IN THIS ISSUE, HUMANITIES GIRL AND BIOETHICS BOY TAKE ON...

THE SIMPLIFIER

"BLACK AND WHITE AT 11:00!"

THE PUSHER

"LUNCH IS ON ME..."

THE BEAN COUNTER

"SORRY GANG—NO MARGIN, NO MISSION."

HEROES AND VILLAINS
homes to look for causes of illness. They lie to patients and families, test and treat people without consent, blackmail other staff into cooperating, and do so unapologetically and generally without administrative sanction.

In some ways, House is a throwback. When I was a medical student at the University of Pittsburgh in the 1970s, Dr. Jack Myers was the Chair of Internal Medicine. He was famous, like House, for his diagnostic acumen. He rose to become head of the American Board of Internal Medicine. He used to conduct rounds on the wards and oral examinations of candidates for board certification that were notorious for their brutality. He took pride in showing the students how ignorant and incompetent they were. He routinely caused students to break down in tears, and appeared to feel as if this was a sign of his exemplary rigor and effective pedagogy.

House does the same. In one episode, he is teaching a class for medical students. He presents them with a case in which a farmer has been bitten by a snake. The students must decide which type of antivenin to give. If they choose wrong, he says, the patient will die. One student protests, “But we can’t be blamed...” House interrupts, “I’m sure this goes against everything you’ve been taught, but right and wrong do exist. Just because you don’t know what the right answer is—maybe there’s even no way you could know what the right answer is—doesn’t make your answer right or even okay. It’s much simpler than that. It’s just plain wrong.” The students aren’t used to House’s blunt and confrontational pedagogy. “You know, it’s kind of hard to think when you’re in our faces like this.” “Yeah,” House replies. “You think it’s going to be easier when you have a real patient really dying?”

Today, Dr. Myers would be hauled before the impaired physician committee, charged with harassment, and either sent to courses on adult learning theory or, more likely, sent for sensitivity training. House, of course, would too. He was notorious for his brutality. He took pride in showing the students how ignorant and incompetent they were. He used to conduct rounds on the wards and oral examinations of candidates for board certification that were notorious for their brutality. He took pride in showing the students how ignorant and incompetent they were. He routinely caused students to break down in tears, and appeared to feel as if this was a sign of his exemplary rigor and effective pedagogy.

One resident grumbles, “Days off to compensate for weekend call! Leaving before every last patient is tucked in? Missing attending rounds when your cases are being presented! Blasphemy! How dare they change those bedrock rules ex post facto!” Hospitals have become more impersonal. Patients long for, and will pay for, a personal physician. Quality and accountability remain elusive.

Many of the changes have been made in the name of “humanism.” They were supposed to improve doctor-patient relationships, to improve the quality of care, to allow physicians to be both more competent and more caring. House M.D. is an implicit critique of all such efforts. In the pilot episode, House is arguing with one of his underlings, Dr. Foreman, who thinks that House has treated a patient rudely and inconsiderately and that such behavior is unacceptable. “Isn’t treating patients why we became doctors?” he demands of his mentor. Dr. House replies, “No, treating illness is why we became doctors. Treating patients is what makes most doctors miserable.” Foreman is shocked. “So you’re trying to eliminate the humanity from the practice of medicine?” “Humanity,” House grumbles, “is overrated.”

House’s character tries to bridge the gap between old shamanistic models of medical care and modern scientific models. House is, first and foremost, a scientist. He is up-to-the-minute on the literature. He remembers every rare disease. He uses all available technology. He is obsessed with finding cures by any means possible. He is Ahab-like in his single-minded, sometimes self-destructive pursuit of the mysterious diagnosis. Like modern medicine, he is dangerous and wonderful. His Dean loves him and hates him. He is a legal and moral risk. He is not the best doctor for every patient. He has no patience for either minor ailments or the untreatable and incurable diseases that make up the bulk of human suffering. But, for the other 10%, the ones where accurate diagnosis is elusive but essential, one would flee from a doctor who espoused professionalism but lacked acumen and long, instead, for the unethical, misanthropic Dr. House.

Many business models focus on structuring environments to mold human behavior. For example, Paul Farmer, a physician-medical anthropologist and author of Piercing the Veil: AIDS and the Crisis of Humanism (2003), argues that the design of Leviathan (continued on next page)
anthropologist who has volunteered extensivly to care for some of the poorest individuals in Haiti, is venerated as a hero. But inadequate attention is paid to the environments in which such persons act. Circumstances are usually referred to not as an explanation, but as a description of the (often unfortunate) situation within which the individual’s character is expressed.

I argue that identifying individuals as “heroes” and “villains” is a mistake arising from a belief that individuals have stable characters. This belief in an (at least relatively) stable character should be abandoned in light of the powerful influence environment has on individual decisions and actions.

The Villainty of Willowbrook
The classic ethical research case of the Willowbrook Hepatitis Studies provides an example. Saul Krugman led a team of researchers who intentionally infected children at the Willowbrook State School with hepatitis from 1956 to 1971. The school was the primary residence of children who were physically and/or cognitively disabled. One interpretation of the Willowbrook Studies assigns Krugman a villainous character: a researcher who misused his position of power to take advantage of an especially vulnerable population with little regard for his subjects’ individual interests (intentionally infecting uninfected children with harmful diseases) in order to advance his own career. In some, he did so under the cover of ethically appropriate research by getting consent of a sort from parents—early admission to the Willowbrook State School was offered to only those children whose parents would “consent” to the study.

The social and physical environment at Willowbrook Studies complicates the “villainous” interpretation of Krugman’s character. The social environment Krugman operated in—the preference to house physically and mentally disabled children in institutions, and the failure of state funding to match the housing demand for a physical environment of overcrowding that made Willowbrook a haven for infectious diseases that attacked both Willowbrook residents and staff. Considering this environment, an alternative interpretation of Krugman’s character is that he was not committed to classifying Krugman (or anyone else) as a villain, but it is premised on a relatively static classification.

Evidence Against the Stable Character View
Experiments in social psychology have repeatedly illustrated that behavior is significantly affected by “irrelevant” aspects of the environment—circumstances that should not change how an individual with a stable character would act. A famous example of the influence of irrelevant circumstances on behavior is Milgram’s (1963) experiments, in which a research subject was led to believe he or she was giving electric shocks to an individual with a heart condition as part of an experiment investigating the learning process. In around two-thirds of the cases in Milgram’s study (and in similar studies afterward), when prodded by an authority figure, subjects were willing to give a shock that would kill the average person. What’s disturbing is that the subjects had no independent relationship with the authority figure and their incentive for taking part in the research was a relatively small sum of money ($4.50 in 1963 or about $30 today). To the extent that actual research subjects only had to ignore the stranger in the room and forgo the money.

Getting Rid of Heroes
To change or explain villainous behavior, I think we should look to environment, not character. Tempting as it might be, I also think that controlling the environment to produce “heroic” actions would be equally misguided. Instead, we should try to control environments to avoid the need for these actions. Paul Farmer’s heriocics only arise in certain undesirable circumstances. Specifically, the destitution and poverty that pervade Haiti’s economic and medical infrastructures make his “heroic” actions possible. Progressive medical schools might be proud to produce more Dr. Farmers who will volunteer so much of their time. Instead, emphasis should be on eliminating the need for his “heroic” actions.
anthropologist who has volunteered extensively to care for some of the poorest individuals in Haiti, is venerated as a hero. But inadequate attention is paid to the environments in which such persons act. Circumstances are usually referenced not as an explanation, but as a description of the (often unfortunate) situation within which the individual’s character is expressed. I argue that identifying individuals as “heroes” and “villains” is a mistake arising from a belief that individuals have stable characters. This belief in an (at least relatively) “stable character” should be abandoned in light of the powerful influence environment has on individual decisions and actions.

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There’s a sense in which the stable character view can never be refuted. It’s the same problem with metaphysical deities, or psychological egoism, or free will; no one can prove one side at the expense of the other. I will never be able to definitively deny the possibility of “stable character.” But I can provide evidence that suggests that the stable character view is misleading.

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A person of good and stable character does not intentionally shock another person to death. (Arguably, a person of average character doesn’t do that either.) So an interpretation of Milgram’s results that assumes stable character requires us to conclude that most people turn out to have bad character. A more plausible interpretation of Milgram’s results abandons the stable character view and concludes that his test subjects were generally people of good character, but their actions were affected by features of the environment like the authority figure in the room.

Darley and Batson’s (1973) study of seminary students on their way to a meeting provides more reason to abandon the stable character view, because circumstances irrelevant to a stable character had a profound effect on these students’ choices as well. In this experiment, conditions were controlled to make one set of students late for a meeting, while the other set was on time. On the way to the meeting, both sets passed an individual who was apparently in cardiac arrest. It would seem that being late for a meeting is irrelevant to whether or not a person of good character would help an individual in cardiac arrest, but more of the late seminary students reacted with indifference, walking past someone who appeared to be in grave danger.

Even if one accepts the premise of relatively changing circumstances, studies do not show that irrelevant circumstances still affect the actions of such persons. In the Darley and Batson study, the subjects who were on time were more likely to help the individual in need. Even if most people have bad character, more of these bad characters help when they are not pressed for time. A study by Isen and Levin (1972) supports this point. They found that finding change in a phone booth led more people to help someone who dropped the change on the ground. Even if we assume character is stable, apparently finding a dime convinces bad characters to help a stranger.

Therefore, advocates of the stable character view at minimum must admit that circumstances can mold the expression of “stable character,” and therefore even they must concede the value of controlling the circumstances under which people are acting.
actions by changing the economic infrastructure that deprives so many Haitians of basic medical care. Perhaps stable character and the concepts of hero and villain have something else in common with metaphysical deities, psychological egoism, and free will: believing in them can serve an important social function even if they are not true. Describing a “villain” can help us communicate the obstacles to the good life and describing a “hero” can communicate what we want people to emulate. But even if these concepts are shown to be necessary conditions for providing us with the best life, discussions of heroes and villains should be symbolic rather than descriptive, relinquishing the idea of stable character. Attributing an individual’s activities to his or her character distracts from more important goals: identifying and avoiding situations that produce “villainous” actions and those that require “heroic” effort.

Abraham V. Schwab is Assistant Professor in the Philosophy Department at Brooklyn College—CUNY. For their assistance in making this essay, he thanks Liz Muhler, Joseph Muhler, and Katie Watson. a.schwab@brooklyn.cuny.edu

Notes
1http://www.myhero.com/myhero/hero.asp?hero= Franklin
2One review of the details of Willowbrook can be found in Rothman and Rothman (1984). Also see Kragman (1986) defense of his actions in light of the controversy.

References

Blockbuster drugs were forged through a synergy of the new script-tracking technology and consumer demand. Direct-to-consumer (DTC) marketing empowered patients to negotiate their own prescriptions during clinical encounters with doctors, and the blockbuster era of pharmaceuticals created “Generation Rx” (Crimin 2005), a new generation that knows how to get the medication it wants. Big Pharma has helped to socialize and train (“script,” if you will) patients on how to obtain their own prescriptions: see TV ad, look up product on Internet, complete “symptom checklist,” print out symptom check list, bring symptoms on paper to doctor, ask about this brand name product, and receive the prescription that you want around 50 to 70% of the time. What should alarm doctors is that their role in this total system of prescription generation is being reduced further and further to no more than a script writer. In a post-Viagra world (Viagra being the paradigm of DTC) the consumer has become the wild card and often the stimulus for prescription generation. Although the hero-villain binary is never quite that black and white, it nonetheless remains worth exploring from a critical perspective. Patient demand for high-priced, brand name pharmaceuticals may pose the biggest threat in the future for safely and ethically prescribing medication.

Therefore, licensed script writers interested in taking back the script must not focus exclusively on achieving more transparency in pharmaceutical industry practices; they must also find ways to effectively (and ethically) interact with patients who demand their own script for Brand X, often with a coupon for “a free trial.” This prescription “partnership” between doctors and patients (forged via the efforts of Big Pharma) may be the most villainous thing to ever happen to the script pad, and I’m quite certain it will take heroic efforts to untangle it in the future.

Michael Oldani is Assistant Professor of Medical Anthropology at Wellesley College. He currently works on an ethnographic manuscript regarding pharmaceutical families, or “pharmilies.”

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