

"HEALTHISM"
IN THE NAME OF HEALTH



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A COMMENTARY BY
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In the industrial world, average life expectancy has increased considerably thanks to medical progress and improvements in environmental and general living conditions. But while the classical diseases of infection have been combatted successfully, chronic degenerative diseases such as those of the cardiovascular system and cancer have increased.

In particular, major epidemiological studies of the 50s such as the long-term Framingham Study, named after a small town in the USA, which compared the lifestyles of the inhabitants with the incidence of illness and death, led to attention being directed at risk factors in the area of personal behaviour.

Such findings led, in preventive medicine, to an ideal of a healthy lifestyle: those who avoid tobacco, alcohol and fat, who keep their ideal weight, jog or do sport regularly, acquire as it were a guarantee of health and a long life.

Subsequently, a kind of health education developed which, completely in the tradition of social engineering, is directed at influencing individual behaviour. In this, the campaigns of the new class of health educators go far beyond straight information and publicity: they contain a strongly moralising element. Those who do not keep to the recommendations risk being accused of acting irresponsibly and, in the final analysis, having themselves to blame when they become ill; and what is more, by falling ill, they harm not only themselves, but society as well. They cease to be productive members of society and waste their own and other people's money on treatment which, if they had behaved "correctly", would not have been necessary.

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Meanwhile, the public in the developed industrialised countries has learnt its health lesson. A specific doctrine of what is deemed to be a healthy life has been substantially internalised and has created a climate in which continuous concern about and preoccupation with personal health are seen as the primary way to achieve personal well-being. This is the most clear manifestation of what the Berlin-based social scientist Hagen Kühn has described as "Healthism".¹⁾

The battle against cholesterol

With the increased incidence of heart attacks at the beginning of the 60s and the assumed connection with excessive levels of cholesterol in the blood, the image of a healthy diet changed radically. War was declared on cholesterol. The proponents of the preventive policy were convinced that social engineering could succeed and they formulated clear, quantitative targets. By the year 2000, so said, for example, a Green Book issued by the British Government, the proportion of the population in Great Britain that consumed too much fat was to be lowered from 85 to 50 percent and hence cardiovascular disease cut by a third.²⁾

The effects of this on daily life are considerable. For many, eating has become a risky business, calling for the greatest care in selection and rationing of what may be ingested by the body. Little remains of enjoyment.

Although a reduction in levels of cholesterol, according to more recent findings, only lowers the risk of heart attack minimally, health-conscious women and men undertake every effort to feed themselves as they think they should. In the New England Journal of Medicine, a letter on this subject from a doctor contains the following passage: "Many healthy, hungry men are worried, frustrated, and unhappy eating oat bran and rice bran, following diets without eggs, milk, butter, or red meats, and gorging on fish or the latest cholesterol-lowering fad food because they, their families, or even their physicians are convinced that immortality is ensured by unrealistically low serum cholesterol levels."³⁾

The sea change in the scientific debate about cholesterol was not properly mirrored in the public debate. The resistance of the Establishment, made up of a conservative science community and the pharmaceutical and food industries, has remained stubborn. Scientists who express critical opinions tend to be the exception. In the reputable British medical journal, *The Lancet*, three such scientists write: "Those who find their cholesterol level unacceptably high face an unenviable choice between an ineffective diet, an effective but unpalatable diet, or drug therapy that to date has proved unsafe. Furthermore, the knowledge of serum cholesterol adds very little to prediction of coronary risk." 4)

The crusade against smoking

Tobacco has been a source of contention ever since people began to smoke. In 1984, the most senior US health official, Everett Koop, called for the creation by the year 2000 of a non-smoking society.⁵⁾ In Madrid in November 1988, the World Health Organisation (WHO) and the EU Commission called for the same in Europe.⁶⁾ Similar targets now apply almost everywhere in the world.

The anti-smoking movement has established itself as an influential political and social power. With all the arrogance of "those who know best" it is attempting to impose its standards on everyone. "The object of the exercise is to impose the will of those who believe they know best on a supine population which is supposed not to know enough to come in out of the rain." 7)

This is not possible without compulsion, because what is being demanded is a break with everyday habits which have come to be cherished. Since, however, in a democratic society, compulsion can be legitimated only with difficulty, it is denied that smokers are fully able to speak for themselves; it is suggested that they are addicted or else that they are weak-willed victims of the manipulations of the tobacco advertisers. Scientific findings to the contrary are either ignored or discredited.⁸⁾

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Worldwide, health politicians are trying to support the anti-smoking movement with legal prohibitions and restrictions. Here the campaign is less and less against smoking, and increasingly against the smokers themselves. This development is specially marked in the USA. There the moral disdain smokers are held in is turning into a social discrimination of smokers, who are increasingly put at a disadvantage in social life and at work. In many companies, employees must go outside to smoke, and the latest is that people visiting an optical instruments company in the state of New Hampshire are only allowed in if they give an assurance that they have not smoked during the previous two hours.)

Much noise about nothing

Initially, the educational campaigns came to little. This fact was more noticeable with regard to smoking than other modes of behaviour. So, at the beginning of the 70s, the non-smokers were mobilised in the war on smoking.¹⁰⁾ The vehicle chosen for this was "Environmental Tobacco Smoke" (ETS). This expression is used to designate the fact that a non-smoker breathes in air containing tobacco smoke when in the presence of someone who is smoking. The insinuation is that the non-smoker is thereby subjected to similar health risks as the smoker, although on a smaller scale.

At first the idea failed to catch on. The media and the public were kept in suspense by one report after the other of environmental pollutants – from "acid rain" destroying trees, to heavy metals in beef kidneys and woodland mushrooms, through to carcinogenic nitrosamines in beer and glycol in wine. As a result of this media onslaught, a sense of collective fear developed that attributed a devastating effect on health to even the tiniest exposures.¹¹⁾

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Against this background, there appeared at the beginning of the 80s the first findings about environmental tobacco smoke, which found a receptive and credulous public. The pioneer work, which came from Japan and was criticised shortly after being published, was followed by a series of further studies. None of these, however, was able to prove that ETS increased the cancer risk for non-smokers. Nor did the report of the US Environmental Protection Agency (EPA). Individual members of the science advisory board of the EPA had warned against going public with figures on alleged deaths from lung cancer as a result of ETS. Their warning was ignored.¹²⁾ Meanwhile, it was proven that parts of the report had been manipulated.¹³⁾ In Australia, one of the heads of the anti-smoking campaign was convicted in court because he had tried, with the help of "creative epidemiology", to put into an official report sensational figures about lung cancer deaths resulting from ETS, figures which the scientific evidence did not support.¹⁴⁾ In Germany, too, such figures appeared in the media and the public domain.¹⁵⁾ The scientific criticism was ignored or dismissed as biased. The high moral ground of health seemed to make any serious debate unnecessary.

Protection for non-smokers – only a smokescreen?

The public debate about ETS has had effects worldwide. Everywhere there have been calls for smoking bans to protect non-smokers, such as recently in a cross-party motion put by some deputies in the German Parliament.¹⁶⁾

It is only superficially about the interests of non-smokers. The real aim is to challenge the social acceptability of smoking, as called for in 1988 by the World Health Organisation and the EU Commission.¹⁷⁾ It is no coincidence that, in the introductory part of the draft German law, it is stated that legal protection for non-smokers would, as a result of the public discussion, "increasingly put in question the social acceptability and attractiveness of smoking".¹⁸⁾

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Critics consider the proposed law ill-founded, superfluous and disproportionate. Ill-founded, because there is still no definitive scientific opinion on ETS. In contrast to other institutions, the MAK Commission of the German Research Community, which is responsible for work protection in Germany, still describes the discussion on the epidemiology of ETS and lung cancer as "controversial".¹⁹⁾

The latest measurements by the Karolinska Institute at Stockholm University together with the Corning Hazelton Laboratory in Great Britain have found that the average exposure of a non-smoker by smoking colleagues in Stockholm companies is equivalent to smoking 0,1 to 0,2 cigarettes a year.²⁰⁾ This result is in broad agreement with similar measurements in Great Britain and the USA. It can be assumed that the situation in German companies is not significantly different.

A new law to protect non-smokers is superfluous because, for reasons of general health protection at places of work and on account of the employer's duty of care, there are already adequate legal provisions. Moreover, many companies use their own resources on the premises to see that conflicts between smoking and non-smoking employees do not even arise.²¹⁾

For the area of public administration, a progress report of the Federal German government addressed to the EU Commission says that in Germany "the existing provisions guarantee the required protection of non-smokers and these provisions are also observed."²²⁾

Criticism of the proposed German law has also been voiced because the smoking prohibitions being called for – and backed up with the threat of fines – are disproportionate. It is like taking a sledgehammer to crack a nut. Prohibitions are the most extreme means a legislator can employ in a democracy.

In the case of smoking at the workplace, other measures are conceivable and are also practised in the companies. Even the MAK Commission, which generally favours a very precautionary approach, does not call for prohibitions but simply "suitable measures".²³⁾ The suitability of a measure, however, is determined essentially by the circumstances on the spot and the individual case concerned. To this extent, flexible company agreements, which are able to be sensitive to local circumstances, are fundamentally superior to rigid legal stipulations, which harbour the danger that they will create new disadvantages and conflicts.

The public reaction to the draft law, especially in the media, has demonstrated that in Germany, in contrast to other countries, a point has meanwhile been reached where further "social engineering" will no longer be tolerated. The warning of the Federal Chancellor and other leading politicians to avoid "American" scenarios with respect to smoking has, it seems, had an effect. The Federal minister of health, Horst Seehofer, who does not belong to the signatories of the initiative, expressed doubts about the wisdom of the project publicly.²⁴⁾ A sense of proportion, reasonableness, and consideration are the order of the day, and not new laws.

The tide is turning – back to enjoyment

Each movement produces a counter-movement. In the USA a new wave of enjoyment and a break with the current health doctrines has set in. Cigars costing many dollars a piece have become the symbol of a new lifestyle. Famous stars such as Sylvester Stallone, Sharon Stone and Arnold Schwarzenegger are making a cult of them, as earlier the legendary film heroes Humphrey Bogart and James Dean did with the cigarette.²⁵⁾

It is still too early to say whether this means "Healthism" has been overcome. But it has been unmasked as a moralistic and social discrimination of smokers and other "sinners". The secret hope of the health policy-makers that, with such a preventive strategy, health service costs might be lowered, has not been fulfilled. On the contrary, where health becomes as it were a civic duty, the healthy too feel themselves forced to make use of preventive medical care to an excessive degree.

Increasingly, the realisation is winning ground that Healthism probably contributes more to the desolate situation in the health system than the toleration of moderately "sinful" behaviour. An international team of doctors, pharmacologists, neurobiologists, psychologists and social scientists has set itself the task, under the direction of the British psychopharmacologist Professor David Warburton of the University of Reading, of investigating the empirical connections between health and the consumption of stimulants, which conventional wisdom so frowns upon.²⁶⁾

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As the researchers have found out, enjoyment and zest for life not only increase the personal sense of well-being, but also strengthen the body's own defences. Someone who enjoys moderately without feelings of guilt relaxes and mobilises the immune system. This is different to the person who, under the pressure of moralistic rules is continuously torn between enjoyment and inhibition. "All that this sort of approach produces is a bad conscience and fear of the consequences – and both are worse for health than what is being warned against" says the Bonn-based psychologist Reinhold Bergler. His advice is: "Let us turn away from the apostles of health who suspect the worse from every glass of alcohol, every cigarette and every cup of coffee!"²⁷⁾

To the extent that "Healthism" with its strict precepts has become a cause of stress in everyday life, it is itself a risk to health. The time is ripe for a change of direction in health education.

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