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# Health as a Social Priority

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Among knowledgeable thinkers concerned with the relationship between health and society, there seems recently to have emerged a consensus of sorts: the contributions that can be made by additional increases in availability or use of medical services in industrialized societies are relatively small, if not marginal, and a greater equalization of access to medical care (via more egalitarian insurance schema or income distribution) does not appear likely to make much difference. The point of leverage for producing a significant contribution to improved health is in stressing nonmedical measures that patients can take themselves. For example, they must learn to smoke less, drink less, eat less, and follow a more proper diet.

This is a major conclusion of *Who Shall Live?*, the most recent book by Victor R. Fuchs, a leading American health economist. Fuchs writes: "There is no reason to believe that the major health problems of the average American would be significantly alleviated by increases in the number of hospitals or physicians."<sup>1</sup> Further, he argues, "the greatest current potential for improving the health of the American people is to be found in what they do and don't do to and for themselves. Individual decisions about diet, exercise, and smoking are of critical importance, and collective decisions affecting pollution and other aspects of the environment are also relevant."<sup>2</sup> He quotes Rene Dubos, who observed, "To ward off disease or recover health, men as a rule find it easier to depend on the healers than to attempt the more difficult task of living wisely."<sup>3</sup>

This analysis will differ with that view, but first, to do it justice, the argument will be presented in greater detail. It should be noted that the approach is supported by data rather than mere philosophical or moral arguments. Among

<sup>1</sup> Victor A. Fuchs, *Who Shall Live?* (New York: Basic Books, 1974), pp. 54-55.

<sup>2</sup> *Ibid.*

<sup>3</sup> *Ibid.*, p. 55.

the relevant pieces of evidence is the finding that, for highly "medicated" societies, increases in the number of physicians or hospitals are not correlated with significant health gains. Fuchs writes, "Once basic levels of medical sophistication, personnel, and facilities become available, additional inputs of medical care do not have much effect. In other words, the total contribution of modern medical care of life expectancy is large, but over the considerable range of variation in the quantity of care observed in developed countries, the marginal contribution is small."<sup>4</sup>

Moreover, Fuchs and others who take this position do not hold it dogmatically. For example, Fuchs recognizes that new medical care breakthroughs sometime in the future might result in dramatic improvements in health status (although they could have the opposite effect<sup>5</sup>) and that income redistribution still has a potential for reducing infant mortality. Although the relationship between income and infant mortality has weakened in developed countries, those families with incomes below a minimal level or \$3,000 do have a higher rate of infant mortality. A 1972 study showed that as family incomes increased into the \$5,000 to \$7,000 range, the infant mortality rate diminished significantly, and for incomes above this range, there was no further decline.<sup>6</sup>

In addition, there are data which suggest that, past a certain point, additional investments in medical care may be counterproductive, resulting in overutilization of medical services. Since there is often a health risk associated with medical procedures except of the most routine sort, the problem of detrimental health effects as well as financial waste from unnecessary medical care has caused growing concern. Unnecessary surgery, in particular, appears to be correlated with the number of surgeons and hospitals. Approximately four-fifths of America's physicians are consulting specialists, although one observer suggests that a reasonable figure for the number of specialists required is one-fifth.<sup>7</sup> Of these, the surgical practices attract the largest percentage of physicians, a fact that may explain why the rate of surgical operations in the United States is double the per capita rate in England and Wales.<sup>8</sup> Surgeons themselves recognize the overabundance of surgical specialists in the nation. The American College of Surgeons conducted a massive \$1.5 million five-year study on surgical services and concluded that there are between 22,000 and 34,000 surgeons too many in the United States.<sup>9</sup>

Clearly, the foregoing observation is very important, for much of the public and private health monies and attention is still focused on medical costs, which

<sup>4</sup> Ibid., pp. 30-31.

<sup>5</sup> Ibid., p. 55.

<sup>6</sup> See National Center for Health Statistics, *Infant Mortality Rates: Socioeconomic Factors*, series 22, no. 14 (Rockville, Md.: Department of Health, Education, and Welfare, Mar. 1972).

<sup>7</sup> David Mechanic, *Politics, Medicine and Social Science* (New York: John Wiley & Sons, 1974), p. 38.

<sup>8</sup> Ibid.

<sup>9</sup> "Is There a Surgical Glut?" *Medical World News*, 16 (July 28, 1975), p. 24.

increasingly compete and drive out other services, as the proportion of investment in medical care rises—in the United States, for instance, from 4.6 percent of the gross national product in 1955 to 7.7 percent in 1974.<sup>10</sup> There is much truth in the analysis, but it might point to a rather different conclusion than that people ought to live wisely and would be healthier if only everyone had stronger willpower.

One wonders to what extent the evidence linking some of the self-cures with the healthier populace is as potent as often implied. Thus, while the evidence connecting smoking of cigarettes with illness is strong, and excessive consumption of alcohol with illness similarly strong, evidence about the ill effects of other forms of drug abuse is much less compelling (it is particularly poor for marijuana but not completely compelling even for heroin).<sup>11</sup> Above all, one wonders if the links between diet and exercise and health are well established. Is, for instance, high cholesterol largely a matter of genetic predisposition? Can it be much reduced via diet? And can it not be reduced rather effectively through medications?

Similarly, is the evidence about the ill effects of being overweight (as distinct from obesity) based on differences in mortality and morbidity of people of different weights, given the same basic morphological structure, or on comparisons of those who reduced their weight with those who did not? To the extent that the data are primarily of the first kind, it might well be that persons who are overweight but reduce will not have all or many of the benefits associated with “originally” lower weight persons, either because of the physiological and psychic strains dieting entails or because their lowered weight may not be compatible with their systems.<sup>12</sup>

Is the evidence for the correlation between exercise and health based on the better health of people athletically inclined (in which case third factors may be responsible for both their better health and higher level of activity—e.g., their higher energy level), or is it based on the benefits gained from exercising by normally sedentary people?

These questions are raised because people should not be exhorted to mobilize their willpower if the result of such exercise may be futile or harmful. Moreover, the opposition between personal will and medical care is too pat. As every pediatrician who provides children with orange flavored aspirin knows, medical care regimens determine in part the measure of willpower required to behave in a healthy manner. The issue is clouded by moralism because American society, including many physicians, attributes positive values to “strong indi-

<sup>10</sup> *Statistical Abstracts of the United States, 1975* (Washington, D. C.: U. S. Department of Commerce, Social and Economic Statistics Administration, Bureau of the Census).

<sup>11</sup> Edward M. Brecher et al., *Licit and Illicit Drugs* (Boston: Little, Brown, and Co., 1972), pp. 25-32 *passim*.

<sup>12</sup> Gina Bari Kolata and Jean L. Marx, “Epidemiology of Heart Disease: Searches for Causes,” *Science* 194 (Oct. 29, 1976), 509-12.

viduals" with willpower and consider a lack of willpower unmasculine and a sign of weakness. But from the viewpoint of health results, if medical intervention can make it easier for a population with a given distribution of "willpower"—some weak, some strong—to comply, the population will be healthier.

Since this point is often overlooked on the intellectual level (less so in practice, as many efforts to make treatments less taxing illustrate), its significance deserves elaboration. Alcoholism is one of the major afflictions usually listed among the sources of ill health whose treatment is a matter of willpower and not medical care. Many alcoholics, though, seem to have some desire to be well but not enough to undergo the difficult regimen necessary to break their addiction and to refrain from drinking. However, should antabuse, a counterdrug given in small (less than 0.5 gram) dosages prove safe, it might help many alcoholics because it requires much less willpower to take this medication regularly than to refrain from drinking. To put it differently, antabuse, a medication, "strengthens" the willpower.

Antabuse has been used in the treatment of alcoholism because it produces quite unpleasant physiological effects if alcohol is also consumed. Soon after ingesting alcohol, one who has taken antabuse may experience a burning sensation in the face and neck, a severe headache, and often a feeling of faintness leading to vomiting. In the words of the physician who first detected the effects, Dr. Erik Jacobson, "the discomfort is so intense that, once experienced, it prevents an overwhelming majority of patients from further attempts to take alcohol as long as they are influenced by antabuse."<sup>13</sup>

The drug is not without danger. The danger posed by ingestion of the drug by itself has been said to be minimal and could possibly be entirely eliminated if the dosage is reduced. But the danger from the reaction when alcohol is consumed with it is considerable, and severe reactions may result in convulsions that require hospital attention. A small number of deaths have been recorded when larger dosages were used.

Efforts to curb unwanted pregnancies would be more successful if means other than those requiring an intervention before each intercourse (condom or diaphragm), regular intake (the pill), or one that is anxiety producing and difficult to reverse and requires medical intervention (sterilization or vasectomy) were developed. The new procedure would be easily reversed, require one intervention until reversal was required, and involve no pain or anxiety (the IUD used to be considered a fair approximation). With a given level of willpower, such a technique would provide a superior means of preventing unwanted pregnancies.

It is much easier to combat cholesterol via medication than via dieting and overweight via appetite-controlling drugs. But medical research and care can and should make compliance easier. Dr. John J. Canary, professor of medicine at Georgetown University School of Medicine and a veteran of more than twenty

<sup>13</sup> Erik Jacobson and Oluf Mattensen-Larsen, "Treatment of Alcoholism with Tetraethylthiuram Disulfide (Antabuse)," *Journal of the American Medical Association* 139 (1949), 919.

years of research in metabolism and body composition, has stated, for example, that appetite-suppressants and other pharmacological aids to weight reduction can be helpful, especially if used on a limited basis for those who have "a serious problem of sticking to a diet on a short-term basis."<sup>14</sup>

Rather than relying on willpower, the medical profession should be aware that the larger the requirements the medical regimen sets, the less likely it is that health enhancement will result. More important, while there is a significant individual element involved, a very high proportion of both the temptation to act unhealthily and the capacity to resist, or to act healthily, is not individually but socially determined.

On the side of the lure are, first, the obvious elements of availability of unhealthy substances. Thus, studies of alcoholism suggest a high correlation between certain cultural patterns and alcoholism.

A survey examining the role of environmental variables related to alcoholism concluded, "An individual who is a member of a culture in which there is both pressure to drink and culturally induced guilt and confusion regarding what kinds of drinking behavior are appropriate, is more likely to develop trouble than will most other persons."<sup>15</sup>

Next are the direct social stimuli to unhealthy acts. Thus, it verges on the irrational to call on people to follow wise diets while from childhood on so many of the messages that reach them from television and radio advertisements, billboards, and packages are to consume starchy or calorie-rich foods, frozen meals, liquor, cigarettes, and so forth. It is like a silly definition of the epitome of "cheek": you push your mother-in-law down the staircase and then ask her why she is running so fast.

Behind these direct factors are deeper social factors that to a large extent shape both the level of temptation and the capacity to resist. These concern chiefly the nature of the societal project and the extent to which it is responsive to the people's underlying needs. Each society may be viewed as having been organized chiefly for one purpose, while other purposes are secondary and tertiary, although no clear project may be visible during a period of transition or disorganization. Thus, during the Crusades, medieval societies might be said to have seen in holy wars their prime object; traditional China had a great interest in cultural products; Athens, in public affairs.

Now society's main project is the production and consumption of goods. It spends most of its time, resources, and attention on this. Activities linked to this project are most valued and successful and highly rewarded. No wonder the executives of major corporations earn much more than top politicians, leading scientists, or top hospital administrators.

<sup>14</sup> John Canary, "Do We Dare Differentiate Between Obese and Overweight?," *Medical Opinion* 2 (Aug. 1973), p. 22.

<sup>15</sup> *Alcohol and Health* (Washington, D. C.: Department of Health, Education, and Welfare, Dec. 1971), p. 34.

Whether or not the project is satisfying, its "work" requirements are widely believed to be demanding. It requires long and hard work, considerable self-discipline, and competitive behavior. A widely held belief is that those most involved in production are prone to a large variety of illnesses, such as ulcers and heart attacks, and as more women enter the labor market and the higher ranks of the industrial system, they are "catching up" with men.

Another significant source of illness is the process of work. Thus, the United States National Safety Council reports that there are 14,000 deaths on the job and 5.9 million injuries annually.<sup>16</sup> The Occupational Safety and Health Act of 1970, passed overwhelmingly by Congress, has been under attack by labor groups for not providing the worker with adequate protection. A study by the Labor Subcommittee of the Senate Committee on Labor and Public Welfare revealed that 96 percent of all covered employees had not experienced an inspection by the Occupational Safety and Health Administration during the act's first three years of existence.<sup>17</sup> Although steps have been taken to provide adequate staffing for inspections and promulgation of standards, it seems that the Occupational Safety and Health Act affords inadequate protection for the problems of death and injuries on the job.

The automobile is the main killer of those aged fifteen to twenty-four and a major killer for all age groups. Although those between the ages of fifteen and twenty-four are extremely healthy when compared with other ages, the probability of death of persons in this category, particularly males, is high. It has been predicted that 1,100 out of every 100,000 males in the United States will die from motor accidents. The death rate due to motor accidents is twenty times as high as it was for polio when that disease was at its worst.<sup>18</sup> By the time a white male in America reaches the age of thirty-five, his chances of dying in a motor accident are reduced by one-half, but for nonwhite males, the chances remain high, with nearly 800 out of every 100,000 likely to die from such accidents.<sup>19</sup>

It used to be widely held that unwise driving was the main cause of accidents, but Ralph Nader's *Unsafe at Any Speed* and scores of studies have shown that the automobile and road design are also major sources of the problem. It might be said that the person is at fault as a buyer if not as a driver, because he prefers stylish cars over safe ones. But the automobile industry has gone a long way to taboo safety as an advertising feature while stressing style.

In other areas, it is impossible for the buyer not equipped with a high-power laboratory to determine what he or she is buying. Take, for instance, the case of Red Dye No. 2. This dye, in wide use at least since 1960, had never been

<sup>16</sup> Harrison J. Williams, Jr., "Legislation and Responsibility: The Occupational Safety and Health Act," *Journal of Current Social Issues* 12 (Spring 1975), 13-14.

<sup>17</sup> *Ibid.*

<sup>18</sup> Fuchs, pp. 41-42.

<sup>19</sup> *Ibid.*, pp. 43-44.

permanently approved by the U.S. Food and Drug Administration (FDA) because of unresolved safety questions. As a result of a review by the FDA's National Center for Toxicological Research, which concluded near the end of 1975 that there was a "statistically significant increase in a variety of malignant neoplasms [cancerous tumors] among tested rats," the dye was banned. It was only by means of a sophisticated biostatistical analysis that Red Dye No. 2 was found to be a possible cancer-causing agent.<sup>20</sup> Moreover, the purchaser of an ice cream cone has no way of knowing whether it contains Red Dye No. 2, or any other dye. Typically, until the government intervened, there was little the citizen could do.

As for willpower, how "strong" individuals are and how wisely they act to a significant extent depend on the social structure. This is widely recognized even in matters of political freedoms and other liberties. People are able to resist government if they live in "organic" communities and are bound in voluntary associations and otherwise into the social fabric. No one is considered more vulnerable to government tyranny than isolated, "atomized" individuals.

The same holds for wise versus unwise health practices. A mass society opens people to mass appeals, fashions, fads, and advertising. It is not that those in organic communities will necessarily follow wise health policies; they depend largely on the patterns that the communities approve and disapprove. However, such individuals are much more likely to have the character strength needed to overcome or resist addiction, consume wisely, and so on, than atomized persons.

All this is not to suggest that the individual has no degree of freedom or no personal responsibility. The ultimate decision is up to each individual, and he is morally responsible for it. However, the main point of the preceding analysis is to emphasize the importance of societal factors in setting both health hazards and ill-health temptations and in shaping the ability of the individual to cope with them.

As far as health policy goes, those who call on people to act wisely should spend more of their time addressing themselves to the existing sources of power, to be more concerned with the environment, workers, and consumer protection—and, more deeply, with a less unhealthy societal project. More than variance lies here. Individuals should be addressed as citizens who must be mobilized to make the powers that be less powerful and more responsive to the needs of people than to the logic and profit of the industrial machinery.

<sup>20</sup> *New York Times*, Jan. 20, 1976.

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