From the Kitchen

19 October 2011

Do we have inalienable rights? How is the balance found between the rights of individuals and the needs of a society? Does personal sovereignty exist?

There are examples of personal coercion we may agree with. For instance, we may not argue with someone who is hurting others being incarcerated to be dealt with by the courts. We may not argue with people being forcibly evacuated from a flooded area or some other natural disaster.

How do you respond to the notion that someone, who is judged to be mentally ill, can be forced to take medication? Would your response be different if it was pointed out that there are very few conditions of mental illness for which all the 'experts' (the psychiatrists) would agree on appropriate treatments. There are clear trends in treatment, depending on which country you look at and even which state in a country you look at.

In Australia, many children are diagnosed as suffering from ADD (attention deficit disorder) or ADHD (attention deficit hyperactivity disorder). One way of dealing with this, which is growing in popularity, is the prescription of drugs such as Ritalin. There is a large disparity, however, from one state to another in the percentage of children diagnosed with the 'disorder', and the percentage of those who are given the medication. This is one example of the lack of clear consensus among the experts about the appropriate treatment for what some consider a mental illness; but not everyone would even agree that it is an illness. I use this example, even though there is no 'forcing' of drugs on anyone, merely a lot of coercion. However, the lack of consensus exists widely within the profession and includes those mental illnesses for which people may be forced to take drugs.

One controversial 'new' condition is oppositional defiant disorder (ODD) [1]. It first came into existence (for treatment purposes) in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition (DSM-IV). What is remarkable, is that the diagnoses and treatments set out in DSM-IV are reached by a vote of specialists on a committee. So, our sanity (or lack of it) is defined by a vote from a handful of 'experts'.

Food is basic to our existence. We are perhaps lucky in this country that we have such a wide choice of healthy food. We eat according to our upbringing, our education, our understanding of what is good for us and our appetites. But things are changing.

Food used to be grown simply – farming techniques had not changed much over centuries. Then, in the middle of the twentieth century, farmers started increasingly using artificial chemicals on their land. These included fertilisers, insecticides and weed killers. Over the decades, an increasing number of these chemicals were found to be harmful to humans and their use was curtailed or banned. More recently, there has been the introduction of food irradiation – exposing food to ionising radiation in order to kill bacteria. And genetic modification of organisms has become widespread.

In relation to the use of chemicals, people found they had a choice – they could opt to buy only food grown without such chemicals, and the production and consumption of 'organic' food is increasing in this country. In relation to irradiation of foods, it becomes more

difficult, because labelling regulations do not adequately cover this. People may therefore be buying foods which have been exposed to radiation, without knowing they are doing so.

With genetically modified food it becomes more difficult, as there is growing evidence that the changed genes travel from one species to related species. They also travel into crops which are supposed to be free of any genetically modified traits.

If you do not know, you cannot choose. You may or may not believe that the ingestion of irradiated food or genetically modified food is a problem. If you do believe it is a problem, then your right to look after yourself has been compromised. In one sense, you no longer own your body.

I will write more on the issues surrounding agriculture in future posts.

There are more insidious ownership issues than those I have raised above.

There is a colorectal cancer which affects only Ashkenazi Jews. A Patent has been granted in the USA to protect the testing of a particular gene mutation in relation to this cancer. The granting of such a patent would effectively prevent anyone else from testing for the presence of the gene mutation without paying a fee to the owner of the patent. Anyone wanting to develop a cure for that cancer could only do so in conjunction with testing for the mutated gene and would therefore have to pay the patent owners. The patent owners effectively own the gene. The people for whom the gene is an integral part of who they are, no longer have effective ownership of the gene – they no longer effectively own a part of themselves.

In a similar vein, a patent has been granted in Europe to protect the test for a particular gene mutation linked with breast cancer in women of Ashkenazi Jewish descent. This has led to a ridiculous situation: if a woman identifies herself as being of Ashkenazi descent, her doctor has to pay a royalty to the patent owner in the USA, but if the woman denies she is so descended or does not know, no royalty is payable.[2]

It is only coincidental that both these examples involve a particular ethnic group.

1. See http://jamesdauntchandler.tripod.com/ODD_CD/oddcdpamphlet.htm for a discussion.
2. *New Scientist*, 2507, 9/7/2005, p. 7