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BUSINESS CORRESPONDENCE: Area Code 202. Business Office, 467-4411; Circulation, 467-4417.

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## Responsibility for Health

Most individuals do not worry about their health until they lose it. Uncertain attempts at healthy living may be thwarted by the temptations of a culture whose economy depends on high production and high consumption. Asceticism is reserved for hairshirted clerics and constipated cranks, and every time one of them dies at the age of 50, the hedonist smiles, inhales deeply, and takes another drink.

Prevention of disease means forsaking the bad habits which many people enjoy—overeating, too much drinking, taking pills, staying up at night, engaging in promiscuous sex, driving too fast, and smoking cigarettes—or, put another way, it means doing things which require special effort—exercising regularly, improving nutrition, going to the dentist, practicing contraception, ensuring harmonious family life, submitting to screening examinations. The idea of individual responsibility flies in the face of American history, which has seen a people steadfastly sanctifying individual freedom while progressively narrowing it through the development of the beneficent state. On the one hand, social Darwinism maintains its hold on the American mind despite the best intentions of the neoliberals. Those who are not supine before the federal Leviathan proclaim the survival of the fittest. On the other, the idea of individual responsibility has given way to that of individual rights—or demands, to be guaranteed by government and delivered by public and private institutions. The cost of private excess is now a national, not an individual, responsibility. This is justified as individual freedom—but one man's freedom in health is another man's shackle in taxes and insurance premiums. I believe the idea of a "right" to health should be replaced by that of a moral obligation to preserve one's own health. The individual then has the "right" to expect help with information, accessible services of good quality, and minimal financial barriers. Meanwhile, the people have been led to believe that national health insurance, more doctors, and greater use of high-cost, hospital-based technologies will improve health. Unfortunately, none of them will.

The barriers to the assumption of responsibility for one's own health are lack of knowledge (implicating the inadequacies of formal education, the too-powerful force of advertising, and the informal systems of continuing education), lack of sufficient interest in and knowledge about what is preventable and the cost/benefit ratios of nationwide health programs (implicating the powerful interests in the health establishment, which could not be less interested, and calling for a much larger investment in fundamental and applied research), and a culture which has progressively eroded the idea of individual responsibility while stressing individual rights, the responsibility of society at large, and the steady growth of production and consumption ("We have met the enemy and he is us!").

The individual must realize that perpetuating the present system of high-cost, after-the-fact medicine will only result in higher costs and greater frustration. The next major advances in the health of the American people will be determined by what the individual is willing to do for himself and for society at large. If he is willing to follow reasonable rules for healthy living, he can extend his life and enhance his own and the nation's productivity. If he is willing to reassert his authority with his children, he can provide for their optimal mental and physical development. If he participates fully in private and public efforts to reduce the hazards of the environment, he can reduce the causes of premature death and disability. If he is unwilling to do these things, he should stop complaining about the rising costs of medical care and the disproportionate share of the gross national product that is consumed by health care. He can either remain the problem or become the solution to it; beneficent government cannot.—JOHN H. KNOWLES, *President, Rockefeller Foundation, 1103 Avenue of the Americas, New York 10036.*

\*This is adapted from his article in *Daedalus*, vol. 106, page 57 (Winter 1977); reprinted in *Doing Better and Feeling Worse: Health in the United States* (Norton, New York, 1977), page 57.