Special Section: Commercialism in Medicine

A Philosopher's Reflection on Commercialism in Medicine

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The question of the influence of commercialism in medicine is often put in terms of how the money factor influences the actions and the judgments of the individual physician—just as in the culture at large there is and has always been the question of sacrificing personal moral values for financial gain. But it is necessary now, perhaps especially for physicians and others who are presumably operating in the "market-free zone," to put the question in an even more intimate way. The question becomes to what extent does the pressure of financial gain influence *perception itself* in the clinical setting. To what extent do the pressures of commercialism block or interfere with perceptions of fact and truth in establishing diagnosis, in projecting methods and strategies of treatment, and in assessing the medical, psychological, and moral needs of the individual patient? To this extent, it is not so much a question of physicians making intentional, self-serving decisions. It is a question of physicians unconsciously making such decisions based on perceptions and processes of judgment subconsciously or semiconsciously governed by the monetary considerations that have permeated nearly every corner and pocket of the contemporary culture.

In recent widely publicized cases of ethical violations at the highest levels of business, many of the accused have been reported to claim they did not realize that what they were doing was unethical; they were not even aware of what was happening right under their noses. Who has not seen something of the same thing under many other circumstances as well—college students claiming that they were not aware they were plagiarizing; advertisers claiming they were doing only what they were obliged to do in order to please their clients; CEOs doing only what was their duty to their company's stakeholders?

It is a common human self-justification: "I did what I believed to be right." Indeed, when Socrates famously claimed that no one does evil intentionally—everyone acts according to what he considers good—he was perhaps also making an ironic comment about man's propensity to deceive himself, not so much about facts as about the good or evil of one's actions. Take this as a human failing common throughout history and somehow in the nature of man. But take it also as a perhaps alarming tendency of the medical profession under the influence of commercialism to be *epistemologically blinded* by self-interest.

But the question of commercialism involves a far deeper and broader constellation of influences than clear and immediate financial gain. When we speak about the modern world's commodification of nearly all aspects of

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human life, we are speaking of the widespread organization of life in terms of business strategies, technologies, and corporate motivations. We are living in a world of indigestible quantities of information, of accelerating red tape in all aspects of our lives, of massive amounts of paperwork; a world where humanly free and meaningful time is disappearing, where e-mail alone has become for many what might be called a cultural pathology. Certainly, this world has also brought about astonishing progress in certain aspects of medical diagnosis and surgical procedures. But that is not the point—the point is that the commodification of modern culture has created a vast network of influences that tend to corrupt the individual perception and moral evaluation of facts as well as diluting the social support for ethical action, defined as action undertaken principally for the collective or individual welfare of other human beings.

It is obvious that the complications and complexities of business technologies—as demanded not only by insurance factors, but by all the necessary cost/benefit decisions that must be made at nearly all levels of medicine—it is obvious that such factors operate to limit the personal quality of time, attention, and care that the doctor can give his patients. But such factors also operate on the mind itself, even apart from the obvious limitation placed on time and human relationship—including the all-important factor of personal, face-to-face human attention and the sometimes critical factors of touch and informality. The technologies of commodification—the paperwork, the accounting details, the reporting details, the complexities of running a business with receptionists, record-keeping, partnerships, real-estate issues, business furniture, decorating—from tiny details to massive issues determining the whole tenor not only of the doctor's practice, but of his or her entire life—the extent and quality of these influences are immense and have an immense influence on the mind of a physician.

In this physicians are simply like everyone else; we are all in the same situation in this commodified world. Who among us is not weighed upon by such factors—that is, who among us, excluding the dispossessed, poor, or homeless? But this fact about the prevalence of the influence of commercialism may mean that the mind of an entire culture is under the same extraordinary new influence, an influence that has powerful moral implications with respect to our ability to attend quietly to the voice of conscience and common human intelligence within ourselves. Yes, it may be true of all of us; and therefore the range of ethical response possible for all men and women in our culture may be severely limited by the global pressure of the culture of commercialism. And therefore, perhaps, we cannot really blame ourselves—we are all in the same boat. But all of us in this boat are not physicians—that is, all of us are not charged with making ongoing, fundamental life-and-death decisions about the human beings who come under our care. And therefore physicians may be obliged consistently and in all respects to demand more of themselves than most of the rest of us—more of an effort to see ourselves and our existential situation as it really is.

However, the situation is far more problematic even than this. And this becomes clear when we consider that more and more of the factors that comprise the modern culture are by no means morally or epistemologically neutral. How many of the factors that make up the technocentric, commodified world are actually shaped and formed by factors of financial gain or loss—

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which includes the widespread, penetrating influence of advertising in the deepest sense, of salesmanship in both its most subtle and most obvious senses, of making things and phenomena appear a certain way, with little regard for truth, so that they will be financially successful, forces that play upon all our human weaknesses, our wishes to seem good or successful or respected, without necessarily being really good, respected or successful in any humanly enduring or meaningful way? How much of the vast flood of information—which no one person can even be aware of, far less master—how much of all this information is the product of research, for example, conducted under financially powerful influences where the researchers themselves may semiconsciously violate traditional norms of scientific method; how much information is purchased, as it were, pushed forward, as it were, by corporate interests—including interests that wish to publicize or satisfy the public's manufactured wishes, dreams, and vanities? How many things take our time and energy, engage our hopes and fears, and then turn out to be phantasms created by a world of deceiving and self-deceiving influences—involving media, entertainment, artificially created fears, and desires?

An article in the April 2006 *Atlantic Monthly* has called the public attention to some of the broader psychosocial aspects of the epistemological blindness induced by commercialism and commodification. In "The Drug Pushers," Carl Elliott seeks to expose what he presents as the shocking influence that drug representatives exert on the clinical judgment of today's physicians. And an issue such as this may be taken as only one area in the field of medicine where we may study the question of the epistemological blindness induced by commercialism.

In a particularly telling passage, the article details the manner in which drug reps play upon the illusions doctors have about their own ethical integrity. "For decades," he writes, "the medical community has debated whether gifts and perks from reps have any real effect. Doctors insist they do not. Studies in the medical literature indicate just the opposite."[1] The drug companies, says Elliott, take great pains to foster this self-deceptive estimate that doctors have about themselves. "A particular gift may have no influence, but it might make a doctor more apt to think that he or she would not be influenced by larger gifts in the future. A pizza and a penlight are like inoculations, tiny injections of self-confidence that make a doctor think, *I will never be corrupted by money. . . .* The trick is to give doctors gifts without making them feel they are bought. Bribes that aren't considered bribes."[2]

To whatever extent this report in *The Atlantic Monthly* is accurate, it is, of course, only one example of an area in the medical industry where powerful influences may act upon a physician's perception of his patients and himself. To cite all such aspects and influences would be impossible. We are dealing with an entire world here, an entire culture—so much so that it would not be an exaggeration to say we are touching on a fundamental aspect of human nature itself, one which shows itself in all of human history, but which in our modern world is reflected primarily in the influence of money and commerce in human life. In other times and places, other forces than the money factor may have exerted similar what we might call *epistemological pressure* on human perception, in both its ethical and purely cognitive realms. Modern science itself was born partly as revolt against such pressures being exerted under the

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influence of religious dogma. In other words, we may be speaking here of something within human nature that must constantly be studied and overcome. It is not only a problem of social, economic, or cultural pressures; or, rather, it is such mainly because it is a problem of our own human nature. And therefore the struggle to be free of these influences that threaten our ethical and cognitive integrity is a struggle that may need to take place not only against outer influences, but in the face of pressures within our own hearts and minds. The phrase, "physician, heal thyself," may then take on an entirely new, inner dimension.

Twenty-five hundred years ago Plato put forth the revolutionary idea—an idea that the modern world has utterly refused to consider, far less accept—that knowledge and virtue are interdependent, that without virtue an individual cannot perceive reality at its most fundamental level. In so doing, Plato offered a psychological analysis of virtue in which the essential powers of the mind must be in harmony with the energies of emotion and will. In the light of this analysis, what our culture values as "objectivity" is more likely to be the disconnection of the powers of perception and intellectual combination from the epistemologically essential functions of moral intuition. Such a disconnection yields a worldview, and hence a view of the human nature in all its aspects, that divorces fact from value—a worldview that has brought phenomenal scientific achievements that, in the long run, far outstrip the ethical context in which they can genuinely serve the common good. It is surely no exaggeration to say that this situation, this disproportionate relationship between what we know and what we are, has brought us close to catastrophe.

And what, then, of medical education? How does and how can the ethical component of education become an intrinsic part of the curriculum? Obviously, medical education involves not only facts and information, but also essentially involves a specific humane orientation toward the vast body of scientific knowledge that comprises the discipline of medicine. Scientific knowledge itself cannot tell us what is good or even, when human beings are involved, what is really ultimately effective. The object of medical knowledge is the whole human individual whose being is enmeshed in aims and purposes involving moral and valuational factors, a human being whose very life is enmeshed not only in biological elements and laws, but in an "atmosphere" of ethical, moral, and emotional forces. To regard a human individual as an object abstracted from his or her own intimate moral and valuational inner world may be useful as a temporary attitude, in order to concentrate on empirically verifiable theories and procedures, but such an abstraction cannot remain the governing template within which medicine or any discipline involving human beings can be successfully conducted.

What can be done?

What is at stake, among many other things, is the need for physicians to work at thinking together—in more genuinely communal conditions—about questions that touch on the personal and intimate aspects of their vocation as healers and caregivers. In the culture as a whole, in the realms of international, national, and local politics, in academia, religion, business, and the education of children, as well as in the medical industry, individuals more and more rarely come together to listen to each other with the aim of arriving at a humanly inclusive understanding of the problems before them. The "art of

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listening," once the hallmark of the work of the physician, is disappearing not only in the doctor–patient relationship, but in almost all contexts of social and civic interaction.

Concerning the manner in which our ongoing discussions with small groups of physicians have proceeded, all participants have been encouraged to speak freely and openly, expressing their ideas and listening to each other without pressing toward immediate resolutions. The aim is patiently to take the time to think together through mutually deepening the question, avoiding premature "answers" based on only a few aspects of a complex and many-faceted issue. Behind this approach is the assumption that the question we are facing, like so many problems in our constantly changing society, requires a quality of intelligence that may be beyond the ability of any one individual and which is far more likely to emerge from a group of concerned professionals working together at a level of discourse and mutual listening that is as rare in our present world as it is necessary. The immediate response of physicians to this aspect of our program has been extraordinarily positive, with almost everyone commenting, often with great feeling, about how unusual it was—and how essential it is—for doctors and other medical professionals to speak and think together in this civil and unconstrained way.

Questions such as the nature of the doctor–patient relationship ("contract or covenant"?), the degree to which corporate values and financial pressures influence clinical decisions and practice, the influence of the entrepreneurial motive in clinical strategies, the obvious and subtle ways that corporate values erode the physician's sense of full responsibility for his patient—such questions, and many others involving the influence of money on the practice of medicine, need to be pondered in the light of what actually happens in the doctor's office or in the clinic or at the hospital bedside—in the actual encounter between doctor and patient. How, we have been asking, does the money factor in fact, and in one's own experience as a physician, now impact the human values often assumed to define the art of medicine, understood as the work of always and in everything giving first priority to the health and well-being of the individual patient? Such a strictly focused inquiry has invited a level of individual sincerity about money that is rare not only among physicians, but throughout the modern culture.

The hope lies in creating conditions and a shared attitude of trust that support this quality of communication—both among physicians and also among all those involved in the healthcare industry. A key element in the solution of the problem of commercialism in medicine may lie in enhancing not only the physician–patient relationship, but also and equally the relationship of physicians to each other.

In a word, a new kind of relationship between physicians themselves is needed, a relationship defined by the need to reenvision and reopen the ethical ideals that brought many, or most, into the field of medicine itself—ideals that can certainly exist side by side with the need for money and what it buys, but that must not be eclipsed by motives of personal profit and by the politics and complications inherent in the forces of advancing technology and corporate strategy. To speak of the need for physicians to listen to each other, to share their frustrations in carrying out their ideals, is to speak of a much "softer" and more subtle, less "official" form of thinking together than is available in the

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conditions that exist in most professional societies. We need to entertain the possibility that the intelligence we are searching for in front of the massive problems that face us may be discovered, or "seeded," just there in the art of serious, untrammeled *conversation* in which the work of listening is understood and put into practice with one's peers.

In any case, the deeper human dimension of the question of commercialism is there in medicine as in all facets of modern civilization. It is a question that cannot be dealt with only by politics or economic programs. It may demand both the deepest philosophical inquiry and the most intimate personal self-examination of those men and women in all fields—in this case, medicine—charged with the essential responsibility of guarding the well-being of our threatened world.

Notes

1. Elliott C. The drug pushers. *Atlantic Monthly* 2006;297:82–93.
2. See note 1, Elliott 2006.

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