

Response to ‘Rights to Health’

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Rhonda Galbally’s paper focuses on health promotion, but the issues are familiar to family therapists. Its political stance on medicine, society, health and disability is most welcome.

Galbally argues that in the area of human rights generally (as evidenced by poor treatment of Aborigines, women and the disabled) and of individual rights to health and medicine, Australia is a late developer. In the area of health rights Australia does appear to lag, for example: the US has the Patients’ Bill of Rights (1998), though it could be argued that the health system there makes strong legislation necessary; Britain has had the Patients’ Charter (1991–95), now the NHS Charter, which puts the Citizens’ Charter into practice in the NHS. In comparison Australia’s HIC (Health Insurance Commission) Charter of Care (1999) is unsophisticated, and also hard to find.

Galbally argues that resource allocation and public debate in Australia are skewed so that individual health issues and heroic medical interventions (often in the last year of life) are privileged over major public health issues. Family therapists experience the outcomes of this imbalance every day, e.g. in the areas I am familiar with, acquired brain injury (ABI) and psychiatry, this is very obvious. The ‘front-loading’ of the ABI system means that the vast majority of funds go into acute care and fast stream rehab rather than boring old slow stream rehab or community/family support. Like many (neuro)surgeons, the ABI system does not seem to want to know what happens to people after they are wheeled from the operating room floor. However, Bill McFarlane has shown savings in individual psychiatric rehab costs of 34:1 when money is spent on carers through multi-family psychoeducational groups. Despite this, and recent shifts towards community psychiatry, far too few funds are still directed there.

Behind the ‘demand for unlimited attention to our medical needs’ Galbally argues, lies society’s denial of death and disability. Support for the chronically ill and disabled is under-resourced while vast sums go to areas such as genetic engineering. It’s not like this everywhere; in Holland for example, comparable in population and wealth to Australia, public health, disability pensions and the like are funded to a much higher degree while a strong economy and low public debt are maintained. In Australia, economic rationalists argue that we cannot afford the sick, disabled and unemployed. Galbally goes on to observe that the Australian media is obsessed with a

‘middle-class healthism’ (i.e. ‘living forever in a young and perfect body’) rather than with health itself. In the process, the overweight, chronically ill and disabled are demonised. I believe there are also other factors behind this skewing of resources and public debate, e.g. the influence of powerful (high-tech) medical and pharmaceutical lobbies. Medical services are increasingly shaped by economic rationalism, which demands constant cutting of the social wage. In this context, such lobbies get an even bigger slice of the pie rather than the community and carers groups. Public opinion may be only one factor in deciding where funds go.

In her discussion of healthism, Galbally describes the kind of monoclass and monocultural social prescriptions highlighted by the Family Centre in Auckland. In focusing on society’s treatment of the overweight she raises issues common to a number of debates, for example on alcohol and drugs, where moral (problems are ‘sinful ... bad, greedy, uncontrolled’) and medical viewpoints clash. Galbally deconstructs the relationship between physical health and perceived health, and between health and healthism. She refers to research showing that while a majority of Australians suffer from ill health, most of these people see their health as good. ‘Health’ as defined by the WHO is a state of physical, mental and social well-being. Thus, Galbally writes, health may coexist with significant levels of illness and disability. This is certainly evident in the areas of ABI and psychiatry. Many individuals and families grow through and are strengthened by painful illnesses or disabilities (e.g. Adams, 1996), and as a result are in many ways more ‘healthy’. I would also like to see a spiritual element included in the WHO definition. For example, Scott Peck wrote this about a woman diagnosed with schizophrenia whom he had seen over a period of eighteen years:

From my point of view, while there has been no improvement in her schizophrenia or growth in her social skills, there has been immense growth in her soul. Something very profound has slowly been happening within her (247–8).

What then do we have a right to, Galbally asks? Not to be handicapped by society and its ‘strident demand for rights to healthism’, she suggests. We also require the right to health-generating skills and power/control/mastery over our lives, as shown by Marmot’s research on British civil servants. She argues that a right to health also involves power to construct notions of acceptability where the ‘intrinsic worth of every human being is internalised’, rather than being controlled by external forces. This is in line with narrative therapy, as are her comments on eating disorders; the socially constructed specifications for personhood involved in the development and maintenance of

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such illnesses as anorexia and schizophrenia have been well explored by Michael White.

Galbally states that public health workers must 'relinquish the right to dictate what in people's lives is healthy', because large, long-term, expert-driven, healthism intervention trials work only if guided by the target groups themselves rather than by experts. Programs must be based upon participants' wellbeing, self esteem and pleasure rather than someone else's 'makeover' of that person's body or behaviour. Family therapists likewise see families constrained by poverty, impoverished beliefs, habituation, etc., but it is through enabling family members' own decisions and motivation rather than by external interventions (generally) that change occurs.

Galbally concludes with a plea for society to accept ageing, disability, illness and death, and to value inclusive practices, and different bodies, minds and behaviours, over such practices as denial, discrimination, exclusion and segregation. This message is certainly needed as we are increasingly faced by ethical dilemmas and economic pressures. Galbally provides a refreshing commentary on important issues.

References

- Adams, N. J., 1996. Positive Outcomes in Families Following Traumatic Brain Injury (TBI), *ANZJFT*, 17, 2: 75-84.
Peck, M. S., 1993. Psychiatry's Predicament. In M. S. Peck, *Further Along The Road Less Travelled*, NY, Simon & Schuster.

Metamorphosis of the Poet

Kangaroos, they say,
have the most efficient
water-conservation system.
You see them sip the dew
and know
they'll not waste good water
flushing out their kidneys.

From novel to short story
to poem
I now require to distil
in ever more concentrated form.

In this age of conservation,
will there be those who want
the sparse
pellets of uric acid
I now produce?
Or do they only wish
to study for
the precise calibre of hair,
the porosity of bone
the fox-scats
which yield
biography.
appetite and habitat?

Frugal of future life, too
the kangaroo always carries
a foetus
ready to grow or not
as conditions permit.
Like a poem.

HELEN PAVLIN

(Collected Poems, Sydney, Fast Books, 2000.)