

## **Responsibility Care and Neuroscience 2**

### **David Healy**

In terms of making sense of the structure of our world, the narratives that have dominated our thinking from 1800 to 2019 stemmed from a set of signature events linked to the Industrial and French Revolutions. Efforts to grapple with these issues around 1848 gave rise to conservatism, liberalism, socialism, communism, anarchism, syndicalism, religious fundamentalism and later neoliberalism. Our world was broadly split into left and right, with most of us forced to wear one or other hat.

In 1848, this new world's issues stared every urban dweller or factory owner and worker in the face when they met. A new beast – the economy – was replacing religion as the thing we had to get right. Today's key issues stare us and our doctors in the face when we meet.

Modern medicine and modern economics were born at the same time but aside from tantalizing overlaps between Rudolph Virchow and Karl Marx in 1848, the medical and economic worlds have rarely touched since. The economic books that shaped our lives since 1848 were written by people, who likely found the medical world as impenetrable as many of us find economics. Almost all of them, Marx repetitively, visited doctors or were visited by them at home, without it would seem the thought occurring to them that medical offices rather than factories then or banks now might be a place to interrogate the modern world. The split has been of “Economics is from Mars and Medicine is from Venus” proportions.

The vista that unfolds when you view our world through a health lens instead suggests the wealthy are as much at risk as the poor, that the basic divide is between the fortunate and unfortunate rather than the rich and the poor and that where the situation might seem to call for a turn to regulation or process this move is fraught with peril. The medical world is not a world of self-made men. It's a world of relationships. Economics centers on the impersonal – money. Healing is interpersonal.

Calls for sustainable economic growth in response to climate change sound like rationing, a settling for second best. But falling life expectancies and the changing climate in healthcare recast sustainability in terms of what we cherish rather than what we have to give up.

The triumph of Triple Therapy for AIDS in 1996, in any decent romance, would have led us to a new sunny medical upland. But while AIDS grabbed headlines in the 1980s, within medical circles it was a sideshow to the birth of a third millennium medicine, characterized by a focus on risk, an emphasis on individual responsibility rather than collective action, a management ethos and an “industrialization” of healthcare.

By 1980, pharmaceutical companies had begun to sequester the data from clinical trials of their drugs, ghostwrite the articles reporting these trials, and put in place a hands-off public relations operation the National Rifles Association would die for. These changes have made it easy to cast Big Pharma as a pantomime villain, but Big Risk (health insurance and government), once seen as having opposed market interests to Pharma, are increasingly comfortable in a shared bed with Pharma.

These changes in medicine preceded a turn by politicians and economists to neoliberalism – a vague term used indiscriminately to account for the ills of the modern world. Neoliberalism is now invoked to explain the transformation of healthcare into a health services industry that took place in the decades after 1980 but it is not the explanation. We are facing a neo-something and desperately need to work out neo-what.

Anyone interested to offer health care rather than health services is forced to become a dissident.