when conservatives, libertarians, and privatization advocates use opposition to meaningful health care reform to promote their anti-government, pro-business agenda.

To psychohistorically understand conservative reactions to health care and the policy reform debate we need to look at the effects of an important current group fantasy, belief system, and ideology, which I am calling American exceptionalist libertarianism. It has led to a vehement attack on reform proposals that might challenge the hegemony of privatized health care by feeding fears that it would threaten freedom.

Although such a psychohistorical explanation has its appeal, I still do not know whether its influence outweighs that of old-fashioned, naked financial self-interest. For example, does Senator Max Baucus' antipathy toward single-payer have more to do with being a true believer in the magic of the marketplace or with the large campaign contributions he has received from the health care industry? Both economic and psychological approaches provide vital insights.

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Some Personal Psychological Dimensions of Health Care

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There are some well-known, well-established, and

well-communicated lifestyle behaviors directly impacting health, yet a significant number of individuals do not act on them, whether for conscious or unconscious reasons, resulting in major physical pathology. The clearest example is cleanliness. Washing one's hands is widely publicized as a major precaution to avoid illness. However, general cleanliness of the body, clothes, food, and the home in general are so obvious that they are not generally discussed as health measures in the health care debate. Yet, these simple measures, when not followed, are among the most significant factors in individual and group infections.

The part of the population (10% to 30%) failing to take proper lifestyle precautions also requests more medical care per capita than the rest of the population, even expecting it to be provided at little to no cost to them. In other words, these individuals expect others to care for them, rather than taking better care of themselves. They respond as if they are incapable of caring for themselves and want the support of the medical community and the general population through their government. This would be a normal response from small children to their parents.

Children involved in their play activities ignore discomforts, injuries, external demands, and time constraints. When we see any of these qualities in an adult, we recognize the immature behavior that is typical of neurotic character disorders. Examples include not going to a dentist when there is an obvious dental symptom such as pain, or avoiding vaccinations. Self-destructive behaviors point to the hidden psychodynamics of this segment of society. Its members' unhealthy behaviors mostly involve a lack of cleanliness, obesity, distortions in the ordinary rhythm of life such as sleeping and eating, unprotected sex, substance abuse, and "accidents."

Weight plays a large factor in overall health. Being slightly underweight prolongs human life and reduces the

amount and severity of various diseases that accompany aging. On the other hand, being slightly overweight significantly increases the development of a variety of diseases. Moderate obesity (Body Mass Index 35) almost invariably produces pathology; for example, diabetes. Pathological obesity (BMI 40 plus) produces serious pathology and significantly shortens lifespan.

Alcohol consumption is another one of the lifestyle choices that can increase risk of disease. Drinking alcohol for its toxic effect is injurious to the various systems of the body. The younger the individual, particularly under 22 years of age, the more the injury to the central nervous system; the more frequent and intense the toxic levels of alcohol, the greater the injury to all systems of the body. Similarly, recreational drug-taking is detrimental to the various systems of the body. Injury stemming from accidents while under the influence of alcohol and drugs is common. Unprotected sex has also significantly increased the variety of physically injurious diseases, usually with permanent effects. In addition, unplanned pregnancies, especially among teenagers and those with impaired health, produce a variety of social and medical problems.

Rhythm and cleanliness are large factors in a person's healthy well-being. Normal and regular patterns of eating, sleeping, and exercise are important in preventing illness. Washing one's hands for at least 20 seconds before handling any food or utensil is a major preventative of disease transmission, as is washing them frequently during the day, particularly after touching obviously contaminated substances such as the anus, shoes, and saliva. There are simple and easy means of controlling diabetes, including maintaining proper care, particularly of the feet and toes.

There is another factor that needs to be considered: a tendency for people to "accidentally" hurt themselves and others. In examining all accidents, there is a very high inci-

dence of unwise or ill-considered behavior that led to the injuries. In a study I did in the early 1970s of the various causes of death nationally, I demonstrated statistically that the most significant factor in the cause of death in this country was conscious and unconscious psychological factors, comprising approximately 35% of all deaths. The obvious psychological elements in suicide and murder are only part of the picture.

Since any psychological symptom is a protective device and a compromise formation, its purpose is to protect against conscious and unconscious anxiety and even express a forbidden impulse. Removing the symptom without some psychological treatment or support creates a need for something to take its place to relieve the anxiety and gratify some unconscious need. For example, removing hysterical paralysis by hypnosis or a drug may precipitate a psychotic episode. The need to hurt oneself or have an illness can have many determinants. Some common ones are: the need for punishment to relieve unconscious guilt; the need for attention, for example, Munchausen syndrome; the need to punish others who have to care for them; and the need to maintain a martyred position. There are others as well, such as the unconscious need to hurt or depreciate women and children. All such inappropriate behavior is usually well rationalized.

Universal health care is laudable, yet without healthy behavior and lifestyle, as well as personal responsibility, it cannot succeed in producing a significantly healthier society or reduce the enormous unnecessary expenditure of society's resources. In addition, if people's behavior became healthier, the underlying anxiety of all the inappropriate behavior would remain. The removal of a symptom without providing some psychological support would likely be expressed in some other injurious activity to self and others. When people behave in an immature and emotionally unhealthy manner, the cost to society is enormous.

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Reflections of an Original Emergency Room Doctor

Matthew J. Hayes—Fellow of the American College of Emergency Physicians

In 1966, in a major medical school affiliated teaching hospital, I approached the end of my internship and eagerly scooped up emergency room (hereafter "ER") work shifts, both for the experience and the $15.00 (under the table) reimbursement I was paid by the "relieved" doctor vacating the shift. The shifts were 12 hours long and chaotic. Organized medicine's general pattern for dealing with unscheduled medical problems was simple: a room was designated and supplied to accommodate the medical staff, who would provide coverage on a rotating basis, i.e. every attending staff member, alphabetically chosen, would be in charge, either by physical presence or by telephone link, regardless of specialty. That was it. Nationwide, this model, with insignificant modifications, was entrenched. The attending doctor was seldom present.

When a patient showed up, whether a gunshot victim or a comatose patient found on the street, the charge nurse took vital signs and called the attending physician's answering service. In those days of fixed telephone lines and no beepers, that was a formidable task. If it were Saturday afternoon, he might be fishing at a nearby stream or attending a local ball game; if Wednesday, he might be on the golf links.