

the Moral Physician by Thomas S. Szasz

Physician Thomas S. Szasz is one of the moral and intellectual titans of the twentieth century. Very much in the tradition of Mill, Madison, Hayek, and Martin Luther King, Szasz has applied his prolific literary talent in the service of liberty and in opposition to dogma, scientism, and dehumanization. With persistent courage, he has challenged the dangerous liaison of psychiatry and government that has debased our medicine, our law, and our culture.

His essay, *The Moral Physician*, addresses the question that has long absorbed lovers of freedom: in whose interest is authority being exercised? At the time of the creation of the American republic, political and religious powers were commingled, so the founders took special care to disentangle the two and limit their powers. But as religious authority has declined it has been replaced by that of science and scientists, medicine and physicians. That transformation having coincided with the rejection of founders' attenuated concept of state, science and government have become homogenized, producing what Szasz has called "the therapeutic state." He argues that this medico-legal hybrid is a profound threat to our liberty, stripping us of the dignity and personal responsibility which are at the core of a free society.

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What is the moral mandate of medicine? Whom should the physician serve? The answers to these simple questions are by no means clear. Since medicine has rather intimate connections with health and illness, life and death, it is not surprising that we are now as uncertain about the aim of medicine as we are about the aim of life itself. Indeed, we can be no more clear or confident about what medicine is for than we can be about what life is for.

The moral foundations of modern medicine have a dual ancestry: from the Greeks, medicine has inherited the idea that the physician's primary duty is to his patient; and from the Romans, that his primary duty is to do no harm. The first of these ideas, although quite unrealized, is often said to be the ideal of Western medicine; the second, although quite unrealizable, is often said to be its First Commandment.

Primum non nocere. (First, do no harm.) What a lofty prescription! But what an absurd one. For the questions immediately arise, To whom should the physician do no harm? and Who will define what constitutes harm?

Life is conflict. The physician often cannot help a person without at the same time harming someone else. He examines an applicant for life insurance, finds that he has diabetes or hypertension, and reports it to the insurance company. He treats a Hitler or Stalin and helps to prolong his life. He declares that a man who tortures his wife with false accusations of infidelity is psychotic and brings about his psychiatric incarceration. In each of these cases, the physician harms someone--either the patient or those in conflict with him. These examples, of course, merely scratch the surface. We may add to them the physician's involvement with persons desiring abortions or narcotics, with suicidal patients, with military organizations, and with research in biological warfare--and we see how woefully inadequate, indeed how utterly useless, are the traditional moral guidelines of medicine for the actual work of the physician, whether as investigator or practitioner. Accordingly, if we wish to confront the moral dilemmas of medicine intelligently, we must start, if not from scratch, then from the basics of ethics and politics.

Everywhere, children, and even many adults, take it for granted not only that there is a god but that he can understand their prayers because he speaks their language. Likewise, children assume that their parents are good, and if their experiences are unbearably inconsistent with that image, they prefer to believe that they themselves are bad rather than that their parents are. The belief that doctors are their patients' agents--serving their patients' interests and needs above all others--seems to me to be of a piece with mankind's basic religious and familial myths. Nor are its roots particularly mysterious: when a person is young, old, or sick, he is handicapped compared with those who are mature and healthy; in the struggle for survival, he will thus inevitably come to depend on his fellows who are relatively unhandicapped.

Such a relationship of dependency is implicit in all situations where clients and experts interact. Because in the case of illness the client fears for his health and for his life, it is especially dramatic and troublesome in medicine. In general, the more dependent a person is on another, the greater will be his need to aggrandize his helper, and the more he aggrandizes his helper, the more dependent he will be on him. The result is that the weak person easily becomes doubly endangered: first, by his weakness and, second, by his dependence on a protector who may choose to harm him. These are the brutal but basic facts of human relationships of which we must never lose sight in considering the ethical problems of biology, medicine, and the healing professions. As helplessness engenders belief in the goodness of the helper, and as utter helplessness engenders belief in his unlimited goodness, those thrust into the roles of helpers--whether as deities or doctors, as priests or politicians--have been only too willing to assent to these characterizations of themselves. This imagery of

total virtue and impartial goodness serves not only to mitigate the helplessness of the weak, but also to obscure the conflicts of loyalty to which the protector is subject. Hence, the perennial appeal of the selfless, disinterested helper professing to be the impartial servant of all mankind's needs and interests.

Traditionally, it was, of course, the clergy that claimed to be the agent of all mankind--asserting that they were the servants of God, the creator and caretaker of all mankind. Although this absurd claim had its share of success, it was doomed to be rejected in time because the representatives of the most varied creeds all claimed to speak for the whole of mankind. Gullible as men are, they can stand just so much inconsistency. Thus, by the time our so-called modern age rolled around, the mythology of any particular religion speaking for all of mankind became exposed for what it is--the representation of certain values and interests as the values and interests of everyone. Nietzsche called this the death of God. But God did not die; He merely disappeared behind the stage of history to don other robes and reemerged as scientist and doctor.

Since the seventeenth century, it has been mainly the scientist, and especially the so-called medical scientist or physician, who has claimed to owe his allegiance, not to his profession or nation or religion, but to all of mankind. But if I am right in insisting that such a claim is always and of necessity a sham--that mankind is so large and heterogeneous a group, consisting of members with inherently conflicting values and interests, that it is meaningless to claim allegiance to it or to its interests--then it behooves us as independent thinkers to ask ourselves, "Whose agent is the expert?"

Plato is fond of using the physician as his model of the rational ruler, and in *The Republic* he explicitly considers the question of whose agent the physician is. Early in that dialogue he offers us this exchange between Socrates and Thrasymachus:

Now tell me about the physician in that strict sense you spoke of: is it his business to earn money or to treat his patients? Remember, I mean your physician who is worthy of the name?

To treat his patients.

It would seem that we have not advanced one step beyond this naive, hortatory answer to the question of whose agent the physician is. In the conventional contemporary view too, the doctor's role is seen as consisting in the prevention and treatment of his patient's illness. But such an answer leaves out of account the crucial question of who defines health and illness, prevention and treatment.

Although Plato seemingly supports the idea that the physician's duty is to be his patient's agent, as we shall see that is not what he supports at all. By making the physician the definer not only of his own but also of his patient's best interests, Plato actually supports a coercive-collectivistic medical ethic rather than an autonomous-individualistic one.

Here is how Plato develops his defense of the physician as agent of the state:

But now take the art of medicine itself. . . . [It] does not study its own interests, but the needs of the body, just as a groom shows his skill by caring for horses, not for the art of grooming. And so every art seeks, not its own advantage-- for it has no deficiencies-- but the interest of the subject on which it is exercised.²

Having established his claim for benevolent altruism, Plato proceeds to draw the ethical and political conclusions he was aiming at all along: the moral justification of the control of the subordinate by the superior-- patient by doctor, subject by ruler:

But surely, Thrasymachus, every art has authority and superior power over its subject. . . . So far as the arts are concerned, then, no art ever studies or enjoins the interest of the superior party, but always that of the weaker over which it has authority. . . . So the physician, as such, studies only the patient's interest, not his own. For as we agreed, the business of the physician, in the strict sense, is not to make money for himself, but to exercise his power over the patient's body. . . . And so with government of any kind: no ruler, in so far as he is acting as ruler, will study or enjoin what is for his own interest. All that he says and does will be said and done with a view to what is good and proper for the subject for whom he practices his art.³

That this argument is contrary to the facts Thrasymachus himself points out. But such facts scarcely affect the force of Plato's rhetoric, which is based on the perpetually recurring passions of men and women to control and be controlled. Thus, Plato's rhetoric still has an astonishingly timely ring: it could serve, without any significant modification, as a contemporary exposition of what is now usually called medical ethics.

Indeed, so little have men's views changed in the past twenty-five hundred years on the dilemma of the physician's dual allegiance, to himself and to his patient, that it will be worth our while to follow to its end Plato's argument about the selflessness of the moral man of medicine:

. . . any kind of authority, in the state or in private life, must, in its character of authority, consider solely what is best for those under its care. . . . each [skill] brings us some benefit that is peculiar to it: medicine gives health, for example; the art of navigation, safety at sea; and so on.

Yes.

And wage-earning brings us wages; that is its distinctive product. Now, speaking with that precision which you proposed, you would not say that the art of navigation is the same as the art of medicine, merely on the ground that a ship's captain regained his health on a voyage, because the sea air was good for him. No more would you identify the practice of medicine with wage-earning because a man may keep his health while earning wages, or a physician attending a case may receive a fee.

No.

. . . This benefit, then--the receipt of wages--does not come to a man from his special art. If we are to speak strictly, the physician, as such, produces health; the builder, a house; and then each, in his further capacity as wage-earner, gets his pay. . . . Well, then, Thrasymachus, it is now clear that no form of skill or authority provides for its own benefit.⁴

As these quotations show, Plato is a paternalist.⁵ Quite simply, what Plato advocates is what many people seem to need or want, at least some of the time: namely, that the expert should be a leader who takes the burden of responsibility for personal choice off the shoulders of the ordinary man or woman who is his client. This ethical ideal and demand, characteristic of the closed society, must be contrasted with the ethical ideal and demand of the open society, in which the expert must speak the truth and the client must bear the responsibility of his own existence--including his choice of expert.

I shall have more to say later about the fundamental alternative between authority and autonomy, noble lies and painful truths. For now, I want to follow Plato a little further in *The Republic* to show how inextricably intertwined in his thought are the notions of authority and mendacity--indeed, how it is power that renders lying virtuous and powerlessness that renders it wicked:

Is the spoken falsehood always a hateful thing? Is it not sometimes helpful--in war, for instance, or as a sort of medicine? . . . And in those legends we were discussing just now, we can turn fiction to account; not knowing the facts about the distant past, we can make our fiction as good an embodiment of truth as possible.⁶

In the Platonic program of fictionalizing history, we recognize, of course, another much-applauded modern scientific enterprise--in fact, a species of psychiatric prevarication that its practitioners pretentiously call *psychohistory*. As the modern psychiatric physician is entitled, by his limitless benevolence, to use mendacity as medicine, so, according to Plato, is the ruler:

If we were right in saying that gods have no use for falsehood and it is useful to mankind only in the way of a medicine, obviously a medicine should be handled by no one but a physician. . . . If anyone, then, is to practice deception, either on the country's enemies or on its citizens, it must be the Rulers of the commonwealth, acting for its benefit; no one else may meddle with this privilege. For a private person to mislead such Rulers we shall declare to be a worse offense than for a patient to mislead his doctor. . . .⁷

Plato also uses the metaphor of mendacity as a medicine to justify his eugenic policies. All the mischief done ever since in the name of genetics as a means of improving the human race has been perpetrated by following the policy here proposed by Plato:

Anything like unregulated unions would be a profanation in a state whose citizens lead the good life. The Rulers will not allow such a thing. . . . We shall need consummate skill in our Rulers . . . because they will have to administer a large dose of that medicine we spoke of earlier. . . . We said if you remember, that such expedients would be useful as a sort of medicine. . . . It follows from what we have just said that, if we are to keep our flock at the highest pitch of excellence, there should be as many unions of the best of both sexes, and as few of the inferior, as possible, and that only the offspring of the better unions should be kept. And again, no one but the Rulers must know how all this is being effected; otherwise, our herd of Guardians may become rebellious.⁸

Clearly, the Platonic physician is an agent of the state--and, if need be, the adversary of his patient. In view of the immense influence of Platonic ideas on modern medicine, it is hardly surprising that we now face moral dilemmas attributable directly to the medical arrangement advocated by Plato and his countless loyal supporters, past and present.

Lest it seem that I have overemphasized the Platonic physician's allegiance to the state, even at the cost of his being the unconcealed adversary of the so-called patient, let us see what Plato says about physicians qua physicians, not as the models for rulers. What he says may seem shocking to some of us--because it sounds so modern and because it supports the most disreputable medical, eugenic, and psychiatric policies of twentieth-century governments, both totalitarian and free.

Revealingly Plato begins his discussion of the duties of doctors by reviling malingers and persons now usually called mentally ill. Plato's objection to medicalizing ordinary miseries-- problems in living --is, to be sure, a position I myself support, but for a reason and an aim that are the very opposite of his: he wants doctors to persecute such people, and persecuted by them they have been; whereas I want doctors to leave them alone if that is what the patients want.⁹

Is it not [asks Plato rhetorically] also disgraceful to need doctoring, not merely for a wound or an attack of some seasonal disorder, but because, through living in idleness and luxury, our bodies are infested with winds and humours, like marsh gas in a stagnant pool, so that the sons of Asclepius are put to inventing for diseases such ingenious names as flatulence and catarrh?

Yes; they are queer, these modern terms.

And not in use, I fancy, in the days of Asclepius himself. . . . in the old days, until the time of Herodicus, the sons of Asclepius had no use for the modern coddling treatment of disease. But Herodicus, who was a gymnastic teacher who lost his health, combined training and doctoring in such a way as to become a plague to himself first and foremost and to many others after him.

How?

By lingering out his death. He had a mortal disease, and he spent all his life at its beck and call, with no hope of a cure and no time for anything but doctoring himself. . . . his skill only enabled him to reach old age in a prolonged death struggle.¹⁰

Plato clearly disapproves of such use of medicine and the art of the physician. And he minces no words in asserting that a physician ministering to a sufferer such as Herodicus is a bad man-- a traitor to the community and the state.

If Asclepius did not reveal these valetudinarian arts to his descendants, it was not from ignorance or lack of experience, but because he realized that in every well-ordered community each man has his appointed task which he must perform; no one has leisure to spend all his life in being ill and doctoring himself.¹¹

What then should a chronically ill person do? He should die-- "get rid of his troubles by dying"¹² is the way Plato puts it-- for his own sake and the sake of the state. But what about people who feel sick, who are preoccupied by their own ill health and its care, but who are not sick enough to die? Physicians should turn their backs on such people. "They should not be treated,"¹³ he says, thus unmistakably identifying the sufferer's own desire for medical care as a wholly irrelevant criterion for legitimizing such treatment.

It seems to me that never before-- not just in totalitarian societies but in all societies --has Western medicine been so dangerously close to realizing this particular Platonic ideal as today. Here again are Plato's words on the subject:

Surely, there could be no worse hindrance than this excessive care of the body. . . . Shall we say, then, that Asclepius recognized this and revealed the art of medicine for the benefit of people of sound constitution who normally led a healthy life, but had contracted some definite ailment? He would rid them of their disorders by means of drugs or the knife and tell them to go on living as usual, so as not to impair their usefulness as citizens. But where the body was diseased through and through, he would not try, by nicely calculated evacuations and doses, to prolong a miserable existence and let his patient beget children who were likely to be as sickly as himself. Treatment, he thought, would be wasted on a man who could not live in his ordinary round of duties and was consequently useless to himself and society.¹⁴

Implicit throughout this dialogue is the identity of the person making the judgment about who is useful and who is not, who should be treated and who should not be: it is the physician, not the patient.

Herein lie the main lessons for our present ethical predicaments in genetics; they are best framed as questions: Do we support or oppose the view--and the policy--that the expert's role should be limited to providing truthful information to his client? Do we support or oppose the view--and

the policy--that the expert's duty is to decide how the nonexperts should live and that he should therefore be provided with the power to impose his policies on those so unenlightened as to reject them?

If we are not skilled at analyzing Plato's arguments, if we do not realize that choices such as these confront us with the necessity of ranking our priorities, and if we blind ourselves to the conflicts in life between bodily health and personal freedom, then we may become geniuses at manipulating the gene but will remain morons about trying to manipulate our fellow man and letting him manipulate us. Plato had, of course, no hesitation in judging, and in letting physicians judge, whose life was worth something and whose was not, who should be treated and who should not:

. . . if a man had a sickly constitution and intemperate habits, his life was worth nothing to himself or to anyone else; medicine was not meant for such people and they should not be treated, though they might be richer than Midas.¹⁵

It seems to me difficult to overemphasize that Plato's foregoing proposals are political remedies for perennial moral problems. How should society treat the sick and the weak, the old and the "socially useless"? How should the services of healers be employed--like those of soldiers, of priests, or of entrepreneurs? We should beware of flattering ourselves by believing that new biomedical capabilities necessarily generate genuinely new moral problems, especially since we haven't solved--haven't even faced--our old problems.

I shall not belabor here the idiocies and horrors proposed or perpetrated in the name of medicine, and specifically genetics, in recent decades. A single example should suffice to illustrate my point--that medical experts, like all human beings, may easily identify themselves with the holders of power, may eagerly become their obedient servants, and may in this way suggest and support the most heinous policies of mayhem and murder against suffering or stigmatized individuals.

The following words, written in 1939, are not those of a Nazi physician, but of a distinguished scientist who must have been thoroughly familiar with Plato:

Eugenics is indispensable for the perpetuation of the strong. A great race must propagate its best elements. . . . Women [however] voluntarily deteriorate through alcohol and tobacco. They subject themselves to dangerous dietary regimens in order to obtain a conventional slenderness of their figure. Besides, they refuse to bear children. Such a defection is due to their education, to the progress of feminism, to the growth of short-sighted selfishness. . . . Eugenics may exercise a great influence upon the destiny of the civilized races. . . . The propagation of the insane and the feebleminded . . . must be prevented. . . . No criminal causes so much misery in a human group as the tendency to insanity. . . . Obviously, those who are afflicted with a heavy ancestral burden of insanity, feeble-mindedness, or

cancer should not marry. . . . Thus, eugenics asks for the sacrifice of many individuals. . . .

. . . .Women should receive a higher education, not in order to become doctors, lawyers, or professors, but to rear their offspring to be valuable human beings.

There remains the unsolved problem of the immense number of defectives and criminals. . . . As already pointed out, gigantic sums are now required to maintain prisons and insane asylums and protect the public against gangsters and lunatics. Why do we preserve these useless and harmful beings? The abnormal prevent the development of the normal. . . . Why should society not dispose of the criminals and the insane in a more economical manner? . . . Criminology and insanity can be prevented only by a better knowledge of man, by eugenics, by changes in education and in social conditions. Meanwhile, criminals have to be dealt with effectively. . . . The conditioning of petty criminals with the whip, or some more scientific procedure, followed by a short stay in hospital, would probably suffice to insure order. Those who have murdered, robbed while armed with automatic pistol or machine gun, kidnapped children, despoiled the poor of their savings, misled the public in important matters, should be humanely and economically disposed of in small euthanasic institutions supplied with proper gases. A similar treatment could be advantageously applied to the insane, guilty of criminal acts.¹⁶

The man who wrote this was Alexis Carrel (1873-1944), surgeon and biologist, member of the Rockefeller Institute in New York, and the recipient in 1912 of the Nobel Prize in physiology and medicine for his work on suturing blood vessels.

Besides being his own agent, which of course the medical scientist or physician always is, and besides being an agent of his patient, which the physician is more and more rarely (hence the disenchantment with medical care among both physicians and patients despite the remarkable technical advances of medical science), the physician may be--and indeed often is--the agent of every conceivable social institution or group. It could hardly be otherwise. Social institutions are composed of, and cater to, the needs of human beings; and among human needs, the need for the health of those inside the group--and frequently for the sickness of those outside of it--is paramount. Hence, the physician is enlisted, and has always been enlisted, to help some persons and harm others--his injurious activities being defined, as we have already seen in Plato's *Republic*, as helping the state or some other institution.

Let me offer a very brief review of how physicians have through the ages not only helped some, usually those who supported the dominant social ethic, but also harmed others, usually those who opposed the dominant social ethic.

During the late Middle Ages, physicians were prominent in the Inquisition, helping the inquisitors to ferret out witches by appropriate "diagnostic" examinations and tests.¹⁷

The so-called discipline of public health, originating in what was first revealingly called "medical police" (*Medizinalpolizei*), came into being to serve the interests of the absolutist rulers of seventeenth- and eighteenth-century Europe. The term, according to George Rosen, was first employed in 1764 by Wolfgang Thomas Rau (1721-1772):

This idea of medical police, that is, the creation of a medical policy by government and its implementation through administrative regulation, rapidly achieved popularity. Efforts were made to apply this concept to the major health problems of the period, which reached a high point in the work of Johann Peter Frank (1748-1821) and Franz Anton Mai (1742-1814).¹⁸

The medical police were never intended to help the individual citizen or sick patient; instead, they were quite explicitly designed "to secure for the monarch and the state increased power and wealth."¹⁹ Since increased power and wealth for the state could often be obtained only at the expense of decreased health and freedom for certain citizens, we witness here a collision between the Platonic and Hippocratic medical ethics--the former easily triumphing over the latter. Rosen's summary of Frank's work shows its undisguisedly Platonic character:

Carrying out the idea that the health of the people is the responsibility of the state, Frank presented a system of public and private hygiene, worked out in minute detail. . . . A spirit of enlightenment and humanitarianism is clearly perceptible throughout the entire work, but as might be expected from a public medical official who spent his life in the service of various absolute rulers, great and small, the exposition serves not so much for the instruction of the people, or even of physicians, as for the guidance of officials who are supposed to regulate and supervise for the benefit of society all the spheres of human activity, even those most personal. Frank is a representative of enlightened despotism. The modern reader may, in many instances, be repelled by his excessive reliance on legal regulation, and by the minuteness of detail with which Frank worked out his proposals, especially in questions of individual, personal hygiene.²⁰

Among Frank's more interesting proposals was a tax on bachelors--part of the medical police's effort to increase the population to provide more soldiers for the monarch--a proposal we have still not ceased implementing.

The French Revolution helped to cement further the alliance between medicine and the state. This alliance is symbolized by the healer's aspiring to perfect more humane methods of execution. In 1792, the guillotine--developed and named after Dr. Joseph Ignace Guillotin, a physician and member of the Revolutionary Assembly and creator of its Health Committee (Comité de salubrité)--became the official instrument of execution in France. Again, it is revealing that the first guillotine was assembled at the Bicetre, one of Paris's famous insane asylums, and that it was tried out on live sheep and then on three cadavers of patients from the asylum. After the first flush of enthusiasm for this medical advance

wore off, Guillotin's contribution to human welfare was viewed, even in those days, ambivalently-- leading him to remark in his last will, "It is difficult to do good to men without causing oneself some unpleasantness."²¹

In our own day, in the so-called free societies, virtually every group or agency, public and private, has enlisted the physician as an agent of its particular interests. The school and the factory, employers and labor unions, airlines and insurance companies, immigration authorities and drug-control agencies, prisons and mental hospitals, all employ physicians. The physician so employed has a choice only between being a loyal agent of his employer, serving his employer's interests as the latter defines them, or being a disloyal agent of his employer, serving interests other than his employer's as the physician himself defines them.

The principal moral decision for the physician who does not work in an ideal private-practice situation is choosing what organization or institution he shall work for; more than anything else, that will determine the sort of moral agent he can be to his patient and others. It follows from this that we should pay more attention than has been our habit to the ways institutions and organizations--whether the CIA or the United Nations or any other prestigious and powerful group--use medical knowledge and skills. Although these considerations may seem simple, their appreciation is not reflected by what seems to be the viewpoint that characterizes the recent burgeoning of literature on problems of medical ethics, especially as they relate to genetics. To illustrate this, let me quote two remarks from an international conference in 1971 on Ethical Issues in Human Genetics, devoted mainly to problems of genetic knowledge and counseling.

One participant, a professor of genetics in Paris, in a discussion about counseling parents who might give birth to a child with Tay-Sachs disease, had this to say:

I think the question is whether I would like to suppress a child or not. My simple answer is definitely not, because we have to recognize one thing which is very frequently overlooked: medicine is essentially and by nature working against natural selection. That is the reason why medicine was invented. It was really to fight in the contrary sense of natural selection. . . . When medicine is used to reinforce natural selection, it is no longer medicine; it is eugenics. It doesn't matter if the work is palatable or not; that is what it is.²²

There are two things seriously wrong here. First, this expert's remarks about the antagonism between medicine and natural selection are nonsense-- and remarkable nonsense at that for a biologist to entertain and expound. Second, by speaking about "suppressing a child," this expert equates and confuses advising a parent not to have a child, performing an abortion, and killing an infant.

Another participant, a professor of sociology in Ithaca, New York, in a discussion of the "Implications of Parental Diagnosis for the Quality of, and Right to, Human Life," said:

. . . the best way of expressing its [society's] interest is through the counselor-physician, who in effect has a dual responsibility to the individual whom he serves and to the society of which he and she are parts. . . . we will all certainly be diminished as human beings, if not in great moral peril, if we allow ourselves to accept abortion for what are essentially trivial reasons. On the other hand, we will, I fear, be in equal danger if we don't accept abortion as one means of ensuring that both the quantity and quality of the human race are kept within reasonable limits.²³

If that is how the experts reason about the ethical problems of genetics, we are in a bad way indeed. The priest, the accountant, and the defense lawyer do not try to serve antagonistic interests simultaneously; the politician, the psychiatrist, and the expert on genetic counseling do.²⁴

My views on medical ethics in general and on the ethical implications of genetic knowledge and engineering in particular may be summarized as follows.

The biologist and the physician are, first and foremost, individuals; as individuals they have their own moral values that they are likely to try to realize in their professional work as well as their private lives.

In general, we should regard the medical man, whether as investigator or practitioner, as the agent of the party that pays him and thus controls him; whether he helps or harms the so-called patient thus depends not so much on whether he is a good or bad man as on whether the function of the institution whose agent he is, is to help or harm the so-called patient. Insofar as the biologist or physician chooses to act as a scientist, he has an unqualified obligation to tell the truth; he cannot compromise that obligation without disqualifying himself as a scientist. In actual practice, only certain kinds of situations permit the medical man to fulfill such an unqualified obligation to truth telling.

Insofar as the biologist or physician chooses to act as a social engineer, he is an agent of the particular moral and political values he espouses and tries to realize or of those his employer espouses and tries to realize.

The biologist's or physician's claim that he represents disinterested abstract values-- such as mankind, health, or treatment --should be disallowed; and his efforts to balance, and his claim to represent, multiple conflicting interests--such as those of the fetus against the mother or society or of the individual against the family or the state--should be exposed for what they conceal, perhaps his secret loyalty to one of the conflicting parties or his cynical rejection of the interests of both parties in favor of his own self-aggrandizement.

If we value personal freedom and dignity, we should, in confronting the moral dilemmas of biology, genetics, and medicine, insist that the expert's allegiance to the agents and values he serves be made explicit and that the power inherent in his specialized knowledge and skill not be accepted as justification for his exercising specific controls over those lacking such knowledge and skill.

1. *The Republic of Plato*, trans. F. M. Cornford (New York: Oxford University Press, 1945), p.22.
2. *Ibid.*, p.23.
3. *Ibid.*, pp. 23-24.
4. *Ibid.*, pp. 27-28.
5. See K. R. Popper, *The Open Society and Its Enemies* (Princeton, NJ, Princeton University Press, 1950).
6. *The Republic*, p. 74.
7. *Ibid.*, p. 78.
8. *Ibid.*, pp. 157-159.
9. See especially my *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, rev. ed. (New York: Harper & Row, 1974), *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement* (New York, Harper & Row, 1970), and *The Ethics of Psychoanalysis: The Theory and Method of Autonomous Psychotherapy* (New York: Basic Books, 1964).
10. *The Republic*, pp. 95-96.
11. *Ibid.*, p. 96.
12. *Ibid.*
13. *Ibid.*, p. 98.
14. *Ibid.*, p. 97.
15. *Ibid.*, p. 98.
16. A Carrel, *Man, the Unknown* (New York: Harper & Row, 1939), pp. 299-302, 318-319.
17. See *The Myth of Mental Illness*, pp. 32-34.
18. G. Rosen, *A History of Public Health* (New York: MD Publications, 1958), pp. 161-162.
19. G. Rosen, "Cameralism and the Concept of Medical Police," *Bulletin of the History of Medicine* 27 (1953): 42.
20. Rosen, *A History of Public Health*, p. 162.
21. Quoted in A. Soubiran, *The Good Doctor Guillotin and His Strange Device*, trans. M. McGraw (London: Souvenir Press, 1963), p. 214.
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24. See my *Ideology and Insanity: Essays on the Psychiatric Dehumanization of Man* (Garden City, N.Y.: Doubleday, Anchor Press, 1973), esp. pp. 190-217).

Thomas S. Szasz, *The Theology of Medicine*, Syracuse University Press, 1977.

For more information about Dr. Szasz visit the
[Thomas S. Szasz Cybercenter for Liberty and
Responsibility](#)

American Iatrogenic Association
2513 S. Gessner, #232
Houston, Texas 77063
www.iatrogenic.org

aia@iatrogenic.org

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