Chapter 2
The Public, Private, and "Stepping on Toes" in Healthcare

> If we try to eat differently from our friends it will not only be inconvenient, but we risk being regarded as cranks and hypochondriacs… It is difficult to step out of line with… peers. (Rose 1985)

At the heart of public health is the improvement of individual private lives in order to improve population-based outcomes of the most urgent need to society. Public health and private illness are political as well as biological. The dichotomy of public and private (terms I use here reservedly for the lack of better ones) is embodied. It is social. I believe that an overly stringent demarcation of the public and private is premature and fundamentally flawed. The boundaries of the public and private, I will argue, are perforated and overlap. A "public" in health is often defined as anything that is "population based." Kenneth Burke, a renowned linguist, once said there is always a "not" to a word. "Not public" is often understood as the somatic, social, and emotional experiences central to a person. These definitions of public and private are not on the surface incorrect. These definitions unfortunately do not go far and deep enough. This concept is expanded in this book as a narrative arc, deconstructing private illness embedded in publics as a dance.

> We can't control systems or figure them out. But we can dance with them! Meadows (2004)

The discussion of public versus private health is framed with a dance lesson of the "evolutionary" bachata, a partnered dance that originated in the Dominican Republic.

How to learn the basic bachata with a partner facing the other, without getting fancy (accent in fourth count)

Basically, it is "Step-together-step touch" with beats at:

Step 1—step 2—step 3 HIP (accent)

Step 5—step 6—Step 7 HIP (accent)

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As with any energetic bachata, two partners in close physical proximity enter an agreement to "lead and follow" in order to perform the dance. Like taking a cue from your lead partner to start movements, we also take cues from people around us. Agents in a social system do not adhere to "global lock-and-trigger" conditions in regulating their actions (Martinez-Garcia and Hernandez-Lemus 2013). To add, complex systems acknowledge the existence of many causes and effects which is radically different in approach to a "single cause causes a single effect" (Martinez-Garcia and Hernandez-Lemus 2013).

While there is some comfort in expectation of predictability of the agents' actions in physical systems, there is no such relief with social agents. People can do what they want and often do. Policies are there to guide, support, and regulate actions that are acted out in everyday life. Human agents are endowed with the ability act upon intention if the social order allows such freedom. In order to have intention, there must be cognition. For the sake of this book, a social agent may be thought of as:

> A natural or artificial entity with sufficient behavioral plasticity to persist in its medium by responding to recurrent perturbation within that medium so as to maintain its organization. (Goldspink 2000)

Partner dancing requires "real-time coordination between a human leader and follower," and resembles other decentralized systems with "supervisory control and coordination of agent teams" (Gentry and Feron 2004). Each partner is an agent who must take physical and verbal cues to move together. More often than not, there are glitches mingled among the passion to work together. The yearly homecoming of mandatory influenza vaccinations is a good example of the difficulties in reconciling and satisfying both private and public interests. One person gets the vaccination, perhaps under his own volition or social pressure (e.g., my boss tells me to comply for the safety of patients). One person may be left out of the loop in learning of the directive to get that mandatory flu shot (organizational lapse). Another may decide to forego the advice to immunize and take the chance of illness and being singled out as a result. In the end, the dancers in this public health situation become a small public where each must abide by the rules of gestures of bachata (getting the shot). Bachata is different from the waltz. There are rules in place to guide the anticipated actions of abiding by the requirements to obtain the flu vaccination. When that gesture is something like getting that flu shot before reporting to work, some may decide to become wallflowers and ignore the requirement altogether.

In essence, there is a give-and-take among all dancers (social agents) toward a collective end result. This is not unlike the give-and-take of navigating health as a person that is a part of a public. How could this be? While living as a social creature may lack the lyrical musicality of a bachata song, effective public health action requires that the private sphere be under the watch of the public for the sake of the society as a whole. However unlike the Bachata dance and song that has a definite outro, the political intensity and prescriptive requirements surrounding a policy typically hit a loop section. The song never ends.

One partner cannot do waltz steps while the other performs Dominican bachata. In other words, an entity such as a government or even a bachata partner should not demand to have a say in his status. But this would not make sense for dancing bachata, which is by design a partner dance. Likewise, when we evoke the idea of public

health, the idea of intervention into the *private sphere* is central to improving the health of the larger public. Some of our private has to give for the sake of the public.

People tend to gravitate homophilously both politically and culturally (see Aristotle 1991; see Kilduff and Tsai 2003). Michael Warner (2002) wrote a piece in *Public Culture* which later became a book of the same name, *Publics and Counterpublics*. The public is "everyone within a field of study" (Warner 2002). The public is the study population. Warner (2002) presented the argument that being a member of a public requires that each citizen participate at some level. Not being fully activated in deliberation may not be feasible. Some may not be activated to participate at all. Sometimes a citizen does not act as the hand is forced. Ethical issues are off of the radar and lack saliency, until the acute issue strikes them in the face or knocks them off of their feet (Nordgren and Morris McDonnell 2011).

Gigerenzer (2010) said that social pressure to comply with the peer network is based on intuition. The legal scholar Cass Sunstein (2005) asserted that moral heuristics are also susceptible to error. As morals and ethics are inherent to policy-making, the ill effects of such heuristics can bleed into ill-advised policy decisions (Sunstein 2005). A heuristic by nature is an artifact based on socially accepted fact (Sunstein 2005). A heuristic is not unlike pulling off that decisional Band-Aid as quickly and painlessly as possible so you can hop back on your bike. Likewise, making strategic and ethical choices does not cleanly translate to an assurance of socially or medically appropriate actions by the public under the stricture of the policy (see Adler 2005). Choice is a test of feedback based in part on ethical fallibility in following socially agreed upon ethical rules.

The Will of the Public

Aristotle (1991) tendered a guide on how to live with other flawed people in a reflective, public space. In his work, *On Rhetoric*, Aristotle (1991) said what is unavoidable is to be a part of a larger public which is composed of people with moral blemishes. In Book 1, Aristotle gives character a new name, *ethos*. This *ethos* is born of a sense of justice. But Aristotle made it clear that *ethos* cannot be mandated by law. Hannah Arendt (1958), in *The Human Condition*, said that people lapse into a social world. Because humans are so intertwined, the public realm is infinite so should be our concern for others. Our identity becomes one of the collective (Arendt 1958).

Van Kleef et al. (2010) were interested in this very question in mortals by saying that emotions should be treated as bits of information that must be understood. In their empirical findings, during a situation that requires competition, people draw off of trying to analytical weigh the emotions of the opponent (Van Kleef et al. 2010). In those situations where we are "in this together," emotions rules by getting into someone's head (Van Kleef et al. 2010). For health policy, there may be longer peace between the social and related ethical upheavals but policy revisits at some future point to restore order (see Martinez-Garcia and Hernandez-Lemus 2013). The very basis of public health rests on overlapping influences and relationships

of established norms, political whims, ethical standards, and social connections (Gregson et al. 2001; see Griswold et al. 2013). As ethics and actions are both moving targets, so must be our understanding of the nuts and bolts of the system.

> Sobering realization of progress… (DuBois 1965)

> Over himself, over his own body and mind, the individual is sovereign. (Mill 1999)

The will of society, with our funny little orb of health hovering and bobbing within it, aligns religiously with the will of the majority. Mill (1999) wrote *On Liberty* in 1895 as a treatise on the overlay of personal responsibility and an authoritative state. He advocated a balance of Pareto efficiency as good for the majority, which is fundamental to public health) and personal autonomy (with the translation you cannot make me do it for my own good). For the sake of this argument, Mill also defends the existence of protection against prevailing feelings and opinions (Mill 1999). People, according to Mill (1999), base decisions on "personal preference." If health invokes the power to infringe on the personal liberty of an individual, Mill (1999) said that the public only have that right when the burden of proof suggests that "preventing harm to others" is the only justification. Mill also defends the existence of protection against prevailing feelings and opinions (Mill 1999). The explanations that we view as valid or potentially valid are at the mercy of the "denial of usefulness" (Mill 1999).

The need for an intellectual irritant is often necessary to spur innovative discussion. Mill (1999) wrote that "men are not more zealous for truth than they often are for error." Human nature requires adjustments to our reasoning out of realized and accepted necessity. Individuals do not expend unnecessary energy when they are comfortable with the status quo. Mill (1999) explains our propensity toward remedy as being tied to two factors: the direction of the sentiment (as in complexity versus convention) and the degree of interest in that sentiment. Otherwise, we are indifferent or opposed to seeking out alternatives.

Personal Liberty and Social Utility

What is made quite evident is the warring of the ideals of maintaining personal liberty with the maximization of social utility. What is the acceptable tipping point before we topple too far to the side of autonomy while undermining social welfare? Dworkin (1972) in response to Mill wrote that paternalism "will always involve limitations on the liberty of some individuals in their own interest but it may also extend to interferences with the liberty of parties whose interests are not in question." Mill sets an unreasonably high threshold for achieving paternalism. This certainly is not unusual with such sweeping pronouncements.

In light of the impossible achievability of Mill's requirements, Dworkin (1972) said that what is at work in reality is impure paternalism. As impure paternalism is followed, a disenfranchised class' needs are met by way of subjugating the

requirements of an unaffected class (Dworkin 1972). Someone has to give up liberty so others can gain. But who wants to be the "perceived" loser? If the argument remains as a question of personal liberty, yes, someone will shoot craps. It is getting over the immediacy of the personal loss of liberty that sting.

Public health as a discipline, science, or even branch of medicine cannot guarantee that for each loss of liberty there will be a recognizable, visceral gain in health status. People live by the concreteness of their own experiences. The concreteness of a relative risk measures disease not liberty. Unfortunately, this is often to the disadvantage of public health to get buy-in. But it is perhaps the impurity of human experience that makes the work of public health the most noble of all. It is just so darn hard to lose while gaining.

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