

concerned with the source of the anthrax used the last time a weapon of mass destruction was deployed.

During the current phoney war, the British government has decided to focus on one just potential threat—smallpox—titrating its scare stories to keep the populace profoundly unhappy about Iraq but not actually panicking. Last week, we published an unsolicited editorial setting out the British government's interim advice on smallpox vaccination.⁷ Do we further oblige the government by publishing a cut-out-and-keep article on smallpox for frontline staff? Swallowing the official line is just as political a decision as treating the stories as part of the softening up process for a war against Iraq.

If recent events have us agreeing with military philosopher Karl von Clausewitz's claim that "war is the continuation of politics by other means" we might attend to what his fellow Prussian, Rudolf Virchow, was saying about medicine and politics at much the same time. For the doctor and political reformer, medicine was "a social science, and politics nothing but medicine on a grand scale."

If Virchow is right, the chance of a medical journal finding an easy dissection plane between politics and medicine is extremely small.

And yet we need to draw a line to decide what to include and what to exclude. Looking back, one can see the line changes over time and with editors: both the *BMJ* and *Lancet* were much more political in the 19th century than they were for most of the 20th. But now we're looking forward, and we're seeking your advice. Please tell us how much space you think we should be devoting to politics, by voting in our straw poll on bmj.com.

Tony Delamothe *web editor BMJ*

Competing interests: As the son and brother of politicians, I have developed a deep seated scepticism about "the official line" on just about everything.

- 1 About the *BMJ*. <http://bmj.com/aboutsite/aboutbmj.shtml>
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Spend (slightly) less on health and more on the arts

Health would probably be improved

When power leads man toward arrogance, poetry reminds him of his limitations. When power narrows the areas of man's concern, poetry reminds him of the richness and diversity of his experience. When power corrupts, poetry cleanses. For art establishes the basic human truths which must serve as the touchstones of our judgement. The artist ... faithful to his personal vision of reality, becomes the last champion of the individual mind and sensibility against an intrusive society and an offensive state.

John F Kennedy

The British government spends about £50 billion a year on health care and £300 million supporting the arts. My contention is that diverting 0.5% of the healthcare budget to the arts would improve the health of people in Britain. Such a move would of course be highly unpopular. When asked whether a tax financed increase in spending on health would be good for the country as a whole, 74% say yes.¹ Only 7% say yes for increased spending on culture and the arts.

The first problem with advancing such an unpopular argument is to define health. It must be more than "the absence of disease," despite that being the working definition used by misnamed health services. Such a definition is inadequate not only because of its narrowness and negativity but also because "disease" itself is so hard to define.² The World Health Organization's definition of health as complete physical, mental, and social wellbeing understandably causes raised eyebrows. Human health can be nothing to do with perfection. Humans are highly imperfect creatures. But the WHO definition does acknowledge that there is

more to health than physical completeness and an absence of pain. Indeed, the physical aspects of health may be the least important. Is it possible to be severely disabled, in pain, close to death, and in some sense "healthy"? I believe it is. Health has to do with adaptation and acceptance. We will all be sick, suffer loss and hurt, and die. Health is not to do with avoiding these givens but with accepting them, even making sense of them. The central task of life, believed people in medieval times, is to prepare for death.

The case for spending slightly less on health care is the easy part of this argument. Most businesses (and I use the word in the broadest sense, to include organisations not concerned with profit) can save 1% of costs through increasing efficiency and be leaner and more effective afterwards. Britain's health service is widely agreed, however, to have inadequate capacity and to have suffered severely in the past from "efficiency savings." But true improvements in efficiency come not from doing the same things more quickly or at lower cost but from doing things very differently. Many industries have reinvented themselves, but "the health industry" has not—as yet. The car industry, for example, moved from long production lines, huge inventories, and vast stores of completed cars to different ways of organising production lines, "just in time" delivery of parts, and making cars to order that were delivered as soon as made. Such improvements do often depend on investment, and radical improvements in health efficiency could flow from investment in information technology—because health care is a "knowledge business."



Should the British government divert some of the money it spends on health care to funding the arts? Vote on bmj.com

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The biggest savings will come not from efficiency but from reconsidering what is done. Every country in the developing world is increasing its expenditure on health care in what the *BMJ* earlier this year called “an unwinnable battle against death, pain, and sickness.”³ More and more of life’s processes and difficulties—birth, death, sexuality, ageing, unhappiness, tiredness, loneliness, perceived imperfections in our bodies—are being medicalised. Medicine cannot solve these problems. It can sometimes help—but often at a substantial cost. People become patients. Stigma proliferates. Large sums are spent. The treatments may be poisonous and disfiguring. Worst of all, people are diverted from what may be much better ways to adjust to their problems.

This may be where the arts can help. The arts don’t solve problems. Books or films may allow you temporarily to forget your pain, but great books or films (let’s call them art) will ultimately teach you something useful about your pain. “Art is a vice, a pastime which differs from some of the most pleasant vices and pastimes by consolidating the organs which it exercises,” said Walter Sickert (and how interesting that he should use a nearly medical metaphor). If health is about adaptation, understanding, and acceptance, then the arts may be more potent than anything that medicine has to offer. George Bernard Shaw, who ridiculed doctors in *The Doctor’s Dilemma*, said that “the only possible teacher except torture is fine art.” “The object of art is to give life a shape,” said Jean Anouilh.

Simon Rattle, a Briton who has left Britain to become chief conductor of the Berlin Philharmonic, one of the world’s top positions in the arts, was asked why he left Britain for Germany.⁴ “There is something,” he answered, “about being in a place where the arts are essential, even to politicians. No civilised politician in Germany does anything except support the arts. It is simply a mark of intelligence there, just as it should be. It’s deeply embedded. Not a luxury. It’s understood as something everybody should have.” Rattle is leading two musical projects in Berlin that reach out to

marginalised teenagers, including heroin addicts. These are groups whom medicine largely fails. “Everybody in the arts [in Britain],” continued Rattle, “spends too much time trying to survive. It’s endless cycles of crisis management. The arts need help and money, but most of all the arts need respect. And it’s all a question of political will.”

The pain of being human, says Jonathan Franzen in his brilliant book *The Corrections*, is that “the finite and specific animal body of this species contains a brain capable of conceiving the infinite and wishing to be infinite itself.” Death, “the enforcer of finitude,” becomes the “only plausible portal to the infinite.”⁵ We do want some sort of contact with the infinite, and for most people in contemporary Britain this is more likely to be achieved through an artistic experience such as listening to a Bach partita than it is through religion. “Is it not strange,” asked Shakespeare, “that sheep’s guts should hale souls out of their bodies?” The arts do fill some of the space once filled by religion—which is why modern “cathedrals” like the Tate Modern teem with visitors.

Even if we cannot agree on an operational definition of health, most of us would probably choose a broad definition that includes something spiritual rather than a narrow physiological definition. We might thus all agree, on reflection, to shift some of the huge health budget to the impoverished arts budget. True health could then be improved.

Richard Smith *editor, BMJ*

Competing interests: The BMJ Publishing Group, of which RS is the chief executive, benefits from the health budget but is highly unlikely ever to benefit from the arts budget.

- 1 Brook L, Hal J, Preston I. Public spending and taxation. In: Jowell R, Curtice J, Park A, Brook L, Thomson K, eds. *British social attitudes. The 13th report*. Aldershot: Dartmouth, 1996.
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- 4 Kettle M. My crazy plan. *Guardian* 2002 August 30. www.guardian.co.uk/arts/fridayreview/story/0,12102,782379,00.html (accessed 13 Dec 2002).
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Time to move beyond the mind-body split

The “mind” is not inside but “out there” in the social world

Descartes distinguished between the *res cogitans* and the *res extensa*. The former referred to the soul or mind and was said to be essentially “a thing which thinks.”¹ The latter was the material stuff of the body. It was characterised primarily by the fact of extension: it occupied space and was therefore amenable to measurement. In recent years neuroscientists and cognitive psychologists have argued that this ontological separation of mind and body is no longer tenable.² The former maintain that mental functions can be fully explained by brain science. The latter make the case for a distinct psychological realm but one whose operations, like those of computer software, are measurable and open to scientific investigation. The *res cogitans* is illusive no longer. We can map it, scan it, and

explain its functions in biological or computational terms.

These ideas have become dominant in medical circles and, in some form or other, have become articles of faith for most doctors, psychiatrists, and psychologists. Contemporary philosophers such as Paul and Patricia Churchland and Jerry Fodor offer support for this position.^{3,4} Many philosophers disagree, however, and point out that, although it claims to get us beyond ontological dualism, this doctrine really keeps alive the essential features of Descartes’s philosophy. In particular, it continues his epistemological separation of inner mind from outside world. It also fails to recognise the problems involved in regarding the mind as a “thing”—Descartes’s *res*.