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An attack on the equal opportunities of recovery

Analysing the impact of sectarian movements on health equality and the loss of recovery opportunities is no easy undertaking. I will not be putting forward an approach allowing us to categorise therapies between those which are *a priori* dangerous and those not. Such an approach has already been tried by MIVILUDES, by associations supporting victims of sectarian movements and by parliamentary enquiries. I will attempt instead to associate these sectarian attempts with new health paradigms, using this context to analyse the concept of "loss of opportunity". I will then move on to highlight the specific new aspects of health information. Winding up, I will focus on the particular challenges in the field of training health system managers in France.

Health: a concept in motion, practices in evolution

Over the past few decades, health has moved from the private field into the public spotlight. The media are constantly on the lookout for any controversy on health safety, a large number of magazines regularly come up with surveys classifying hospitals and clinics, highlighting the nutritional benefits of this or that molecule or foodstuff, or revealing the benefits of “natural” therapies or “alternative medicine”[1]

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[1] For example, in the 30 May 2013 issue of Le Point: “these extraordinary forms of medicine: even the hospitals are taking them up.”

At the same time, over the last twenty years or so we have been seeing a major paradigm shift with regard to health, the result of a threefold development:

- First, the epidemiological transition, a technical term used to denote the radical change in the nature of health problems in numerous countries. Chronic conditions have replaced acute infectious diseases, leading to a radical change in public expectations vis-à-vis healthcare – and population ageing is greatly accentuating this trend.

- Secondly, the belief that the healthcare system could solve all of the planet's health problems peaked in the 1960's and 70's with the eradication of smallpox, declared officially extinct in 1980. Yet, since then, the model has been disputed, allowing the emergence of a real discourse over public health that emphasises the determinants of good health and aims to tackle the societal causes of many health problems, as well as health inequality. However, it is likely that another way of disputing the bio-medical model has gained fertile ground in the development of alternatives to "official" medicine. We have seen a proliferation of all these currents offering a "holistic" vision of disease and health, highlighting the specific and individual character of each diagnosis and wanting to re-establish harmony between each individual and his environment. It is interesting to note that this vision is very close to a definition of health often quoted in public health, a definition coined by René Dubos: "a physical or mental state relatively free from discomfort and suffering and allowing the individual to function as efficiently and as long as possible in an environment where chance or choice have placed him"[2].

- Finally, the advance in patients' rights, a constant in all industrialised countries. On this point, the 2002 law has enabled France to catch up with the work done in many other countries. It is also interesting to note that one of the three pillars of the roadmap announced by the Ministry for the national health strategy refers to patients' rights and the need to provide the public with information. However, this dimension includes a paradoxical demand that each of us has: the desire to be able to benefit from highly specialised technologies, whatever the price and irrespective of their usefulness, while at the same time calling for a more human approach providing a comprehensive overview of one's state of health and rejecting the use of intensive medication.

In such an environment we need to study and interpret the growing impact of certain Cults or gurus in the health field. Similarly, in this context we also need to analyse the concept of loss of opportunity.

This concept of loss of opportunity plays an important role when wanting to tackle health inequalities. We can't just reduce this to the effects of sectarian movements. In France, the life

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[1] Dubos R. (1985), *L'Homme interrompu*, Paris, Seuil.

expectancy of a worker is on average 6 years less than that of a manager[3]. Moreover, seeing people spurn healthcare is a major concern: more than 15% of the adult population spurned healthcare in the course of 2008[4].

However, as regards sectarian movements, a further factor emerges with regard to the loss of opportunity: a refusal to benefit from diagnostic or therapeutic practices, under the influence of mind control, leading to choices not guided by free will. This notion is evidently difficult to appreciate, though it is omnipresent in healthcare and support: from prevention to caring for a serious condition. Two examples can help us clarify the debate:

- In the field of prevention, vaccination has been questioned for several years now on the basis of information pointing either to collusion with pharmaceutical companies or to a form of global conspiracy [5]. Yet non-vaccination heightens the risk of infections preventable through adequate vaccination. In such a context, are we just talking about misleading information or are these associations the home of people with real control over their members?

- Examples related to cancer and lots of other chronic conditions are well documented and the subject of particular attention by MIVILUDES or other associations for victims of sectarian movements, as highlighted in the 2011-2012 MIVILUDES report on the penetration of sects/cults among vulnerable elderly. In this context, how can we distinguish between the exploitation or even mistreatment regularly observed in such vulnerable people, and the specific aspect of sectarian movements?

Another point needing to be examined in detail in my opinion is the recourse to “parallel”, “complementary” or “alternative” medicine or therapies. There are several documents looking in detail at such suspect or risky practices. In my mind, it is important to be careful in this field, as the risk of losing credibility through unilateral rejection becomes real, once the popularity of such practices appears in an increasingly large slice of the population. Three factors need to be considered in such an analysis:

- Firstly, the success of alternative therapies is the result of the major increase in chronic conditions, for which mainstream medicine in reality only has few solutions. Though regrettable, this is true.

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3 [7] Insee Première Nö. 1372 - October 2011

4 [7] IRDES Spurning healthcare for financial reasons: an econometric approach. *Questions d’économie de la santé*. No 170. November 2011

5 [7] As claimed, for example, on the website *attention-aux-vaccins-meurtrier.info*

- Secondly, the methods for assessing the benefits of any therapy are governed by scientific rules based on experimentation, reproducibility and the categorisation of diseases defined by mainstream medicine. It is thus easy for those upholding therapies often termed as holistic to circumvent these rules, stating that they are not applicable to processes taking "the person in his individual setting" into account, and thus eminently adjustable to individual situations.

- Last but not least, the reality of "medical power", ever present in our health services[6], means that a way will always be found to contest alternative practices, which often focus on their 'natural' character, on individual freedom and listening to the patient, something all too often missing in our healthcare system.

Recourse to increasingly varied alternative forms can thus not *per se* be interpreted as a risk coming solely from sectarian movements, as it goes hand in hand with the growing popularity of such forms, even if they are out of sync with or even in opposition to the recent achievements of evidence-based medicine. We thus need to come up with additional factors relating to the objectivity of the loss of opportunity through the explicit rejection of proven diagnostic or therapeutic practices and through a form of mind control leading to such rejection.

Health information: a powerful tool both for promoting sectarian/cultist movements and for controlling them

Health information practices are changing. We could even go so far as to say that they are being revolutionised. The emergence of the Internet is substantially altering people's relationship to health and disease. In such an environment, the ability of cults/sects to recruit potential victims via the Web is obvious, especially as, generally speaking, the information there is not verified and is often difficult to verify. The mass of new information no longer allows any prior control, even for websites committed to showing responsibility. Yet Internet is also a way of reaching young people, those who may be more easily attracted when they do not have the tools to control the sources of such information, or vulnerable people, particularly those looking for solutions to their medical conditions, addictions or disabilities that they have not found with their healthcare professionals.

This finding leads to two major questions:

- Do we have any real chance to control this ever-increasing mass of information?

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6 Medical power in line with the still topical model: the paternalistic clinical tradition.
Cf. the article of Janine Barbot: "Soigner en situation de risque judiciaire. Refus de transfusion et responsabilité médicale" (*Providing care in a situation of legal risk. The refusal to have a blood transfusion and medical responsibililty*), Revue française de science politique, 2008/6, p. 985-1014

- What role do public authorities play?

In my view, it is illusionary to try and control a tool whose very purpose is to get away from all hegemonic will. Even if for commendable reasons, the volume, speed and extent of the information needing to be monitored prevents us from defining an effective policy. It is thus reasonable and probably more effective, as recommended by the Senate's enquiry commission, to extend the intervention powers of the national police's cyber-investigators.

As for the role of the public authorities, it needs to be a key role. At present it is insufficient. France sorely lacks a proactive policy for providing its citizens with information on all health matters. It took magazines publishing "charts" on hospitals and clinics for the health authorities to question the methods used to inform citizens with regard to the quality and safety of healthcare. And even then, only in a very timid way. It took successive crises questioning drugs or health products for pharmacovigilance data to be made public. It is of crucial importance to move away from this purely defensive attitude and to give priority to providing health information. The introduction of a public health information service, announced by the Ministry of Health and Social Affairs in the context of the national health strategy's roadmap, must be given top priority. In the context of such a service, it would be possible to counteract cultist/sectarian inroads into the health sector. We need collective success in making an authoritative and legitimate information website available to everyone in France[7]. This is a major challenge, but there's no getting round it.

The role of the public authorities however goes further. The issue of identifying cultist/sectarian movements and learning individual freedom of choice is related to our ability to enhance psycho-social skills from an early age. This means that schools have a major role to play. The opportunity to educate citizens while at school needs to be grasped. A further possibility is offered by the recent law on restructuring the school system, which stipulates for the first time, that "measures to promote pupils' health are a mission belonging to the national education system"[8]. Doctors and nurses belonging to the national education system are to develop these measures. It would be nice to know the content of these measures, integrating students' ability to withstand the approaches of sectarian movements.

The training of healthcare managers

The EHESP trains a substantial proportion of our healthcare managers, via vocational courses available within the public hospital system and State civil service. It thus needs to be able to integrate a module raising their awareness to the health consequences of cultist/sectarian

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[7] One interesting example is the Quebec government's health website: http://www.gouv.qc.ca/portail/quebec/pgs/commun/

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[8] Article L.541-1 of the new Education Code, enshrined in Law 2013-595 of 8 July 2013 providing guidelines for the restructuring of the French school system

movements, as these managers could well be faced with such problems in the exercise of their professional duties.

As regards hospital managers, their role will mainly be, in conjunction with the nursing teams, to identify patients who, as members of a cultist/sectarian group, refuse therapy or care, with negative consequences for their health or physical integrity.

As regards State civil servants with the responsibility of supporting Regional Health Agencies (health inspectors, social affairs inspectors, public health doctors and pharmacists, etc.), the aim of the training should be to provide them with the skills to advise authorities on measures to be taken or behaviour to be adopted. We have very close links to the control and inspection missions these institutions have to carry out. One operational proposal would be to include cultist/sectarian movements and their healthcare ramifications in the training modules covering controls and inspections.

A further important measure would be to raise the awareness of all health and social services professionals to the reality of these cultist/sectarian movements and their consequences, especially in the health field. This is a role that universities and paramedical schools can play. It is also their social responsibility, a concept very much *en vogue* and which would assume a concrete form here.

Finally, in my opinion, in-depth work is needed in two major fields stated in the Senate report: the field of “alternative” medicine obviously, but also that of personal development and well-being. The latter refers to a very wide range of practices, but also very promising from a media and, probably, sales perspective - and the front door for cultist/sectarian groups.

We need to conduct research on such topics to better understand the influence of these new fields in the world of health, to analyse why they have such an impact on individuals, especially when they are destabilised, to attempt to understand how they can or cannot provide proof of their benefits and usefulness (not only from a health , but also from a psychological or social perspective), and thereby to better distinguish the warning signs that need to be monitored and reported to the public authorities. A partnership between MIVILUDES, HAS and the multidisciplinary research teams would be a very interesting and innovatory move in this respect.

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