

# Deadly Sins and Living Virtues of Public Health

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# Deadly Sins and Living Virtues of Public Health

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At a recent meeting for Institute of Medicine (IOM) staff, I delivered a version of my 2011 Frank A. Calderone Prize Lecture, which included reference to the seven deadly sins. As originally enunciated by Pope Gregory I in 590 A.D., the deadly sins are lust, sloth, gluttony, greed, wrath, envy, and pride. I used these as a foil to suggest there are also seven deadly sins of public health. Retaining three of the original sins (sloth, greed, and gluttony), I added four more: ignorance, complacency, timidity, and obstinacy.

**Sloth** blocks us from doing the daily activity that would help keep us healthy. **Gluttony** cajoles us to eat even if we are no longer hungry and has, along with sloth, produced an obesity epidemic. **Greed** drives companies to continue to market and profit from items that are bad for health, such as cigarettes.

To these I added three sins of omission—**ignorance**, sometimes willful, colors judgment and leads to poor health decisions by both individuals and policy makers; **complacency** is responsible for the acceptance as “normal” of health hazards that are, in fact, preventable or avoidable; and **timidity** prevents individuals from demanding health-enhancing changes to policy and practice and inhibits policy makers from doing the right thing.

For the seventh deadly sin, I suggested **obstinacy**—the refusal to accept evidence on best practices and the refusal to change practices or customs that are familiar. I then invited staff to propose additional candidates for a deadly sin of public health and submit them to Clyde Behney, deputy executive officer of the IOM. Clyde then compiled the results, and we thought it would be worthwhile to make them more widely available through a discussion paper.

*Harvey V. Fineberg*

## THE SEVENTH SIN

**Arrogance** is a sin of public health in both perception and practice. Public health is sometimes perceived as a field dominated by holier-than-thou do-gooders and ivory-tower know-it-alls. Practitioners and advocates of public health may seem supremely confident that they hold the answers to our nation’s most challenging health and health care issues: If we could just make the \_\_\_ (insert: local, state, and federal governments, communities and individuals, health insurance providers, drug industry, etc.) follow our recommendations on \_\_\_ (insert: funding, policy, vaccination, diet, exercise, etc.), we would be a healthier nation. And that may be so. However, the arrogance of the public health community that can be found in recommendation-making may engender a certain amount of public disdain and distrust. A little humility would go a long way in our quest to improve the public’s health.

*Patti Simon*

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<sup>1</sup> President and staff of the IOM.

As we consider how to protect the public's health, we must not fall victim to **conceit**—an unduly high opinion of one's own abilities or worth. In light of perceived impending peril, public health officials and institutions are apt to think: "If only the non-compliant public would adhere to the recommendations based on the insights and wisdom of us experts in public health, then all would be right with the world." In fact, public health interventions not only hold the possibility for externalities—unintended consequences that befall those without a choice in the matter—but also, if developed in a paternalistic manner, may undermine the engagement of the individuals whose personal motivation is central to the health of the public. Now that the era of public health as a forcing function (e.g., clean water, control of epidemics) has transitioned to one largely dependent upon behavioral change, public health officials whose perspective is one tainted by conceit are a primary peril to the health of the American public.

*Isabelle Von Kohorn*

Engaging in the sin of **cordial hypocrisy** can be destructive to building relationships and blinds us to the institutionalization of fear and distrust that prevents us from appreciating the views and experiences of others. We use polite and politically correct language to maintain harmony and minimize friction, resulting in what business ethicists Robert C. Solomon and Fernando Flores call "cordial hypocrisy," or the "façade of goodwill and congeniality that hides distrust and cynicism" (Solomon and Flores, 2001). Complex social problems, such as obesity and chronic diseases, involve a myriad of interdependencies that complicate the ability for any one group or sector to effectively address the issues alone. A lack of trust, however, hinders working together across sectors to overcome these complex problems in order to better promote the well-being of all individuals. Without authentic openness and honest communication, we can end up with incorrect, suboptimal, or unsustainable approaches to problems. The opposite of cordial hypocrisy is what Solomon and Flores call "authentic trust," which is carefully considered and fully self-aware.

*Laura Pillsbury*

When the sin of **denial** is committed in the context of health care coverage, it takes two forms: the denial of services and the denial that a lack of coverage is problematic. We deny vulnerable populations necessary health care services through a failure to make health insurance accessible for all. Furthermore, we commit this sin while denying that the large number of uninsured Americans is a problem worth our immediate attention. In the words of C. Northcote Parkinson: "Delay is the deadliest form of denial." The delay in making health care accessible for all through health insurance reform has indeed proved deadly for vulnerable populations.

*Janice Mehler*

**Duplicity** is deliberate deceptiveness on the part of politicians or others in positions of power in order to advance their own agendas. In the case of public health, this results in a misrepresentation of facts in order to espouse a particular position and can result in the dissemination of incomplete or inaccurate information. Political leaders may ignore the importance of scientific method in order to support their particular ideologies. For example, politicians have mistakenly attributed causation to a correlative relationship, made factual claims

that emphasized purely anecdotal evidence, and lied about the existence of a particular body of research. This spreading of misinformation may have significant consequences for the health of the public.

*Jennifer Cohen*

**Fatalism** as a sin is the notion that we are powerless to create change in personal and public health. Some of this perspective is drawn from religious doctrine and belief that all things are the instrument of the almighty and are preordained. Others see themselves imprisoned by their circumstances, be it their families, their children, their jobs, their destinies. This perspective promotes leading a life of passive adaptation, rather than actively creating change to one's environment.

*Rick Erdtmann*

The term “**narcissism**” draws upon the myth of Narcissus, captured in Western civilization's imagination in Ovid's *Metamorphoses*. Narcissus falls in love with his own reflection in a lake. Freud used “narcissism” to contrast an individual's healthy self interest with clinically pathological self absorption. In today's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), narcissism includes behavioral traits such as difficulty with empathy, problems distinguishing the self from others, a sense of entitlement, and a tendency toward exploitation. There is always a delicate balance between the rights of the individual, the “self,” and the good of the whole. John Rawls has said that “rational agents as representatives of citizens...select the public principles of justice to regulate the basic structure of society” (Rawls, 2005). Martin Buber, in *Ich und Du* [I and Thou], points out that narcissism leads us to relate to others as objects instead of equals.

In today's health care environment, the sin of narcissism appears to be pervasive. When we can't develop systems to maximize the benefit for the whole through “rational agents,” when we can't treat our fellow citizens as equals, and when we allow our culture to tolerate behavior with no empathy and accept proclivities toward exploitation, we undermine our ability to care for the underserved and the vulnerable. Our health care system, like Narcissus, will end up admiring its own visage in a lake, self-absorbed and unable to deliver care.

*Sheri Sable*

The sin of **political obstructionism** is committed when political leaders place their personal interests over the health of the public. This allegiance to personal interest is exhibited when political leaders declare that their highest priority is to defeat the opposition party in the subsequent election season, or that they must object to any form of collaboration with the opposing party. With obesity rates at an all-time high and the ever-growing silent epidemic of mental health disorders plaguing the nation, it is unconscionable that a leader should promote personal interests over these and other critical public health issues. The country must fight against this. For example, public health experts need to rise up against small groups of extremist politicians trying to block traditionally bipartisan-supported nutrition programs aimed at low-income Americans. They must also work determinedly toward limiting interference tactics that

are designed to delay debate on health care reform and the state of health care and public health in the United States.

*Patricia Cuff*

**Procrastination** as a public health sin is both political and personal, encompassing obstinacy, avoidance, and passive-aggressive behavior. Delaying action has severe and negative consequences. For example, waiting to take action may mean that by the time action is taken, it is no longer the appropriate action. It may also require a new assessment before proceeding, thus introducing further delays. As a time-honored political tradition, procrastination involves saying yes, but doing nothing. Good intentions without subsequent action is not progress, or, as the popular proverb states: “The road to hell is paved with good intentions.”

*Stephanie Pincus*

**Selfishness** is a sin of public health at both the individual level and the communal level. This is manifest in not giving due consideration to the impact of one’s current decisions on the health of others, whether it be now, in the future, in the family, in the community, or elsewhere in the world. Selfishness can encompass actions and inactions, such as avoidance of vaccines indicated for personal and public health, poor personal hygiene (expedient food handling practices, uncovered coughs, not washing hands when indicated, avoidable STD transmission), water waste and pollution, an unnecessarily large carbon footprint, antibiotic abuse, poor environmental stewardship, unsustainable levels of reproduction, driving while under the influence of alcohol or drugs, and lack of sensitivity towards those who are vulnerable (the uninsured, the homeless, the orphaned, etc.).

*Patrick Kelley*

Individuals working within the field of public health habitually commit the sin of **silence**. That is to say that often, members of the public health community do not actively contribute their voices to public dialogue and discourse surrounding issues on which they have expertise. The reasons for not contributing are complex and wide-ranging. Some choose to remain silent due to the need to maintain scientific independence, while others maintain silence for political reasons. Others are held to standards of silence due to policy constraints for government workers. But if public health experts do not provide expertise to health policy debates about the impact of decisions being considered, who will?

*Livia Navon*

## **PUBLIC HEALTH VIRTUES**

It appears from these submissions that there may well be more than seven deadly sins of public health. This makes me wonder, are there seven or more living virtues for public health that can serve as a counterweight to the deadly sins? Here are some suggested initial candidates:

**Moderation:** a key to healthful living in what we consume, choices we make, chances we take.

**Prevention:** the crux of public health is taking action to prevent disease. Sometimes this is individual action (as in an immunization) and sometimes this is collective action (as in sanitation systems).

**Preparedness:** protecting the public's health requires a readiness to respond to natural and human-created disasters.

**Empathy:** the ability to regard the plight of others as your own, with a sense of compassion.

**Science:** reliance on scientific evidence as a guide to action.

**Service:** Malin Burnham, a member of the Presidents' Circle of the National Academies and founder of the Sanford-Burnham Medical Research Institute, carries a card in his pocket with this three-word credo: "Community Before Self."

What would you choose as a seventh virtue for public health? Would it be a personal attribute ("**mindfulness**"), or perhaps a social value ("**equity**")? Submit your candidates to Clyde Behney (iomwww@nas.edu) and he will compile the best entries for a new edition of this discussion paper. Guidelines can be found at [www.iom.edu/sevendeadlysins](http://www.iom.edu/sevendeadlysins).

*Harvey V. Fineberg*

## REFERENCES

- Rawls, J. 2005. *Political Liberalism: Expanded Edition*. New York: Columbia University Press.
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