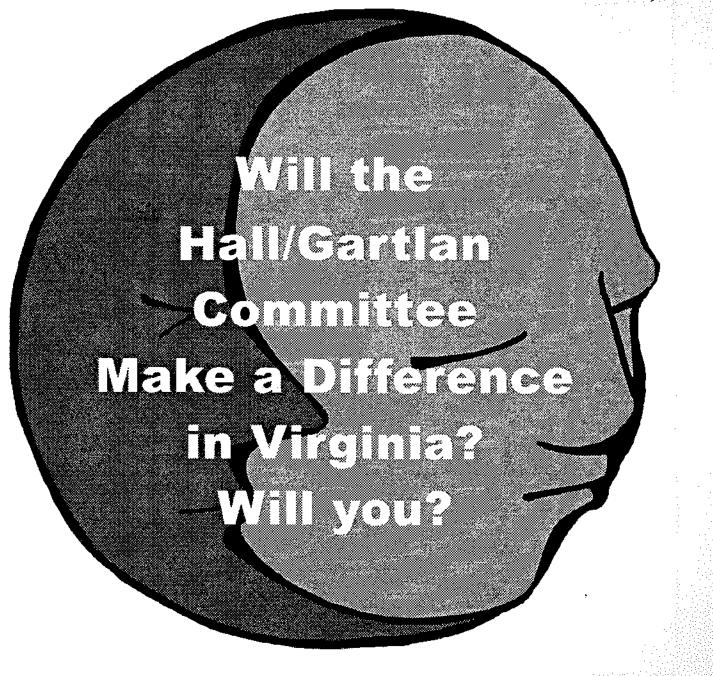


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DONO

Harm

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The medical profession has long understood that its interventions have the potential to harm as well as to hurt. The Hippocratic oath, repeated by physicians to this day, concludes with the primary mandate, "This above all, do no harm." The harmful capacity of medicine is recognized in what current medical language called iatrogenic disease — doctor created maladies.

Much of the positive reputation of the medical profession flows from the ethic that assumes a good doctor, before undertaking any intervention, always asks: "Will this initiative help more than hurt?" Responsible professionals are bound by Hippocrates to consider the balance before acting. Indeed, the most ethical practice, the burden of proof for efficacy is upon the physician.

The traditional ethical code that prominently displays the Hippocratic principle in the forground of the medical profession stands in stark contrast to the theory, research, and practice of most other "human service" professions. In the fields of social work, developmental disabilities, physical disability, or care of the elderly, no tradition of routinely analyzing potential negative side effects exists. Instead, evaluation usually focuses on on whether an intervention "made a difference." The intervention is presumed to help if it has any effect at all, and if it has no measurable effect, it is assumed not to have hurt.

Some observers suggest that the lack of accounting for negative effects in the human services is a consequence of those interventions not being "powerful" ones when compared with the chemicals and scalpels of modern medicine. Instead, there is an unstated assumption that these non medical professions are searching for something that "works" within fields characterized by effective, neutral, or abandoned initiatives, none of which could have injured their clients. It is this naive assumption that has degraded the non medical human service professions and contributed to popular impressions that many of the clients of these professions are not worth a public investment. Indeed, we now hear the constant claim that the clients of human service professionals — the poor, disadvantaged, disabled, young and old have been helped by "pouring money on the problem."

The client is usually blamed for not blooming under this "rain of dollars." What has actually happened, however, is that money has been "poured" into programs of human service professionals, and we have no knowledge of

whether the effects of their ministrations have been iatrogenic. Instead the labeled and vulnerable in our society are blamed. From this perspective, the public policies of the last several decades can be understood as a era of blaming the client for many of the iatrogenic practices of human service professionals. Regressive policy makers and human service professionals have made unintended common cause because the profession is unable to analyze the negative effects of its interventions have had on the potential cause of failed policy.

If we are to recover the potential of public policy as an asset for those who are labeled, exploited and excluded, it is critical that we begin to understand the iatrogenic aspects of the major agent of social policy — the human service professions. When we can conceptualize the structurally negative effects of their interventions, we can begin a reasoned decision-making process regarding the two basic questions that should determine public policy:

"Which of the competing human service solutions have more efficacy than negative side effects?"

"Is there a less iatrogenic solution that does not involve human service methods?"

The latter question is a critical element of the policy making process. We often forget that a human service is only one response to a human problem. There are always many other possibilities that do not involve paid experts and therapeutic concepts.

Mark Twain reminds us that "if your only tool is a hammer, all problems look like nails." While the human service tool has undoubted efficacy in particular situations, like the hammer, it can also do great harm when used inappropriately. All the problems of those who are vulnerable, exploited, excluded or labeled are not nails. They do not always "need" human services. More often, they may "need" justice, income and community.

Do No Harm, by John L. McKnight, reprinted from Social Policy, Summer 1989, Volume 20, Number 1, pp. 5-14.