Disease and Responsibility
Thursday May 4

Thomas Szasz, “Bad Habits Are Not Diseases: A Refutation of the Claim that Alcoholism is a Disease,” The Lancet (8 July 1972): 83-84.

The readings for this lecture pick up on a theme raised by transplants: are people responsible for their diseases (and implicitly: what consequences should this have)? Each reading demonstrates or describes a different answer to this question. Knowles emphasizes individual behavior and responsibility; Nelkin and Lindee describe the current obsessions with genetic explanations. Szasz is a bit of an outlier (focus on the other two), but he makes interesting arguments. As you go through each reading, keep the basis questions in mind: what causes disease? How do answers to these questions affect our understanding of who or what is responsible for disease? How do answers to this question then inform public policy?

Knowles, “Responsibility of the Individual”: In the 1970s politicians and doctors became increasingly concerned by the rising costs of health care, which consumed 5.9% of the DNP in 1965 and 8.3% in 1975 (it is now > 15%). Not only were costs rising, but there was little evidence that all this health care improved health outcomes. One person interested in this problem was John Knowles, one of the most influential doctors in the US in the 1960s and 1970s. Trained as a cardiologist, he was the director of Massachusetts General Hospital from 1962 to 1971, where he created both intensive care units and preventive health programs. In 1971 he became president of the Rockefeller Foundation, a post he held until his untimely death in 1979, aged 52. He wrote this article in 1977 to explain why health care had such a small impact on health and to show what people should be doing to improve health. Specifically, he argued that individuals need to take more responsibility for their health: “the idea of a ‘right’ to health should be replaced by the idea of an individual moral obligation to preserve one’s health—a public duty” (p. 59). What does he identify as the major causes of disease? What sorts of things can individuals do to improve their own health (e.g. pp. 61-63)? What (limited) role does he see for genetics and family planning (pp. 73-74)? What in the US “conspires against this rational ideal” (p. 75)? What can the government do to help people help themselves (pp. 78-80)? The politics of this are quite complex: in many ways his call to individual responsibility sounds like modern neo-conservatism; at the time, however, he was considered a liberal democrat. Are you convinced by his arguments? Do individuals have a moral obligation to eat well, exercise, avoid alcohol, not smoke, and “fornicate” responsibly? Ironically, Knowles died of pancreatic cancer, a disease can you can do little to prevent (or treat).
Szasz, “Bad Habits Are Not Bad Diseases”: Thomas Szasz is a psychiatrist who has been famous since the 1960s for arguing that there is no such thing as mental illness, that psychiatric diseases are simply arbitrary labels used to control and confine people that society considers to be deviant (e.g. see his Wikipedia entry at http://en.wikipedia.org/wiki/Thomas_Szasz). I completely disagree with most of what he writes, but this short article is a thought-provoking one -- read it quickly just to get the basic point. Since the 1930s, alcoholism has been steadily transformed from a sin or moral failing into a medical illness (described in more detail in Nelkin and Lindee, p. 15). In the late 1960s and early 1970s, states began considering mandatory treatment programs for alcoholics. This editorial, written in 1972, is an attack on such programs. For Szasz, what is the difference between disease and a bad habit? What rights do people have to harm themselves? To harm others as a consequence of their bad habits? How does this apply to smoking, obesity, promiscuity, or the other behavioral “diseases” that Knowles is so concerned about? If over-eating is just a bad habit, is it wrong for the government to start public health campaigns against obesity? What do you make of his conclusion: “morally, the medical profession has fallen upon bad times. Everywhere, it has allowed itself to be enslaved by the State; at the same time, it has encroached on the liberties of the patients, making them, in turn, the slaves of the doctors”?

Nelkin and Lindee, “Elvis’ DNA”: Dorothy Nelkin was a sociologist and Susan Lindee is a historian who have both studied the social and cultural meanings of genetics. In this article they explore the growing faith in genetic determinism in American society. They provide many examples from popular culture in which behaviors have been attributed to genetics: criminality, homosexuality, intelligence, alcoholism, or skill at chess or gardening. The opening case, genetic explanations of Elvis Presley’s talent and downfall, relates back to the material from April 4th on eugenics (Kallikaks, Jukes, et al. -- if those names don’t ring a bell, look back at the your lecture notes or slides). Although they do not focus on diseases, similar genetic explanations have now been given for just about every disease: alcoholism, obesity, diabetes, heart disease, cancer, susceptibility to tuberculosis, etc. If the genetic explanations are correct, what would this do to Knowles’s arguments? Even if genetics are not the most important factor, how does faith in genetic undermine Knowles’s program? What would Szasz say about the alcohol genes (pp. 15-16)?