

Transparency with Respect to the Health of Political Leaders

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The dramatic events surrounding former Prime Minister Ariel Sharon's illness some months ago, and the extensive, unprecedented involvement of local and international media in it, placed the intense debate over the health of the nation's leader at the top of the national agenda.

Public debate naturally led to further questions regarding the influence of the PM's personality and his high position on doctors' freedom of action, the medical choices they made and the medical care they provided. Furthermore, questions were raised about the built-in clash of interests between the PM's doctor's commitment to patient confidentiality on the one hand, and providing the public with full medical truth on the other. An urgent need arose to balance privacy of medical information about the PM's health with the media's demand, in the name of "the public's right to know," for full disclosure in real time of each detail concerning PM Sharon's condition, and its clinical significance.

This is not the first time a PM's health is debated in Israel. The health of the late Menahem Begin was a patently known state secret. In those days media involvement was surprisingly restrained, and thus a limited set of associates managed to conceal the PM's illness for a long time despite the fact that the management of state affairs was affected. However, what was possible in the 1980s is certainly not today. Hospitals, as well as the private lives of politicians, have become almost totally transparent. Doctors now find themselves losing control over their workplace when they are called to deal professionally with high-ranking officials and, at the same time, responding to media queries and subjected, in real time, to constant and immediate public criticism of any medical decision they make.

No post is more difficult and demanding than that of the nation's leader. Its holder is forever under constant physical and mental pressure; he or she must make decisions in a state of perpetual stress, which affects lucidity, within a turmoil of powerful and contrasting interests. Heads of states make decisions that affect the lives of millions of people and shape history for generations to come. It is not surprising, therefore, that the life expectancy of two-thirds of American presidents was 2 years shorter than that of the general population, despite their privileged financial status [1], and that 10% of them died in office [2].

Most heads of state are appointed while in their late fifties or sixties, and some continue well into their seventies. While some elderly leaders have excelled in office despite their advanced age, most people at this age suffer diseases that impair their functioning. In this regard, the most worrying are illnesses of the central nervous system, which affect intellectual capabilities and judgment, such as cerebrovascular diseases, or degenerative diseases such as Alzheimer's and Parkinson's. It is understandable, then, why neurologists lead public opinion concerning the intellectual capabilities of heads of state [3-5].

National leaders are never "ill" – or so those surrounding them try to tell us. When a leader enters hospital, it is always due to "a cold," "food poisoning," or "weakness" – or for "routine medical check-ups."

There are many cases in modern history of national leaders whose illness was deliberately concealed from their people: U.S. presidents Woodrow Wilson, Dwight Eisenhower and Ronald Reagan; French presidents Georges Pompidou and Francois Mitterand; British PM Winston Churchill; USSR's Vladimir Illych Lenin and Russia's Boris Yeltsin. The illnesses of Pope John Paul II and Yasser Arafat were also allegedly secret, until the final dramatic stage of their lives [6].

*The health of national leaders may
change the course of history*

Sometimes medical truth is concealed from the leader himself. The personal doctor of the late Shah of Iran concealed from him for at least one year, 1974, the fact that he had chronic lymphocytic leukemia [6]. Similarly, Churchill's personal doctor Lord Moran hid from his patient the fact that he had suffered a heart attack during his December 1941 visit to Washington, shortly after the Japanese attack on Pearl Harbor. Moran believed he was upholding his duty to the British nation at the moment when America was about to enter the war.

Before the era of television, the general public hardly saw its leaders. It was therefore fairly easy to hide the fact that U.S. President Woodrow Wilson had suffered a cerebral stroke in 1919 which left him with paralysis of the left side of his body, as well as severe hemianopia and a speech impediment. The President's

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wife and his personal doctor colluded in deceiving the public and Congress about the President's abilities. This was also the case with Franklin Roosevelt, who was never photographed in the wheelchair he was bound to after contracting poliomyelitis.

Political leaders will always hide their true medical condition

How far a leader's health can affect the course of history may be demonstrated by the case of U.S. president Franklin Roosevelt, who in February 1945 attended the Yalta Conference suffering from severe hypertension – his blood pressure measured 260/150 mmHg at the time of the conference. According to witnesses of his fateful meeting with Stalin and Churchill, Roosevelt was exhausted and distracted. Stalin succeeded in duping him and brought about the partition of Germany, creating the "Iron Curtain" that was to fall over Europe. Thus began the Cold War which was to last almost 50 years and directly affect the lives of millions. Roosevelt himself died some 6 weeks after the Conference of a brain hemorrhage. The exact details of his illness were never revealed, as his medical file disappeared from the U.S. Navy Hospital in Washington where he had been admitted [7,8].

The short history of Israel has two Prime Ministers whose illness was a well-known secret. The late Golda Meir, according to rumor, had lymphoma; since no reliable information exists on the treatment she received, it is impossible to say how the illness or its treatment affected the management of state affairs at the time. The ill health of the late Menahem Begin is better remembered, although here, too, a prolonged attempt was made to conceal it. Begin suffered a coronary myocardial infarction in June 1980, followed several years later by a cerebrovascular accident. This was compounded by the recurring depression he suffered and the terminal melancholy into which he sank [9]. The first documented bout of depression occurred as early as 1939 when in his post as Betar senior representative he was involved in smuggling Polish Jews to Palestine. According to contemporary witnesses, Begin sank into indecision that seriously damaged the operation. Further bouts of depression occurred in 1951, and in 1978 following the Camp David talks. The resignation of Defense Minister Ezer Weitzman brought about another bout of depression, in 1980. The worst depression seems to have occurred during his final year as Prime Minister. The death of his wife Aliza in November 1982, while Begin was on tour in the USA, and the publication in February 1983 of the Kahan Report on the Sabra and Shattila massacres, together with the ongoing war in Lebanon and its many victims, all became an unbearable burden. Begin sank into terminal melancholy from which he never recovered. His function as PM and state affairs both suffered fatally, yet Begin was too proud to admit his condition and to seek medical help. He was not replaced, and those around him

colluded with the same strict conspiracy of silence shrouding him. It was only in September 1983 that Begin finally handed in his resignation and disappeared forever from public life [9].

Proximity to the dramatic events of Begin's office and to the relevant individuals, as well as the public sensitivity to those events, prevent a realistic debate concerning the effect of Begin's health over, for example, the way he handled the war in Lebanon and whether it would have taken a different course if he had been in full command of his senses.

The media's immense involvement in Ariel Sharon's illness is full proof to the fact that a leader's health can no longer be hidden behind a wall of silence. In this age of information consumerism, any attempt to conceal or hide carries a violent media response. This was the case of U.S. President Clinton, who tried to protect his privacy during the 1992 White House race as Democrat candidate. All it took was a harsh front-page article by physician-reporter Lawrence Altman and within 24 hours Clinton changed his position [10].

In today's democratic society citizens are entitled to know that the person heading the pyramid is physically and mentally fit to bear the heavy burden, and that his or her decisions are made lucidly. However, there are no rules or regulations concerning such disclosure. The courtiers surrounding the leader cannot be expected to reveal the truth about the PM, for it is from his strength and position that they draw their own strength and power, and when he falls, they fall too.

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Nor should the leader's personal doctor be appointed this task. The doctor is obliged first and foremost to the patient, and is ethically bound to full confidentiality. The doctor may disclose to the public whatever the leader has consented to disclose, which, we have seen, is often not the full truth. The doctor should not have to deal with such clashing interests between patient confidentiality and appropriate disclosure to the public. It is far better for the doctor to keep silent about the patient.

This patient confidentiality does not end with the leader's death. Several years after Churchill's death, his personal doctor, Lord Moran, published his medical notes despite protests from the Churchill family. He claimed he was driven by historical duty to document how Churchill's health, including the cerebrovascular event, the depression, the advanced dementia and alcoholism he suffered from, affected his ability to perform as leader of Britain. The British Medical Association disapproved of the publication and moved to rebuke the doctor and confirm that medical

confidentiality continues to exist after a patient's death, unless removed by the family [11].

However, others argue that prominent politicians such as Churchill cannot expect privacy, since they "belong" to the public, in life and in death, and all details about them, including their medical condition, are of universal interest.

Dr Gubiler, personal physician of French President Francois Mitterand, was sued by the late President's family for publishing, 9 days after the President's death in 1996, a book disclosing that the President had suffered for many years from prostate cancer, which he knowingly concealed from the French public since 1981, despite his promise of adequate disclosure of his medical status. French courts intervened to ban the publication in France, but it is widely available elsewhere. It is highly ironic that Mitterand himself had made promises of transparency to his people, following the death of his predecessor, Pompidou, of a long-concealed cancer [6].

Medical centers in the United States that have struggled with this dilemma of public disclosure versus ethical obligation to a high-ranking official take a mediating approach, in which the hospital prepares a medical press release summarizing the patient's medical condition. The patient is shown the document prior to its release, but cannot edit it. If the patient approves, the document is released to the public by a senior specialist in the medical field in question, who is not part of the patient's medical team. Thus, medical information is publicly announced and analyzed by a specialist who is not directly involved with or informed about the leader [10].

It is customary in our society to retire at the age of 67, and to sign a health declaration upon renewing a driving license. The bus driver who drives a few dozen passengers is required to undergo medical tests annually, while the pilot transporting hundreds of passengers at a time is required to take biannual medical tests. Should the person at the helm of the state, holding our fate in his hands, be exempt from any medical test whatsoever?

The public is entitled to know, and should know, before each election, the medical status of the prime ministerial candidate and of the official standing for reelection. Absence of complete information may enable a physically or mentally unfit candidate to be elected to this high position, which he is unable to fulfill. Unfortunately, it is impossible to rely on medical information coming from the leader, his associates or his doctor.

The suggested solution is to set up an independent medical committee comprised of senior doctors known for their professionalism, integrity and political impartiality; they would have no previous acquaintance with the candidate, who could then

choose from this limited list the specialists to assess him. The committee could be headed by a senior judicial personality, such as a retired High Court of Justice judge, and provide a full medical report to the appointed personality. The public would be given information protecting the leader's medical confidentiality, as long as there is nothing in this information that might affect the leader's functioning [12]. Some regard this suggestion as a threat to democracy, since it places immense, unbalanced political power in the hands of those selecting the doctors for the list, and of the doctors themselves.

A bill calling for periodic proper disclosure on the medical status of prime ministers and prime ministerial candidates was brought before the Knesset in 2000, by former MK Avi Yehezkel. The legislative process has not proceeded since then. MK Danny Naveh recently presented an identical bill.

We must urgently create national tools to solve this issue. Only when we do so, can we sleep in peace, knowing that the PM who is looking after us as we sleep is medically capable of doing so.

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The greatest compliment that was ever paid me was when one asked me what I thought, and attended to my answer

Henry David Thoreau (1817-1862), American naturalist and author, best known for his Walden experiment during which he lived as a recluse in the woods of Walden in Massachusetts.