

An Ethic for Health Promotion

*Rethinking the Sources of
Human Well-Being*

David R. Buchanan

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recommends stepped up public distribution of sterile syringes and more sex education programs in schools. To reduce obesity (a risk factor for heart disease, the leading cause of death in the nation), researchers have developed new drugs with greater power to control appetite. In short, applied scientific research offers the best prospect for remedying public health problems. It is a tantalizing picture and one that I think fairly represents the consensus of official opinion on how to improve the nation's health.

According to the NIH panel, one major obstacle to alleviating these health problems is the interjection of moral and political compunctions into health policy decisions. The panel sees public objections to needle exchange and sex education programs as foolishly subjecting people to preventable harm. Such moral and political concerns are irrational and unwarranted. Any qualms should be dismissed on the basis of objective, scientific evidence of program effectiveness in reducing infection rates, without producing measurable increases in local drug use or levels of sexual activity. In the eyes of this panel, the evidence is conclusive, further discussion costly.

What are we to make of these articles? How are we to think about improving the health and well-being of individuals and communities? Do the results of scientific research offer the best guide to better living? Are moral apprehensions archaic and unfortunate obstacles? Does it matter whether we lose weight through pills, or through diet and exercise? Or whether teenage drug use is reduced through the same techniques that are used to induce them to start smoking or drink beer? How might these different ways of promoting health make a difference in terms of the quality of outcomes? This text explores these and other related questions.

PURPOSES

The purpose of this book is to advocate a new way of thinking about promoting individual and community well-being. Currently, the field is committed to the development of a science of health promotion. *An Ethic for Health Promotion* argues that the relatively recent emergence of health problems with a largely social and behavioral etiology as the leading causes of morbidity and mortality now makes health promotion² an inherently and inescapably ethical and political endeavor. Because the nature of the problems has changed, the future of health promotion will require a different approach than that taken in the past. The ideas presented here are an attempt to fill the void created by an excessive reliance on the scientific method to analyze modern health problems and to design prevention programs.

The problems facing the field of public health today—drug abuse, teen pregnancy, alcoholism, infant mortality, drunk-driving deaths, heart disease, homicide, smoking, AIDS, suicide, child abuse, obesity, domestic violence, strokes,

and lack of exercise—are largely attributable to the choices people make, individually and collectively, about how they want to lead their lives.³ The reasons people might adopt behaviors that harm their own health are not well understood, nor how best to address these problems. This book reviews the work of a number of scholars, largely unknown to the field of public health, who have much to offer in terms of understanding the origins of these modern maladies. The major authors discussed are Charles Taylor, Robert Bellah, Michael Sandel, and Martha Nussbaum, a philosopher, sociologist, political theorist, and classics scholar, respectively. Their thinking poses a thought-provoking alternative to the standard scientific framework now guiding public health promotion research, training, and program development.

In introducing this framework, *An Ethic for Health Promotion* puts forward a new set of concepts and vocabulary. Thinking in the field of health promotion is currently framed by the scientific terminology of morbidity and mortality rates, risk factors, randomized control trials, independent and dependent variables, null hypotheses, cost-benefit analyses, and effective behavior change techniques. This book recommends a new direction marked by the concepts of well-being, integrity, virtues, autonomy, responsibility, civility, caring, and solidarity. These concepts better reflect the larger aims of the field and the direction advocated here. For, as the ethicist Daniel Callahan once remarked, how we think about questions and the way we frame the issues usually make all the difference in people's lives.⁴

In presenting the work of these scholars, I am going to convey a message that may make many colleagues uncomfortable. This book is critical of the unstinting institutional commitment to the positivist (experimental) paradigm of scientific research for determining the causes of "lifestyle" diseases and for developing interventions to prevent them. This commitment is most conspicuously evident in the research protocols of the National Institutes of Health, which provide the principal funding for research that sets the standards for program development. This research is directed at the development of a science of health promotion copied exactly on the model used in the biomedical sciences, with the explicit purpose of producing more effective techniques for modifying people's behaviors. This book explains why this approach is wrong headed, both ethically and epistemologically. Indeed, in the view of the authors cited above, not only is the current framework for thinking about contemporary ills unlikely to resolve them, it is in fact exacerbating the very conditions that give rise to them in the first place.

An Ethic for Health Promotion provides the philosophical foundations for a different type of practice in the field. A dissident stream of researchers and practitioners has periodically challenged the idea that the mission of health education is to change individual behavior,⁵ but these views have had little impact on federal research priorities, government planning documents, or the allocation of program dollars. This book presents a sound, defensible alternative to the quest for a science of human promotion. Many people practice a far different approach to

health promotion that cannot be squared with the technical scientific framework; their work affirms the values of autonomy, justice, caring, and solidarity over the pursuit of more effective behavior change techniques. This book explains why this alternative tradition is better suited to realizing human well-being and provides the philosophical basis for its justification. Instead of scientific reasoning, the alternative proposed here is based on practical reasoning. Instead of seeking the power to change people's behavior, it recommends seeking common understandings with community members about the good life for human beings. Instead of pursuing the development of a science of health promotion, it recommends an ethical and political process of improving institutional practices in order to foster individual and community well-being.

The premise of this book can be stated in three interlocking propositions:

- The kinds of health problems now facing the field have shifted, but our thinking about how to respond to them has not shifted accordingly. The leading health problems of the day have shifted from infectious diseases to chronic "lifestyle" diseases. The locus of responsibility has thus shifted from invasive microorganisms to human volitions, but the framework for thinking about how to deal with these problems has not changed. It is still a paradigm of power, mastery, and control.
- The source of most major health problems in industrialized nations today lies in the choices people make about how to lead their lives, but human choices are inextricably linked to understandings about how people ought to lead their lives. The increasing significance of human volitions in modern health problems takes us inexorably into the realm of ethical and political concerns. The question "How should one live?" is the classical starting point for all ethical inquiry. Yet, the scientific method is incapable of providing answers to normative questions: questions about the validity of different human values, the significance of different visions of the good life for human beings, and the quality of different ideals about how we think we should live.
- The strength of the scientific method lies in its ability to predict and control outcomes, but when the outcome of interest is human behavior, the commitment to the scientific method undermines the most fundamental understandings of ethical human relationships. The scientific method attempts to test and prove cause-and-effect relationships. These relationships are ideally and most conclusively verified through conducting experiments that predict and produce changes in the dependent variable of interest. The power to control outcomes is thus an inherent byproduct of testing hypotheses in any experimental research design. The commitment to the scientific method thus sanctions the idea that the purpose of health promotion is to seek and to wield the power necessary to produce changes in people's behaviors. This book contests the propriety of this goal.

The field of health promotion needs to revive and reorient its practices toward bringing people together as citizens and community members to decide for themselves the kinds of lives they think are most worth living, rather than continuing to develop the "technologies of prevention."⁶ Explaining the shortcomings of the current approach and establishing the foundations for an alternative approach will take us into complex philosophical issues, but we ignore them at our peril. As the sociologist Todd Gitlan recently put it, "You may not be interested in philosophy, but philosophy is interested in you. . . . People think within the intellectual and cultural currents that surround them—currents with histories, even if the sources cannot be seen from downstream."⁷ The lack of philosophical training among social scientists in general has been lamented;⁸ the problem is probably even greater for behavioral scientists in the health field, due to their proximity, allegiance, and perhaps envy of the successes of medical science. But greater familiarity with the ethical and epistemological assumptions underlying current practices and with the merits of an alternative approach is essential in order to establish a more propitious and principled ethic for health promotion.

CHALLENGES

A number of considerations indicate that a new direction for the field of health promotion is now in order. I want to start by briefly reviewing several recent summaries regarding the state of American society. These works introduce the challenges we now face and present us with questions about the roots of our current health problems. Then I suggest that standard social scientific explanations have not taken us very far in understanding the nature of modern health issues, specifically those with a social and behavioral etiology. These explanations seem particularly meager when compared to the results of research in the medical sciences. In addition, I find scant evidence that scientifically designed interventions have been effective in preventing modern health problems. On the contrary, all evidence indicates that the activities that have helped people most are those that have evolved out of a philosophy of self-help, mutual support, and communal solidarity.

While the state of American society does not lend itself to easy summarization and conflicting data are always at hand, a variety of sources and evidence point to some disturbing trends. Interestingly, representatives from across the political spectrum have come to similar conclusions about the significance of these figures.

In the middle of the road, Derek Bok, former president of Harvard University, provides an ambitious analysis in his *The State of the Nation* (1996). He introduces his book with the following observations. In opinion poll data solicited in April 1995, 74% of Americans declared themselves "dissatisfied with the way

things are going in this country." Similarly, in 1994, more than 50 percent of the American people felt their children would not have as good a life as they themselves had enjoyed. That same year, the Harris Alienation Index, a measure of how far the public feels estranged from the powers that be, climbed to a record high. As Bok summed up the mood of the country at the time of the 1996 presidential election, "By every available measure, ordinary citizens had lost confidence in the major institutions of the country and in the leaders responsible for its welfare."⁹

Representing the liberal left, Marc Miringoff of the Fordham Institute for Innovation in Social Policy has been compiling an Index of Social Health for the past 10 years.¹⁰ The Index is a composite catalogue of 16 different measures, ranging from straightforward health indicators (e.g., infant mortality, teen suicide, drug abuse, drunk-driving deaths, homicide) to broader social indices (e.g., the number of children in poverty, the income gap between the rich and the poor, the number of high school dropouts). Indicators were carefully selected to include measures for all age groups: children, youth, adults, and the elderly.

With data going back to 1970, the Index of Social Health reached its highest point—77.5 on a scale of 100—in 1973. It has declined consistently since that time, reaching its nadir in 1994. (See Fig. 1-1.) Four out of the worst five years occurred between 1990 and 1995. As Miringoff summarizes, "Overall, since 1970, America's social health declined from 74 in 1970 to 37 in 1994, dropping 49 percent. During that time, 11 problems worsened and 5 improved. This pattern of decline involves Americans across the age spectrum. . . . The worsening of so many social problems carries adverse implications for the social fabric of the country. So significant a decline in our society's ability to cope with its social problems may well help to explain the sense of unease felt by so many Americans today."¹¹

On the conservative side, William Bennett, former Secretary of Education, Director of the Office of National Drug Control Policy, and Chair of the National Endowment for the Humanities, has contributed a "report card" on the state of American society. In the *Index of Leading Cultural Indicators* (1994), Bennett has drawn together hundreds of charts, graphs, and tables documenting America's sociocultural condition. The indicators are grouped into five categories: (1) crime, (2) family and children (out-of-wedlock births, divorce, abortion, etc.), (3) youth (teen pregnancy, teen suicide, etc.), (4) education (levels of achievement, problems in school, etc.), and (5) popular culture (amount of television viewing, its content, church attendance, etc.). Illustrative of the major findings, since 1960 violent crime has increased by 560%; the number of unmarried pregnant teenagers has nearly doubled; teen suicide has increased by more than 200%; and, the number of divorces has increased nearly 200%, while the marriage rate is at an all-time low. The list goes on, but the message remains the same.

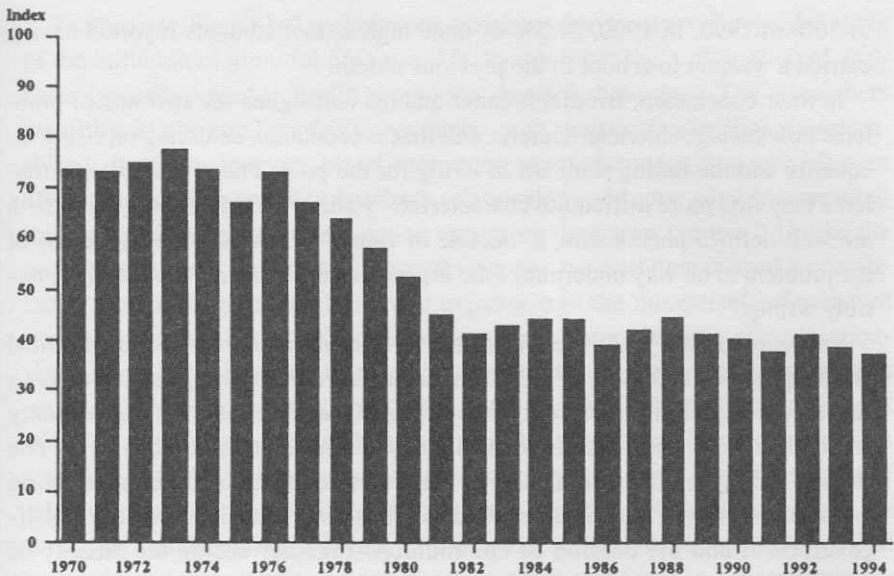


FIGURE 1-1. Index of Social Health of the U.S., 1970-1994. Used with permission, Miringoff, *Index of Social Health*, (1996).

Bennett concludes, "According to the findings in this book, in many ways the condition of America is not good. Over the past 3 decades we have experienced substantial social regression. Today the forces of social decomposition are challenging—and in some instances, overtaking—the forces of social composition. And when decomposition takes hold, it exacts an enormous human cost."¹²

Finally, a group of social scientists, laying claim to an impartial, objective assessment, has weighed in on the subject too. Striving to provide a jargon-free guide to correct the often misleading, partial, and erroneous information reaching the American public, this team of researchers, led by Urie Bronfenbrenner, the prominent psychologist and professor of Human Development at Cornell University, has compiled and analyzed data on issues quite like the preceding indices, although their report also includes data on more intangible issues, such as questions of moral integrity. Their categories cover youth, crime, the economy, families, poverty, education, and age. The emerging statistical profile, especially with regard to youth, underscores current threats to America's well-being.

For example, the authors report that, in national survey data, the percentage of high school students who said they had cheated on exams doubled—from 34% to 68%—between 1969 and 1989. Similarly, while in 1975, 35% of high school seniors agreed that "most people can be trusted," by 1992, that number had dropped to 18%. At the same time, weekly church attendance declined from 44% in 1980

to 30% in 1990. In 1990, 31.5% of male high school students reported having carried a weapon to school in the previous month.

In their conclusion, Bronfenbrenner and his colleagues see two sets of problems now facing American society. The first is economic, centering on rising inequality and the falling standard of living for the poor. The second set of problems they find more difficult to characterize: "Falling wages and lagging growth are well-defined phenomena; a 'decline in values' is not. But the vagueness of the problem in no way undermines the urgency of the concern. Something is terribly wrong."¹³

To wrap up, in a study we will return to later in greater depth, the political philosopher and Professor of Government at Harvard, Michael Sandel, offers a succinct synopsis of our current discontents: "One is the fear that, individually and collectively, we are losing control of the forces that govern our lives. The other is the sense that, from family to neighborhood to nation, the moral fabric of the community is unraveling around us. These two fears—for the loss of self-government and the erosion of community—together define the anxiety of the age."¹⁴

Based on these diverse statistical portraits, collected by parties with different backgrounds and different agenda, a picture is beginning to emerge of contemporary threats to health. Without wishing to fall into the old trap of millennial doomsaying, I offer this brief sketch to indicate the kinds of challenges the field of health promotion must now take up. To return to questions posed at the outset, to what can we attribute the emergence of these threats to our health and well-being?

A key tenet of the field of health promotion today is that health problems are attributable to the prevalence and distribution of identifiable risk factors and that the most fruitful approach for identifying suspect risk factors is scientific research. The scientific method is regarded as having indisputable superiority in determining the causes of these problems. The purpose of such research is to identify the underlying social and psychological factors that cause people to behave in ways that compromise their health (i.e., to start smoking, to take drugs, to overeat, to commit violent acts, etc.). In light of the significant accomplishments of science, from heart bypass surgery to landing men on the moon, one might expect similarly striking progress through these methods in identifying the causes of and solutions to contemporary health problems.

But the current program of health promotion research has not produced a cogent response to questions about causation. As we shall see, because health has both physical and social dimensions, understanding the nature of modern ailments presents new problems that are not readily amenable to scientific analysis. For now, in surveying the field, it is simply an indisputable fact that studies of behavioral health problems have not been able to produce results even remotely comparable to those found in biomedical research.

To illustrate, Figure 1-2 provides one example taken from a well-regarded study of the initiation of youthful drug use.¹⁵ It demonstrates the proliferation of variables typically found in health promotion research these days. The researchers identified a large number of different factors with statistically significant relationships to the dependent variable of interest, the onset of teenage drug use. All were also found to have complex feedback relationships with one another—meaning that “effects” were found to have an impact on their own “causes.” Unlike the parsimonious laws found in the natural sciences, we find here instead a complicated picture depicting an indefinite expansion in the number of independent variables and the absence of clear, unidirectional, cause-precedes-effect relationships. The picture becomes even more complicated when one learns that the sum total of all these factors still accounts for only a small fraction of the variance in behavior. So, despite the attempts to explain behavior by adding more variables into the equation, this accumulation does not enable one to predict very well whether or not someone will start taking drugs. Further complicating matters, the identified variables stand only in a “probabilistic” relationship to one another. That is, social variables have not been found to cause outcomes in constant manner (unlike, say, gravity, which is uniform throughout the known universe), but only make any given outcome more likely.

Two additional considerations provide further support for reconsidering the current direction of the field. First, a growing mass of evidence shows that the most carefully designed scientific interventions intended to reduce modern health problems have not proven successful. Carefully controlled, scientifically designed

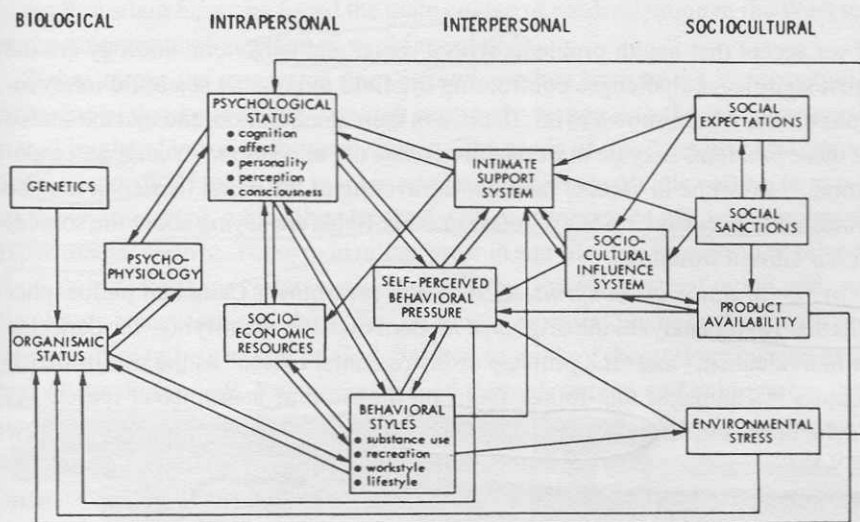


FIGURE 1-2. Interactive theory of drug use. National Institute on Drug Abuse (1980).

health promotion interventions—such as the many heart disease prevention programs¹⁶ (the Stanford three- and five-community studies,¹⁷ the Minnesota Heart Health plan,¹⁸ the Pawtucket trials,¹⁹ the Karelia intervention²⁰), the highly intensive and individualized Multiple Risk Factor Intervention Trials²¹ (MRFIT), and the more recent National Cancer Institute (NCI)-sponsored smoking reduction plan, the Community Intervention Trial²² (COMMIT)—have produced little evidence of success. In reviewing the results of these many large scale randomized control trials, even ardent advocates of the science of health promotion acknowledge that they have produced “disappointing results.”²³

Finally, in direct contrast, there are ample indications that the most beneficial responses to these problems have come from people acting on their own without recourse to scientifically designed interventions. The most effective treatment for alcohol abuse is Alcoholics Anonymous (AA).²⁴ The most effective treatment for substance abuse is an analogous 12-step program based on the AA model.²⁵ Likewise, we know that 90% of people who quit smoking successfully do so on their own without the assistance of professional interventions.²⁶ The most successful method of weight reduction is, again, self-help groups.²⁷ And the decline in infection rates in the AIDS epidemic, especially among gay men, is widely attributed to a groundswell of nonprofessional community activism, and not to replication and dissemination of scientifically proven interventions.²⁸

These observations have led me to the conclusion that it is time to consider a new direction for the field.

THE SOURCES OF MODERN MALAISE

If we accept that health problems with a social and behavioral etiology are the most significant challenges confronting the field today, that scientific interventions have not been shown to be effective in their amelioration, and that the source of these problems may lie in a collective sense of “alienation,” “social decomposition,” “a decline in values,” and an “unraveling of the moral fabric,” it may be worthwhile to consider what scholars in other fields are saying about the sources of our current troubles.

In *The Malaise of Modernity* (1992), the preeminent Canadian philosopher Charles Taylor analyzes the origins of modern malaise, identifying “the dark side of individualism” and “the primacy of instrumental reason” as the two principal sources.²⁹ The pages that follow focus on the issue of instrumental reason. As Taylor defines it, “By ‘instrumental reason,’ I mean the kind of rationality we draw on when we calculate the most economical applications of means to a given end. Maximum efficiency, the best cost–output ratio, is its measure of success.”³⁰ There are undoubtedly other factors contributing to the development of contemporary social health problems, but as this book shows, understanding the influence of