
Point of view

Health educators – the new puritans

Irma Kurtz *Journalist, London*

Are health educators the new puritans? Yes, of course they are. They would cleanse and purify the new religion. The new religion is a paltry faith. It is worship of self. Religions get the puritans they deserve, and the new puritan is not much more than a rather fussy housekeeper who doesn't want cigarette ash on the carpet. Some of the new puritans, that is the medicos, are also the new priests. They are expected to intervene between mankind and the supernatural (such an untidy concept, the supernatural). They are expected to provide a course of treatment, a daily regimen, a kind of ritual that will offer two results previously required directly from God. The first is happiness, and the second is longevity. Indeed, an increasing longevity which, if we are very, very obedient, could someday become eternal life. The happiness we seek from our new priests is of a most materialistic kind, and the life forever is of the flesh.

Particularly in my homeland, (the USA), there is a general impression that if certain rules of behaviour as set down by health educators are strictly obeyed, the reward is an end to suffering and to death. The rules and dogma of the new religion have nothing to do with one man's treatment of other men, or with his being good to others; they have to do with a man's treatment of himself, and with his being good to himself. Health educators tell him how to be good to himself, and the more austere their recommendations, the more good the supplicant thinks they will do him. The puritanical swing from affluence into mock poverty has no basis in conscience at all, but in accord with the new religion it is in aid of a low cholesterol count.

I must say here, in fairness, that many doctors are not priests or puritans by vocation. Often, they are perplexed and even appalled to find themselves cast in the role by election. Not, I hasten to say, by any mysterious election but by a wordly consensus and a contemporary *faute de mieux*. People always want priests. In a self-centred and acquisitive society, each person wants his priest not as a comfort to his soul (God only knows what a soul is anyway!), each person wants his priest as a personal masseur who will pummel him

and cause him some discomfort for the good of his body in the long run. 'I've given up smoking on doctor's orders', says the patient, and he sighs like Saint Augustine confessing to occasional doubts.

Vaguely, we in Western society remember that once it was believed some sort of good came from restraint and moderation, but it has ceased to be a question of spiritual good. It is now the individual's physical good that is his or her utmost achievement. Health has become a religion. The body has become a sacred object. And the doctor has willy-nilly become a priest. Punishment for disobeying the doctor's orders is not delivered hereafter, but here and now. Punishment is not a bad conscience or a cursed soul, punishment is cancer, miscarriage, herpes or Aids. That the doctor will probably generally recommend self-denial makes him a puritan. He is a militant fighter against refined sugar, promiscuous sex, and other implements of the new devil. The new devil doesn't give a damn for conscience or souls, he wants our livers and the muscle called heart. Should the doctor/priest commit a human error of judgement or memory, then anathema upon him! One strong argument against the possibility of an after-life is that no American has ever brought a malpractice suit against his doctor from beyond the grave.

In short, those health educators who are practitioners upon the body are the new priests and puritans. This is why the public is so horrified when a doctor is found to be a junkie or a drunk. This is why the story will make the front pages of some newspapers when a doctor seduces a patient. Doctors must be pure, abstemious, and better than the run of men because into the doctors' trust each self-worshipping individual puts the new Jerusalem: his own body.

I myself don't object to doctors. I think those who don't choose to be priests but have the role thrust upon them by a society in need of priests, deserve some sympathy. But there is another sort of health educator for whom I feel less sympathy. These are what are loosely (and nauseatingly) called in the USA, the Caring People. Their voices tremble with concern and they bring to their treatment of social problems the kind of piety once reserved for thoughts of heaven. They are the do-gooders. Evil never knows itself, and that's a fact, but good ought not to know itself. When good

Key words

Health education; health promotion.

knows itself, it grows fat. Do-gooders, unless they do magnificently, are afflicted by high-calorie pity. Pity is a demeaning attitude that produces prigs on one side and beggars on the other. Do-gooders become addicted to the power pity gives them. As the old puritans needed wickedness in order to maintain their supremacy of spirit, so these new puritans need misery in order to maintain their specious supremacy of pity. They seek misery out and even invent it. They are zealous, sentimental, and harsh in their attempts to cleanse society. They pillory fornicators in the press. They condemn appetites that don't happen to be their own. (Or, maybe, that they don't dare recognise as their own). They call for censorship. They claim a majority which they cannot prove they have. They seek publicity as shamelessly as starlets. Some of them are born to the peerage and others are middle-class housewives who have found a cause. Some of them write for the Sunday papers and others wear sandwich boards in Oxford Street. These are the ones who think they are privy to The Word, and who spread The Word mercilessly. Some of them, for instance, believe the lives of a hundred rats are roughly equal to the life of a human baby. They call a society that does not concur a sick society, and they throw red ink or even bombs at those who disagree about the nature of the illness.

In a time like ours, when the body is more than a temple, when it is an object of worship, in an age when the individual is no longer a member of a bigger community but a holy solipsist at the centre of his own universe, when happiness and health forever are considered a fair reward for obedience, then be it unwanted body hair or an unfaithful spouse, any problem becomes more than a problem. Each problem becomes The Problem. Each problem becomes a plague sent from hell upon an innocent. When each problem is The Problem, then anyone at all can set himself up as an educator, a puritan, a priest, and he is sure of a following. All he needs to do is apply himself exclusively to The Problem, any problem will do, and worship The Problem. I receive literature from advisory groups who are earnestly devoting themselves to anything from incest to lower back-ache. These handouts are written in tones of hushed reverence once brought to sacred issues, or sometimes in accusing shouts like those once delivered upon established religion. Puritanical sanctimony applied to a venereal disease or to some small maladjustment of the psyche, is misplaced. It is even dangerous. Too many of us are beginning to identify ourselves not by strengths or talents, but according to a handicap or an aberration. We then seek out the appropriate puritan to cleanse us.

A lot of my job is supposed to be to shunt people off to the specific health educator, as if a person were nothing but his problem and the problem were all of the person. As if solving our own problems, or even just surviving them, did not make us strong and make us compassionate. As if solving problems ourselves were not what we had problems for. The specialist health educator has a professional and personal stake in

whichever problem happens to be his province. Whatever the problem, to the health educator in that field it is not one of many problems, it is The Problem. And, of course, it will have a solution (call it salvation) which only he can offer.

We are surrounded by a proliferation of puritan sects struggling for space on Channel 4. They relieve the individual of responsibility for himself which means they must blame the social order. This is a classic puritanical tactic. The poor fools who smoke, for example, are victims of a selfish society that refuses to outlaw tobacco. The poor girls who have teenaged pregnancies are, paradoxically, victims of a society that allows them contraceptives. Overweight is not the product of gluttony but of a failure of the glands, or of mother's love. Suicide is not the result of existential despair, but of divorce. The new puritan would deprive people of the privilege of taking responsibility for themselves. They would no longer allow people the right to make mistakes. They would deprive people of the chance to survive mistakes. The new puritan would restrict freedom because to his way of thinking, the free man will take liberties. The puritans say the whole of our society is depraved because individuals in it are fat, drunk, or unfaithful.

People now have faith in experts as once they did in sages and seers. Experts spare us trouble. Experts tinker with our souls, they tinker with our marriages, they tinker with our sex lives, and they tinker with our sanity. The egregious expert judges his fellowkind (his very existence is a judgement): adequate or inadequate, sane or insane, orgasmic or non-orgasmic, caring or not caring. Fail to secure expert approval, and you are a failure. Frigid women write to me as if their lives were over. As if there were no purpose to life except the wee convulsion of orgasm as recommended by our new puritanical sex clinics. The fact that experts in human behaviour see only the discontented or the despondent is probably why so many experts are simply unable to believe that the whole world is not in need of their expertise. Try telling such an expert you don't feel any need for his expertise and he smiles and says: 'Aha! Precisely because you say you don't, you do!' The occupational hazard for experts, and for puritans, is megalomania.

Ironically, I am lumped together with experts in human behaviour. It embarrasses me to be invited to speak to women's groups as an expert in human behaviour. For that matter, am I *here* because I'm an author or a novelist? I have no expertise. The people who consult me want magic. They want me to give them something to make love stay, to make youth last, to make fat melt, to make a man change his ways or change his mind. And they want their jujus and amulets right away, please, with as little expense to themselves as possible in terms of tears or energy.

'I never thought I'd be writing to an agony aunt,' is what they say. 'I never thought I'd be consulting a witch,' is what they mean. When it comes to magic, I

(Please turn to page 48)

actually do trample on it. That is the paradox.

SON-IN-LAW

We all recognise how serious a business it is if you undermine the doctors' commitment to the sustaining of life at all costs. We used the expression 'the doctrine of man' because it embraced the notion about the supreme importance of man and therefore the importance of life, which is sacred if you are a carer. This was not my father-in-law's language; but he shared the notion of quality which seemed to him to be congruent with this doctrine of man. The ethical conflict in his mind was over the men for whose integrity there was no question and whose commitment to the preservation of life could not be gainsaid. On the contrary, one only has to look back in the twentieth century, to know that there must be an endeavour, (if it is not in the medical profession where else is it?) to sustain life against all energies which would end it for expedient reasons.

MR RENNIE

It just brings home to me the problem of communication and how important it is to take into account the patient's views and the assessment of the quality of life which he expects, as well as what we would expect of him at 80. On balance within this is the

principle that sometimes we have to protect patients from the effects of what they see as the inevitable end of their disease when we know that there could be an alternative line of action.

SON-IN-LAW

This medical notion of 'the diagnosis is dying' has all sorts of cultural, religious and other controversial features about it. As our culture becomes increasingly pluralistic and secular, if paternalism is to be not altogether pejorative, then we have to keep our hold on a distilled concept of man which is no longer God-related for vast tracts of the population, which are no longer related to any form of religious community life or commitment. Because of this, making a good death will become more and more important. We often found ourselves saying if we as an articulate, fairly well-educated family had this trouble, then what hope was there for the people without education and without the ability to articulate for themselves?

Roger Higgs is Director of General Practice Studies, King's College School of Medicine and Dentistry, London, and case conference editor for the journal. Brian Livesley is Senior Consultant Physician, Department of Health Care of the Elderly, King's College School of Medicine and Dentistry. John Rennie is Consultant Surgeon at King's College School of Medicine and Dentistry. The patient's son-in-law is a clergyman and an academic.

(Continued from page 41)

have only common sense. Common sense bids me tell them that whatever it is they want, they must find in themselves. Whatever it is they hope will change, they must change themselves for first. If common sense has begun to sound like magic, or even like a miracle, then the new puritans have a stronger hold on my community than I like to think.

I myself am the little old lady at the bottom of the

lane. I am in the tradition of the white witch. Common sense makes me vulnerable and even isolates me. It is I the new puritans would burn at the stake.

This paper was first given at a meeting of the London Medical Group.

Irma Kurtz is a journalist, agony aunt on Cosmopolitan and the author of several books including Malespeak, recently published by Jonathan Cape.



Health educators--the new puritans.

I Kurtz

J Med Ethics 1987 13: 40-48
doi: 10.1136/jme.13.1.40

Updated information and services can be found at:
<http://jme.bmj.com/content/13/1/40.citation>

These include:

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:
<http://group.bmj.com/subscribe/>