede, Gunnar Myrdal, wrote of the American Dilemma of race. While we have not dealt with that dilemma, we have added another—a nation spending more than 100 billion dollars on medicine while its physiological

health is good and its remaining physiological problems cannot be effectively dealt with by medicine.

Facing this dilemma, and unable to control its growing consumption of the GNP, American medicine has responded by creating a set of new possibilities for its services. These new frontiers generally direct us to explore five paths.

The medical response to the cost crisis

First is the eradication of the residual. There are still some diseases that afflict a few. Poliomyelitis, for example, now infects one in 500,000 people. There is a major debate as to the best way to carry out a new national programme that will eliminate the remnant. Major new efforts are being mounted to conquer lupus erythematosus and Tourette's syndrome.

The second path is the 'bionic' possibility—medical interventions that rebuild the human body. Mechanical medical inventions now include coronary valve replacements, breast implants and joint replacements. There are developmental programmes in organ transplantation. Sex-change operations indicate the medical possibilities for new human identities. These developments suggest unlimited possibilities for rebuilding the American people.

The third possibility is genetic manipulation. American medicine is now directing us towards genetic counselling. Beyond counselling is the possibility of altering our biological processes. Research regarding cloning and recombinant DNA suggest unimagined possibilities for creating new human beings. Amniocentesis permits the elimination of physiological or sexual 'undesirables'. The promise is the possibility of perfecting the human race to enable a more 'human' future.

The fourth path is the possibility of redefin-

ing the human condition within medical dimensions. Baldness, old age, pregnancy, menopause, and highly active children are being defined as maladies correctable by medical interventions. The psychological orientations of human beings provide unique developmental possibilities for medical service. Only recently, we have found a medical treatment for the 'tired housewife syndrome'. There are unlimited frontiers to be explored if medicine has the resource to help people understand that their lives are medical problems.

Finally, each of these new medical frontiers creates its own new dilemmas. There are a multitude of new ethical, cost, equity and iatrogenic issues as we take each step along the paths. Each of the issues requires new professional resources to help correct the negative side effects.

In sum, the medical response to the cost crisis has been to urge us on to new frontiers. The promise ahead is:

1. The eradication of disease.
2. Rebuilding the human body.
3. Recreating humanity.
4. Providing therapy for living.
5. Creating new methods for assuring correction of new dilemmas.

This is an attractive offering, to say the least. Indeed, it is the most effective of all counter-attacks in the face of the cost crisis. Medicine now offers us not just the elimination of disease, but the perfection of life. We can become as gods, if only we will invest in the system. It is an offer that seems hard to refuse.

Nonetheless, even the 'best and the brightest' within the medical profession know that the promise is an illusion. The journals of the profession are increasingly filled with anguished recognitions that, in claiming to be God, medicine has become a misleading deity directing people away from the sixth path which

leads to the non-medical healthful society.

The basic question, then, responds to medical class a monumental misallocation of resources.

The popular response is ill-informed or basically inclined toward false goals. Obviously has some merit another possibility that is ignored. The other explanation for modern American medicine's major functions are economic rather than therapeutic.

The case for Another Dilemma

The evidence indicates that the medical response requires major change economic and environmental. These changes would shift in institutional arrangements, power relations. Obviously, those who are in order would not support the 'growth of medicine is precluded by the capacity to preclude the political realignments healthful possibility.

What is the evidence?

First, in an economy that is increasingly intensive, there is a high unemployment and diminishing returns. Medicine provides a vital 'service' to these 'needs' in the nation. America's second largest industry.

Second, as a major industry of the society, medicine treats each person as a 'case'. *It is the technically...*

leads to the non-medical determinations of a healthful society.

The basic question, then, is why the society responds to medical claims and invests in such a monumental misallocation of national resources.

The popular response is that the people are ill-informed or basically superstitious and inclined toward false gods. This explanation obviously has some merit. There is, however, another possibility that must also be considered. The other explanation suggests that modern American medicine grows because its major functions are economic and political rather than therapeutic.

The case for Another Development in Health

The evidence indicates that our health now requires major changes in individual, social, economic and environmental relationships. These changes would require revolutionary shifts in institutional structures, value systems, power relationships and life-style. Obviously, those who profit from the existing order would not support such a 'health development'. Therefore, it is possible that the growth of medicine is partially explained by its capacity to preclude the social, economic and political realignments that would enable a healthful possibility.

What is the evidence for this proposition?

First, in an economy that has become capital intensive, there is a growing threat of unemployment and diminished markets. Medicine provides a vital 'service' by rationalizing these 'needs' in the name of help. Medicine is America's second largest business.

Second, as a major educational system in the society, medicine teaches the 2.9 million people it 'treats' each day two basic lessons:

1. *It is the technically skilled expert who really*

knows how to solve problems. The message of the modern medical media is that one should believe in the professional. He understands your problems. He knows the solutions. It is important for you to have confidence in him if his care is to work.

2. The correlate of this premise is that *people's well-being depends upon their capacity to be a client.* It is in receiving intervention that you will progress and develop.

You are as you are served—not as you do.

The sum of the lesson is the answer that people will find their human possibility as clients, consuming professional products. The possibility of people changing an unhealthful society through their own action is the 'wrong' answer of those citizens who can't learn the system's lessons.

Third, for those people who might still engage in citizen action to change the political order, medicine provides placebos:

1. As the medical system gathers size and scope, its malfunctions attract ever more of the political energies of the nation. Increasingly, political activists are being consumed by the system as they become medical 'reformers'. The medical system coopts major energies that should be directed towards reordering society.

2. For those who are alienated, angry or frustrated by the unhealthful impacts of the present order, medicine also offers monumental doses of psychotropic drugs to enable masses of people to bear the pain.

Fourth, as the society invests in the medical system's five new frontiers, it learns that its future is dependent upon the next professional-technological breakthrough. Our health awaits the experts labouring before their microscopes. Instead of creating a healthful new order, we come to believe we should use

our limited resources for technological research and development. The medical promise has become a major justification for maintaining today's inequity.

Fifth, and most important, is the capacity of modernized medicine to obscure the danger of a technological society. Modern medicine's central promise of the death of death at the hands of technocrats affirms a world view that places ultimate value in the growth of technological development. In a society dying because of the unlimited growth of elite systems of technique and technology, medicine blinds us to the cause of our death.

In summary, the medical system has become a political instrument that substitutes medicine for health, technical hegemony for political action and clienthood for citizenship. It is the modern opiate. Its exportation through our medical training systems and medicalized development programmes may be the most effective of all colonial processes because its appearances are benign but its functions are lethal.

We all know how a mailed fist brought enslavement, colonialism and death to many peoples.

Modernized American medicine is much more dangerous. Wearing a rubber glove, it can quietly cut away political capacities in such benign ways that we will be unable to even know when our people are dead.

Notes:

1. Neuhauser, Duncan, 'The Future of Proprietaries in American Health Services', in Havighurst, C.C. (ed.) *Regulating Health Facilities Construction*, American Enterprise Institute for Public Policy Research, Washington, D.C., 1974, pp. 233-237.
2. Somers, Herman M., 'Health and Public Policy', *Inquiry*, Vol. XII, No. 2, June, 1975, pp. 87-96.
3. Fuchs, Victor R., *Who Shall Live?* Basic Books, Inc., New York, 1974, pp. 54-55.
4. Somers, Anne R., 'The Nation's Health: Issues for the Future', *Annals of the American Academy of Political and Social Science*, January, 1972, p. 161.
5. Thomas, Lewis, 'An Unhealthy Obsession', *Dun's Review*, June 1976, pp. 81-82.

Health as a Le

By D. Banerji

Can health act as an entry point? Can health span needed to improve the liv major theme in several of issues are, however, rais Banerji, Chairman of the Community Health at the New Delhi. Professor Ba destroyed the health cult bias in the health service even extended to researc correlation between main health services of India, P to meet the real needs o sponsive services could b first step would be taken to in which resources would

The health culture of India

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