

Of miracle cures and murderous doctors*

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Do the media promote, for the sake of entertainment, unrealistic hopes and exaggerated fears of doctors?

MODERN AMBIVALENCE TOWARDS the medical profession is strongly promoted by the lay press. In Britain, at least, and I suspect in most countries, press interest in medical matters has never been greater. Whether the press has merely responded to a demand, or has actually created the demand, is a question that I cannot answer; I think that there is probably a dialectical relationship. The supply created the demand, and the demand created the supply. No one will now ever be able to say which came first.

But that there has been an increase in interest is undoubted. If you compare the newspapers of the 1950s with those of today, you will immediately notice the difference. I once calculated that an assiduous reader of the Daily Telegraph alone would read more than 2000 articles per year relating to health, surely more than anyone could assimilate into a sensible intellectual framework. And although I myself have benefited personally from the great increase in interest in health matters in newspapers, in that my career as a journalist was founded on it, I nevertheless lament it as a cultural phenomenon; for at a time when newspapers maintain fewer and fewer foreign correspondents, and report on foreign news ever more scantily, it seems to me to represent a response, or possibly an invitation, to an involution of people's interests in the world beyond themselves, and to an unhealthy (I use the word metaphorically) self-absorption.

Be that as it may, interest in medical affairs is here to stay, at least until we suffer a real social cataclysm, if we ever do. And because newspapers thrive on the sensational, they give a very skewed idea of what medical practice is actually like. You never see an article telling you that little Miss Jones had her appendix out yesterday and is recovering without complications, or that Mr Smith has taken his antibiotics, and his infection is now waning. While these facts are important to Miss Jones and to Mr Smith, they are definitely not news, however representative of the world they may be.

Having written for several newspapers for a number of years, I think I can discern a pattern in their reporting. It has two fundamental poles: the miracle cure and the murderously incompetent, or just plain murderous, doctor — a dialectic enlivened by occasional reports of medical threats to the survival of the whole of humanity.

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This reporting is essentially frivolous. Perhaps it is futile to complain of it, but our newspapers have become a branch of the entertainment industry. Modern technology has, moreover, heightened the tendency to frivolity; speed of information is far more important than its veracity or wider significance (in any case, it will all be forgotten tomorrow). Editors often seem more interested in whether authors can turn out an article of reasonable coherence by 4 pm than in whether the article has any other value. In vain do authors plead for more time to research a subject so that what they write will be more authoritative. Access to the internet enables almost everyone to appear as if they know something about almost any subject; and in the kingdom of the ignorant, the man with one fact to hand is king.

The twin poles of medical reporting — miracle cure and murderous doctor — promote undesirable emotions in the population. On the one hand, unrealistic hopes are aroused, such that death itself comes to seem an anomaly, and the fundamentally democratic nature of human life — “one man, one death” — is forgotten. On the other hand, unreasonable fears are likewise aroused; the fact that it is not surprising that there should be incompetent or wicked members of a profession that contains many thousands of men and women (because that is what human nature decrees) is lost sight of. A report of incompetence or wickedness is soon generalised, so that the most blameless practitioners find themselves tarred with the same brush. Officialdom reacts similarly, although with a slightly different motive, namely to exert power and control over the independent corporation of doctors. When it was revealed in Britain that a Liverpool pathologist had taken organs from deceased babies for research without asking the parents' permission, there was an outcry, obviously promoted by newspapers, and the administrators of some hospitals decreed that every drawer and every cupboard in every room should be searched for hidden body parts. A friend of mine had his outpatient clinic interrupted by three men in suits searching for babies' organs in his desk drawers (they did not find any).

Unrealistic hopes are just as harmful as exaggerated fears. They actually increase human misery by disguising the inevitable limitations of existence, which have to be accepted if they are not to be psychologically debilitating and deforming. This, surely, was the fundamental point made by the social philosopher, Ivan Illich. His books *Medical nemesis*¹ and *Limits to medicine*² were published about a quarter of a century ago, just as I was qualifying, and rather irritated me at the time. Had I joined the medical establishment only to become, in Illich's famous words, “a

major threat to health”? I was annoyed, but since then have calmed down and now see the wisdom in what he was saying, even if he over-egged his pudding.

An exaggerated belief in the technological powers of medicine can deprive people not only of the ability, but even of an awareness of the need, to cope with the inevitable ups and downs of human existence. They come to view the problems inherent in life — all existential fluctuations — as matters susceptible to medical management. Books such as *Listening to Prozac*³ encourage them to believe that our understanding of neurobiology is now so great that we can switch moods on and off like taps, to produce any temperature we like, at the touch of a prescription. The supposition is that it is normal to be happy all the time, and that any deviation from constant bliss is a pathological condition. Doctors may be flattered to be considered so powerful and important, but in any case, will find themselves constrained to prescribe medication that they know in their hearts to be perfectly useless and in some cases harmful. How else will

they get patients who believe that there is a pill for every ill out of their consultation rooms?

Macbeth’s physician was right: we can’t pluck out a rooted sorrow with some sweet oblivious antidote. Rooted sorrows are an inevitable part of human existence, we are not made for constant bliss. Medicine is a noble endeavour, but a limited one. Its advances are taken for granted the moment they are made, and new sorrows rush in where old ones have departed. That is why medicine will always be able to relieve sufferings, but will never be able to abolish suffering itself.

References

1. Illich I. *Medical nemesis*. London: Calder and Boyars, 1975.
2. Illich I. *Limits to medicine*. London: Calder and Boyars, 1976.
3. Kramer PD. *Listening to Prozac*. London: Fourth Estate, 1994.

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