

## Response to Daily

SIR

I would like to thank Louis G Daily for his sympathetic and thoughtful comments. He is quite right that a 'Szaszian world' would not be a utopia, free of all 'abuse' of man by man. Assuming that in such a world all human relationships between competent adults would be consensual, and that the role of the State would be limited to punishing persons if they used force or fraud in their interaction with others, there would remain the possibility of Jones (badly informed or having bad values) giving bad advice to Smith which, were Smith to heed it, would injure him. This falls under the rubric of personal freedom, which is not the same as freedom from risk, but is indeed its opposite.

Separation of Church and State protects people only from institutionalized religious injury (the Inquisition); it offers no protection against the potentially self-injurious consequences of religious credulity (for example, believing that contraception is a sin). *Mutatis mutandis*, the separation of psychiatry and State would protect people only from institutionalized psychiatric injury (exemplified by the cases Daily cites, as he himself acknowledges); it would offer no protection against the potentially self-injurious consequences of psychiatric credulity (for example, believing that therapists can recover lost memories, as if memories were like car keys).

In concluding, Daily uses the phrase 'substandard science in psychiatry', implying that there is a standard science of psychiatry. I disagree. For nearly forty years I have argued that if the subject matter of psychiatry is how people live, how they might live, and how they ought to live, then psychiatry cannot be a science. In a comment on a recent article in *The Economist*, concerning the catastrophic state of mental health services in the UK, I concluded: 'So long as we refuse to view psychiatry as a branch of moral philosophy and law, and not as medicine, we cannot even begin to grapple with the problems [that psychiatry poses]' (1).

### Reference

- (1) Szasz T. In search of sanity [letter]. *The economist* 1995 Sept 30: 9-10 (cols 4, 1).

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## Availability of organs

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The suggestion that it should be made widely known that you would have a better chance of receiving a transplanted organ if you had agreed to be an organ donor (1) is an instantly attractive one. Presumably it would increase the supply of this very scarce commodity. Raanan Gillon's 'major objection' – that it would introduce moral worthiness into the considerations that decide who gets a donated organ – leaves the supply of donated organs where it is, seriously inadequate. He says that doctors have obligations to try to provide medical benefits to all their patients who are in need; they would have a better chance of succeeding if more organs were available for transplant. Presumably there are many factors taken into account when deciding which of two needy patients gets the one available organ; willingness to be a donor could be one of them. It need not, as Dr Gillon implies, become the only criterion.

Would it not help if the general public knew what the present criteria are? It is a disquieting experience to be confronted at an international conference with statistical evidence that in Britain few people over fifty-five years old get kidney transplants, especially after having denied for years that this was the general policy.

### Reference

- (1) Jarvis R. Join the club: a modest proposal to increase availability of donor organs. *Journal of medical ethics* 1995; 21: 199-204.

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PS With reference to the paper, Chinese Confucian culture and the medical ethical tradition, by Guo Zhaojiang, which was published in the August 1995 issue of the journal: The lectures I gave in Xian in 1992 were translated simultaneously into Chinese and the quotation from one of them, on page 245, has suffered in the process – or possibly in the process of being translated back into

English. The point I was making was that two generations ago money was not a subject for polite conversation, then sex became something that was generally discussible, and now it is the turn of death to lose its taboo status.

## Evidence based medicine and ethics

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Tony Hope's editorial (1) on evidence based medicine prompted me along the following lines of thought. Evidence based medicine is, after all, what we should all want: not only would it get rid of 'received wisdom' (and any accompanying arrogance), but it might allow us with candour and surety to offer our patients the best possible treatments (given the current state of knowledge). And yet, there is something about evidence based medicine that is fishy. Is the feeling of fishiness a repressed Luddite inclination, or some other defensive mechanism against the possibility that the evidence might count against us? I think that there is more to the feeling of unease than the sensible qualms mentioned by Hope.

By the end of the editorial – in consequentialist mode – Hope considers the possibility that more empirical data (facts) might help in some ethical dilemmas. Some deontologists might wish to object to this along the lines of Wittgenstein's aphorism: 'You cannot lead people to what is good; you can only lead them to some place or other. The good is outside the space of facts' (2). Indeed, the is-ought question, whether and how you can move from a matter of fact to a matter of value, still remains taxing (3).

Earlier, however, Hope alluded to the thought that facts are seldom value-free. He will also be aware of Fulford's efforts 'to bring to the surface and out into the open the evaluative element in the conceptual structure of medicine' (4). One suggestion about the fishiness of evidence based medicine, then, is this: that there is a whiff of a reluctance to recognize the evaluative underpinnings of medicine. 'Evidence' suggests empirical evidence and a focus on facts not values.

I have also been struck recently by recommendations concerning the evaluation of outcome in mental health care: 'Studies should be comprehensive, to consider all the parameters on which an intervention