Crisis in Western Medicine

GPTV

Presented by Dr John Bradshaw.
Introduced by Dr Paul Grob.

University of London Audio-Visual Centre, 1975.
Made for the British Postgraduate Medical Federation.

Produced by David Sharp.

Black-and-white
Duration: 00:35:33:07

00:00:00:00

<Opening titles>

<Dr Grob to camera and then reading extract from a book>

Earlier this year a book was published entitled *Medical Nemesis: The expropriation of health* and in it, its author, Ivan Illich, takes a pretty critical look at doctors and their delivery of health care systems. He opens with the controversial phrase: 'The medical establishment has become a major threat to health'. And later in the book, he goes on to support this thesis. To some Ivan Illich is a visionary prophet, but to others he is perhaps held in less high regard. Now, the subject of today's programme is to look at Illich's ideas and concepts and discuss their relevance in a United Kingdom setting. To that effect, I'm joined in the studio today by Dr John Bradshaw who is a friend and colleague of Ivan Illich.

<Dr Grob and Dr Bradshaw, seated. Camera cuts from one to the other in discussion>

<Grob>

John, Ivan can't be with us today, I gather?

<Bradshaw>

No, there are personal reasons why he's got to be in Yugoslavia, though he hopes, perhaps, at some future occasion to be with us here to give his views, but this has the, perhaps, compensating advantage, we can be a little freer with our criticisms than we might otherwise have been.

<Grob>

Fine. Well, to start off with, a little bit about your own background – how did you first become interested in this sort of idea?

<Bradshaw>

Well, I'd read Illich before *Medical Nemesis* came out and been interested in his ideas, particularly in a book called *Tools for Conviviality*, in which he touches on medicine. And then when a summary of *Medical Nemesis* appeared in *The Lancet* last year, I got very much more interested and, in fact, got in touch with Illich and helped him at a late stage of preparation of the book.

<Grob>

I see. Well, perhaps you could just sketch in his main ideas and thoughts?

<Bradshaw>

Well, what Illich does basically is to present a critique of modern Western industrial society and he picks off various particular targets like medicine, transport, education

and shows how there is a recurrent pattern in them all. He sees a period of growth and then a period of productivity and then a period of counter-productivity. The period of growth in Western medicine occurred mainly in the last century and reached its apogee in the, he says, about 1915, when he alleges an encounter with a doctor for the first time became more likely to benefit than harm the patient. And then from 1915 to 1945, there was a sort of golden era during which the priest magician joined hands with the priest technologist, in the shape of the doctor, and we had Salvarsan and sulphur drugs, insulin, liver for Addison's anaemia and so on. And specific medical interventions for the first time began to play a major part in altering the pattern of disease in the Western world. Prior to that, although doctors do pride themselves on all that we've done, the changes in the pattern were due as much to the interventions of engineers and architects and teachers, that is, to good housing, pure water, improved nutrition, than to any specific medical interventions, although public health doctors played some part in motivating all those people. But it wasn't until the second to the fifth decade of this century that specific medical intervention began to be really productive. But from then on, from about 1945 / 1950 on, he says, the medical institution – like the educational institution before it and the transport institution almost simultaneously with it – became counter-productive. It caused more sickness than, in fact, it relieved.

00:04:15:22

<Grob>

I see. He really looks at this in three ways, doesn't he?

<Bradshaw>

Yet, he's coined the term 'iatrogenesis'. He should really talk about iatrogenic disease, iatrogenic illness, but he uses the shorter term 'iatrogenesis' meaning, of course, the position induced for three types of harm inflicted by modern medicine. The three types being: clinical and social and structural.

<Grob>

OK. Well, perhaps we could look at clinically in greater detail, perhaps you could explain what he thinks we do?

<Bradshaw>

Clinical iatrogenesis is the kind, the only kind I think, that most of the doctor readers, and certainly the doctor reviewers of the book, have really latched on to, and it is the ill effects of medical therapy, whether in the shape of drugs or investigatory procedures or surgical procedures. We need no reminding of the ill effect of thalidomide or of chloramphenicol or of tetracyclines, which continued despite great publicity and warnings to doctors about their dangers as has been very clearly shown in this country and in the States.

In the investigatory field, of course, various procedures like cardiac catheterisation and IBPs and so on, sometimes because of inefficiency on part of the doctor, sometimes because he's practising defensive medicine – this is particularly true in the States – but also when he's practising what he considers good medicine, can carry their own ill effects which can be far worse than the condition that the doctor's purportedly hoping to seek.

In the case of surgery, a few simple instances: the cholecystectomy rate in Canada, for instance, is 5 or 6 times what it is for people over 65 than in the United Kingdom and the mortality rate for disease of the gall bladder is 2 to 3 times as high and the two are, according to the authors of the paper in question, related. And the reason for the high cholecystectomy rate in Canada is that Canada has a fee per item of service basis for its health delivery.

<Grob off camera>

Sure.

<Bradshaw>

In America there was a very frightening paper, appeared last year, showing that a sample of the spouses, of American doctors' wives, had various common operative procedures like thyroidectomies and mastectomies and prostatectomies much more often than the spouses of people in the same socioeconomic group, the spouses of business men, business people and solicitors and so on. The most frightening statistic I think was that the wives of American doctors, in this sample, 50% of them, more than 50%, who were over the age of 65 had had a hysterectomy. The corresponding figure for American women generally is about 30%, and for women in the Oxford region in this country is about 20%. And the frightening thing about that to me is that clearly American doctors had sold themselves, not just their patients, but sold themselves on the necessity for what can only be described as meddlesome surgery. It's not conceivable that more than half of women over the age of 65 really need to have their uterus removed. One could expand on these ill effects of surgery, everyone knows of that: tonsillectomy, 90% of tonsillectomies aren't really necessary. Probably, a lot of people know that the appendectomy rate in West Germany is 2 to 3 times what it is in most Western countries, and mortality from appendicitis is correspondingly 2 to 3 times as great. Only 1 in 4 of the appendices removed in West Germany is found to be pathological. So these are some of the side effects of surgery, investigations and of drugs, but Illich nonetheless says that as a whole, and even in most individual cases, the benefits of treatment or investigation outweigh the drawbacks. It's the other two types of iatrogenesis, he thinks important.

<Grob>

So, I think this is a thing that doctors have latched on to a lot, haven't they...

<Bradshaw off camera>

Indeed.

<Grob>

… that Illich really does still believe that polio vaccination, measles vaccination, this sort of thing outweighs the disadvantages?

<Bradshaw>

Well, he would say that the advantages are greater than the disadvantages, if you look at the thing in isolation. He would not say so if you take the wider picture and look at the advantages and disadvantages of the whole industrial scene, Western industrial scene of which Western medicine is a part, and of which polio vaccine is a product just as, let us say, the atom bomb is a product and the cobalt bomb and other products.

<Grob>

Sure. I think I would take issue a little bit because we are concerned with individuals and the reason that your children and my children don't get polio is because they've been vaccinated. This is what concerns me rather than the wider issues, but I take your point.

<Bradshaw>

Yes, but if the price of them, perhaps, escaping the polio is that they succumb to some other condition, and vital statistics suggest that this is happening in certain Western countries, then it's not quite as clear.

<Grob>

Sure, well OK. Well, let's move on to the other, which I feel much more convincing, sorts of iatrogenesis, social iatrogenesis.

00:09:19:01

<Bradshaw>

Yes, well, social iatrogenesis is the reinforcement and invasion of the industrial mode generally by the medical institution and this shows itself, for instance, in the way in which Western medicine accepts the diseases caused by the industrial way of life, and most of our causes of death now and of morbidity are in fact caused, as most doctors would accept, by a way of life. These are accepted by the medical institution without protest and are treated with analogues of the very tools, which is Illich's word, that have produced them in the first place. The technologist in the cigarette factory or the motor car factory would be quite at home in the intensive care unit. This shows too in the way in which people who are fed up in the Western industrial mode, with working in a factory – very reasonably most of us would be after a time – have to go along to the doctor and get a respectable excuse to escape from work for a few days or a few weeks. They go along – the doctor says, you've got dyspepsia or you've got a dyspeptic ulcer, you've got bronchitis, you've got fibrositis and the patient has a few days off. In other words, the doctor is in a conspiracy with the Western industry to conceal from the consumer just what is being done to him.

The same thing applies to the way in which all stages of the lifespan are being invaded by the medical mode. I mean even antenatally the child has to be examined now by the doctor and the pregnancy certified as normal, the pregnancy has to be induced very often, the child when born has to be certified as normal, the schoolchild has to be examined. The worst feature that I've seen recently is screening of schoolchildren for hypertension and sodium cholesterol levels, which to me is almost obscene. It goes on, of course, with hormone replacement therapy after the menopause, the invasion of geriatrics and so on.

And almost the worst feature is the medicalisation of death, the way in which now people in our Western society are almost afraid to die without the permission of the doctor. They must die in the intensive care unit at the moment when Illich says their consumer resistance has reached its peak and they refuse to accept any further medical inputs. Then that's it, the doctor turns the switch off.

<Grob>

I see. And his third aspect, structural iatrogenesis?

<Bradshaw>

Well, structural or symbolic or personal psychological iatrogenesis is the deepest, he alleges. And that is that the medical institution has expropriated from the individual and from society the right to face up to pain, suffering, anguish and death and to use its own resources to cope with these things. He says that if you teach people, as the medical institution does, to turn reflexly to the doctor and to look reflexly for a tablet or an injection, just because they have an acorn of pain or because they're suffering, is not to enhance life but it is to diminish it; but you can't have happiness and contentment and fulfilment unless you also have some anguish, suffering and pain as well. Just as life must have a beginning in birth, it must also have an end in death. Although the Western medical institution would like to conquer all pain, to conquer all sickness and, indeed, some of its more way-out exponents would like to conquer all death; this has even been mooted, although they've only got to the stage of actually talking about the extension of the lifespan indefinitely. Now, if I may draw an analogy there – because people find this very difficult, I discover, to comprehend – Illich is not saying that people should not use pain-relieving drugs or tranquillisers when suffering, when they're anguished, but rather they should be free to choose whether or not to do so or whether they face up to that pain, their anguish or their death on their own two feet or lying in bed with the aid of their families, their extended families, the priest, the doctor and so on.

I think a valid analogy is the use of contraceptives in relation to sexual intercourse; if one leaves out all ethical considerations on contraception and leaves out all economic reasons for using contraceptives. That is, suppose we have a couple indulging in sexual intercourse who've already got, say, a couple of children and who would not be particularly upset if they had a third child, if they indulge in contraception over a long period, and in particular if their form of contraception is an irreversible kind, if the woman has been sterilised, say, or the man has had a

vasectomy with an inch and a half of his vas removed, if ever such a radical procedure is done, then I think the value to them of sexual intercourse is diminished, not increased by the use of contraception of that kind. And Illich alleges something similar happens in relation to life if you sterilise pain, if you objectivise it, make it something to be managed by the doctor rather than perhaps endured, certainly managed by the individual who suffers it.

00:14:28:11

<Grob>

I see. Well, from what Illich says in the forward of his book, I gather that he says some very nice, kind things about you, but he does say that only I am to blame for not having accepted his, i.e. your, advice. Do you disagree in some areas with Illich?

<Bradshaw>

I disagree in one or two areas. I mean some of the things in which we disagreed were merely details of references and authorities. I think he gives medicine a little less credit than what is due for the benefits it's produced in the last hundred years, but when one considers that here was a layman who was standing up to the entire Western medical establishment and, in fact, stood up to it very successfully, one can perhaps forgive a little exaggeration of that kind, even though objectively one sees that he certainly was exaggerating. He thinks too, does Illich, that primary prevention, which is something I think we should concentrate a lot more on, could lead merely to an extension of the medical empire. You could have the doctors, instead of lording it over the patients in high-technology hospitals, lording it over them in high-technology primary prevention centres. I don't think this is true. Illich himself used to be very favourably disposed towards the type of primary prevention being practiced now in China by the barefoot doctors, but in a very short space between '73 and '74, he seemed to have become dubious about the ultimate value of the barefoot doctors. He thinks they are going to institutionalise themselves and set up a college of barefoot doctoring with a diploma and so on along the usual Western pattern.

<Grob>

Yes, essentially, his book seems to me more destructive than constructive and perhaps we can move on to what you think the viable, I mean the word really viable, alternatives are to this sort of concept of Nemesis, of dreadful Greek god descending upon you.

<Bradshaw>

Yes. I would say, yes, there is more destruction in the book than there is construction – there is a constructive element towards the end. I think Illich would say that the destruction of the institution is necessary before you can start to build up; there is a time to cast stones away and a time to build with stones. And the time at the moment, in relation to the medical institution, is to destroy, and he believes in destroying with the aid not merely of facts, which he does, but with the aid of wit and humour. He makes fun of the medical institution so that I would defend him in that regard but, yes, he could perhaps say something a little more positive in the medical sphere. His answer to complaints about this is that he merely lays down criteria for what could be valid alternatives and he thinks there are a variety of valid alternatives in any one sphere, depending upon the particular culture, the particular ethnic grouping involved, the particular country, the particular time. But, I think, still one should be able to pin him down a little more and say, well what in relation to health in the United Kingdom or the United States at his moment would you think is proper.

<Grob off camera>

I see.

<Bradshaw>

And at this point, he stops more or less.

<Grob>

But you've already mentioned barefoot doctors. Now, I would think that's fine for China and that ethnic group. You're not advocating barefoot doctors for Birmingham?

<Bradshaw>

No, but I do think that, although the analogy I don't think has been drawn elsewhere, there is some kind of analogy between the Chinese barefoot doctors and the very considerable interest there is in North America at the moment in what are called nurse practitioners or doctor surrogates, doctor assistants, some of whom, in fact, have been shown very clearly to be as effective as doctors and, indeed, preferred by the patients to doctors, largely because the doctor assistants have time to listen to the patients' everyday complaints and to learn about them as people, as distinct from regarding them as objects for investigation.

If I may just digress for one moment on that one, a glorious instance of the way in which doctors can be misled by their own high-technology fantasies was in an article in the New England Journal of Medicine, a couple of years ago, that still fascinates me 2 years after I first read it, and the authors of this paper considered 300 consecutive admissions to a particular hospital in … that were treated by Johns Hopkins graduates. And they had a group of specialists and of super specialists look quite blind at the procedures that had been carried out by the Johns Hopkins graduates in relation to these 300 patients, who suffered from common complaints like hypertension, urinary tract infections and diabetes. The specialists rated the management of the cases very low indeed. The super specialists rated the management even lower; in fact, I think the rating was only 1.2% good management. Now, when asked why they rated the management of these patients so low, the specialists and super specialists said that the doctors concerned had not investigated the patients sufficiently. When, in fact, the workers concerned who wrote the paper looked at these people, they found that 6 months after diagnosis more than 50% of the patients with hypertension were quite uncontrolled, and why were they uncontrolled? Because the doctors concerned had been so busy looking over their

shoulder and doing renal aortograms and blood renin estimations and so on, to try and find surgically remedial causes for hypertension, they hadn't had the time, or perhaps the conscience, to bother about taking the blood pressure every week and adjusting the hypertensive drug. In other words, they were being criticised by the specialist and super specialist for doing what they clearly had already done far too much of. Now, the same thing applied to the urinary tract infections and to the diabetes which were, to a great extent, uncontrolled. This is what happens to high technology when it really gets out of control.

00:20:23:19

<Grob>

But I'm right in supposing that Illich does recognise that we are in need of some specialist care: child birth, you break a leg, it's got to be set, you've got to have an operation by a competent surgeon.

<Bradshaw>

Oh yes, up to a point. He thinks we need specialised healers for the things you've mentioned – in some cases of childbirth, for fractures, for certain fevers and, you know, if you need a partial gastrectomy, you can't do it yourself in the back kitchen – but he thinks that we have become far too specialised. I think he says there are 67 separate specialities recognised in the United States at the moment, you know, and something that always sticks in my gullet is the fact that the Royal Society of Medicine Library takes regularly 2500 titles of medical and paramedical journals. I find it difficult to believe that we couldn't manage with about 4 or 500 instead of 2500.

<Grob>

Sorry, I think it worries them too. But he would like to de-professionalise medicine, wouldn't he?

<Bradshaw>

Correct.

<Grob>

What sort of battle plans, I mean, it's fine to say, OK it's become too professionalised, but what constructively can you do? I mean, you mentioned he likes to ridicule the establishment.

<Bradshaw>

Well, he wants to get less specialisation by doctors; he wants to move medicine away, not completely away, but away to some extent from the high-technology hospital back to the community hospital and back into the community, and to hand back a good deal of diagnosis even and certainly of treatment to the laity, which of course the laity used to indulge in until relatively recently with herbal remedies and so on. You can say these were mere placebos but then a lot of the remedies that doctors give are placebos, especially in our sort of society. He doesn't really go much further than that. I myself have one or two more specific ideas on what […]

<Grob off camera>

Go on.

<Bradshaw>

[…] might be done in that connection. I think there is a crying need for primary prevention. We spend these enormous sums of money on late stage treatment of conditions which can at best merely be patched up and often for conditions for which can, in fact, do very little. We spend enormous amounts of money on coronary care units; 12% of the nurses in the United States work now in intensive care units and the net result is very doubtful indeed. I think we should move some of that money

into primary prevention and not necessarily primary prevention engineered by doctors because then we would be falling into the pitfall that I mentioned a few minutes ago, that Illich foresees, of the medical institution, of the medical guild moving from high-technology hospital medicine into primary prevention high technology, which would be just as bad.

<Grob>

But we have the slight difficulty here that the medical establishment is very much in charge of its own funds, isn't it?

<Bradshaw off camera>

Correct.

<Grob>

What can be done to attack the establishment practically, I mean?

<Bradshaw>

Well, Illich's answer is to ridicule the establishment which, in fact, he does in *Medical Nemesis.* I was amused at a talk I gave recently about Illich and *Medical Nemesis* to have doctor ask me whether Illich had any sense of humour. And anyone who's reading *Medical Nemesis* can't see that the author has very acute, very dry sense of humour, I think was perhaps not reading the book as carefully as he might have done. If you talk to Illich, whether person to person or in a small group or a large group, you realise that he has a very acute wit indeed, a very dry wit; you have to be very alert to get all his meanings. There is hardly a page of *Medical Nemesis* in which he isn't literally taking the Mickey out of doctors, and he thinks it should be done much more widely, instead of this pontificating in the 2500 medical journals in the RSM Library.

<Grob>

You were going to gently poke a little bit of fun at the establishment, I gather, too.

<Bradshaw>

Well, I should like to start a journal of this kind, yes a sort of amalgam of Private Eye and the New Yorker and so on and do exactly what Illich thinks should be done. He'd be behind this, he's agreed to act as patron to any such thing that one manages to produce, but of course this is assuming I'm not shot down immediately by the establishment.

<Grob>

Well, yes. OK well, let's move on to what constructively can be done. You've mentioned prevention and the establishment, no hang on, let's put it this way, at the moment prevention doesn't seem to attract a lot of funds, and in the obvious preventive fields of medicine, obesity, that sort of thing, such campaigns that have been waged have not been desperately effective. Would you generally support that? Do you think we should support more effort there?

<Bradshaw>

Yes, they haven't been effective except in the case of the lay-managed and lay-inspired organisations like Alcoholics Anonymous, like the Samaritans, like Weight Watchers, which is a commercial organisation. Now, these have been quite conspicuously successful and I think we should learn from this that perhaps it's the laity who are good at primary prevention. The doctors find it boring, or are unable to get themselves down to the level of motivating ordinary people. There is no good a doctor sitting behind his desk, sitting in his consulting room, saying to a doctor, well it's very bad to smoke cigarettes because you may die of lung cancer or increase your risk of coronary heart disease. People are not motivated in that way. They are motivated at a much deeper level and the laity, perhaps, have got the secret of

reaching those deeper levels which doctors themselves have not yet achieved and, therefore, what I would like to see set up is in viable community centres, if there are such things today, I suspect perhaps there aren't because I think our community is so unhealthy, our society is so unhealthy that we don't have the viable churches that we did once have. I'd like to set up some things called Amigos Life Centres, the Amigos standing for the spirit that would prevail and also standing for the letters for the initial letters of Alternative Medical Information Group and Open Sesame Life Centres. That sounds a long word, but what I'm meaning basically is that built into the structure of a community centre should be some health educational element which should be, although supervised by a shadowy medical figure in the background, actually run from day to day largely by the laity themselves, the local laity.

What one would do is to provide them with a group of rooms, the central one of which would be called the Amigos kitchen. That's a place where they could get light refreshments of a health giving kind and certainly not any sweets, chocolates or cigarettes, and where hopefully one would get a sort of pub-like atmosphere, you know, with the camaraderie of the pub and where they would learn from one another what was really troubling them deep down. And what would really be troubling them would probably be working in our Western industrial society, and the symptoms of that would be, or the signs of that would be obesity, or the fact that they couldn't get exercise or they couldn't manage to give up smoking or whatever it was. There would be adjoining that kitchen a thing that I call the Amigos quiet room, a sort of library with leaflets and booklets and cassettes and perhaps some film strips, which would be understandable by lay people and would teach them how to look after their own health, but preferably in groups, not individually.

There would also be a little office in which one would have a sort of middle-aged nurse – I call her the aya, the old Anglo-Indian term for the nurse – who would give a little quite advice to people she felt should be going to see the doctor. There would be liaison with first the local doctors, both the GPs and the consultants and so on in the hospitals.

<Grob>

I see. Would they not view this with a little bit of scorn, perhaps?

<Bradshaw>

Well, some I've talked to have viewed it not with alarm but they've viewed it with some slight concern. Others have been a bit supercilious, others have warmed to the idea straight away; indeed, I had one doctor who said, well, come and use the health centre, the new purpose built health centre I've got. When it isn't being used for clinical purposes, use it for this Amigos Life Centre idea and you'll prevent some of my patients coming to me at all. And correspondingly, of course, the Life Centre would send some patients to him. I'd hope also to get cooperation from the Community Health Councils which are…

<Grob off camera>

Yes, I would think that's a very fruitful avenue.

<Bradshaw>

…bodies in search of a role; they just don't really know what they're up to at the moment. I hope that none of them are going to listen to this programme. This would be a crucial element in the centre. Now, hopefully from the meetings in the Amigos kitchen, and sponsored by the aya and by the shadowy doctor figure, groups would emerge which were devoted to losing weight…

<Grob off camera>

Anti-smoking.

<Bradshaw>

…anti-smoking, taking exercise and so on. They'd meet in one another's houses and so on, the way Weight Watchers do very successfully. One would have a system of small payments to make them toe the line and come regularly and so on and so forth. I think in this way, one might begin to break the back of disease imposed by the industrial mode. And, of course, if it did work, it would be imitated; one would have dozens and hundreds of these centres established in the viable community centres that hopefully are existing around the country.

00:30:57:10

<Grob>

Yes, this would be easily translated into the health centre, wouldn't it? You could spend some evenings in this sort of activity?

<Bradshaw>

Yes, although I don't, I shouldn't like it to be similar to the Peckham Centre for all that that was a very admirable endeavour, because I feel that this should be lay run and basically lay inspired. Although I am as a doctor putting forward the idea, I should hope to remain very much in the background and, in fact, after a time to disappear. I want the laity to stand on its own two feet and to realise that the mystique of medicine, the jargon, which is a jargon and a mystique engendered by the medical profession for its own…

<Grob off camera>

Purposes, security.

<Bradshaw>

… good purposes and security, correct, can be penetrated. Health is really very simple and that health springs from a very simple way of life, simple in its essentials,

although very difficult to achieve. And the way to achieve it is in groups, people supporting one another, and not by going to a specialised health prevention expert instead of to the clinician.

<Grob>

You'd have some sort of community health educators who foster and look after these groups?

<Bradshaw>

I hope honestly no that one wouldn't because I'd see, forgive me, I'd see a community health educator, I'd see these as being part of the educational institution, being in cahoots with the medical institution, and this would not merely double but quadruple the dangers. You see once you set up an institution to do these things, you then get a self-perpetuating oligarchy of health educators.

<Grob off camera>

Sure.

<Bradshaw>

You'll soon have a diploma and a degree and a DSE, a PhD, a fellowship and so on and so forth. I wanted to stay with the laity and all attempts to institutionalise it should be aborted straight away, if necessary by lining up the progenitors of the institutionalisation and machine gunning them down, figuratively <*laughs*>.

<Grob off camera>

Well, that's a radical thing. What about, I mean, this is an attractive concept, what about funding, I mean, has this moved from the drawing board to the practical aspects yet?

<Bradshaw>

Well, yes, I mean I've got the proposal and it's going to go to various charities, but I'm in two minds about going to these charities because, of course, most of them are in fact funded from industrial sources. One is going to them and basically saying, here I am, highly critical of your industrial mode and I want to start disrupting it and cracking the façade, or adding to the cracks – there are plenty of cracks already. And it seems a bit dishonest to go to them and to say that, to ask the establishment to assist in its own demise. On the other hand, as it's almost certainly going to die anyway in the next decade or two. One might, perhaps, make the process a little less painful if one managed to get them to put some money into a project like this.

<Grob>

So, you're moderately sanguine that something will eventually take place?

<Bradshaw off camera>

Yes, I think so, yes.

<Grob>

Well, if it does, we must certainly talk more about it. How would you like to end? What note would you like to strike? I mean you're more optimistic than Ivan Illich has been.

<Bradshaw>

I wouldn't honestly say so. I think I'm less optimistic than Illich is. I think Illich, in fact, feels that we're not going to make any radical changes until we're faced with catastrophe, until we have, as we probably shall have in the next decade, millions of people dying of starvation. I think the same, I don't really think this Amigos idea will

work, I think people are so hooked on institutionalisation and going to specialised healers, specialised educators and so on that they're not going to stand on their own two feet. I'd like to think this wasn't the case, but I fear that it is. It's conceivable that if catastrophe comes then people will upend the whole of our Western industrial civilisation and get away from the envy, the greed, the laziness that are the basic motivations of our industrial civilisation at the moment, and cease to be passive consumers of goods or services and stand on their own two feet and make the sort of convivial society of which the Amigos Life Centres would just be one expression. But I'm not very sanguine that this is going to happen, honestly.

<Grob>

I mean, if you're so pessimistic, why try anything at all?

<Bradshaw>

Well, because I have a family of my own, children of my own, and I'd like to think that they will have some chance of living some kind of reasonable civilised life, and their children in turn. And because, of course, one must go on hoping despite the fact that one deep down despairs. Illich says that he distinguishes in relation to an afterlife between his hopes and his expectation. He expects there is no afterlife but he hopes that on his deathbed he'll get a surprise. I suspect myself that mankind is on its deathbed, but I do hope it's going to get a surprise.

<Grob>

I see. Well, there are great many ideas and concepts for discussion: is Illich a visionary prophet or does he extrapolate too far from what are obviously medical problems? Well, points for discussion. Who is to blame? Is it the doctors, is it society, or both of us? Well, John Bradshaw, thank you very much.

<Bradshaw>

Thank you.

<End credits>