THE GRAND INQUISITOR
AND THE ROLE OF THE STATE
IN MEDICAL ECONOMICS

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Many readers will know that Dr. Orient went on to become the executive director of the American Association of Physicians and Surgeons, and, amongst other achievements, held back the socialized medical plan of the Clinton administration. She is the current author of a major medical textbook, *Spira’s Art & Science of Bedside Diagnosis*. The third edition is due out later this year. This is the one textbook of medicine which takes the clinician/student through a diagnostic approach, and which is realistic and written as an integrated book, rather than a disjointed collection of essays by various “specialists,” which is characteristic of most popular American medical textbooks.

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[The Inquisitor and his Church have]
at last vanquished freedom

... Now for the first time it has become possible to think of the happiness of men.-DOSTOEVSKI,
“The Grand Inquisitor,” Brothers Karamazov

To divert attention from the question of the truth or falsehood of an idea, the accusation of simple mindedness is an effective device. The sophisticated scorn platitudes, deceived by their appearance of triviality. All of Euclid’s geometry was erected upon five postulates, seemingly so obvious as to be beyond dispute. Only centuries later did mathematicians think to defy the Fifth Postulate and create whole new geometries, with theorems contradicting those of Euclid. Likewise, discussions about economics, the science of human action, must rest on certain assumptions about the nature of man. A change in the premises will result in a radically different economic theory. In contrast to mathematical discourses, writings on economic questions such as health policy seldom make the assumptions explicit but leave them to be inferred from the conclusions. Whether the authors believe in their axioms, with their inexorable consequences, or are just too preoccupied with complexities to
be conscious of their foundations cannot always
be determined.

**Two Visions of the Nature of Man**

Two fundamentally contradictory belief systems about the nature of man are currently at war: the one that inspired the American Revolution, and the one espoused by Marxist revolutionaries. The “moderate” position is a schizophrenic one, which expresses some thoughts borrowed from each, despite their logical inconsistency.

Western tradition, grounded in a Judeo-Christian heritage, holds that the individual is sacred. In Kant’s formulation, every man is to be treated as an end in himself, never as a means only. He is a creature with freedom and dignity, responsible for the consequences of his own actions. While eloquently expressed by Western thinkers, the idea of individual liberty is not original with them but is rooted in Jewish history, embodied in the ritual of the Day of Atonement when each man must account for what he has done without reference to those who either helped or corrupted him. Because of his freedom, mankind is not perfectible; he can, and often does, choose evil.

The bold experimenters in America proclaimed that each individual is endowed by a higher authority with inalienable rights to life, liberty, and property. He has the right to pursue happiness (which naturally requires a minimum economic well-being) but has no guarantee of success, because in classical economic theory, scarcity is decreed by nature. Wealth must be wrested from the earth with sweat and ingenuity, and the producer is entitled to the fruits of his labor. Private property, rightfully acquired by investing what is earned, is essential to assure control over the means of livelihood and thereby secure political freedom.

In the twentieth century, this view is challenged by secular humanism, which seeks a higher good than the mere individual and has placed society in the position previously reserved for the Creator. Though the volumes of rhetoric about the freedom to choose “alternative life-styles” might lead one to suppose that liberty is esteemed more highly than ever. An unprecedented permissiveness in sexual and criminal behavior has masked a proliferation of economic restrictions far more galling than those the Stamp Act tried to impose on the American colonies. In fact, the very existence of liberty, in the sense that man can make a choice that is not dictated by his heredity and environment, is questioned (perhaps explaining our permissiveness). B. F. Skinner claims to prove that freedom is only imaginary and discounts its importance. In *Walden Two*, his protagonist is asked what would become of freedom in a society so arranged that everyone would be perfectly happy. “Freedom, freedom,’ said Frazier.... as if uttering [the words] through a yawn. ‘Freedom is a question, isn’t it? But let’s not answer it now. Let’s let it ring, shall we... Let’s let it ring”.

If Skinner is right, evil is theoretically preventable, for it must result from choices determined by environmental factors which could be changed. Utopia becomes conceivable.

The modern concept of the rights of man emphasizes not the political rights set forth in the Declaration of Independence, but the economic rights propounded by the New Deal: the right to freedom from want. Such an idea would make no sense at all, unless coupled with the theory that scarcity is not a fact of life but is an artifact of the misappropriation of resources due to greed. In other words, life is thought of as a zerosum game. What one individual gains, another loses. Wealth is a given. The variability in its production caused by individual effort, initiative, and creativity, which is one justification for private property, is simply unaccounted for. While the right to own property is usually not denied explicitly by current writers (though called the root of all evil by Marx in the *Communist Manifesto*), it is not apparent how one man’s right to his property is compatible with another’s right to have all his needs fulfilled.

**The Mission of Medicine**

The traditional goals of medicine are modest ones: to relieve pain, to prevent disability and to postpone death. The physician concerns himself with his individual patient, whose health consists in the absence of disease. The tools of medicine developed from a reductionist biomedical model and cannot be expected to solve all mankind’s problems, probably not even his most important ones, since many of these stem from the tragic flaw in man’s nature.

Imbued with optimism by the success of the biomedical model, yet troubled by its limitations, modern humanists propose a “biopsychosocial” model and subscribe to the World Health Organization definition of health: “a state of complete physical, mental, and social well-being.” This far more
ambitious definition assumes that social problems formerly believed to be outside the realm of medicine are in fact susceptible to solution, if only our methods are broadened. The focus is shifted from the individual to society. At first, one is struck by the absurdity of expecting so much from the mere physician, but that is not the point: The inexorable consequence is to make the state the “physician to society” in a higher sense.

The Doctor-Patient Relationship: The Role of Economics

Since the physician has often been entrusted with the most intimate knowledge of his patients, an aura of the sacred has surrounded their relationship. No discussion of a health care system would be complete without discussing its impact on this trust.

In a free market, fee-for-service system, the association between physician and patient is a voluntary one for both parties, occurring only if both believe it to be of mutual benefit. Its sanctity is upheld by the Hippocratic Oath. The patient is a customer, who decides what services he will seek and from whom. The importance of the fee has long been recognized, especially by psychiatrists. Not only does it put the patient in a position of control, but it gives him an investment in his health. No “equal partnership” exists; the customer is the employer and the physician is the servant. The physician is assumed to have greater expertise (or why should anyone consult him...), but the customer ultimately makes the decisions, just as he does about his car on the advice of his mechanic, whether or not he has any understanding of its inner workings. The concept of “noncompliance” is meaningless in this context.

On the other hand, the beneficiaries of public medicine are called consumers. No longer do they exert their influence directly with their dollars but must be represented through consumer advocates or pressure groups. The relationship between patient and physician no longer involves just those individuals and may in fact be involuntary for one or both parties. The physician has two loyalties: to the patient and to the institution dispensing the paycheck. In many instances, the consumer may be an adversary of the agency, perhaps by demanding more than his “fair share” of services or by requesting a procedure not having a favorable cost-benefit ratio. He may be primarily interested in increasing his disability payment, thereby reducing the funds available to other clients. In a prepaid or tax-supported arrangement, the patient actually has an investment in being sick, since this entitles him to more attention and services without additional cost to him. The physician is responsible to the agency for preventing overutilization or abuse. Thereby he may displease the consumer, who no longer has the power to fire him (as a customer could) but who can write letters to the chief of staff, his congressman, or the editor of the newspaper. In this way, his influence might be either negligible or magnified out of all proportion. Conflicts are inevitable, because the provider and the consumer no longer have common interests. The natural conclusion to the introduction of an institutional barrier between doctor and patient has been reached in the Soviet Union, where the Hippocratic Oath is forbidden because it might interfere with the physician’s loyalty to the state.

Is There a Right to Health Care?

Decisions about the just way to finance medical care depend upon whether or not health care is a right. Merely phrasing this as a question may be tantamount to heresy, because in much of the literature this “right” has become dogma, albeit with a few dissenting opinions.

A right to medical care might be justified as a corollary of the right to life, presuming that a given medical intervention is efficacious in prolonging life. This is a problematic supposition, for in the majority of cases a visit to the doctor has little ultimate effect on outcome, as most illnesses either will remit spontaneously or are resistant to treatment. Deciding before the visit whether it will be a necessary one or a beneficial one is next to impossible. While preventive measures can be life-saving, there is little evidence for their usefulness outside the area of infectious diseases, which already lie in the realm of state public health and sanitary engineering departments.

If medical care qualifies as a right because it is necessary to life, then how much stronger is the argument for defining a right to food and shelter, which are universal and not just occasional needs? If all these things are rights, one must immediately ask, what are the corresponding responsibilities of farmers, ranchers, contractors, manufacturers of building materials, doctors, and nurses who provide these goods and services? Do members of the
public have the right to commandeer the labor of these “providers” whenever they have a demand for them? Or perhaps only when they have a “genuine need”? Consumer rights imply provider duties. Do we still use the term slavery if the slaveholders are not individuals but society as a whole? 

Rather than provoke open rebellion by expecting individuals to give of their labor or commodities free of charge, society purchases their time or goods with funds derived from taxation and allocated to areas of perceived neediness. The doctor does not work directly for the needy drunk who acquired some fractures in a brawl but is paid with tax money that may have been confiscated from a grocer’s profits. In return, part of the doctor’s pay is withheld, and may find its way back to the same grocer in the form of food stamps for the same derelict. Thus neither provider sees his labor as being forced, but the state superficially has the appearance of a source of goods and services. The belief that the state can provide is not original with the welfare states of our century. Rome is the classic example. Other institutions with power, such as the medieval church, have also pretended to have this role. Dostoevski has the Grand Inquisitor rebuke Christ for failing to see the wisdom of the great spirit in tempting him to turn stones into bread and boasts of how his church has corrected the error:

“Remember the first question; its meaning, in other words, was this: ‘Thou wouldst go into the world, and art going with empty hands, with some promise of freedom which men in their simplicity and their natural unruliness cannot even understand, which they fear and dread - for nothing has ever been more insupportable for a man and a human society than freedom. But seest Thou these stones in this parched and barren wilderness? Turn them into bread, and mankind will run after Thee like a flock of sheep, grateful and obedient, though forever trembling, lest Thou withdraw Thy hand and deny them Thy bread.”” . . . “ Receiving bread from us, they will see clearly that we take the bread made by their hands from them, to give it to them, without any miracle. They will see that we do not change the stones to bread, but in truth they will be more thankful for taking it from our hands than for the bread itself.”

It is obvious that neither the church nor the state has the ability either to make bread or to give medical care. The redistributionist ethic assumes that bread, housing, and medical skills just exist, waiting for somebody to divide them equitably. It overlooks the fact that somebody bought the farm tools, cultivated the field, transported the grain, and baked the bread, or studied the anatomy and stayed up nights on the wards to learn the skills to practice medicine. The commodities and the medical knowledge already belong to somebody in particular. To transfer them or their benefits to another, except through the voluntary actions of their owners, means that the commodities or the person’s time must first be confiscated. Herein ties the unique function of the state: it has a monopoly on the legal use of force.

The rebellion against King George III was fueled by slogans such as “Taxation without representation is tyranny.” Now that we have an elected government, many assume that it must be exempt from that charge. The question is, “Who is represented? Originally, the representation was supposed to be of the people paying the taxes. Now, such people are said to have a “vested interest,” and the representation is supposed to be of those receiving the spoils of the taxes!

As the purpose of the state changes, so must the mechanism of government. When the duty of the state was restricted to defending our borders and enforcing the laws against theft, fraud, and murder, the interests of all citizens were so nearly common that the competence of the decision makers was the primary concern; race, occupation, and social origin were irrelevant. Now that the state is supposed to distribute economic goods, all groups demand to participate in the process, to assure their share of the loot. As Bastiat, the contemporary of Marx, pointed out in The Law: “When plunder is organized by law for the profit of those who make the law, all the plundered classes try somehow to enter - by peaceful or revolutionary means - into the making of laws.” Membership in the right pressure group has become more important than the capacity of an individual for prudent judgments.

In making decisions about justice, a judge or a jury is adequate. However, for deciding what constitutes “social justice,” the number of votes is the criterion. Clearly, it is not really justice that is determined in that way, and might, not right, has become predominant. Redistribution, social justice, and socialism are all euphemisms for legalized plunder. Its advocates assume that it will be the plunder of the strong by the weak, of the advantaged by the disadvantaged, of the oppressors by the oppressed, of the rich by the poor. This assumption has never
been verified or even scrutinized carefully. In fact, it appears that the groups benefiting the most (for example, the administrators of social programs) are seldom those in whose name the banner is carried. Theft remains theft, even if perpetrated by Robin Hood.

The rights defined by the American constitution are of a fundamentally different character from those demanded by groups like the World Health Organization. The concept of private property, acquired by investing the fruits of one's own enterprise (not by seizure), is an absolute contradiction to the “right” to something one has not earned, based on one’s existence or neediness. Logically it is impossible to be in favor of both.

Decision Making by the Market and by the “Public”

All enterprises must be planned. Whether the planning should be done locally by the individuals most affected, or centrally by a supposedly disinterested body, is the subject for debate.

In a free market economy, decisions are made by individuals for their own benefit. A transaction is completed only if both parties consider it advantageous, or profitable, regardless of the potential benefit (or harm) to society as a whole. As Kelman put it, a capitalist society has no control over the allocation of its resources.7 The “Invisible hand,” guiding the whole process toward the good of society without the need for awareness by the participants, operates through the calculus of the marketplace, the price system, which sends the most accurate messages about supply and demand that are possible in a complex modern system, in which no individual or board could survey all the relevant factors for the optimum use of resources.8

Most medical journals refer to the market only to criticize it, first on the grounds of inequity, and second because it allegedly does not govern medicine due to the peculiar characteristics of that endeavor. The litany of the defects is familiar: inequality of access, high costs, uneven quality, failure to deal with the “whole man,” overspecialization, and lack of community participation. The allocation of rewards invariably seems unfair: Why should rock musicians make more money than country doctors? Undeniably, these problems exist. The leap of faith occurs in the assertion that a different system would be a change for the better.

While recognizing the effectiveness of the free enterprise system in some areas, such as manufacturing industries, some writers claim that health care is distinctly different from other commodities. After all, “physicians are in the unique position of being able to regulate the demand for their services.”9 This assertion without proof has been repeated often enough and with sufficient authority to be considered true, though on reflection it appears to be an assertion without plausibility. Auto mechanics, insurance salesmen and stockbrokers all may try to sell us more of their services than we need, taking advantage of our ignorance. Many products would have no market at all were it not for advertising. The most notorious group for creating demand for their own services must be the lawyers who sit on regulatory commissions and in legislatures, inventing a maze of requirements that only a lawyer could interpret.

In a more perfect society, individual self-interest is to be supplanted by the public interest, the common good, or the general welfare. Planning at the central level is one of the hallmarks of socialism because such a system is the “deliberate organization of the labors of society for a definite social goal.”10 To achieve this aim, the needs of society must first be listed in order of priority. When needs overwhelm resources, difficult decisions must be made. For example, when the costs of medical care become excessive, one might decide to limit expenditures for terminally ill patients. Naturally, the physician must be disqualified from making such decisions; “society” must decide.9

The mechanism whereby the public is to make decisions is generally left somewhat vague. Democracy is the catchword for the process, but while this is a noble principle, practical difficulties tend to arise immediately. As Fabian socialist Shaw writes: “We have yet to see the man who, having any practical experience of Proletarian Democracy, has any belief in its capacity for solving great political problems, or even for doing ordinary parochial work intelligently and economically.”11 Each group in the society has different needs and goals, and as the demand for services burgeons, each group has a vested interest in reduced consumption by others. To reconcile the opposing interests, democracy must inevitably appoint an authority.

The authority that arises as the proxy for society, to decide how society’s money shall be spent, is a bureaucracy. At its disposal is a whole new field, with a whole new vocabulary, popu-
lated not by practicing physicians but by experts in public policy who do cost-benefit analysis and cost-effectiveness analysis. Typical of the analytic method are these two examples from the current literature: "Vaccination of the population 65 years of age and older would incur a net cost to society of approximately $23 million and yield about 22,000 quality-adjusted life years."\textsuperscript{12} Similarly, regarding the use of estrogens in postmenopausal women, "Symptomatic improvement is assumed to provide the equivalent of 0.01 quality-adjusted years of life for each year of treatment." This author also gave figures corrected with a discount rate, to account for the differing values in the future of dollars expended and years of life gained.\textsuperscript{13} The meaning of such information when applied to that fictitious entity, the public, is not clear. Its value for a physician treating individual patients is negligible.

Though overall recommendations might be made on such reasoning, the cost figures generated are artificial. In a public system, it may in fact be impossible to calculate real costs. The resulting misallocation of resources causes the shortages and queues which are commonplace in socialist nations around the world and which can also be found locally at our Veterans Administration hospital. As resources are limited, some form of rationing is a necessity. To substitute for prices, the Hassle Factor was invented. When our V.A. medical center decided that too many brain scans were being ordered, the signature of the chief of the service was required on all requests. This clever maneuver did not expose the administration to the responsibility for missing lesions in the brain, as simply forbidding the test might have done, yet the number of brain scans decreased by 30 percent. Probably, this administrative obstacle deserves the credit for the gross savings, though the improved availability of computerized axial tomography might have contributed. A factor never entered to evaluate net savings was the wasted time of the doctors, since their overtime work or decreased productivity had no visible effect on expenditures. The doctor and the patient in such a setting are relieved of the burden of deciding whether a test is worth the cost. Instead, the doctor decides whether it is worth the bother. Such a frustrating arrangement, in which new hurdles are devised periodically, ought to be cheap at least, but Reilly and Reilly estimated the cost of an average outpatient visit to a V.A. hospital to be an astonishing $80.34!\textsuperscript{14}

Such complaints about red tape and restrictions are countered by the argument that life only seems more complex with the increased participation of government in health care; how much simpler it is for families not to have make tough choices, such as between Grandpa’s health and the children’s education.\textsuperscript{15} Thinking is always painful, but our failure to think about hidden costs does not make them vanish. It is impossible to figure out just where the Medicare money came from for Grandpa’s hospitalization, but let us speculate. Was the cost covered by inflating the money supply, thus impoverishing our elderly people, who may have led prudent and thrifty lives only to find their savings devoured? Was money diverted to taxes that might otherwise have been spent in productive investment, creating jobs for unemployed black teenagers? Did it come from capital funds for modernizing our industrial plants, making us less effective competitors in the world market, again costing our people jobs? Was it from research and development funds that might have contributed to a breakthrough in cancer treatment or to the generation of electricity by nuclear fusion? Did it come from the defense budget, perhaps the fund for maintaining the helicopters that carried our young men to death in an Iranian desert? Was it stolen from the earnings of widows and orphans? Nobody knows.

If the costs of public-financed health care are incalculable, so are the benefits. Grandpa’s medical care is not synonymous with Grandpa’s health. Was he hospitalized when a less expensive mode of treatment might have been just as helpful? Did he receive costly but futile treatment? Did he receive hemodialysis even though long senile, an investment few rational people would make if their own resources were to be used? Would the children really have been deprived of their education if no Medicare had been available? Or might the family have made do with a less expensive car, or might one of the children have gotten a job? Might the doctor have provided his services free of charge and simply omitted some expensive tests of marginal benefit? Are we certain, by the way, that Medicare has not been primarily a system of transfer payments from middle-income taxpayers to rich pathologists and other physicians?

The inequities in the market system are widely attributed to the Profit Motive, or to greed. We need decision makers who have only the public interest at heart rather than personal gain. How would Diogenes fare in searching for such a man? The plushly appointed administrative suites in the
county hospital, where the patients lie on drab wards and the house staff snatch what sleep they can in a crowded room adjacent to the public restroom, waiting room, and telephone, suggest that another privileged class has arisen. The sort of petty villain likely to be elevated to positions of influence in an expanded bureaucracy is portrayed by Soviet author Vladimir Voinovich in his tale of his struggle to occupy his rightful apartment, which was coveted by a Party functionary, Sergei Sergeevich Ivanko:

When you examine the principal factors of our story and attempt to find and explain the reasons for great social changes such things as collectivization… and cultural revolution… - do not overlook the humble drudge with the simple, unmemorable, greedy face… And while you plan great reform programs, build castles in the air, search for mistakes in Hegel… our humble drudge, with his sharp little eyes, watches carefully to see if, under the guise of struggling against alien ideology, he can get something from you: an apartment, a wife, a cow, an invention, a position, an academic title. Who needs this system? Well, just take our hero for example, Sergei Sergeevich Ivanko. He needs it!16

The market system and the planned economy are alike in that both result in an allocation of resources which seems less than ideal, partly due to lack of sufficient information and partly due to the ubiquitous human trait of greed, present even among servants of the public. They differ in method. Efforts to obscure this fundamental difference beneath noble rhetoric cannot change it: the market is free, and the planned economy depends on coercion. The choice is clear: the invisible hand or the mailed fist. Early socialist theorists such as Proudhon, Bakunin, and Kropotkin deluded themselves in their picture of emancipated individuals cooperating in a free brotherhood. The idea of voluntarily confiscating someone else’s property is inherently contradictory.17 Others were more honest: Saint-Simon said that those who defied the edicts of the planning commissions would be treated like cattle.

Compassion and Equality

Though well aware of the problems within collectivized systems, many men of good will say, “Yes, but… what about the poor people?” To speak against public relief is to be accused of lack of compassion, a politically fatal trait. But one must ask: Whose compassion? Its strongest advocates never mention how much of their own salary they are willing to contribute, but talk about distributing what isn’t theirs to give, namely, the taxpayer’s money. The bleeding hearts invariably shed somebody else’s blood. To preach compassion, then advocate shifting its burden onto the back of society, deserves opprobrium, not applause.

“Equality of access” is another phrase with great emotional impact. Its lack of meaning is no barrier to its popularity as a political objective. Equality, of course, is impossible. Equality is to society as the heat death of the universe to atoms. Obviously, equal excellence is a contradiction in terms and would not be the endpoint of an egalitarian movement. Some deny the existence of excellence, and some deplore the unfairness of life in that only a few derive the primary benefit from excellence whereas the rest receive only its trickling down effect. Waitzkin excoriates the Excellence Deception, whereby physicians, in order to justify their privileged class status, pretend to possess esoteric knowledge that is beyond the grasp of the masses.18 Some medical journals feel compelled to publish occasional articles defending excellence, but more are found to speak favorably of the leveling efforts of the Chinese, who coped with difficult subjects by the praiseworthy expedient of deleting them from the curriculum. Progress in medicine in the People’s Republic of China merited 17 favorable major articles and only three critical ones in chronicles of internal medicine in America over the past decade. Featured innovations included the selection process for medical school, based on recommendations of political leaders who were more concerned about the student’s motivation to “serve the people” than his academic attainments.19 The ideal of the Least Common Denominator is not modern, however. A Greek dictator illustrated his theory about government by leading an envoy into a field of grain, and lopping off the heads of any stalks that rose an inch or so above the average level.20

The emphasis on egalitarianism may be an antidote for greed, but only at the risk of encouraging envy - a more destructive, if selfless, vice. As Milton described this thoroughly negative yearning:

.... the more I see
Pleasures about me, so much more I feel
Torment within me, as from the hateful siege
Of contraries; all good to me becomes
Bane, and in Heaven much worse would be
Nor hope to be myself less miserable
By what I seek, but others to make such
As I, though thereby worse to me redound…\(^{21}\)

Envy may have created the Evil Eye in primitive
societies, a powerful force in inhibiting progress.
The Marxist method is the curious attempt to har-
ness envy for its own destruction. People can be
sensitized to potential sources of envy, so that they
may be eliminated, making all more equal.\(^{21}\)

**The Achievement Of Utopia**

The science fiction solution to the two defects
of the planned economy - insufficient information
about supply and demand, and human failings in
the planners - might be overcome by the develop-
ment of a more sophisticated computer technol-
ogy, culminating in Asimov's robot with a positron
brain, governed by the Three Laws of Robotics: (1)
A robot may not injure a human being, or, through
inaction, allow a human being to come to harm;
(2) a robot will obey all commands from a human
being, unless they contradict the first law; (3) a
robot shall protect its own existence unless such
protection conflicts with the first two laws. The
resemblance to the Oath of Hippocrates is striking.
However, Asimov himself has identified pitfalls in
this solution in his novels (particularly I, Robot), not
the least being that the positron brain selfdestructs
if confronted with a true ethical dilemma.

Unwilling to await the technological break-
through of the positron brain, socialist theorists
have fantasized ways of modifying human nature,
for only then can their system succeed. Shaw spoke
of the breeding of the Superman: "Unhappily, the
Hill will never be climbed by Man as we know
him..... The only fundamental and possible Social-
ism is the socialization of the selective breeding of
Man."\(^{71}\) In his play *Man and Superman*, his heroine
Dofia Ana, already the mother of 12, rejects the
pleasure palace prepared for her in Hell to return
to her mission on earth: the search for the father
of the Superman.

Though genetics has far surpassed Shaw’s wild-
est speculations, most hope today is focused on the
behavioral sciences. Using the World Health Orga-
nization definition of health, it is widely believed
that "environmental and behavioral interventions
are more likely to improve our health than con-
tinued resource allocation to medical care."\(^{23}\) The
importance of societal influences on behavioral
aberrancy is highlighted, and the "medicalization of
society" proceeds, as actions previously classified as
sins or moral defects are now called diseases, such
as alcoholism, drug dependency, and personality
disorders. As Fox writes: “Society moves from sin
to crime to sickness in conceptualizing deviance.”\(^{24}\)

While part of the holistic health movement encour-
ages individuals to take responsibility for their own
health, other writers who consider themselves
part of the same movement take the contradictory
stance that a “basic precept of the philosophical
systems which undergird holistic health holds that
health can be maintained only when the major
deleterious effects of environmental and other
disturbances have been ... neutralized.”\(^{25}\) Further-
more, “Health is not a subspecialty of medicine but
requires cooperative efforts of physicians, psycholo-
gists, environmentalists and other persons working
together on an equal basis... Optimum health is
based on a... sound physical and psychosocial
environment.”\(^{36}\)

Such holistic commentaries are reminiscent of
utopian novels, which frequently illustrate the per-
ceived relationship of sickness and vice. In Butler's
*Erewhon*, tubercular patients are sentenced to life
imprisonment by a court of law, while persons
who steal, set houses on fire, or commit crimes of
violence are diagnosed as victims of immorality
and are cared for in hospitals at public expense.
In *Facial Justice* by L. P. Hartley, the dictator ad-
dresses her subjects as “Patients and Delinquents.”
In Zamyatin's *We*, a fanatic band of perverted in-
dividualists plots the destruction of the perfectly
happy society. After a brief interval of suspense, the
state triumphs by devising a compulsory operation
to extirpate the imagination locus in the brain,
thereby ending crime and war.

In the world of nonfiction, the metaphor of
illness is commonly applied to all aspects of daily
existence. All manner of evils - the modern city,
European Jewry, Watergate, the Gang of Four - have
been likened to cancer.\(^{27}-^{29}\) The danger of consider-
ning deviance to be an illness is that such a definition
might be (indeed, has been) used to justify coercive
treatment of persons perceived as nonconformists,\(^{30}\)
"for their own benefit." The problems of invol-
untary hospitalization in the United States have
commanded considerable attention.\(^{31}\) Thousands
of documented cases of abuse in Communist na-
tions have received little more than a footnote in
the American psychiatric literature. In the Soviet
Union, commitment without legal process is used
as a means to “Protect the health of individu-
als and society.” Having thrown off the fetters of
Freudianism, with its concern for the individual,
Soviet psychiatry surged ahead after the Revolution under the leadership of Pavlov. New syndromes, characterized by their virulence to society (while leaving the individual the appearance of normality to friends and family) were first recognized at the Dnepropetrovsk special mental hospital. These creative diagnoses include “mathematization of psychology and medicine;” philosophical intoxication;32 border crossing; anti-Soviet activity; and aftereffects of malaria, confirmed by a searching interview which reveals the history of a mosquito bite at some time during a patient’s lifetime.33

The abuses that have been committed elsewhere in the name of socialism are dismissed as irrelevant by those who have the same theory about economics but who proclaim their dedication to human rights. For one thing, the abuses involve crude and uncivilized methods, for which Americans are assumed to have a natural abomination. In any case, advances in psychology should obviate the need for these “aversive consequences;” positive reinforcers can be substituted. Although Brave New World is intended to be a horror story, Walden Two is presented and often interpreted as a message of hope. In Skinner’s model state, “experts shape behavior as a sculptor shapes a lump of clay.”2

Improving our neighbor’s health, and incidentally his behavior, is not only a laudable purpose but has economic consequences. Certain habits are associated with high costs of medical care.34 Our neighbor’s smoking becomes our business when we become responsible for the cost of his radiation and chemotherapy. The question must arise: What shall we do about those who persist in smoking or drinking excessively, or who refuse to jog or to eat a healthful diet? After imposing some sanction, more governmental hypertrophy will be needed to identify the individuals guilty of such antisocial activity. The picture of Big Brother on the television screen, monitoring our enthusiasm as we perform our morning calisthenics, might not be so remote.

The Mixed Economy

Most Americans deny that they are statists or socialists. They are merely sensitive to the inequities in our system, and advocate doses of socialistic programs here and there as corrective measures. Since some people lack “adequate” access to medical care, capitation grants are given to medical schools, the V.A. system expands its ambulatory care programs, and Medicare and Medicaid are enacted.

One of the most valuable contributions of radical leftist writers has been to identify the contradictions inherent in such an approach. The two different concepts of the nature of man cannot coexist peacefully in the same society, for one will eventually devour the other. Marxist writers caution against “reformist reforms” which by “patching” the most glaring defects in the system appease the wrath of the oppressed and postpone the day of reckoning. They point to the Dumping Syndrome and the Brain Drain as the explanation for the failures of the socialist experiments within the society. The persistence of a private sector permits the most ambitious practitioners to escape while continuing to shunt their undesirable patients into the public sector. Socialism, by its very nature, can succeed only if it is universal.18

The basic practical problem with the mixed economy is the tendency of the public sector to expand insidiously. Providing public relief for the needy has somehow never decreased their number. The key insight of the behaviorists is the power of the positive reinforcer; rewarding failure and punishing success will stifle ambition and encourage more people to become wards of the state. Furthermore, the boundary of the state’s generosity is indefinable. Strict justice has a limit; fraternity and philanthropy do not. At first, the introduction of redistributionist measures produces no great impact on the economy. The benefits to some are great, but the costs are diffused over so many as to be imperceptible. However, when the number of looters begins to increase relative to the number of producers, social unrest and economic disruption are inevitable. The size of the economic pie to be distributed also declines. The consequence of collective ownership or responsibility is illustrated by the farmer who climbs down from his tractor promptly at 5 p.m. although the planting is 2 weeks behind schedule and the Ukrainian growing season is short.35

The Scientific Method in Economics

In deciding which pathway to take, one must ask two questions: (1) Which one is morally right and (2) Which gives the best results? The answers to the two questions are not necessarily the same, but in the words of a great practical teacher, a good tree gives good fruit and a bad tree gives bad fruit.

The outcomes of socialist practices should be glaringly apparent to anyone who has stood on a
platform and looked over the Berlin Wall. Advocates of socialism have coped with the cognitive dissonance induced by that controlled experiment in one of several ways. One is simply to repress it. The second is to deny that communism represents a genuine trial of socialism. While that argument can win debating points, Bukovsky (a veteran of Gulag) disagrees: “With great curiosity I read… as many of the socialist utopians as I could find. I was astounded: all their utopias had been truly realized by us! Realized, that is, as far as they could be by mere mortals.” The third is the one employed by Orwell’s Ministry of Truth. While famine raged in China, Westerners lauded the Revolution for abolishing hunger. Cuba is held up as a showplace for preventive medicine, though boatloads of people swarm to Miami. The most surprising mechanism is that of Skinner: “To go to all the trouble of running controls would be to make a fetish of the scientific method.”

Conclusions

As Marxist apologist Waitzkin believes, “Our future health system, as well as the social order of which it will be a part, depends largely on the praxis we choose now.” Our choice must result from a searching analysis of our fundamental spiritual values. Marxists have repeatedly shown, as often as Westerners have ignored, that the choice is a religious one. A confession required of a Catholic in a Chinese prison read: “I had been wrong to pretend … that there was no connection between politics and religion. Of course religion and politics were inseparable.” Marx is the state religion of a growing list of nations, and like other orthodoxies which have preceded it, it is an intolerant one. It has the three characteristics that define the universal church, as formulated by the Grand Inquisitor himself: miracle, mystery, and authority. The miracle is achieved by the masses in the formation of the great socialist state. Mao told parables of the People moving mountains, and the medical literature recounts equally incredible accomplishments such as the eradication of venereal disease. The paradoxes of Dialectical Materialism are sufficient mystery. The authority, of course, is the Party, which will evolve new techniques of “positive reinforcement” such as the relief of starvation and pain. The god is the masses, and the survival of society is the highest good. In Skinner’s words: “If our culture continues to take freedom or dignity, rather than its own survival, as its principal value, then it is possible that some other culture will make a greater contribution to the future.” Utopia, a state of perfect health, is promised, with a vision of the New Socialist Man like the ancient one recounted by Milton: “Taste this, and be henceforth among the gods/ Thyself a goddess.” This aspiration comes to fruition in behaviorism. Frazier, founder of Walden Two, concedes: “Perhaps I must yield to God in point of seniority, though I might claim that I made a more explicit statement of my plan. I could claim a more deliberate control.” The price of paradise is man’s soul, which must be surrendered for the collective good. The destruction of “egoism… privatism,” “aloofness,” and even “romantic love” to promote integration into the group becomes the goal of art and all intellectual activity. To have a soul comes to mean “to have a correct political point of view.”

The Western vision of man, based on Greek, Jewish, and Christian ideas, is of a tragically flawed creature, limited by forces he cannot command. Yet he is the captain of his soul. He is free to choose and is responsible for his actions. His achievements always fall short of his ambitions, and Utopia will never be found on this earth. Despite this more modest appraisal of man, it is Western. Socialist literature could never say of the common man: “What a piece of work is a man! How noble in reason! How infinite in faculties! In form and moving how express and admirable! In action how like an angel! In apprehension, how like a god! The beauty of the world! The paragon of animals!”

The choice between these two sets of spiritual values must be unambiguous, for they are mutually exclusive. The crux of the decision must be: Is it true that “man was created free, even if born in chains,” or is he a creature of the state, who will be virtuous and healthy if and only if the right environment is provided for him? Shall we choose the way of Thomas Jefferson and Adam Smith, or the way of the Grand Inquisitor, either via the forthright route of the acknowledged revolutionaries or via the gradualist route of the redistributionists for social justice? Eventually, Bastiat may triumph over Marx: These social organs of persons are so constituted that they will develop themselves harmoniously in the clean air of liberty. Away, then, with quacks and organizers! Away with their rings, chains, hooks, and pincers! … Away with the whims of governmental administrators, their socialized projects, their centralization… their free credit, their regulations, their restrictions, their equalization...
by taxation, and their pious moralizations! And now that the legislators and do-gooders have so futilely inflicted so many systems on society, may they finally end where they should have begun: May they reject all systems, and try liberty; for liberty is an acknowledgment of faith in God and His works.

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