

The Zero-vision: Potential side effects of communicating health perfection and zero risk[☆]

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Abstract

Public health education may have harmful side effects: generate fear, give rise to healthism and contribute to a medical sorting society. To prevent these adverse reactions a new deal for public health communication is presented. It is commended to move public health from omnipotence to moderation, from life style to living conditions, from risk to the bright sides of health, from statistical clone to the holy individual. Furthermore public health communication ought to include uncertainty as authoritarian truth mongering erodes trust. The public health educator must convey compassion and dedication. Rational techno-info is not sufficient. The last golden rule for a new public health is to respect the people. The people are not an inferior mass subjected to basic instincts and irrational fears. Common sense and lay experiences may contribute to the wise management of risk. Therefore public health should develop a people-centered method, recognizing people's own values, perceptions and potentials for preventing disease and promoting health.

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1. Introduction

Health and disease are created by molecules and words. Man's perception of normal–abnormal, safe–dangerous, healthy–sick are not inscribed in the human genome. These perceptions are culturally designed in our minds to a large extent by a triangulation of epidemiological research, health education and the media. Mind moves matter, states Virgil. That holds true for medicine too. It is the mind-shaping, narrative power of public health education I want to examine in this lecture. My point of departure is that health and disease are communicative phenomena, contagious conditions transmitted by the most powerful of vectors: words.

So how do we use our capital of words? We are *eager*. We launch thousands of public health campaigns throughout Europe every year: smoking cessation, mammography

screening, fruit and vegetable consumption, unprotected anal sex, and cholesterol control.

And we are *clever*. Evidence indicates positive effects of many public health campaigns [1]. But there is a disturbing black hole in this research. None of the publications report negative consequences. Not because they are not there, but because search for adverse results is not included in the research design. Elementary scientific skepticism is abandoned. Seduced by the goodness of intention, we overlook the old medical commandment: *nil nocere*, do not harm. Spellbound by the mirage of health, we delete our critical sense. It is a bizarre paradox: when it comes to drugs made of molecules, we have strict regulations for side effects. When it comes to the most potent of drugs — words, injected directly into peoples brains and hearts, public health is inspired by Nike: we “Just do it” — without thought of potential harmful effects.

In this article we will invite your brains into this black hole and explore:

1. Which are the seven sins of the public health project?

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2. What are the pathological consequences of current public health education?
3. How can we prescribe a new deal for public health?

2. The seven sins of public health

Public health commits seven, if not mortal, so health hazardous sins. Let us explore them one by one.

2.1. Sin 1

Current public health education presupposes that biology is the battlefield of health. But so it is not. Public health contradicts medicine's theory of relativity: $h = b \times (c + p)^{t/p}$, claiming that health is an ever changing product of biology and culture plus politics raised to the power of time and place. Current public health education is double blinded for cultural and political impacts on health. It focuses monomaniacally on factor b — biological, chemical and physical hazards to our health.

2.2. Sin 2

Public health assumes that by improving the parts, you serve the whole. But so it is not. Public health neglects that $m > \neq p$. Man is mysteriously different from the aggregate of the parts. Man is greater than the sum of the molecules, cells and organs. Nevertheless, the isolated particular is the unit of thought and action in public health education: the cholesterol, sunburned skin, and the cigarette.

2.3. Sin 3

Current public health education takes for granted that all men and women are created equal, that they are clones of each other. But so it is not: $m \neq n$. The individual man is deeply different from the number, the mass, the population, the denominator. Public health education renounces man's holy uniqueness.

2.4. Sin 4

Public health commits the fourth sin by substituting the question mark with an exclamation mark. Public health oversells certainty and suppresses doubt.

2.5. Sin 5

Public health educators work on the dark side of life. They are obsessed by anomalies, failures, disabilities and risks. They conceal that health first and foremost is *joie de vivre*.

2.6. Sin 6

This sin claims that public health is stuck in a top-down communication model. *We* are the superior expert system. *We* know what is best for the people. The public health tradition does not recognize health as a personal property.

2.7. Sin 7

The last sin is an old one, called *niemietas* by the Romans. In wealthy Rome they experienced that individuals living in excess demand more with no limits. They claim more money, more adventures, more safety, more health—and no risk, no sickness, no death. People and cultures infected with this attitude become, according to Roman wisdom, distressed, dangerous and sick. Our hypothesis is that present Europe is entering the trance of *niemietas*. The mentality of *toomuchness* reveals itself through a post-modern metaphor: the Zero-vision, a mantra for modern public health. The Zero-vision will purify life and society, remove stains, defects and risks. The Zero-vision springs from a firm conviction: If we invest sufficient billions of Euros and brain cells, man can design life, format society, manage nature — so why should we accept risk, accident, pain, disease, aging, death? Public health promises too much, demands too much, suffers from an *Übermensch* neurosis that they try to communicate to the people.

Then the question emerges: how does the Zero-vision influence people's quality of life? What are the pathologies of the public health striving for perfection?

3. Side effects of the public health project

3.1. To generate fear

The Zero-vision results in an obsessive preoccupation with risk. We enter what Furedi [2] calls culture of fear, we join what Beck [3] calls risk society. Life becomes surrounded by dangers that the zero-missionaries will rescue us from: tobacco, fat, sugar, alcohol, sofa and exuberant sex. It is fascinating to observe how the sinister hazards are connected to pleasures. The bright sides of life are transformed into warning triangles by the modern princes of darkness: researchers, public health professionals and journalists. Let me bring you some fresh summer memories from Norway:

- Sunny summertime becomes the melanoma season and carcinogenic molecules are identified in suntans for children.
- Strawberries may increase the risk for testicular cancer, and behold;
- Your gas-filled jogging shoes may suddenly explode!

The public health education makes us sad. It transforms life into a medical combat zone where we suffer from

chronic Weltschmerz: “Slaves, let us not curse life,” commands Arthur Rimbaud [4] in his novel “A season in hell.” The modern public health project curses life. Urged by rabies epidemiologica, public health converts life into risk assessment, risk management, risk control, risk characterization, risk surveillance and risk reduction.

3.2. *To give rise to sickness inflation*

The Zero-vision demands not merely zero risk, it desires zero deviation from the ideal state of mind and body. Consequently the Zero-vision expands the concept of disease. Before the Zero-vision a wise furrow, sorrow, shyness, big rump, falling penis — were regarded as natural phenomenon belonging to the mixed state of being human. In the light of the Zero-vision these occurrences become medical deviations claiming restoration by hormones, drugs and knives.

3.3. *To bring about healthism*

The Zero-vision’s imperative demand for no risk, no disease makes health the one and only gold of life [5]. All appraisals and all goals are subordinated to the holy service of health. Research demonstrates the cardiological benefits of poems, in particular love poems. Therefore, you ought to write or read love poems three times daily. Latest research news highlight the multiple salutogenic effect of marching in processions of demonstration: you get exercise, you channel off aggression and anger, you get a feeling of community and you experience meaning.

3.4. *To make us strict*

The Zero-vision makes us strict. It seduces us to accept nothing but a silvery picture of man and life. We are developing antibodies against otherness. We become hypersensitive to different lifestyles and strange bodies. We become preoccupied by cleaning and correcting in The House of Superhumans. This obsessive cleaning neurosis manifests itself particularly in The House of Health. Here, stern epidemiologist and busy body public health professionals have designed the ideal man. With invasive education, scare tactics, prohibitions, penalties and rewards — 500 million distinguished, enigmatic, unique individuals in Europe are committed into the straight jacket of health. Ricoeur is right when he claims: “Medicine is our new tribunal.”

3.5. *To generate injustice*

The final evil act of the Zero-vision is to generate injustice. It divides and rules society on behalf of the politico-economical elite. It is not accidental who assures the power to define the golden standards of human life and health and to point derisively at what we will not endure and whom we will not tolerate. It is well educated privileged

elite who constructs the norms for lifestyle, body, health, virtues, manners, social acceptance and rejection. Thus we may approach a medical sorting society where the ugly bodies are humiliated, those who lack willpower are subjected to blame and shame, and the unwholesome lifestyles are condemned.

These are the five alarming adverse effects of the present public health project. It seems that we need to change medicine.

4. A new deal for public health policy

4.1. *From omnipotence to moderation*

The first mindwalk must go from omnipotence to moderation. Medicine has God-like ambitions and transplants delusions of grandeur into peoples’ minds. Public health should advocate sobriety in the striving for health. Two thousands years ago Seneca [6], the Stoic, prescribed the cure for medical Nimietas: man must be reconciled with risk, failures, malfunction and non-perfection. Instead of overselling no risk, no pain-honest health professionals must ask: how much trouble and hardship is good for your health? And answer: man and society gain health and safety by accepting certain risks, tolerating some violence, coexisting with a dose of terror, finding peace with some milligrams sin, and loving 5 t reprehensible lifestyles.

We must not be ravenously hungry for health, nor ravenously greedy for safety, because those two ravens of Nimietas will fly away with our peace of mind and our joy of life.

4.2. *From lifestyle to living conditions*

The next step must bring public health from lifestyle to living conditions. Today public health is fancied non-political. Individual lifestyle is in focus, politically determined living conditions are blurred. Priority to lifestyle is convenient for the power holders. Attention is shifted from social injustice to individual insufficiency, from political failures to personal defectiveness. The lifestyle explanatory model functions as a lightning conductor for political morbidity and mortality. In Europe today, the major threats against public health are: unemployment, social inequity, poverty, racism, the efficiency fury, and the culture of perfection.

Public health should formulate a red prescription against political, economical and ethnic suppression, instead of writing signs of stigma into the individual. Social medicine and public health must choose sides: shall our solidarity primarily be with our fellow human beings, or shall we give our loyalty to political and economical power holders who may want to use the public health apparatus to keep people and lifestyles in order and to optimize the collective body as a factor of production.

Primary political prevention should be our new marching order.

4.3. From melancholy health to happy health

The third mindwalk must bring public health from melancholy health to happy health. The epidemiological apparatus brands health with the trademarks: struggle and renunciation. Medicine has misused its power of cultural construction to create feelings of apocalypse instead of *Joie de vivre*. A new deal for public health must give preference to the bright sides of health, to ease instead of disease. Health as a happy, effortless, matter of course should be our new bestseller. In Steinbeck's novel *The short reign of Pippin IV* [7], it is said about the main character: "He was 54, lean, handsome, and healthy in so far he knew. By that I mean his health was so good that he was not aware he had it." Pippin should be our new health hero.

4.4. From statistical clone to the holy individual

Public health dishonors health as a personal, existentialist project. Centralized, standardized public health will probably meet growing resistance. The modern mentality worships "I" [8]. The refrain in *The International* of today sounds: "Do it my way." Many years ago Elvis Presley created a great love song "Only you." Only you should be the international hymn of public health. Only you, the one and only human being should be the guiding star for public health. In a new deal for public health we must acknowledge the individual as the one and only right master builder of own health. Our mission as health professionals is to provide the box of bricks (knowledge), not the architectural drawing for peoples' life.

These are four messages, what about the messenger?

5. A new deal for public health communication

There are four golden rules for communication success also true for public health [9–12]. The messenger ought to be: competent, honest, dedicated and respectful.

The messenger must convey knowledge based upon research, recommendations based upon reflexive, professional judgment. Honesty and transparency is a *sine qua non* for successful communication. The openness must include communication of scientific uncertainty. It is as Sir Kenneth Calman [13] states: "Human beings are difficult to quantify accurately as are all biological systems. We do not have a series of Newtonian laws that predict outcome on the all circumstances. We suffer from 'physics envy'." No, we do not, because we love humans with their unpredictability, with their irrationality, with their unscientific nature. But, then, in order to deserve trust, we must communicate doubt as a virtue of public health reasoning. Our dialogue partner, the public, is well

educated, intelligent, chaos pilots in the postmodern cyberspace. They are Godless and truthless. They do not obey public health commandments written on stones. They prefer facts with associated uncertainties and disagreements between different experts [9].

Furthermore, our fellow citizens are not rational recipients of techno-info. They are like we are: warm blooded, passionate human beings suffering from existential angst, longing for love, dignity and security. Particularly in the field of health, the messenger must *care* for people, show compassion and dedication.

But empathy and mercy is not enough. There is a touch of high and low, strong and weak, an invitation to inequality, embedded in the words empathy and mercy. Therefore, the last golden rule for a New public health communication is to respect the people [14–16]. There is a strong tradition for arrogant *besser wissen* in public health. The people's own perceptions of risk, health and disease, have often been ridiculed, stigmatized as primitive, perceived as barriers to effective public health communication. Today, however, it is recognized that popular beliefs may inform the wider public debate about risk. Signs in favor of lay wisdom have emerged in the aftermath of the Chernobyl accident, the BSE-scare, the environmental dangers in lower Manhattan in the days after 11 September and the *Bacillus anthracis* attacks through US Post [16–18]. In all these cases public health authorities, in painful, belated wisdom, discovered the truth in Sir Kenneth Calman's statement [13]: "The public has considerable common sense and experience. Their views need to be taken into account, and taken seriously."

Common sense is not stupid. The people are not an inferior mass subjected to basic instincts.

Clinical medicine is now vitalized and democratized by the so-called patient-centered method, giving validity to the patient's personal illness experience and healing potential [19]. Public health should learn from clinical medicine and develop a *people-centered method* recognizing people's own values, perceptions, meanings, experiences and potentials for preventing disease and promoting health. Like the clinicians become wise from interacting with individual patients, the public health professionals need to share understanding, values, defeats and victories with our patient: the people or a group of people. Hundred and fifty years ago Rudolf Ludwig Karl Virchow, the founding father of social medicine, saw public health dwindle in bureaucratic and academic formalism. His call to the colleagues in Bismarck's Prussia, has not expired: "Medicine will never lose dignity by taking off the high shoes and walking with the people, because from the people it will gain new strength."

6. Conclusion

Our journey into the black hole of public health education approaches the end. The black holes of the Universe contain

abundances of light. But light is captured there. No ray of light is allowed to escape. I have tried in this article to help some light escape from the black hole of public health education, advocating that man is not a rational cyborg alone. Men are also passions and surrealities. Health is not biology alone, health is also dreams and emotions. Communication is not technology alone, communication is also values and politics. Therefore, public health communication ought to be heavily loaded with critical self-reflection and concern for moral and human rights. But so it is not. The noble aim Health for all seems to legitimize all means. Like medical crusaders, we invade the lives of the heathens and hedonists armed with the health belief model, the theory of reasoned action, the social cognitive theory, the stages of change model, the diffusion of innovation theory — with these Bibles we try to convert the hedonists into healthy souls and sound bodies.

The last word will be a warning against public health fundamentalism. We must take care not to force people into the postmodern prison of health perfection and body fetishism. Freedom of health should be our vision, medical tolerance our trademark. According to Nietzsche only men who are knights of the dangerous chance, do have good health. John Stuart Mill [20] states that the wellbeing of man depends on his freedom to do experiments in life. Dostoevsky's hero in *Memoirs from the house of the dead* [21] cannot find satisfaction in the order and comfort of the crystal palace world, let us call it the public health world, in which he lives. In a rebellious speech he appeals: "Well, gentlemen, what about giving all this commonsense a mighty kick, simply to send all these logarithms to the devil so that we can again live according to our foolish will?" He flies to the underworld because it offers the only form of freedom still available.

We must be alert to a medico-moralistic police state silently emerging, hidden behind the holy mantra: health. A foreboding of a Brave New Europe with gene technicians, psycho-molecule-designers and communication engineers leading every citizen into a state of physical, mental and social wellbeing.

In Aldous Huxley's *Brave New World* [22] only one man has escaped the medico-political standardization program securing the masses optimum lifestyle and maximum health. He is called the Savage. At the end of the novel the Savage opposes the Controller of the Brave New World, Mustafa Mond. The Controller praises current society with no passion, suffering and deviation from sweet nothingness.

"But I like inconveniences," says the Savage.

"We don't," said the Controller. "We prefer to do things comfortably."

"But I don't want comfort. I want God, I want poetry, I want real danger, I want freedom, I want goodness, I want sin."

"In fact" said Mustafa Mond, "You're claiming the right to be unhappy."

"All right, then" said the Savage defiantly, "I'm claiming the right to grow old and ugly and impotent; the right to have syphilis and cancer; the right to have too little to eat; the right to be lousy; the right to live in constant apprehension of what may happen tomorrow; the right to be tortured by unspeakable pains of every kind."

There was a long silence. "I claim them all," said the Savage at last.

Mustafa Mond shrugged his shoulders. "You're welcome," he said.

So, let us always be on the side of the Savage.

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