Life & Times
The Patient Earth is sick, but the medical doctors are mainly absent

This essay is an edited version of the Per Fugelli Lecture given in Oslo on 24 October 2022, by Iona Heath.* This annual lecture honours and celebrates the work of Per Fugelli, a Norwegian physician and Professor of Social Medicine at the University of Oslo from 1992 until his death in 2017, and the RCGP James Mackenzie lecturer in 2001. The Per Fugelli Lecture is intended to draw repeated attention to his 1993 article in which he coined the term 'The Patient Earth'.

FEAR OF DEATH
Among much else, Per Fugelli was a philosopher, a writer, a subversive, and a friend, who thought deeply about the interaction between fear, death, and the hubris of medicine long before his final illness. We shared a conviction that the fear of death is one of the reasons that medical doctors are mainly absent when the Patient Earth is sick, and an understanding of how that fear is driving the pharmaceutical pollution and poisoning of the planet.

Part of the problem is that the success of biotechnical medicine has almost completely displaced the humanities from medical education, and so doctors now have very little grounding in the philosophy that has grappled with humanity's profoundest existential problems over millennia and no knowledge of the dignified and comforting assertions first by Epicurus (341–270 BCE), and then by Lucretius (99–55 BCE), that 'Death is nothing to us. When we exist, death is not, and when death exists, we do not.'

Michel de Montaigne (1533–1592) owned a copy of Lucretius' verse essay, On the Nature of Things, and he quotes from it more than 100 times in his own essays. In the margin of his 1563 edition of Lucretius' poem, he wrote: 'Fear of death is the cause of all our ives.'

And this seems particularly true of the vices of modern medicine that allow doctors and other healthcare professionals to pretend that, to a very great extent, death is nothing to do with them. This leads directly both to the imposition of inappropriate and futile treatments, particularly at the end of life, and to what we might call the pharmaceuticalisation of death.

The Glasgow Necropolis is a striking hilltop cemetery populated by the rich merchants of the boom years of 19th century Glasgow. From its viewpoint, healthcare professionals so often resort to our increasingly sophisticated biotechnical and pharmaceutical means while, as far as possible, averting their eyes from the inevitable end.

PHARMACEUTICALISATION
Across the globe and particularly in its richest countries, health services are struggling within a whirligig of greed, fear, wishful thinking, and vested interest – all of which are driving the medicalising of society, the overmedicating of populations, and the overconsumption of medical products – and all this makes paying appropriate attention to the Patient Earth ever more difficult. The medical doctor seems to be too busy poisoning the planet to pay attention to Patient Earth. The pharmaceuticalisation of society is defined as the translation or transformation of human conditions, capabilities, and capacities into opportunities for pharmaceutical intervention, by means that include:

• selling sickness by means of the redefinition and reconstruction of health problems as having a pharmaceutical solution;
• globalisation and the new role of regulatory agencies in promoting innovation;
• the (re)framing of health problems in the media and popular culture as having a pharmaceutical solution;
• the creation of new social identities and the mobilisation of patient or consumer groups around drugs; and
• drug innovation and the pharmaceutical colonisation of health futures.

All these highly sophisticated marketing strategies and manipulations have been very successful, driven on by the financial imperatives of corporate greed. A 2020...
A global renaissance of pharmaceutical pollution in rivers monitored 1052 sampling sites along 258 rivers in 104 countries of all continents, thus representing the pharmaceutical fingerprint of 471.4 million people. A quarter of the sites contained contaminants (such as sulfamethoxazole, propranolol, ciprofloxacin, and lornotadine) at potentially harmful concentrations. On a different scale, an investigation of the water run-off from the 2019 Glastonbury festival in England showed that sections of the catchment of Whitleake River released environmentally damaging concentrations of the illicit drug MDMA into the local freshwater environment. Also, cocaine was released during the festival period at levels high enough to disrupt the lifecycle of the European eel, potentially derailing conservation efforts to protect this endangered species.

ENOUGH IS ENOUGH

Yet recording all this is the easy bit and, as Per Fugelli put it in his seminal paper: ‘It is easy to join in with macropolitical proclamations. The trouble starts when Gandhi whispers: “The change you want to see in the world, you must be yourself.” It is the sum of the values, actions and lifestyles of each one of us that creates policies and shapes future development.’

And the values and actions of those medical doctors who currently absolve themselves from the sick Patient Earth will be crucial. We all need to think about what happens when the decisions that are made by both doctors and patients, within a myriad individual consultations that take place across the world, play out in the pharmaceutical poisoning of our sick planet.

Thomas Princen is a social scientist from the University of Michigan and, back in 1999, he drew a clear distinction between what he called overconsumption at the collective level and misconception at the individual level. He defined overconsumption as that ‘level or quality of consumption which undermines a species’ own life support system and for which individuals and communities have choices in their consuming patterns.’ And he defined misconception as occurring ‘when individuals consume in a way that undermines their own well-being.’

In relation to the excessive use of pharmaceuticals these two concepts are very closely related, but to date, those writing about overdiagnosis and the excessive use and misconception of both medical technologies and treatments at the level of individual patients have paid very little attention to the implications for the environment, and those considering overconsumption at the collective level have expressed little concern about what is going on. In the level of the clinical encounter...

This goes right back to evoking Aristotle’s golden mean, and the parallels with the consumption of pharmaceuticals and medical technologies is all too clear.

In the UK we already have the Enough is Enough campaign protesting about the rapidly widening gap between rich and poor. I am arguing that we need a similar campaign within medicine and health care. The American social scientist and economics Nobel Laureate, Herbert A Simon, coined the somewhat ugly word ‘satisficing’ by combining the words ‘satisfy’ and ‘suffice’ to mean abjuring the reputedly perfect course of action for the good-enough. In his autobiographical last book, Simon wrote: ‘The true line is not between “hard” natural science and “soft” social sciences.

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but between precise science limited to highly abstract and simple phenomena in the laboratory and inexact science and technology dealing with complex problems in the real world.’

And in the real world, when a doctor and a patient sit down together to satisfy, the intention is to identify the good enough option for the patient, for society, and for the Patient Earth. In 1996, Per Fugelli wrote:

‘Patients and doctors are actors in a play written by history, directed by culture, and produced by politics. Over recent years, the producer has become increasingly autocratic, ignoring the experience of the writer, the sensitivity of the director, and the expertise of the actors.’

Over the intervening 26 years this has become ever more the case. Before the accelerating policy trends that have created the pharmaceuticalisation of society, general practice was the natural home of satisfying. We didn’t call it that, yet we were educated within the NHS to understand that resources were limited and that those given to one patient could not be given to another, we were cautious, careful, and we proceeded as slowly as possible using time as a diagnostic and therapeutic tool, letting nature be its own cure as much as possible. We were taught that small is beautiful and that less can be more. The logic of sufficiency in medicine requires doctors to maintain a proper balance between the two essential aspects of care: the transactional and the relational. Too much care had already become mechanistic, technological, and transactional, and the pandemic years have accelerated this gradual dehumanisation. When the relational gives way to the transactional, all manner of distress is treated with pharmaceuticals and other medical technologies. The balance is destroyed, trust disappears, and fear is free to drive what Per Fugelli used to call, in his inimitable English, ‘too-muchness’. As the great sociologist Aaron Antonovsky put it: ‘It is only within relationships of trust that fear can be contained,’ and: ‘To be blunt, if one has a very thick skin, the problems one confronts become technical, and not the complex ones of human relations.’ And the great Canadian novelist, Robertson Davies, would, I think, agree: ‘Very few people can be cured by a doctor they do not like.’

Too many doctors, facing worsening disease at the end of life, medicalise death by prescribing yet more futile treatments not for the benefit of the patient but to treat their own discomfort in the face of death. We all need to be aware of this and ask ourselves, with every decision, whose need are we addressing? Is it mine, is it the government’s, is it to meet a financially advantageous target, is it the relatives’, or is it really the patient’s? Every time we order an investigation or prescribe a medication, we need to ask ourselves, does the benefit to the patient outweigh the possibility of harm to the individual, to society, and to the planet?

The American physician, Leon Kass, who was appointed by George W Bush as the inaugural chair of the President’s Council on Bioethics, writing after the death of his wife, sets us all this challenge:

‘... how to defend both the idea and practice of living, immediately and wholeheartedly, against the corrosive inroads of medicalization; how to encourage a more realistic and shapely view of the life cycle, where the end of life is neither banished from the view of respectable opinion nor treated shallowly as a practical problem seeking technical solution; how to ensure that loving presence and fidelity are not casualties of the battle for longer life; how to help people learn to think about the art of living well – and dying well – in the face of mortal illness, not seduced by the techno- and bureaucratic “solutions”...’

Unless we confront the corrosive inroads of medicalisation, Patient Earth can only sicken further.

FEAR, LOVE, AND WONDER

I started with fear and I will end with it. The fears of doctors mirror those of patients. Doctors work every day in fear of missing a serious diagnosis and precipitating an avoidable tragedy for one of their patients. And in our increasingly punitive societies – with all the easy talk of naming and shaming – they are afraid of being publicly condemned. Yet clinical work is hedged in by uncertainty on all sides – the application of the generalised truths of biomedical science to the unique context of an individual patient’s life and circumstances will always be uncertain. So, doctors, perhaps especially young doctors, are learning to be afraid of uncertainty, ordering ever more tests and prescribing more and more, to try – often in vain – to be sure about what they are seeing. But where does that leave Patient Earth?

Patients’ fears fuel their doctors’ fears and vice versa, especially within healthcare systems that are fragmented and allow the erosion of continuity of care. It is only within relationships of trust that fear can be contained. This deliberately inflated burden of fear drives Princon’s overconsumption and is actively undermining our species’ own life support system. Doctors and patients must somehow find the courage to make the decisions that can change this, while remembering that death comes for us all and can never be simply a failure of doctors.

The great American writer, James Baldwin, knew a great deal about many dimensions of fear. He wrote:

‘We must not allow their fear to control us, and, indeed, we must not allow it to control them. Rather, we should attempt to release them from their panic and their unadmitted sorrow. We ought to try, by the example of our own lives, to prove that life is love and wonder.’

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