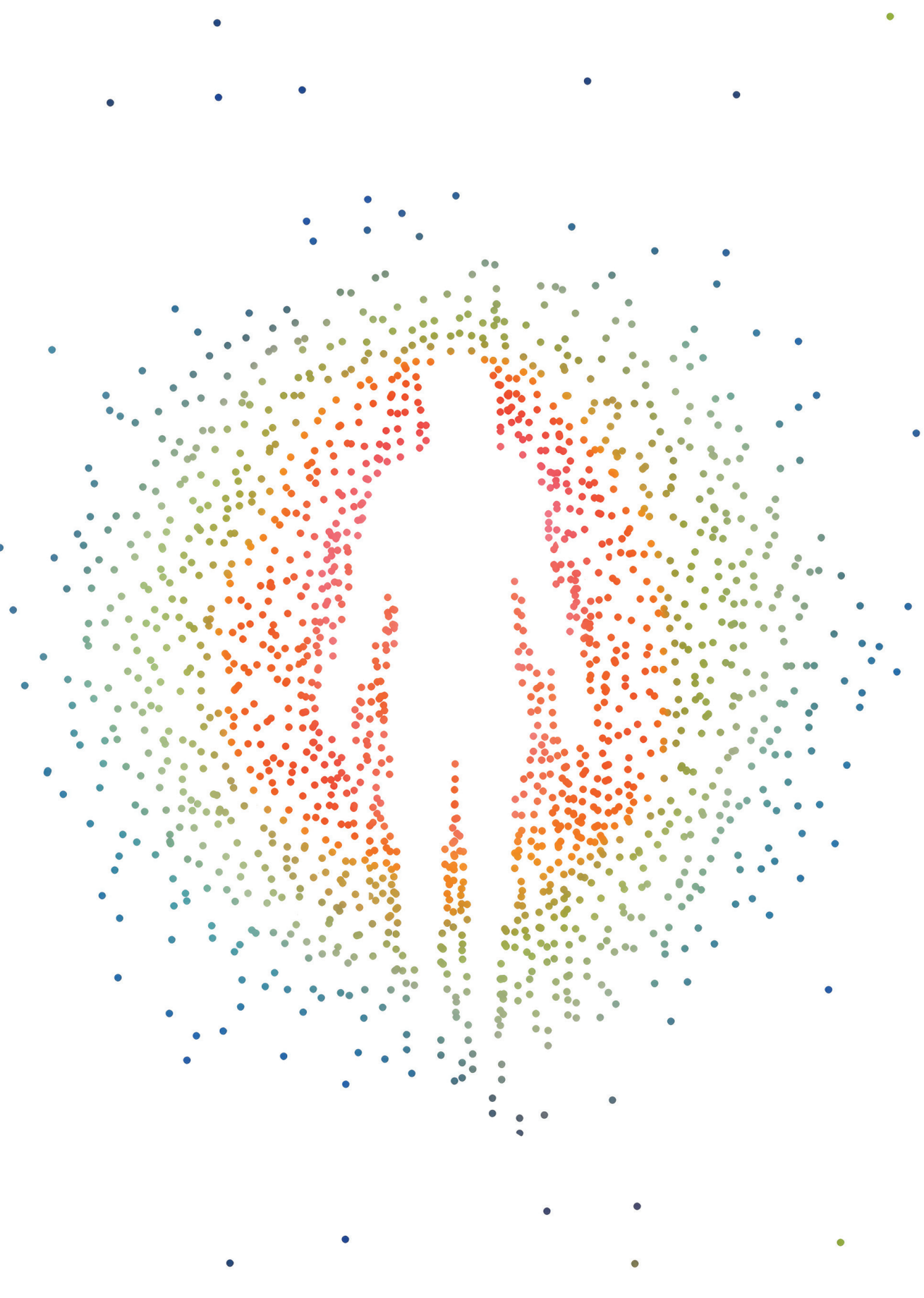


Beyond Medical Paternalism: Restoring Control to the Individual

By Jeffrey A. Singer

Heavy-handed government policies often undermine patient autonomy, restricting the medicines they can take, the doctors they can see, and the information they can access.

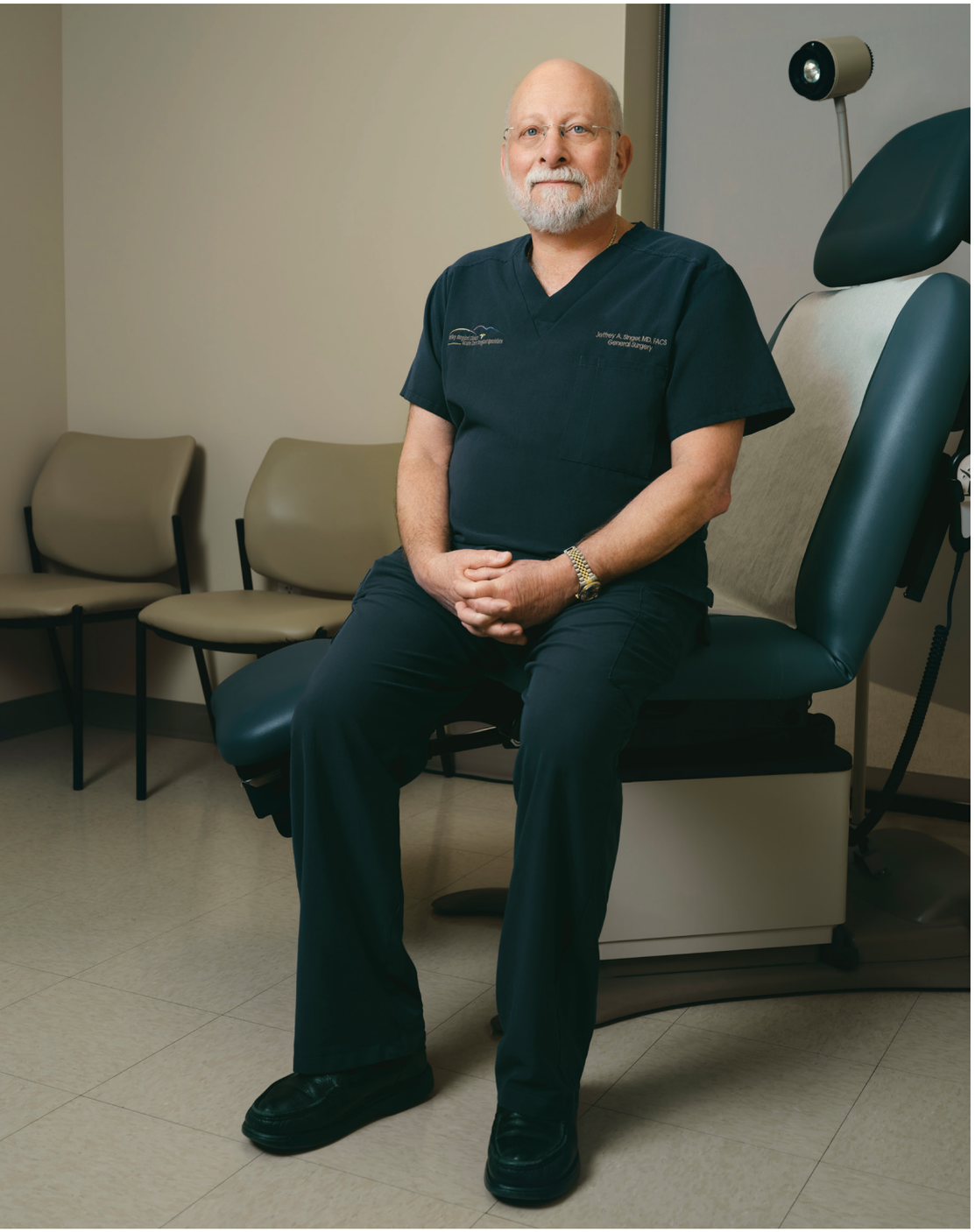
From the earliest days of their training, health professionals are taught the critical ethical principle of respecting their patients' autonomy. But in the broader realm of public policy, that principle often gets trampled under the weight of bureaucracy.

Government agencies frequently dictate which doctors a patient can see, restrict access to new medications, and even regulate the information pharmaceutical companies can share with consumers.

Autonomy in health care is not just an academic ideal. It's about empowering individuals to make decisions about their lives, their bodies, and their well-being. But while doctors are bound by the principle of informed consent, government policies often assume that individuals are incapable of making informed choices about their own health.

A Shift in Medical Ethics: From Paternalism to Informed Consent

The doctrine of informed consent—the right to accept or refuse medical treatment even at personal risk—is a relatively modern concept. Barely a century ago, it was commonly accepted that doctors could do whatever they thought was in the best interests of their patients, regardless of a patient's wishes or priorities.



Dr. Jeffrey Singer, who has worked in private practice as a general surgeon for over 35 years, at his medical office in Phoenix. (Photo by Duane Furlong Studios)

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This model of care sometimes had tragic results. From 1932 to 1972, the Tuskegee Syphilis Study saw government health agencies withhold treatment from nearly 400 black men to observe the progression of the disease while intentionally not informing participants that a cure for the disease existed. Even as late as the 1970s, some doctors routinely withheld diagnoses from cancer patients, fearing the emotional impact would derail treatment.

Today, informed consent is a cornerstone of the patient-doctor relationship. But outside the exam room, government policies often ignore this principle, restricting individual autonomy in profound ways.

Barriers to Choice: Licensing Laws and Monopolies

State licensing laws, originally framed as a means of protecting public health, now often serve as barriers to patient choice. In the 19th century, the American Medical Association lobbied aggressively for laws that restricted entry into the medical profession. Over time, similar restrictions spread to other health professions, creating a complex web of regulations that limits competition and stifles innovation.

This dynamic is evident in the turf battles that play out in state legislatures, where professional groups vie to protect their monopoly over specific practices. Patients are left with fewer options, and the assumption persists that the government knows better than individuals who should provide their care.

But as economist Milton Friedman noted, licensing laws rarely ensure quality care. Instead, they raise costs and limit access. Private accrediting organizations could fill this role, providing certifications that help patients make informed choices while opening the door to greater competition and innovation.

"Without [medical licensing], they would have no power to do harm," Friedman told a group of medical professionals at the Mayo Clinic in 1978. "Why is that the case? Because the key to the control of medicine starts with who is admitted to practice."

The Freedom to Access Information

Health and Human Services Secretary Robert F. Kennedy Jr., who was nominated by President Trump with a mandate to "Make America Healthy Again," has argued passionately against the "priesthood" of

"If the Trump administration is serious about 'making America healthy again,' its first priority should be to return control to the individual."

the medical establishment, calling for greater transparency and personal responsibility in health care. Yet he supports banning direct-to-consumer advertising by pharmaceutical companies—a move that would restrict patients' ability to access vital information about treatment options.

The US Supreme Court has repeatedly affirmed that the First Amendment protects the free exchange of scientific information. Prohibiting pharmaceutical ads would make clinicians the sole gatekeepers of knowledge, further disempowering patients. Policymakers should reject such bans and embrace policies that enhance transparency and trust.

Ending the Prescription Monopoly

Since 1938, the federal government has controlled which medications Americans can legally purchase. In 1951, Congress expanded that authority, requiring prescriptions for certain drugs—a decision previously made by pharmaceutical companies. While intended to protect public health, this policy has driven up costs, delayed access to life-saving treatments, and forced patients to navigate unnecessary bureaucratic hurdles.

Patients in other countries often access medications over the counter that require a prescription in the United States. Reforming this system—whether through small changes or sweeping overhauls—could help restore patient autonomy and reduce health care costs without compromising safety.

The Right to Choose Substances

Prohibition didn't work for alcohol, and it hasn't worked for drugs. Yet for over a century, government policies have criminalized substances for medical and recreational use, creating black markets and fueling violence.

In many cases, driving these drugs underground makes them far more dangerous and deadly. For example, opioids, when used responsibly, are less harmful to organ systems than alcohol or tobacco. But prohibition has pushed these drugs into the black market, where adulteration and unknown potency make them far more dangerous.

More recently, lawmakers have set their sights on food additives. Proposals like the Do or Dye Act and the Stop Spoonfuls of Fake Sugar Act aim to ban certain dyes and sweeteners. Instead of letting consumers make their own choices, these measures would increase costs and limit freedom—all while ignoring policies that drive the use of cheaper additives, such as agricultural subsidies and import tariffs on sugar that incentivize the use of high-fructose corn syrup.

Embracing Harm Reduction

Harm reduction is a pragmatic approach to health care that seeks to minimize the risks associated with certain behaviors without endorsing them. It's why doctors prescribe medications for smoking cessation or manage chronic conditions linked to lifestyle choices.

But federal and state laws often block harm-reduction strategies for drug users. In five states, distributing fentanyl test strips—tools that can detect lethal contaminants—is illegal. A federal law known as the "crack house statute" prohibits overdose prevention centers, where drug users are monitored and opioid antidotes and oxygen administered. Such centers have saved lives in 16 countries since 1986.

These policies not only infringe on personal autonomy but also exacerbate the problems they claim to address. By embracing harm reduction, policymakers could save lives and empower individuals to make safer choices.

Toward a Healthier, Freer Future

In my forthcoming book, *Your Body, Your Health Care* (Cato Institute, April 2025), I explore the many ways government paternalism has eroded personal autonomy, often with devastating consequences. Restoring this autonomy isn't just a matter of principle—it's a path to better health outcomes and a freer society.

If the Trump administration is serious about "making America healthy again," its first priority should be to return control to the individual. ✦

ABOUT THE AUTHOR

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