Letter from Australia

The stupidity of patients

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In Australia during recent months economic clouds have gathered over health care. They are the same shade of grey as the mists spreading over medical practice in all western countries: a deluge in the use of hospital facilities, an inability to dam the rising cost of medical services, and a surge in individual health insurance costs which threatens to sink the buoyancy of the family budget.

Yet from between these dark coverings a strange shaft of new light has emerged which provides a sharper vision but little warmth. It throws into stark relief the reality that most of modern sickness is self-induced.

Wards, clinics and homes are full of debilitated bodies made wretched by irresponsibility and individual wantonness — ruined by wilful disregard for personal well-being. People who have choked the blood from their heart with cigarettes, and torn the air from their lungs; who have squandered their body through lethargy; who have been digging their own graves with glutinous gums; whose organs have been eroded with alcohol; whose bones have been splintered by delinquent driving; whose nerves have been snapped on the rack of ambition or anxiety; whose personality has become a plague through drugs; whose kidneys have been gnawed by aspirin; and whose mind has been sludged with sedatives.

The economic cost is huge: an annual Australian health bill of over four thousand million dollars. The human cost is immeasurable.

People do make personal decisions which affect their health and over which they have control. But does an individual have the right to choose a way of life that is self-destructive and which seriously increases community health costs, without accepting the responsibility of the consequences?

Recently, the Australian Federal Health Department released a paper entitled Promoting Health. It contained some healthy idealism: 'review of life styles' and 'promotion of positive health' by the creation of a national barometer measuring the incidence of diseases such as alcoholism, suicide and obesity. It outlined an attempt to stimulate national consciousness by the exploitation of the national competitive spirit. But it also revealed the dawning of something which will influence political thought and action in the near future. 'It is becoming of more than academic interest' warned the report, 'that everyone has to pay for the self-destructive behaviour of the negligent and the irresponsible'.

I believe that sometime in the near future there is going to be a move back towards personal accountability for personal action. When that happens an exhausted medical profession and an impoverished government may not be particularly interested in the ever so deep reasons why human beings need to run from reality.

I can envisage the introduction of a series of penalties for those who wilfully disregard their own health. A patient who arrives at a clinic or hospital will face a doctor who is ready to make a Culpability Calculation that measures how much the patient's own carelessness has been responsible for the illness. The doctor will consider the degree to which this disregard contributed to the illness and the length of time the patient had persisted with these activities. Provided the patient knew of the risk and provided he had persisted despite this knowledge, penalties would be imposed.

What form could the penalties take? At its most Prussian, a simple refusal of treatment. That is unlikely. The more probable penalty would be an economic one — an increased charge on the patient's bill; a health insurance loading; a decreased rebate, or perhaps the positive incentive of a no-claim bonus for those who maintain their health. The idea is not new. In 1872, Samuel Butler, writing in his satirical novel Erewhon (which is 'nowhere' spelt backwards), outlined a rather perverse system of justice.

Prisoner at the bar, you have been accused of the great crime of labouring under pulmonary tuberculosis, and after an impartial trial before a jury of your countrymen, you have been found guilty. . . . The sentence must be a very severe one. It pains me much to see one who is yet so young, and whose prospects in life were otherwise so excellent, brought to this distressing condition by a constitution which I can only regard as radically vicious; but yours is no case for compassion: this is not your first offence: you who led a career of crime, and have only profited by the leniency shown you.
upon past occasions, to offend yet more seriously against the laws and institutions of your country. You were convicted of aggravated bronchitis last year: and I find that though you are only twenty-three years old, you have been imprisoned on no less than fourteen occasions for illnesses of a more or less hateful character; in fact, it is not too much to say that you have spent the greater part of your life in gaol.

It is all very well for you to say that you come of unhealthy parents, and had a severe accident in your childhood which permanently undermined your constitution; excuses such as these are the ordinary refuge of the criminal; but they cannot for one moment be listened to by the ear of justice.

In all satire, someone said, there is a shrewd vein of human truth. In Butler's passage there are two such seams. The first is personal responsibility for repeated misbehaviour, and the second a disenchantment with excuses offered to justify conscious human behaviour.

What are the possible objections to such a system of penalties? Writing in his classic essay On Liberty (1859) John Stuart Mill claimed:

> Each is the proper guardian of his own health, whether bodily, or mental or spiritual. Mankind are greater gainers by suffering each other to live as seems good to themselves, than by compelling each to live as seems good to the rest.

The first objection therefore could be a philosophical one: that a Culpability Calculation would be in direct conflict with Mill's view of personal freedom. But the key word in Mill's quote is 'compelling'. The system I have suggested would simply encourage people to have regard for their own health and should be considered in the same light as industrial safety legislation and car seatbelt regulations, neither of which can prevent transgressors but only hold them accountable.

A second objection could be professional: that such an approach is inhumane and is a violation of the primary covenant of medicine to look after patients irrespective of the cause of their disease or their moral situation. But again, the system outlined does not go against that in any way; it allows the patient to do what they wish but asks them to accept the responsibility of both the economic and medical consequences of their actions. And one could suggest that it is neither humane nor moral to prop up a system of behaviour which leads to both self-destruction and the waste of community resources.

A third objection could be that such matters are beyond medical judgement. Yet we already make health assessments in relation to the loading of premiums for superannuation and life insurance and in assessing compensation cases.

A fourth objection could be that a system as proposed is simplistic and ignores the reasons why people need to take refuge in activities which cause ill health and self-abuse. An answer could be offered that irrespective of the reasons why someone might undertake a course of action, ultimately they still decide to embark on that course and should be accountable for their conscious decisions.

A fifth objection might be a medical one. Who is to decide, what is to be decided, and who will estimate the degree of culpability in a multifactorial clinical situation? Would the doctor exclude psychiatric patients, and how difficult would it be to separate the psychological from the psychiatric?

A sixth objection could be the practical imposibility of implementing such a system. Some doctors might refuse the government's directive, others could boost their practice through a reputation for being lenient.

And seventh, how are we going to adjust the Culpability Calculation for the fact that medical conditions are not static and that over a period of time the initial assessment would need to be re-calculated and adjusted?

An eighth objection would arise in relation to penalties. What are the penalties to be? Should there be a lag phase before penalties are introduced because patients who have abused themselves in the past feel it is unfair for them to be punished for activities done in ignorance of the intended system. What penalties would be extracted from derelict patients or those who could not afford to pay in economic terms?

One objection that would need to be answered is that such a system has been designed for purely economic motives. But protagonists could reply with the claim that such a system might produce improved health in the nation by stimulating a more regardful attitude towards individual health.

A further objection could be that the system fails to explore alternatives. For example a study of the reasons why people ignore their health, public education projects, fitness programmes such as 'Life be In It' and finally rewards for wellness.

I am sure there are other objections but my conclusion remains: that no anticipated research discovery is likely to improve health as much as patients accepting and applying what is already known about health to their own well-being. I have suggested a possible inducement to achieving that end. Whatever you or I think about the practicality or desirability of this system I predict that it will become part of government health policy within a decade and will have massive consequences for student and patient education.