

REVOLUTIONARY IN FORM, REACTIONARY IN CONTENT

A Critique of Ivan Illich

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Ivan Illich's contribution to the analysis of health care and the Illichian school of thought which it has generated have contributed enormously to the strengthening of the basic tenets of bourgeois individualism. The school's very political basis together with its regressive solution to the problem make it reactionary in content. It serves the purposes of monopoly capital by promoting a victim-blaming ideology, an anti-technological mode of medicine in commodity form and advocating a tightening of the medicare belt. The article presents a Marxist critique of the basic theoretical and political postulates of Illich. It is largely based on two articles, (Vicente Navarro's "The Industrialisation of Fetishism" in 'Medicine Under Capitalism' (Prodist) New York, 1976, and Howard S. Berlin's 'Emerging Ideologies in Medicine' in 'The Review of Radical Political Economics' (9:1, 1977)).

In the last decade a number of books have appeared attacking clinical medicine in fundamental ways. Of these Ivan Illich's *Medical Nemesis* (Pantheon 1976) has received wide critical coverage in the popular as well as the academic media. Although Illich offers a highly informative and important critique of scientific medicine, in the final analysis he tries to suggest a reform of medicine along bourgeois ideological lines. This leads him to conclude that health is a function of our individual consumption pattern, that less medical care is better, so that working class would be better-off (healthier) in the long run by tightening their medical care belts.

The net impact of Illich is to serve the purposes of monopoly capital by : (1) Diverting attention from the economic sources of disease and collectively based response and advocating a victim-blaming ideology; (2) Undermining the petit bourgeois mode of medical care delivery leading to life style politics; and (3) Legitimising a cut-back of all forms of medical care services.

The Roots of the Crisis

There is no doubt that modern medicine is passing through a period of deep crisis in the developed countries outside the socialist block. The crisis of modern medicine reflects and is a part of the crisis of modern capitalism. Briefly, the cause of the crisis lies in the falling rate of profit due primarily to increasing variable capital costs (mainly wages and fringe benefits) not matched by increased productivity. Resumed accumulation requires the destruction of unproductive capitals and the diversion of variable capital (including social wages) towards new, relatively productive constant capital. Lowering

variable capital costs involves both the diversion of labour and money away from the reproductive sector (health, education; labour, welfare) and the reorganisation of the reproductive sectors to place them more firmly in the control of capital. The health system has thus come under the scrutiny of capital to reduce those costs and help expediate the recovery process. An ideology which promotes anti technological (hence cheap) modes of medicine in commodity form is advantageous to capitalist's efforts to lower the costs of labour.

During periods of economic expansion and explicit class struggle, capital has been forced to provide greater medical care and preventive services for workers (raising its variable capital costs). As accumulation slackens the need to reduce those costs of reproducing labour heightens. As the costs of capital rise through expanding medical technology and through inflationary medical care reimbursement systems, without concomitant gains in terms of productivity, capital seeks to lower the level of health care provided. This struggle takes an added significance in a period of severe economic crisis.

Victim Blaming Ideology

As capitalism progresses and leaves increasingly dire health hazards in its wake, the technologically-oriented system of medicine tends to mask the origin of that morbidity by treating illness as an individual disorder through the use and purchase of commodities. Increases in disease morbidity and mortality and the increasing recognition that they are directly attributed to the capitalist mode of production cause concerns for capital on two distinct levels. It brings the legitimacy of capital into question at the point of production

as workers become more concerned about the effects of the production process on health, and it greatly increases the costs of providing medical care as workers spend more time off the job going through elaborate radiological, chemical and surgical therapies. The economic crisis exacerbates this struggle and thus capital tries to shift the responsibility for disease back to the worker—in this case through the promotion of victim-blaming ideology—and of individual solution for the worker defusing the class aspect of the morbidity.

Victim-blaming is not a new ideological response by capital. It has been used in education, welfare and even in health before. What is especially significant about this new wave is that, there is a chance that victim-blaming strategies may become the basis for public policy. In the west the popular media have been devoting a growing amount of space to life style changes and their positive contributions towards health. It is clear that this victim blaming epidemiology is getting wide circulation and acceptance.

Ideology of Industrialism

Illich is an articulate theoretician of the most prevalent and influential ideology used to explain our societies; i. e. the ideology of industrialism. The primary characteristic of that ideology is that the production requirements of the technological process and *Pari Passu* (at the same rate) of industrial organisations are the most important determinants of the nature and form of our western developed industrialised societies. In a fatalistic and almost deterministic way the former, the technological process, leads inevitably to the latter, the industrialisation of society. Moreover, according to the theorists of industrialism industrialisation has transcended and made irrelevant and *passé* the categories of property, ownership and social class. Indeed ownership loses its meaning as legitimisation of power. And control, now assumed to be divorced from ownership has passed from the owners of capital - capitalists - to the managers of that capital, and from there to the technocrats.

A final characteristic of industrialism is that it claims to be a universal process. In other words all societies regardless of their political structure, will evolve, according to the dictates of industrialisation. Indeed, according to a key component of that ideology, the theory of convergence, all societies will progress towards the urban industrial model of the future. Thus, socialism and capitalism are usually seen as two convergent roads to the same destin-

ation - the industrial model. Viewed in this way, the social problems of capitalist societies become not the problems of capitalism (an altogether *passé* category) but the problems of industrialisation.

Illich believes that industrialism is the main force shaping our societies and that unavoidable and irreparable damage accompanies industrial expansion in all sections, including medicine, education and so on. The industrialisation of medicine leads to the creation of a corpse of engineers — the medical profession — comparable to the technocrats of the main social formation of industrialised societies, the bureaucracy. Thus, the industrialisation of medicine means its professionalisation and bureaucratisation. And Illich believes that capitalism and socialism are indeed outmoded concepts since they are basically converging towards the same path of industrialisation that overwhelms and directs their social formations. In this interpretation, then, the class conflict has been replaced by the conflict between those at the top, the managers of the bureaucracies indispensable to the running of an industrialised society and those at the bottom, the consumers of the products — goods and services administered by those bureaucracies. As applied specifically to medicine, that conflict is the one between the medical bureaucracy, primarily the medical profession and medical care system; and the consumers, the patients. This antagonistic conflict appears as iatrogenesis (damage done by the provider) it is clinical when pain, sickness and death result from the provision of medical care; it is social when health policies reinforce an industrial organisation which generates dependency and ill-health, and it is structural, when medically-sponsored behaviour and delusion restrict the vital autonomy of people by undermining their competence in growing-up, caring for each other and aging.

How can we avoid and correct this iatrogenesis, the extensive damage done by the industrialisation of medicine? Before stating his own solution Illich briefly considers several other alternatives presently debated in political circles. In discussing solutions for clinical and social iatrogenesis, he especially rejects the socialisation alternative that he attributes to the equalising rhetoric of what are misleadingly termed the progressive forces among which he includes liberals and marxists. According to his normative conclusion, the redistribution of medical care implied in the socialisation alternative would make matters even worse since it would tend to further medicalise our population and create further dependencies on medical care. According to

Illich "less access to the present health system would, contrary to political rhetoric, benefit the poor". *In that respect Illich finds the creation of the National Health Services in Britain as a regressive not a progressive step.*

Instead of socialisation and its implied redistribution Illich recommends the following solutions for clinical and social iatrogenesis. The mode of production in medicine should be changed via its deprofessionalisation and debureaucratisation. He suggests that licensing and regulation of healers should disappear and concerns of where, when, how and from whom to receive care should be left to the choice of the individual. Collective responsibility for the health care should be reduced and individual responsibility should be maximised. Self-discipline, self interest, and self care should be the guiding principles for the individual in maintaining his health. In summary, each one should be made responsible for his own health.

As for the structural iatrogenesis, he again dismisses the alternative of socialisation and public control of the process of industrialisation, recommending instead the reversal of that process i.e. breaking down the centralisation of industry and returning to the market mode. The essence of his strategy for correcting structural iatrogenesis, then is an anti-trust approach with strong doses not of Marx or even Keynes but of Friedman.

A major weakness of his evaluation is that he takes as an indicator of the effectiveness of medical care, indicators of cure. Indeed, he seems to confuse care, with cure. And in evaluating the effectiveness of medical care he does what most clinicians do; he analyses the degree to which medical intervention has reduced mortality and morbidity. In other words the effectiveness of health care intervention is analysed in terms of curing disease and avoiding mortality. But the limited evidence available indicates that medical care may reduce disability and discomfort in peoples' lives. For that taking care to occur, our medical care system would have to change very profoundly to better enable the system to provide that care. Still Illich does not seem to accept the possibility of creating another system in which the priorities would be opposite to those of the present ones, with emphasis given to care as opposed to cure service. Actually, Illich would not even welcome such a care-oriented system since it would increase the dependency of the individual on the physician and on the system of medical care, preventing the much needed self-reliance and autonomy.

Illich considers social iatrogenesis, the addictive behaviour of the population to medical care, to be

the result of manipulation by the medical bureaucracy. He postulates that the consumer behaviour of our citizenry is primarily determined by its manipulation by the bureaucracies created as a result of industrialisation. The manipulation of addiction consumption and by bureaucracies (including medical care bureaucracy) is not the cause, as he postulates, but the symptom of the basic needs of the economic and social institutions of what he calls industrialised societies, the industrialised capitalist societies. Those bureaucracies, are the mere socialisation instruments of those needs i.e. they reinforce and capitalise on what is already there — the need for consumption, consumption that reflects a dependency of individual on something that can be bought, either a pill, drug, a prescription or a car.

Actually those dependencies are mere symptoms of a more profound dependency that has been created in our citizenry not by industrialisation but by the capitalist mode of production and consumption - a mode of production that results in the majority of men and women in our societies having no control over the product of their work, and a mode of consumption in which the citizenry is directed and manipulated in their consumption of the products of their work. This dependency on consumption—this commodity fetishism—is intrinsically necessary for the survival of a system that is based on commodity production. In the medical care system in capitalist system we find that (a) the alienation of the individual in his world of production leads him to the sphere of consumption of health services and that (b) the medical care bureaucracy is just administering those disturbances created by the nature of work and the alienating nature of the capitalist mode of production.

Illich finds structural iatrogenesis to be due to the culture of industrialisation. His solution for that iatrogenesis includes breaking down the industrial bureaucracies, and returning to self-reliance and enlightened self-interest. But by focussing on the medical bureaucracy as the 'enemy', Illich misses the point because those bureaucracies are the servant of a higher category of power - the dominant class. In the health sector power is primarily one of class, not of professional control. Indeed, the medical bureaucracy administers but does not control the health sector. We find then that the main conflict in the health sector replicates the conflict in the overall social system. And that conflict is primarily not between the providers and consumer, but between those that have a dominant influence in the health system (the corporate class and the upper middle class) who represent less than 20 percent of

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of the population and control most of the health institutions, and the majority of the population (lower-middle class and working class) who represent 80 per cent of the population and who have no control whatsoever over either the production or the consumption of those health services. To focus then as Illich and majority of social critics do, on the conflict between consumers and medical providers as the most important conflict in the health sector, is to focus on a very limited and small part of the actual class conflict.

One of the functions of the services bureaucracies - including the medical bureaucracy - is to legitimise and protect the system and its power relation. One aspect of that protection is social control — the channelling of dissatisfaction which Illich introduces as structural iatrogenesis. But to believe that social control is due to the culture of medicine and the pervasiveness of industrialisation is to ignore the basic question of who regulates and most benefits from that control. An analysis of our societies shows that the service bureaucracies — including the medical care ones - although willing accomplices in that control, are not the major benefactor. The ultimate benefactor of any social control intervention in any system is the dominant class in that system.

In short the major suggestion of Illich for solving our problems is self-reliance, self-care and autonomy of the individual - what can be described as lifestyle politics. This philosophy strengthens the basic ethical tenets of bourgeois individualism. Moreover, the lifestyle approach to politics serves to channel out of existence any conflicting tendencies against those structures that may arise in our society. The strategy of self-care assumes that the basic cause of an individual's sickness or unhealth is the individual citizen himself, and not the system and therefore the solution has to be primarily his and not the structural change of the economic and social system and its health sector. Contrary to what Illich and others postulate, the greatest potential for improving the health of our citizens is not primarily through changes in the behaviour of individuals, but primarily through changes in the patterns of control, structures and behaviour of the economic and political system. The latter could lead to the former. But the reverse is not possible. Actually, it is precisely because of the impossibility of the reverse, and thus the lack of conflict between Illich's message and the basic tenets of the capitalistic economic system that his message, the lifestyle politics is and increasingly will be presented by the organs of the media as the resolution of our crisis and problem.

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