



Article

Anarchism and Health

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3 *Anarchism and Health*

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6 QA NIALL SCOTT

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8 **Abstract:** This article looks at what anarchism has to offer in debates concerning health and
9 healthcare. I present the case that anarchism's interest in supporting the poor, sick, and
10 marginalized, and rejection of state and corporate power, places it in a good position to
11 offer creative ways to address health problems. I maintain that anarchistic values of auton-
12 omy, responsibility, solidarity, and community are central to this endeavor. Rather than
13 presenting a case that follows one particular anarchist theory, my main goal is to raise
14 issues and initiate debate in this underresearched field in mainstream bioethics.

15 **Keywords:** anarchism; health; autonomy; responsibility; solidarity; state power; corporate
16 power

17
18 **Introduction**

19
20 The ways in which anarchist thought can creatively contribute, even provide solu-
21 tions, in current debates about health is a subject that has gained little attention in
22 bioethics. In anarchist circles, health forms an important part of the very general
23 challenges that activists and agitators present to mainstream modern, local, and
24 global society. Articulations around climate, energy usage, diet, disease, lifestyle,
25 impact of workplace behavior, and the environment are part of the political expres-
26 sion of many anarchist challenges to the world today, but are rarely placed under
27 the banner of health. These concerns for anarchism are, to a large degree, not just
28 challenges to power, hierarchy, institutions, and structures; they also *are* very
29 much about health. From the outset, it can be seen that anarchism's relationship to
30 health is a vast subject, and a short piece such as this will not do it justice. My main
31 aim here is to raise issues, set the scenes, and, I hope, initiate debate about the pos-
32 sibilities and opportunities available for research in the area of anarchism and
33 health. I will be more concerned with setting up a framework for discussion than
34 with a particular argument regarding one or another form of anarchism in relation
35 to health. I use the term "anarchism" broadly, and recognize that the matters
36 presented here will elicit different responses and treatments depending on
37 which anarchistic theory is held. In doing so, I propose that any anarchist
38 approach to health focuses on the values of autonomy, responsibility, commu-
39 nity, and solidarity. I do not enter into a detailed discussion of the philosophical
40 implications of maintaining these values, but simply present them as a starting
41 point for further debate.

42
43 **Defining Anarchism**

44
45 Anarchism is a political movement and perspective that is opposed to the hierar-
46 chical power of government and other coercive institutions. It has a long and
47 diverse history, and anarchist practices had been identified long before the term
48 itself had currency. Pierre Joseph Proudhon, can be seen as the first "self-styled
49

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1 anarchist,"¹ well known for his phrases such as "all property is theft" and
2 "anarchy is order." In the late 1860s, anarchism more properly grew into a social
3 and political movement. Prince Peter Kropotkin provided the first full explana-
4 tory definition of anarchism in the *Encyclopaedia Britannica*², holding that it was
5 "the name given to a principle or theory of life and conduct under which society
6 is conceived without government."³ Anarchism is a diverse movement that advo-
7 cates freedom and individualism on the one hand, and communitarian collectivism
8 on the other; however, all forms favor addressing solutions from the bottom up
9 rather than imposing them from the top down.

10 It may well be the case that the popular and clichéd image of the anarchist is
11 not one who is immediately concerned with health, but this is far from the
12 truth, as Richard Cleminson⁴ points out in his work on Spanish anarchism. In
13 practice also, this clichéd image is clearly false, and one only needs to look at
14 the activist and anarchist interest in health on websites⁵ to see that many anar-
15 chist concerns are intimately bound up with health issues, be they public,
16 social, global, or individual health concerns. They frequently come under other
17 headings—climate change, ecology, and renewable energy use to name but a
18 few—and there are countless pressure groups and activist networks on a global
19 level conscientiously supporting the search for equity justice and autonomy in
20 healthy living. For example, the debate surrounding fracking as a source for
21 carbon-based energy can be framed in terms of a fundamental concern regard-
22 ing human and environmental health.⁶ To be more accurate then, there is docu-
23 mentation of the interest that anarchism has in health, but it is found in online
24 forums and in pamphlets, and can be witnessed at protests. Even at the very
25 beginnings of anarchist thought, the Russian anarchist activist Mikael Bakunin
26 identified health as a major concern, including opposition to using health a means
27 of making monetary profit. It also expresses that healthcare can be achieved in a
28 communal context:

29
30 First of course are medical services, which will be free of charge to all
31 inhabitants of the commune. The doctors will not be like capitalists, try-
32 ing to extract the greatest profit from their unfortunate patients. They
33 will be employed by the commune and expected to treat all who need
34 their services. But medical treatment is only the curative side of the sci-
35 ence of health care; it is not enough to treat the sick, it is also necessary to
36 prevent disease. That is the true function of hygiene.⁷

37
38 My contention is that an anarchistic approach to health can reclaim health as
39 a common good. We have an opportunity and responsibility to provide creative
40 ways of thinking about promoting health that undercuts the state and private
41 stranglehold on this public need. Neither the state nor the private sector are necessar-
42 ily capable of providing the most efficient distribution of health needs and resources.
43 The motives of both are suspect, based on combinations of self-perpetuation and
44 profit. The poor, the sick, and the unhealthy are often the most excluded people in
45 society, and are further marginalized by corporate and state goals. The inclusive
46 and communitarian nature of anarchism seeks to address such issues head on, but
47 with bottom-up rather than top-down solutions. However, there is very little criti-
48 cal engagement in the possibilities provided by creative and anarchistic thinking
49 in bioethics literature.

1 **Autonomy and Responsibility**

2 What kinds of values does anarchism have to offer the debate? I will first discuss
3 some values that are identified in health ethics elsewhere. For a considerable
4 length of time, the field of bioethics in ethics education and as a result healthcare
5 professionals' education has been strongly influenced (but not exclusively so) by
6 the American approach of principlism. Tom Beauchamp and James Childress's
7 theory is built around a set of principles: autonomy, beneficence, non-maleficence
8 (do no harm), and justice.⁸ These provide not only a theoretical foundation for
9 approaching moral problems as they may be encountered in practice, but also a
10 philosophical outlook that seeks to direct one to solutions based on balancing
11 these principles, as there may be situations in which they come into conflict. This
12 approach, however, is subject to criticism and debate,⁹ and one can often find
13 alternative values discussed. For example, the move to develop a more European
14 approach presented and argued for in the literature, expresses solidarity, precaution,
15 and dignity. Matti Häyry has suggested that the promotion of a set of European
16 values ought to be about the opening up discussion rather than about the imposi-
17 tion of a set of values or the suppression of one set of values by another.¹⁰ The
18 Nuffield Council's Report on Ethics and Public Health¹¹ identifies some principles
19 under the banner of a liberal model of stewardship. It identifies autonomy, avoid-
20 ing harm and community as value terms underpinning the pursuit of health.
21 However, it gives an important role to the state in promoting public health, assum-
22 ing that the term "stewardship" is sufficient to ward off coercive influences and
23 paternalism, and that health policy ought to be compatible with the views of the
24 public. From an anarchist viewpoint, any mention the role of the state will always
25 sound a warning bell. It will instead be concerned with questions such as: How
26 does the public acquire the education and the information to act in a way that
27 promotes health as a good that is not bound up with the problematic influences of
28 medical discourse and state, corporate, and institutional power? Considering the
29 potential that anarchism has in its activist contribution to health and its strong
30 interest in recognizing health as a battleground where power and state control can
31 be challenged, anarchists are in a position take an active part in this critical explo-
32 ration of the kinds of values that matter in the pursuit of health in general.

AQ1

34 It is clear that one of the main concepts promoted thus far is autonomy, and
35 a second that we can identify is responsibility. The anarchist promotion of autonomy
36 is particularly well suited to supporting challenges to health concerns, because it
37 recognizes health as worth pursuing for its own sake and not subject to instru-
38 mental thinking in any form. Even more importantly, it would see health as a
39 prerequisite for autonomy. Where one's health is compromised, so is one's ability
40 to be fully autonomous. Arguably, autonomy and health exist in a biconditional
41 relationship with each other. Where autonomy is defined only as the capacity for
42 rational self-determination, it can be quite restricting in that it requires the imposi-
43 tion of a judgement that an individual is competent to make certain kinds of
44 choices. As A.J. Davis puts it, in the realm of healthcare, competency is often in the
45 eye of the beholder.¹² It matters then, to conceive of an understanding of auton-
46 omy that does not immediately invoke the capacity to impose judgement, but
47 rather is truly self-determining and supports an individual in pursuit of that per-
48 son's life projects and health as a good. An open approach to autonomy allows
49 for debate, disagreement, and difference. Anne J. Davis usefully reminds us that

AQ2

1 autonomy is a moral good, but should not be a moral obsession.¹³ Such a good in
2 conjunction with health by necessity cannot be convincingly attained in solitude,
3 rather it is a good that can only be pursued in community.

4 Understanding autonomy encounters a problem: The tension between it and
5 community. This is a problem that has occurred in anarchist thought and move-
6 ment right back to its early years. Enrico Malatesta, in an essay on individualist
7 and communist/associationist anarchism, saw no strong difference between the
8 *solidaire* goals of associationist anarchism and the freedom goals of individualist
9 anarchism except, rather humorously, for the suggestion that justice and equity
10 and freedom could not be achieved through individualist anarchism.¹⁴ Murray
11 Bookchin refers to the tension between individualist anarchism and communist
12 anarchism as unresolved, juxtaposing lifestyle anarchism with social anarchism.¹⁵
13 It is a debate, however, that is also not unfamiliar in healthcare ethics, where this
14 difference expresses itself through discussions concerning communitarian and
15 individualist approaches to healthcare. These, in part, articulate questions on
16 the extent to which the state can legitimately legislate for individual health
17 and lifestyle choices or questions on the conflict between autonomy and benefi-
18 cence, where altruism might require one to act in the interest of the other and limit
19 one's individual goals. However, these conflicts frequently occur when values are
20 instrumentalized, or where one value is subordinated as a principle in pursuit
21 of another. This is clear in public health debates,¹⁶ for example, the contestation
22 regarding the smoking ban implementation and its effects on individual health
23 and on communities, from the family, the workplace, and the pub/café culture; or,
24 as shall be expanded on, the issue of fluoridation of drinking water.

25 26 **Solidarity and Community** 27

28 In addition to autonomy and responsibility, debates and criticisms in anarchist
29 circles concerning the current state of affairs of health concerns focus on promot-
30 ing the values of community and solidarity. These are often supported through
31 organizing and coming together in health collectives and protest and pressure
32 groups. The value of solidarity can be a powerful concept to employ with regard
33 to health and the pursuit of a common good. Willam Rehg defines solidarity as "a
34 quality of human association, specifically the cohesive social bond that holds a
35 group of people together in an association they both understand themselves to
36 be part of and value."¹⁷ Rehg, however, denies that there can be solidarity that
37 involves irreducibly social goods. Of course in an open definition such as this, soli-
38 darity can apply to a wide range of values, even objectionable ones, which groups
39 can hold in common. Solidarity with regard to health needs other cooperating
40 values to give it substantial normative force. This force can be achieved where
41 health is treated as an irreducible social and common good. It is something that we
42 all hold in common. The normative weight required to support solidarity can be
43 provided by articulating the values of autonomy, community, and responsibility
44 with the goal of health in mind.

45 Where anarchist argument can succeed, is in working in areas that already com-
46 pliment some of the goals mentioned. Anarchist thought, especially anarcho-
47 syndicalist or communist anarchist thought, can find much in common with
48 communitarian approaches to health. For example, Michael Parker has argued that
49 regarding mental health, we need a healthy relationship between communities

1 and service users, in the shape of finding the best relationships between the needs
2 of individuals and those of the community as a whole.¹⁸ In mental health, consid-
3 erations of balancing community safety and health need to be able to complement
4 the needs and promote the autonomy of those with mental health difficulties. He
5 attacks autonomy in the libertarian principalist approach to medical and healthcare
6 ethics of Beauchamp and Childress,¹⁹ as this, together with justice, non-maleficence,
7 and beneficence reduces decisionmaking to the sphere of the detached reflective
8 individual. It does not take into account the opportunities and contexts of com-
9 munities in which such concerns take place. Michael Parker holds that, against the
10 proliferation of calls for individual rights, these principalist values of autonomy,
11 justice, non-maleficence and beneficence cannot come without corresponding
12 responsibilities, and that solutions to moral problems cannot be conceived of in
13 terms of anything other than social relationships and the pursuit of ways of life
14 that involve participation with others.²⁰ The communitarian case, like the anar-
15 chist case, recognizes that health problems are shared problems. However, I think
16 that anarchist thought can add to communitarian ideas in its experience and interest
17 in specifically supporting those poor, sick, and unhealthy who are marginalized and
18 excluded from communities. Sadly, the sick, poor, and unhealthy are often treated
19 through exclusion, rather than inclusion; we might as well think of the sick as being
20 treated as if they have been criminalized for their conditions. The way in which the
21 needy and sick, and the normal and abnormal are classified and are excluded has us
22 participating in a kind of global open prison. Anarchism, in its opposition to power
23 and hierarchy, has the opportunity to ensure that the community ought never to
24 become a new rallying point for a special kind of integrity that needs to be pre-
25 served at all costs regarding the “problem” of the unhealthy and the sick. Anarchism
26 in its promotion of perpetual revolution is and ought to be always humble to the
27 dissolution of power structures, in order to maximize inclusivity, yet maintain a
28 sense of the local, in communities. Anarchism, as a movement for social change, has
29 the opportunity to bring resolution to the relationship between autonomy and com-
30 munity, as health is an irreducible good, a common good, and common need that
31 cannot be subject to instrumentalization or compromise.

A Problematic Past, but a Promising Future

35 As mentioned, anarchist thought has always been tied in with an interest in human
36 health, both individual and public. However, its history does have a darker side.
37 As Cleminson informs us, the Spanish anarchist movement in the 1860s was
38 actively concerned about health, but its primary interest was in the question of
39 “improving the quality of life of the populace,”²¹ and closely tied to eugenic think-
40 ing at the time. Even though Robert Allerton Parker, who coined the term “Birth
41 Control” advocated women’s sexual freedom in a sarcastic harsh attack on middle
42 class American feminism,²² many of these early anarchistic ideas and challenges
43 were intimately bound up with eugenic ideas. Margaret Sanger, who also pub-
44 lished letters in Emma Goldman’s *Mother Earth*,²³ on the one hand championed
45 women’s freedom, but on other hand was a supporter of eugenics. In her essay
46 *A Plan for Peace* she advocated that there should be an application of: “a stern and
47 rigid policy of sterilisation and segregation to that grade of population whose
48 progeny is tainted or whose inheritance is such that objectionable traits may be
49 transmitted to offspring.”²⁴

1 In the same publication her concern was directed to women's health, linking it
2 firmly to the pursuit of peace:

3
4 The third step would be to give special attention to the mother's health,
5 to see that women who are suffering from tuberculosis, heart or kidney
6 disease, toxic goitre, gonorrhoea, or any disease where the condition of
7 pregnancy disturbs their health are placed under public health nurses
8 to instruct them in practical, scientific methods of contraception to
9 safeguard their lives—thus reducing maternal mortality. The above steps
10 may seem to place emphasis on a health programme instead of on tariffs,
11 moratoriums and debts, but I believe that national health is the first
12 essential factor in any programme of peace.²⁵

13 However, Peter Kropotkin spoke out strongly in Goldman's publications *against*
14 the sterilization of the unfit, calling for more to be done in investigating and study-
15 ing the social roots and causes of the diseases that were the targets of those eager
16 to promote sterilization as a solution. In defense of the poor, workers, and the
17 marginalized, he asks who is to be counted as unfit in the pursuit of making social-
18 ism work? These are the very people who could not only be building socialism,
19 but could also benefit more from healthy environmental conditions: "And then
20 once these questions as to who are the unfit have been raised, don't you think that
21 the question as to who are the unfit must necessarily come to the front? Who
22 indeed? The workers or the idlers? The women of the people, who suckle their
23 children themselves, or the ladies who are unfit for maternity because they cannot
24 perform all the duties of a mother? Those who produce degenerates in the slums
25 or those who produce degenerates in the palaces?"²⁶

26
27 There is a history in Britain worth recognizing on the subject of self-organization,
28 autonomy, and health, in which anarchistic creative thinking initiated ideas that
29 were eventually taken up in the early development of the National Health Service
30 (NHS). The Peckham Health Centre, founded in 1935, was run on principles that
31 could be classed as anarchistic: "For many of us the experience of Peckham
32 was a unique laboratory of anarchy, it was a study of the living structure of soci-
33 ety, exploring principles of organisation applicable not only to health but to every
34 aspect of social welfare, to housing and above all to the organisation of work."²⁷

35 Unfortunately, it was the advent of the postwar NHS that saw its demise. David
36 Goodway recounts the movement as being one that aimed at five conditions:
37 health overhauls, consultation, consisting of family (only) and local membership,
38 financial contributions by members to the center, and the building and maintain-
39 ing of autonomy. It was its commitment to these that led to the downfall of the
40 experiment, as its focus on administrative autonomy and contributory rather than
41 free and open access, and on the cultivation of health rather than treatment, did
42 not sit well with the direction that the postwar welfare state was developing.

43 Nonetheless, the ideas concerning health collectives and a shared approach to
44 health, in which individuals could be experts concerning their own bodies, were
45 being rediscovered, and these "discoveries" continue today. People marginalized
46 (through lack of access and/or poverty for example) and not being heard in the
47 public and private health systems, can benefit from the expertise of others, including
48 professional medical specialists, rather than merely submitting to the authorities
49 of the clinic as the center of expertise. One of many good examples of such

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1 engagement in a society that is heavily compromised in the extreme with regard
2 to the corporate stranglehold limiting access to healthcare comes from the Ithaca
3 Health Alliance fund in the United States, which describes itself as a “locally controlled
4 not for profit health security.”²⁸ It provides health support for those who
5 cannot find needed medical attention because of the unaffordability of health services
6 in the United States for the un- and underinsured. By pooling resources and
7 material and medical expertise, and addressing the patient’s ability to pay or not
8 to pay, this collective undermines the stranglehold of the private insurance sector
9 on people’s lives. Financial affordability is made possible by opening up the space
10 for people to exchange services required through bartering, offering time, community
11 service, home visit credits, as well as hard currency. The emphasis is on
12 local provision, and a free clinic exists as a result of the success of the health fund.
13 Through supporting educational initiatives, such as the Ithaca Health and Wellness
14 Fair, an emphasis is placed on reducing cost by the promotion of healthy lifestyle
15 choices. Here is an example of anarchist principles in action: autonomy and collective
16 community-directed thinking, working in solidarity and harmony. Further
17 examples of autonomous health movements for the new thinking regarding health
18 around the world can be found in a 2005 issue of *Development*, under the heading
19 “Window on the World,” where a series of health movements are listed, many of
20 which promote autonomy, collective engagement, and women’s health concerns.²⁹

Corporate Problems, State Problems

24 Anarchist thinking promoting collectivist approaches directly counters the role of
25 the state in healthcare. This is a role that has been heavily corrupted by private
26 incentives and the use of health as a mechanism to ensure the perpetuation of state
27 power; it is difficult to see even what existing components of the welfare system
28 can be rescued. Arguably, from the anarchist perspective, the nation-state-organized
29 private partnership investment in health is one of the ways that the state manages
30 to maintain order. It is a rather powerful mix: the political married to the capitalist
31 system with the supposed aim of supporting a human need. The corporate invasion
32 and privatization agenda of health often makes headline news in the United
33 Kingdom.³⁰ The combined targets of the state, industry, and institutions that support
34 statist and corporate ideologies in health would appear to be insurmountable. The
35 Nuffield Council’s Report on Ethics and Public Health, published 10 years ago,³¹
36 is replete with observations and suggestions that involve the role of the state and
37 the individual in the pursuit of health. It presents a range of ethical positions and
38 key examples (infectious diseases, alcohol and tobacco, obesity, and fluoridation)
39 as areas where the state, community, individuals and industry play roles in public
40 health promotion. The report claims to move more in favor of the responsibility of
41 the community than the freedom of the individual, but advocates the role of the
42 state as a steward of health. Under this model, the Nuffield Council report insists
43 that the state has a responsibility to provide the conditions under which people
44 can live healthy lives. The scope covered by this document is a good indication of
45 the areas where anarchist thinking can respond, both negatively and positively.
46 According to Goodway, the state and corporate health perpetuates poverty and
47 illness, destroys mutual aid, and serves to bring about dependency and servility.³²
48 Anarchism maintains that neither the state nor the private sector are necessarily
49 capable of providing the most efficient distribution of health needs and resources.

1 This is because the motives of both are suspect, based on the combination of self-
2 perpetuation and profit. Therapies rather than cures allow the maintenance of the
3 market success of pharmaceutical industry, and, in addition, most pharmaceutical
4 research is directed toward the lifestyle demands of affluent societies. The United
5 Kingdom's Department for International Development in its research funding
6 framework recognizes (albeit in a footnote with reference to *Médecins Sans*
7 *Frontières*) that 46 times more money was spent on research into Viagra than
8 into malaria.³³ Furthermore, under the medical models of health and disease,
9 "Everyday life occurrences are turned into medical problems, mild symptoms are
10 portrayed as serious and risks become diseases"³⁴

11 State and corporate involvement in healthcare can invoke the imposition of
12 ideas on the public that restrict genuine autonomy and the capacity to make health
13 decisions on the basis of open access to information. Tash Gordon and Bees
14 Griffiths hold more generally that through promoting medical and health fears
15 and risks, these develop into self-obsessions, often disguising the political sources
16 of health problems. Individualizing health on both the medical and political fronts
17 makes consumers the source of health problems and also gives them sole respon-
18 sibility for taking action on health. However, paradoxically for many, there is little
19 autonomy in health decisionmaking; the state and/or private sector provide the
20 route to good health. An anarchist approach can open the door to more autonomy
21 in health, but in the context of community and solidarity. Offenses to autonomy
22 even occur when government initiatives are masqueraded as health initiatives; for
23 example, the fluoridation of the water supply as an attempt to combat caries comes
24 across as an attempt at mass medication without considering consent from the
25 public. The British Fluoridation Society promotes John Harris's argument in favor
26 of fluoridation as "the professional philosopher's view." Harris treats the issue of
27 fluoridation as centering on a conflict between the principles of autonomy and
28 beneficence. He treats beneficence as the principle that promotes acting in the
29 interests of others, and autonomy as individuals having permission to control
30 their own lives and destinies in compatibility with others having similar control
31 over their lives.³⁵ These are contentious definitions of autonomy and beneficence,
32 however, and their coming into conflict depends heavily on both being instrumen-
33 tally conceived; that is, as a means to some other end, in this case the end being
34 support of fluoridation, assuming that it does no harm to those who consume it.
35 Correctly speaking, autonomy is not a principle on its own, but exercising respect
36 for autonomy is. The capacity to act beneficently further is dependent on an agent
37 acting autonomously; therefore, there are conceptual problems that require deeper
38 analysis. Worse still, no alternatives are presented to fluoridation by Harris in his
39 argument. Similarly, although the Nuffield Council's Report On Ethics and Public
40 Health gives a more thorough treatment with regard to the benefits and risks of
41 fluoridation, these focus on fluoridation rather than on the value of promoting
42 better education and dietary change, and the alleviation of poverty in areas where
43 dental caries is most prevalent. Bewilderingly, under the heading of "alternative
44 treatments," alternative *fluoride* treatments are discussed!³⁶ It can be seen, then,
45 that information that allows genuine autonomous choice is absent where it is
46 much needed, in areas where one might be drawn to inquire and search for infor-
47 mation regarding fluoridation.

48 The anarchist challenge in promoting healthy living tackles individualist con-
49 sumerism head on, but it offers a conceptual tension, not just in health, but in

1 political thinking also, as it looks to community and collective efforts that ought
2 also to leave room for autonomy. A difficult target is being confronted here: the
3 combination of consumer health combined with government power. Health in our
4 current context has ceased to be a common good and has become a public good
5 mixed with a powerful economic component. That is to say, health is treated as a
6 public good in that access to healthcare in terms of medical need involves the
7 redistribution of funds acquired through taxation and or insurance. Ideally, a pub-
8 lic good once produced ought to not incur any additional costs to the user,³⁷ but
9 this is no longer the case with healthcare; taxation does not cover the cost of health
10 provision, and the private sector is now to a large degree involved through insurance
11 and pharmaceutical industries, and public-private partnership in the provision of
12 healthcare.

13 A positive example of change brought about in healthcare that complements
14 anarchist thinking is seen in patient-centered healthcare. This promotes auton-
15 omy, responsibility, and community, such that “patient participating in determin-
16 ing appropriate management plans as their condition and motivation allow.”³⁸
17 Terms such as “choice empowerment” and “participation” come to the fore in the
18 relationship between patient and clinician/carer. The patient is brought back into
19 focus, and attention is given to the input of caregivers, giving both a deserved
20 voice.³⁹ Alison Zucca et al. equate “ask the patient what they would like” with
21 achieving quality of care.⁴⁰ The main critical and practical effort in patient-
22 centered care is found in the fields of mental health and in elderly and geriatric
23 care. For example, in the field of dementia, patient-centered care has undergone
24 a shift from the patient merely being an expression of signs and symptoms, to
25 the *person* being treated. Research into the use of multisensory environments
26 documents caregivers’ positive experiences of patients with sensory deprivat-
27 ion who respond well to stimulus demands.. Furthermore, in this research, it
28 has not only become clear that attentiveness to the patient’s voice generates
29 more humane care, but that the caregiver, starts to avoid the dehumanizing
30 effects of institutionalization by thinking more creatively about patient need.
31 Patient-centered care improves socialization and personal interaction and personal
32 care, and reduces the use of punishment and the manifestation of verbal and
33 physical abuse.⁴¹ What might be accomplished if such thinking goes further?
34 Listening to the patient’s voice, and an approach that can treat patients as
35 experts on their own bodies, in dialogue with practitioners, promote equality
36 between the patient and practitioner by dismantling unhelpful hierarchies of
37 knowledge, and preferring a dialogue.

38

39

40

Concluding Remarks

41 In this short article, I have sketched out some areas where the possibilities of anar-
42 chist approaches to health can inject interesting challenges to current problems in
43 health, and where creative solutions might be found that counter corporate and state
44 control. One of these is an emphasis on inclusion rather than exclusion of the sick
45 and unhealthy; another is to introduce ideas regarding health based on autonomy,
46 responsibility, solidarity, and community. Anarchist thought can also articulate
47 the difficult path between individual interest and social interests. I maintain that
48 anarchism has much to offer mainstream debates in bioethics and health, and
49 there is much scope here for further research.

1 **Notes**

- 2 1. Marshall P. *Demanding the Impossible: A History of Anarchism*, London: Harper Perennial Press;
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| QA | The distinction between surnames can be ambiguous, therefore to ensure accurate tagging for indexing purposes online (eg for PubMed entries), please check that the highlighted surnames have been correctly identified, that all names are in the correct order and spelt correctly. |
| AQ1 | What does "it" refer to here? |
| AQ2 | Please provide first name for A. J. Davis. |
| AQ3 | Willam or William? |