On Medicine and Politics*

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This paper explores the relationship between medicine and politics, between medical management of the human body and governmental management of the body politic. It argues that the increasing complexity both of society and of governmental administration of society in the modern age has made it impossible completely to separate medicine from politics. It demonstrates that, along with great potential for social benefit, "medico-politics" brought with it great danger; much harm has been done purportedly to heal the body politic. The paper concludes by suggesting a way for physicians to minimize this danger.

I

Medical students become physicians when they swear to work "for the benefit of the sick" and to "keep [the sick] from harm and injustice" [1]. It seems to me that this part of the Hippocratic Oath formulates the most fundamental principle of the art of medicine. The physician's vocation is literally to heed its call. These very dictates are also, I think, what make it impossible completely to separate medicine from politics. In this paper, I propose to sketch in broad strokes some of the history of the uneasy and often ignored relationship between medicine and politics. I shall describe a radical intensification of this relationship, which occurred at the time of rapid scientific progress, industrialization, and urbanization in the sixteenth and seventeenth centuries. I shall discuss both medical activities of governments and political activities of physicians subsequent to that time. I shall point out examples both of maleficence and of beneficence in this history and the difficulty, at times, of unequivocally distinguishing one from the other. Finally, I shall suggest a criterion for politically responsible medical practice in an age during which it has become very difficult to decide how to heed the simple dictum: "First, do no harm." I propose that, in today's complex world of interrelated institutions, the physician's sworn interest in helping the sick and in preventing harm and injustice make medical practice an inherently political activity.

II

In his book From Medical Police to Social Medicine, George Rosen examines the origins of what we now call "public health policy" in the concept of "medical police" [2]. With the elaboration of this concept in the sixteenth and seventeenth centuries, the means and ends of medicine and government, physicians and politicians, became intricately intertwined. According to Rosen, "a scheme of policy and organization" arose at this time, "whose supreme aim was to place social and economic life in the service of the power politics of the state" [3]. The primary aim of this system of "mercantilism" or "cameralism" was power. This aim dictated that the people of a

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state be viewed by political scientists and leaders as a source of power, as “human resources” which could be multiplied, maintained, disciplined, controlled, managed. Governments and theorists began to recognize that, by carefully managing or policing the people, military and economic power could be maximized. This managing or policing, however, was fundamentally a medical endeavor.

With the concept of medical police, the medical language of individual human bodies became applied to the body politic. This is not to say that the analogy between the human body and the nation or the citizenry was a new one. In The Republic or Politeia, Plato writes of the simple or true state (polis) as being healthy, “like a man in health,” and of the more complex polis as “feverish” [4]. What Aristotle, in The Politics, calls politeuma, the set or class of all those who participate in government, is sometimes translated as “civic body” or “citizen-body” [5]. The concept of medical police implied, however, a new view of the nation, subtly but radically different from traditional views. The same Cartesian epistemology which posited the world as an object to be mastered and possessed by the thinking subject posited the nation as an object for medico-political mastery. Foucault describes the development of this new, objective view of the nation as “the emergence of ‘population’”; unlike “subjects” or a “people,” population is an object with “specific phenomena and variables—birth and death rates, life expectancy, fertility, state of health, frequency of illnesses, patterns of diet and habitation”—which can be scientifically calculated and technologically controlled [6]. Medical police involved calculation and control of all social relations, including sexual relations, toward the end of power, and the powerful nation came to be considered the healthy nation (as well as the good nation). Those social activities which helped to multiply the nation’s power thereby contributed to the medico-moral health of the body politic.

This new view of the body politic is embodied in Thomas Hobbes’ Leviathan. Hobbes sought to make of politics a science similar in method and structure to the natural sciences. Influenced by Galileo, he planned a comprehensive, three-part philosophy of science, which would begin with a theory of (inanimate) bodies in motion, proceed to a theory of man as one type of body in motion, and conclude with a theory of the citizen, explaining how the motion of (masses of) human bodies can be governed [7]. Hence his science of the body politic, De Corpore Politico (1640), of which Leviathan (1651) is a later, more elaborate formulation. “Nature (the Art whereby God hath made and governes the World) is by the Art of men, as in many other things, so in this also imitated, that it can make an Artificial Animal [italics mine. E.K.] For seeing life is but a motion of limbs, the beginning whereof is in some principall part within; why may we not say, that all Automata (Engines that move themselves by springs and wheelees as doth a watch) have an artificiall life? For what is the Heart, but a Spring; and the Nerves, but so many Strings; and the Joynts, but so many Wheelees, giving motion to the whole Body, such as was intended by the Artificer? Art goes yet further, imitating that Rationall and most excellent worke of Nature, Man. For by Art is created that great LEVIATHAN called a COMMON-WEALTH, or STATE (in latine CIVITAS) which is but an Artificiall Man [italics mine. E.K.]; though of greater stature and strength than the Naturall, for whose protection and defence it was intended; and in which, the Soveraignty is an Artificiall Soul, as giving life and motion to the whole body; The Magistrates, and other Officers of Judicature and Execution, artificiall Joynts; Reward and Punishment (by which fastned to the seate of the Soveraignty, every joynt and member is moved to performe
his duty) are the Nerves, that do the same in the Body Naturall; The Wealth and Riches of all the particular members, are the Strength; Salus Populi (the peoples safety) its Businesse; Counsellors, by whom all things needfull for it to know, are suggested unto it, are the Memory; Equity and Lawes, an artificial Reason and Will; Concord, Health; Sedition, Sickness; and Civill War, Death. Lastly, the Pacts and Covenants, by which the parts of this Body Politique were at first made, set together, and united, resembles that Fiat, or the Let us make man, pronounced by God in the Creation” [8].

The body politic is no longer simply analogous to a man’s body, but is itself an “Artificiall Man.” The science and technology of the body politic (Fig. 1) facilitate suppression of sedition and coercion of concord and thereby promote both political power and political health; in Hobbes and thereafter, the two are the same.

This organic view of the nation as a medically manageable body received a sort of confirmation when, in the mid-nineteenth century, Rudolf Virchow made the body politic the model for a new science of the individual human body. In his Cellular Pathology, Virchow writes of “the body as a social organization,” “a social arrangement” of “mutually dependent individual existences” or cells [9]. Virchow’s reversal of the old analogy between human body and nation indicates that the organic view of the nation had by then become second nature.

Virchow’s text is indicative of a modern view of the individual as but a tiny part of a larger, more important whole. In the 1780s, Jeremy Bentham wrote of the “community” as “a fictitious body” composed of many “members,” in his “utilitarian” argument that the happiness and health of this “body” takes precedence over the happiness and health of individuals [10]. Two hundred years later, Daniel Callahan
makes use of a similar utilitarian argument, with a similar appeal to the good of "society" or the "nation" over that of one of its parts, when proposing that limits be set to health care expenditure for the elderly [11]. As a proposal for a national "health policy" which makes use of demographics or vital statistics of the population, Callahan's book continues the tradition of medical police. It reemphasizes the view of the first formulators of medical police that it is the task of politicians to maintain the health and vitality of the nation (however these are defined) and to treat social diseases.

Concern with public health has not only altered the purview of politicians by adding to it a medical element; it has also complicated and confused the role of physicians. If the health of the nation be so important, it becomes unclear whether the physician's primary responsibility is to the individual patient or to society as a whole. The "World Medical Association Declaration of Helsinki" of 1975 preserves this ambiguity. It begins by affirming that "the mission of the medical doctor is to safeguard the health of the people." It then proceeds to quote from the physician's oath, which the same World Medical Association drew up as the "Declaration of Geneva": "The health of my patient will be my first consideration" [12]. If indeed physicians ought to treat diseases of society or the nation as the first sentence of the "Declaration of Helsinki" implies, then their responsibilities overlap those of politicians.

III

Many sick people have benefited and certainly much harm has been avoided since medical policing has brought about or improved water purification, sewage disposal, sanitary food storage and handling, extermination of disease vectors, and the like. Yet the same concern with the health of the body politic as a whole, which has generated such salutary measures, inherently threatens to devalue and violate individual human beings. State medical policies which systematically violate human beings have been enacted because these policies were perceived as promoting the health of the nation. Furthermore, politicians have disguised self-interest and racist or xenophobic nationalisms behind a mask of medico-political altruism. This pernicious potential of medical policing has not been taken seriously enough.

A particularly atrocious medical policing was carried out in National Socialist Germany. The Nazis' highly organized killing industry was, horrible as it may sound, in many respects a medical endeavor. Prominent theorists of National Socialism, including Hitler and the physician Alfred E. Hoche, used medical language to formulate political projects [13]. The importance to the nation of medicine as protector and maintainer of the health, sanity, and purity of the body politic was stressed. The ridding from the German nation of the "bacilli" which weakened or sickened it, first the mentally retarded and those with "bad genes," then the Jews, Communists, homosexuals, and so on, was a medical task, carried out in large measure by physicians. It is no accident that, among the members of the Nazi Party who were university graduates, "physicians constituted the largest group" [14]. According to Robert Jay Lifton, 45 percent of German physicians were Nazi Party members, and the percentage of physicians in the SS was seven times the percentage of physicians in the German male population [15].

Lest we smugly reassure ourselves that such atrocious medical policing could not occur in the United States, we might consider the case of Buck vs. Bell. Carrie Buck
was a seventeen-year-old Virginia mother who, like her own mother, was labeled a "moron." When the institution where she lived decided to sterilize her on eugenic grounds, a court-appointed guardian sued to block the sterilization. When the case reached the United States Supreme Court in 1927, the Court ruled eight to one to permit the sterilization, declaring "that sterilization on eugenic grounds was within the police power of the state, . . . and that it did not constitute cruel or unusual punishment" [16]. In the Court's opinion, which he authored, Justice Oliver Wendell Holmes wrote: "We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices" [19].

Bigotry in the guise of medicine or public health did not disappear with the Third Reich [18]. Since the AIDS epidemic was first recognized in the early 1980s, calls have come from many quarters, including from politicians and physicians, to deny civil rights to certain groups of people. The targets of such proposed medical police action are not just those actually found to be infected with HIV. As Dr. Alvin Novick points out, such proposals also aim at homosexual and bisexual men, intravenous drug users, female prostitutes, recent immigrants, minorities—in short, at precisely those already stigmatized and oppressed social groups hit hardest by the epidemic [19]. The sick would thereby be punished for their sickness, the vulnerable for their vulnerability [20].

Medico-political violation of groups of people, on the basis of gender, race, religion, sexual orientation, cultural habits, political views, and so forth, also continues to occur. David and Sheila Rothman report in The New York Review of Books that, in Ceausescu's Romania, women of childbearing age were subject to forced gynecologic examinations and surveillance by physicians "conscripted" by the regime to carry out its "policy of coercively raising the birth rate" [21]. There have been reports that political dissenters in the Soviet Union have been detained and sometimes tortured in hospitals [22]. New technologies of genetic mapping and manipulation have increased and complicated the old danger that those judged to have abnormal or potentially pathogenic genes will become targets of abuse in the form of what James Watson and Robert Cook-Deegan call "coercive government eugenics programs" [23]. The threat persists of medical annihilation of those people deemed by medico-political managers to be what Hoche called "life unworthy of life."

IV

The traditional understanding of the nation as body politic does not necessarily entail violation of individuals by medico-politicians, nor bigoted maleficence toward individuals viewed as pathological cells infecting or invading that body. Indeed, examples can be found of the opposite view: the view that precisely those most oppressed or vulnerable are those who deserve the most care, help, and encouragement. According to such a view, the body politic might best heal itself not by extirpating its diseased parts, but by succoring them. Dr. David Hilfiker's recent editorial on homelessness in the Journal of the American Medical Association exemplifies this view.

Dr. Hilfiker points out that homelessness and poverty are "the result of particular social policies," and affirms that social policies, such as "a national health plan guaranteeing every person living in our country adequate health care," should be
instituted to deal with these problems [24]. Here, there is no racist or sexist call for exclusion or annihilation of certain groups in order to maintain the health of society. Instead, Dr. Hilfiker implies that the health or, at least, the “strength” of society depends upon its readiness to care for its members and, indeed, from its openness to membership. If Dr. Hilfiker can be said to advocate any sort of medical policing, it is not a coercive policing of sexual, racial, cultural, or moral norms. Rather, it is a policing in the sense of an attentiveness toward unmet basic medical and human needs and of an effort to meet them.

Dr. Hilfiker’s editorial does partake, to a certain extent, of the traditional language of the body politic and of medicine practiced at a societal level. In so doing, I think, Hilfiker inadvertently helps to perpetuate this inherently dangerous medico-political discourse [25]. Hilfiker also hints, however, at a very different kind of medically informed politics: a politics informed and motivated by witnessing the suffering of individual human beings. If political activity on the part of physicians is based on the experience of attending to those whose suffering is directly related to sociopolitical conditions, on what might be called a medical witness-bearing, and if this political activity is limited to attempted amelioration of these pernicious conditions, then perhaps some of the dangers of medico-politics can be avoided. More than this stance, I would argue that it is the duty of all physicians, as physicians, i.e., as those who have sworn the Hippocratic Oath, to seek to prevent the preventable suffering of their patients, even if this duty requires some sort of political activism [26].

At the outset, I wrote that the physician’s vocation is to heed the call of the Hippocratic Oath. What resonates in the Hippocratic Oath, however, what provoked its formulation and continues to provoke its reformulation, are the cries of pain and distress of individual human beings. What the physician must heed, as physician, is the expression of the suffering of the other. If the suffering of many or most sufferers today has social or political causes, then the decision to practice medicine is itself a political decision. Physicians today cannot choose whether or not to involve themselves in politics. Taking care of homeless people is just as much a political act as is limiting one’s practice to caring for the rich. What physicians can choose is how to respond to what calls them. The physician’s responsibility is not primarily to learn and follow a code of conduct along with all other medical algorithms. Rather, it is to be attentive or responsive to this call.

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11. Callahan D: Setting Limits: Medical Goals in an Aging Society. New York, Simon and Schuster, 1987, pp 59–61, 211–213. Callahan writes, for example: "... there is good reason to believe that satisfying all the desires of the elderly for health care and life extension can do harm to the health needs of other groups and to social needs other than health, such as education, housing, and public transportation."

12. Beauchamp T, Childress J: Principles of Biomedical Ethics. New York, Oxford, 1979, p 289

13. Cf. Hitler A: Mein Kampf. Munich, Germany, Zentralverlag der NSDAP, 1939, p 334; Hoche AE, Binding K: Die Freigabe der Vernichtung lebensunwerten Lebens. Leipzig, Germany, Meiner, 1920, pp 55–57; also, Hoche AE: Krieg und Seelenleben. Freiburg, Germany, Speyer & Kaerner, 1915, pp 28–29

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15. Lifton RJ: The Nazi Doctors. New York, Basic, 1986, p 34

16. Kevles D: In the Name of Eugenics. Berkeley, CA, University of California, 1986, pp 110–111

17. Ibid

18. Cf, for example, Osborne NG, Feit MD: The use of race in medical research. JAMA 267: 275–278, 1992

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20. A recent example of such medico-political bigotry can be found in the unsolicited, public testimony before the Connecticut State Legislature Judiciary Committee of a Connecticut surgeon and associate professor of surgery (he has since resigned his academic post). In February 1989, as the Committee discussed a bill specifically to protect the civil rights of homosexuals, the surgeon identified a particular social group, homosexuals, as "pathological," as "a major public health problem," and as a threat to "our social-political system." In the name of medicine, he proceeded to call for "discrimination" against homosexual people: "... we should therefore be discriminating against [homosexual] activity." Transcript of Connecticut State Legislature Judiciary Committee Proceedings, February 10, 1989, pp 15–20

21. The report also describes other horrors of Ceausescu's medico-politics: the proscription of contraception and abortion, the resultant dangerous illicit abortions, a network of orphanages with despicable conditions for unwanted children, and an AIDS epidemic among these children. Rothman D, Rothman S: How AIDS came to Romania. The New York Review of Books (November 8): 5–7, 1990

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25. Similarly, Dr Alexander Mitscherlich tirelessly pointed out neglected social causes of medical problems while calling for a greater social responsibility of physicians. Yet this courageous investigator of Nazi medical atrocities cites with approval Virchow's dictum: "Medicine is a social science, and politics is nothing more than large-scale medicine." Mitscherlich A: Krankheit als Konflikt: Studien zur psychosomatischen Medizin I. Frankfurt-am-Main, Germany, Suhrkamp, 1980, pp 51–52

26. My thinking on medical witness-bearing and the political imperative of medicine was stimulated by Dr. Paul Davis's lecture to the Medicine in Society Group at Yale University School of Medicine on his efforts to document medically torture of detainees by the police in South Africa.