

Responsibility Care and Neuroscience

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In 2016 life expectancy in the United States fell for a second year in a row – the first time this had ever happened. From 2011 life expectancy in Britain, France and Germany also stalled.

For some, America's opioid crisis and lack of access to healthcare are an obvious explanation, but Britain, France and Germany have no opioid problems or lack of access to healthcare. Poverty kills but when this is controlled for, a greater intensity of healthcare rather than lack of healthcare in America and elsewhere kills and disables. When questions as to why more healthcare might harm us first emerged in 1990's America, they were shot down with a word "rationing". Efforts to reopen the debate in 2008 brought the specter of "death panels" into play.

In 1962, faced with birth defects caused by thalidomide, the US FDA adopted a set of regulations that today are the greatest influence on healthcare in every country on earth. These regulations are key to the fall in life expectancy, and the change in the climate of healthcare, through their effects on Drug Wrecks - drug-treatment-related adverse events – the very problem they were supposed to solve.

No one has fingered Drug Wrecks as the source of falling life expectancies to date but the data show treatment related deaths to be the third leading cause of hospital deaths, even though the contribution of drugs is written out of the script in for instance cancer or cardiovascular deaths, when its often the treatment that kills. Our medicines have to be an even commoner cause of death in our homes and workplaces where the conditions treated are less severe but the treatments as toxic. But no-one has looked at this.

Few people were taking 5 or more drugs per day (polypharmacy) in the 1980s. In 2010, the first evidence that reducing drug burdens to 5 or less drugs per day increased life expectancy, reduced hospitalizations and improved quality of life was published. As of 2019, over 50% of us of all ages are on at least one drug, 40% over 45 are on at least 3 drugs every day of the year, and 40% of over 65s are on 5 drugs or more.

The lesson that the horrific effects of thalidomide brought home - that modern medicines are dangerous miracles – has been forgotten. As a result of thalidomide, pregnant women avoid soft cheeses, uncooked meats, hot showers, tobacco and alcohol. But because of thalidomide, with every drug you take you swallow an invisible set of techniques that all but force 15% of pregnant women to take antidepressants, despite evidence these drugs double birth defects, miscarriages, and Autistic Spectrum Disorders (ASD). In the face of an epidemic of ASD that risks compromising our economic viability, there is silence.

We could now offer good healthcare for free but instead every effort to make the system add to the wealth of nations, from controlled trials to generic pharmaceuticals and Evidence Based Medicine, increases costs, reduces access and compromises care.

There has been a turn from healthcare to health services that puts pressure on each of us to establish and maintain an "identity", fueling identity-based transgender, neurodiverse and other epidemics, whose spread health Apps now facilitate and that has made the climate within healthcare increasingly toxic and micromanaged.

What are we are up against? Is it those who seek to profit from our misfortune or those who would build an Iron Cage around us we should most beware? What is the honorable thing to do now in a world that is no longer relationship based?