

Petr Skrabanek: the abominable no-man

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Petr Skrabanek (1940–94) was a Czech-born doctor, polemicist and literary scholar. He qualified in medicine in Ireland, and spent most of his career at the Medical School of Trinity College Dublin. He was an outspoken critic of modern medicine, particularly of what he called 'coercive healthism'. Skrabanek's sceptical and iconoclastic ideas are more relevant today than ever. This essay aims to rekindle interest in his life and work.

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Introduction and biography

Petr Skrabanek was born on 27 October 1940 in Náchod, Czechoslovakia.¹ He entered Charles University in Prague in 1957, taking a degree in chemistry. He then became a researcher at the Institute for Toxicology and Forensic Medicine in Prague. In 1962, he was appointed Head of the Toxicology Department in the Institute for Forensic Medicine at Purkyně University in Brno, but resigned the following year to enter the medical school there. In July 1968, he went to the Richmond Hospital Dublin (with his future wife, Vera Capková) for a summer student elective. On 21 August 1968, Skrabanek was in County Sligo visiting the grave of WB Yeats when he heard the news that the Soviet army had invaded Czechoslovakia. He decided there and then to stay in Ireland. He continued his medical studies at the Royal College of Surgeons in Ireland, and qualified in 1970. He spent several years training in neurology in various Dublin hospitals. In 1975 he joined the Endocrine Oncology Research group at the Mater Hospital Dublin as a senior research fellow, and became an internationally recognised expert in the neurotransmitter substance P. In 1984, he joined the Department of Community Health at Trinity College Dublin, funded by a grant from the Wellcome Foundation. He forged a close personal and professional relationship with the head of that department, Professor James McCormick, and spent the remainder of his career there.

During the 1980s, Skrabanek forged a reputation as a polemicist and critic of medicine. His provocative essays appeared regularly in the *Lancet*; Robin Fox, who edited the journal from 1990 to 1995, wrote:

...by the mid-1970s he was gaining attention through a series of critical and witty letters in *The Lancet*, addressed from the endocrine unit of a Catholic hospital. Increasingly,

his sharp pen was directed at population medicine and the apostles of lifestyle – those who preached the fallacy of cheating death ... the medical community began to adopt him as a gadfly who roamed the world adding zip and controversy to otherwise anodyne meetings.²

Skrabanek attacked screening, 'risk-factor' epidemiology and political attempts to control the lifestyles of individuals. He argued that medicine had lost sight of its true purpose, namely, the relief of suffering. He died of prostate cancer on 21 June 1994 at the age of 53 years; his polemical book *The Death of Humane Medicine and the Rise of Coercive Healthism*³ was published a few months after his death. In 2018, Skrabanek was posthumously awarded the prestigious Stearne medal of the Royal College of Physicians of Ireland.

Skrabanek's influences

Skrabanek's most obvious influence was Ivan Illich, whose polemic, *Medical Nemesis* was published in 1974.⁴ The book opened with the famous accusation, 'The medical establishment has become a major threat to health'. Illich (1926–2002) was an Austrian-born priest, historian and social philosopher. His core idea, argued over several books, was that industrialisation and institutionalisation had robbed people of their freedom and handed over control of fundamental aspects of human life to professions.⁵ In *The Death of Humane Medicine* (1994), Skrabanek acknowledged Illich's influence, devoting much of the first chapter of the book to his ideas. But he differed from Illich in a fundamental way: Skrabanek was a Humean sceptic who believed in the rigorous application of scientific method. Although Illich filled *Medical Nemesis* with voluminous footnotes and scientific references, he simply did not understand or revere science, and was gullible about the

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claims of alternative medicine, arguing, for example, for 'more public support for alpha waves, encounter groups and chiropractic'.

Many of the critics of scientific medicine who emerged in the 1960s and 70s, such as Michel Foucault, were of the left. Skrabanek was unusual in that his natural political leaning was to a form of radical libertarianism. (*The Death of Humane Medicine* was published by the Social Affairs Unit, a right-leaning British think tank with a strong libertarian ethos.) His libertarianism was formed by reading John Stuart Mill as a student in Czechoslovakia:

Mill's concept of autonomy spells disobedience, non-compliance, rebellion. Attempts to coerce independent minds fail, because 'they will infallibly rebel against the yoke'. It was for good reason that Mill's essay *On Liberty* was banned by the communists. How eagerly it was read, in secretly copied typescripts, during my student years in communist Prague!³

Skrabanek's formative years instilled in him a life-long horror of communism: he rebelled instinctively against any form of state intrusion into the private lives of its citizens.

Healthism

Skrabanek argued that the pursuit of 'health' was self-defeating. The medical profession, he wrote, provided the 'theoretical underpinning of healthism – the doctrine of lifestylism, according to which most diseases are caused by unhealthy behaviour'.³ Individuals now had a moral duty to maximise their health by maintaining a responsible lifestyle. Skrabanek believed that healthism filled the gap left by religion in secular societies:

As an ersatz religion it has a wide appeal, especially among the middle classes who have lost their links with traditional culture and feel increasingly insecure in a rapidly changing world. Healthism is embraced eagerly as a path to surrogate salvation. If death is to be the final full stop, perhaps the inevitable can be indefinitely postponed. Since disease may lead to death, disease itself must be prevented by propitiatory rituals. The righteous will be saved and the wicked shall die ... The pursuit of the Holy Grail of Health is driven by the mistaken belief that health equals happiness.³

Skrabanek mocked the World Health Organization (WHO) with its bellicose and hubristic slogans ('Health for All by the Year 2000!'), "[the] idea of superhealth was incorporated into the Constitution of the World Health Organization in 1946, where health is defined as 'not merely the absence of disease or infirmity' but 'a state of complete physical, mental and social well-being'. The sort of feeling ordinary people may achieve fleetingly during orgasm, or when high on drugs".³ The WHO's 'medicalising of mankind's yearning for Utopia', wrote Skrabanek, gave 'health promoters a carte blanche to meddle in any area of private or public life they

choose. Matters of daily living – habits, attitudes, sexuality, beliefs – they all become legitimate concerns of health promotionists'.³ Skrabanek's objection to healthism was partly aesthetic. He was contemptuous of jogging and food faddism, and observed that 'simple minds, stupefied by the sterilised pap of television and the bland diet of Bowdlerised culture and semi-literacy, are a fertile ground for the gospel of new lifestyle'.³

Skrabanek noted that medicine had begun to shift its gaze from the sick to the well: he called this 'anticipatory' medicine. He distinguished this from traditional preventive medicine, which concerned itself with such matters as vaccination and maintaining a supply of clean water. The cornerstone of 'anticipatory' medicine is screening for disease. Skrabanek argued that there was little or no evidence of any benefit for most forms of screening, and, furthermore, that this 'anticipatory' medicine somehow managed to exempt itself from the ethical constraints that apply to traditional medicine.⁶ He believed that the coercion of entire populations to lead 'healthy' lifestyles, and to screen them for disease was a catastrophic error.

Medicine is not about conquering diseases and death, but about the alleviation of suffering, minimising harm, smoothing the painful journey of man to the grave. Medicine has no mandate to be meddlesome in the lives of those who do not need it.³

He argued that the ancient, almost mystical relationship between doctor and patient was undermined by the State, 'which sees both the doctor and the patient as its servants'.³

Trinity College and collaboration with James McCormick

Skrabanek was contemptuous of modern epidemiology, particularly of what he called 'riskfactorology' or 'black box epidemiology'.^{7,8} This was an unusual position for an academic working in a University Department of Community Health, but many in Dublin admired his bloodmindedness, and saw it as an instance of Trinity College's long tradition of academic independence and tolerance. Skrabanek himself acknowledged this: 'The liberal ambience of Trinity College Dublin, maintaining its spirit of independence against increasing political, commercial and technological pressures has made my years spent there the happiest of my life'.³ James McCormick, his head of department, was his protector, collaborator, friend and '*Leibarzt*'. Neither Skrabanek nor McCormick were interested in primary research, preferring the role of critic: 'Medicine only becomes a threat to health if it remains untempered by the use of rational inquiry and criticism. Such criticism is an important and relatively neglected task'.⁹ Their co-written book, *Follies & Fallacies in Medicine* (1989)⁹ itemised the many 'examples of erroneous reasoning, fallacious arguments and faulty logic' that afflict modern medicine: 'The kinds of error with which we are concerned are errors of doctrine, systematic errors that are part of dogma and

accepted truth, distortions that set obstacles in the path of rational thought and inquiry’.

Follies & Fallacies in Medicine is still in print and has been translated into six languages. Written before evidence-based medicine became the new medical orthodoxy, this subversive little book could be described as a primer in medical scepticism. Skrabanek and McCormick mercilessly dissected a total of 26 medical fallacies, including the Faggot Fallacy (the bundling together of multiple pieces of suspect or weak evidence); the Weight of Evidence Fallacy (the rejection of evidence that does not fit a cherished belief); the Fallacy of Authority (believing things to be true because of the source of the information); the Fallacy of ‘Everybody Says So’; the Fallacy of Simple Explanation (the acceptance of a new idea because it offers a simple solution to a complex problem); the Magic Bullet Fallacy (the frequent claim that new drugs are both remarkably effective and free of side-effects); the Fallacy of Risk (the failure to distinguish between relative and absolute risk); the Fallacy of the Golden Mean (the idea that a consensus conference can establish scientific ‘truth’); the New Syndrome Fallacy; the Fallacy of Insignificant Significance (‘if large numbers of patients are required to show benefit from a treatment, it is certain that the treatment is marginal and it is probable that it is of no practical importance’); the Fallacy of Covert Bias (the phenomenon of investigators wishing for a particular outcome, often betrayed by use of particular phrases and selective referencing); the ‘Gold-Effect’ Fallacy (named after the astrophysicist Thomas Gold, who described how certain scientific ideas, in the absence of strong evidence, can become established orthodoxy through committees, new journals and consensus conferences);¹⁰ the ‘Hush, Hush’ Fallacy (the refusal to accept that medicine is messy, imprecise and uncertain, and therefore, mistakes are inevitable); and, the Fallacy of Experience (the distorting effect in clinical practice of a single bad experience or poor outcome).

The critic

Skrabanek much preferred the role of critic to that of researcher, ‘it is ambition enough to be employed as an under-labourer in clearing the ground a little, and removing some of the rubbish that lies in the way of knowledge’.¹¹ He believed that medical education overvalued training at the expense of education, scholarship and the cultivation of the critical faculty. In his essay *Scepticism, Irrationalism and Pseudoscience*, he wrote, ‘My course on the critical appraisal of evidence, for medical students, can be compared to a course on miracles by a Humean sceptic for prospective priests in a theological seminary’.¹² Skrabanek observed that medicine was dominated by what might be called the Pharisee class: ‘Medicine is an authoritarian institution which feels threatened when its dogmas are exposed as a refuge for ignorance ... Since medicine, unlike religion, aspires to be a science, it is torn by the irreconcilable conflict between the need for criticism and the fear of it’.¹²

He viewed with alarm the growth of consensus conferences, a phenomenon with features of both the ‘Gold-Effect’ Fallacy and the Fallacy of the Golden Mean:

...the very need for consensus stems from lack of consensus. Why make an issue of agreeing on something that everyone (or nearly everyone) takes for granted? In science, lack of consensus does not bring about the urge to hammer out a consensus by assembling participants whose dogmatic views are well known and who welcome an opportunity to have them reinforced by mutual backslapping. On the contrary, scientists are provided with a strong impetus to go back to the benches and do more experiments.¹³

Skrabanek compared these conferences to the synodal councils convened by the early Christian Church to establish doctrinal orthodoxy, ‘Uncertainty in medicine, as in theology, is intolerable and a consensus conference, like a synod of bishops, is convoked to settle the matter’. He noted how consensus experts boost their case by invoking ‘jumbo-jet’ statistics to make extravagant claims for the benefits of lowering cholesterol levels or blood pressure.

Although Skrabanek repeatedly mocked alternative medicine, he acknowledged that much of what passed for dogma in modern medicine had as little scientific basis; in a sentence worthy of Hume himself, Skrabanek wrote: ‘At present, the difference between a doctor and a quack lies not in the nature of their practice but in the possession of a medical diploma’.¹⁴

The smoker

Skrabanek was a life-long smoker. Although he did not deny the dangers of tobacco to the smoker, he argued passionately that the dangers of passive smoking were unproven:

The issues raised by recent anti-smoking campaigns, emanating from the USA, are not limited to science or to the interpretation of statistical evidence, but overflow into politics, ideology, ethics, economy and law. They pose new questions about the relationship between the state and the individual, about the right to privacy and about the legislation of morality. Where is the boundary between information and propaganda, between education and coercion? Is the alleged harm of ‘passive smoking’ based on evidence, or is it a politically correct truth?³

Skrabanek was, of course, wrong. The dangers of environmental tobacco smoke (ETS) have been proven beyond all doubt: nonsmokers should not be exposed. In *The Death of Humane Medicine*, he quoted (approvingly) John C Luik, a Canadian political philosopher who had written an article for the magazine *Bostonia* criticising the scientific integrity of the US Environmental Protection Agency, which advocated restrictions on passive smoking.¹⁵ It later emerged that Luik had corresponded regularly with a senior Tobacco Industry executive on the content of the paper and where it might be

published.¹⁶ After his death, Skrabanek too, was accused of being in the pay of Big Tobacco: on 15 May 1998, *The Guardian* named Skrabanek as a 'paid stooge' of the tobacco industry. Clare Dyer, legal correspondent of the *British Medical Journal* wrote:

The US tobacco giant Philip Morris set up a network of scientists throughout Europe who were paid to cast doubt on the risks of passive smoking ... The company's consultants included 'an editor' of the *Lancet* ... claims a memo from the US lawyers Covington and Burling. Clues in the document point to the *Lancet* contact as the late Petr Skrabanek, who was not an editor but a regular contributor who wrote editorials among other articles. Robin Fox, the *Lancet's* editor from 1990 to 1995, said it was 'very likely' that Dr Skrabanek ... was the scientist referred to in the memo.¹⁷

His friend, Eoin O'Brien,¹⁸ and his former student, Simon Mills,¹⁹ wrote passionate defences of Skrabanek in the *British Medical Journal*. The *Lancet's* ombudsman exonerated Skrabanek:

The Guardian publicised the name of the late Petr Skrabanek as 'paid stooge'. This heresay received further coverage by *New Scientist* and in the *BMJ*. Here are the facts ... Skrabanek was a contributor to *The Lancet* from 1974 to his death in 1994 ... There are three pieces by him in the journal that are clearly tobacco-related: two letters and a paper on 'Smoking and statistical overkill' ... These appeared from 1988 to 1992 ... there were no unsigned pieces by Skrabanek in this period ... The law firm whose memorandum gave rise to the present story has been asked to identify the alleged editor-as-tobacco-consultant ... it has declined to do so ... It appears unlikely that we shall get evidence for clearing out innuendo. And there are no libel laws for the dead.²⁰

The accusation that Skrabanek was in the pay of the tobacco industry was absurd; he was not interested in money, and was too much his own man to be suborned by any commercial interest. Nevertheless, his reputation was tarnished somewhat by his denial of the dangers of ETS. His own smoking habit, his desire to defend his fellow smokers, and his visceral and instinctive distrust of any form of state intervention led him to his own fallacy: the belief that any government-imposed curtailment of the rights and freedoms of individuals is, by definition, unjust and misguided. (He compared modern programs to control tobacco to similar efforts in Nazi Germany.) Even his great hero John Stuart Mill acknowledged that the one right we cannot have is the freedom to harm others. By denying the dangers of ETS, Skrabanek unwittingly sided with industry and vested interests. He saw himself as the champion of the poor and underprivileged, yet the main beneficiaries of the 2004 ban on smoking in the workplace in Ireland were low-paid service industry workers. After the ban, the health gains were very quickly established,²¹ and even most smokers now support it. This ban was the single most successful public health

measures ever undertaken in the country. Would Skrabanek's view have been different, I wonder, had he not been a smoker himself?

The literary scholar

The word 'polymath' is overused in medicine, but might correctly be applied to Petr Skrabanek. His friend Eoin O'Brien wrote that he brought to the Irish 'a quality ... namely, the warmth and breath of European culture'.¹ His prose style, for a writer whose first language was not English, was remarkable for its clarity, elegance and wit. Having made the decision to settle in Ireland, he learned the Irish language. He had a passion for the work of James Joyce, and became an acknowledged expert on *Finnegans Wake*, on which he led an annual symposium. Skrabanek was obsessed with the long prose poem *Le Chants de Maldoror*, by the French-Uruguayan poet Isidore Lucien Ducasse, otherwise known as the Comte de Lautréamont, first published in 1868. Skrabanek had read a Czech translation in 1962, and resolved to produce an English version. He collaborated with the phoneticist Dick Walsh, the French scholar Gerald Victory, and his fellow doctor and writer Eoin O'Brien. This group met every Saturday for several years at a Dublin pub to work on the translation, but it remained uncompleted at the time of his death.¹

Skrabanek's legacy

Events in the two decades since his death have only strengthened Skrabanek's arguments. The shift in medicine's focus from the sick to the well has accelerated. Screening for various diseases is now a core activity of contemporary medicine, yet the benefit of much such screening remains unclear. The debate on breast cancer screening, for example, has rumbled on for decades.²² In 2018, public and media misunderstanding of the limitations of screening for cervical cancer led to one of the biggest ever health scandals in Ireland. Skrabanek's warning about the coercion of GPs has come true: British GPs are now financially incentivised to meet various Government targets for checking blood pressure, cholesterol levels and so on; they have become, in his phrase 'agents of the state'. Margaret McCartney argued in her book *The Patient Paradox* that the contemporary obsession in the British National Health Service (NHS) with screening for disease has led to neglect of the sick, 'That's the paradox that I keep finding within the NHS: if you are ill, you may have to be persistent and determined to get help ... yet if you are well, you are at risk of being checked and screened into patienthood, given preventive medication for something you'll never get, or treated for something you haven't got'.²³

'Lifestylism' has led to the phenomenon of victim blaming: a majority of doctors in the UK now believe that smokers and obese people should be denied certain medical treatments, or made to wait until they mend their ways.²⁴ Skrabanek did not foresee, however, that modern western societies would willingly (and enthusiastically) embrace healthism, with relatively little coercion from governments or the WHO. Healthism now is not

predominantly coercive, but a broad societal consensus that more medicine, more healthcare, can only be a good thing. This consensus has been driven partly by governments, but mainly by a self-seeking medical–industrial complex. The internet has been one of the main drivers of healthism in the two decades since Skrabanek’s death.

Skrabanek may have been wrong on ETS, but he was right far more often than he was wrong. He wrote clearly, wittily

and elegantly, and created a unique niche for himself as ‘an outsider on the inside’: a critic of medicine who worked within the medical establishment. Skrabanek once referred to James Joyce as ‘an abominable no-man’:²⁵ as one of medicine’s great doubters, he also claimed this title for himself.⁹ 

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