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The medicalisation of the women's life

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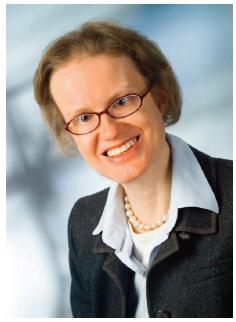

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The morning after pill – an actual example

Since December 2009 the "morning after pill" can be received without prescription in all Austrian pharmacies. The Austrian Ministry of Health approved the "emergency contraception" over-the-counter access for all women without age restriction disregarding protests of physicians, obstetricians and gynaecologists and numerous Austrian citizens. It is well known that the "morning after pill" contains extremely high levels of the hormone levonorgestrel, which may lead to inhibition of implantation of the embryo and therefore to early abortion. Besides that one cannot deny the danger of potential side effects of the high doses of hormone taken at once for women treated with this medical product. Interestingly, conventional contraceptives are still prescription drugs although about the same dose of hormone taken at once by the emergency contraception is divided over a whole month.

The decision of the Austrian Ministry of Health followed a similar decision of the Spanish government last September. These governmental decisions are in agreement with the World Health Organization (WHO)'s aim, who promotes the reproductive health of women by supporting the distribution of the emergency contraception. The WHO denies the abortive effect of emergency contraception and denies any detectable effect on the endometrium and uterine lining in its 2005 Fact Sheet[1]. Although the doses of levonorgestrel are considerable high according to the WHO repeated use of the morning after pill poses no known health risks. This fact shows that the WHO's point of view on health and especially on the women's health must be analysed to enlighten the core of ideology targeting the women's life and self-identity.

The WHO's definition of health

To understand the core of the WHO's interpretation of health one must consider the WHO definition of health: «The States Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the *happiness*, harmonious relations and security of all peoples. Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity»[2]. Indeed it is an achievement of the WHO to point to the reality of the unity of man by including three different forms of well-being – physical, mental, and social – into its definition of health. However, a second fundamental point is hidden in the preamble: A conception of health that would encompass every element and feature of human happiness. It is an unbounded optimism to seek man's happiness in technical and medical solution.

The medicalisation of human life

One might be tempted to say that the WHO definition of health is just of historical value. But this would be an underestimation of the WHO's influence. The WHO is an institution and as such a linguistic com-

munity. The definition can be seen as a kind of operation which creates a meaning. As it is a world organisation this meaning constitutes us all[3]. The creative positive characterisation of health has repercussions. Ideas may be slow in spreading but they have very powerful social implications. These implications are called medicalisation.

This term refers to a process by which human experiences are redefined as medical problems. During the last decades the medicalisation construct has been applied to many different areas of life. Numerous types of health conditions, social statuses and behaviours have been relegated to the health care system to cure or to manage effectively. Normal processes of life (like pregnancy and aging), personal and social problems (like shyness) and risks (like cholesterol) are characterised as diseases. Medicalisation has been described as a form of social control[4], a process initiated and perpetuated by biomedicine as a means to acquire power[5]. Especially the woman finds herself between two contradictory positions of human existence: 1) between youthfulness and self-identity 2) between biological function and significance 3) between the passive satisfying life and the active satisfactory life. 4) between societies' commercial control and autonomy.

By defining health as complete well-being the WHO definition of health is trapped by a paradox

1) The woman between youthfulness and self-identity

In 1970 the term "medicalisation" was applied first to young women, to the over-investigation and treatment of sexually active teenage girls[6, 7]. Two issues seem to be at the basis of turning almost all phases of a woman's life into a medical problem: The goal of reproductive health by the WHO[8], and the reduction of the woman's life to a never ending rhythm of hormone excretion. Is it a surprise that the woman is in the centre of medicalisation? Considering the implicit goal of the WHO definition of health, which is *complete* well-being, therefore extending lifespan and youthfulness, it is not surprising. Reproduction means future with innovation whereas hormonal levels equivalent to young healthy women means that the biological clock is correctly ticking and indicates longevity. The link between longevity and fertility points to profound human significance[9]. Biologically, it might be interesting to note that many age-retardation techniques tested in animals indicate a significant decrease in fertility[10]. Philosophically, nativity is profoundly linked to mortality[11]. It is old wisdom and historical knowledge that «everywhere, where new things are formed, there is weakness, disease and degeneration. Everything developing new germs, appears to be in a state of reduced life like the pregnant woman, the teething child...»[12].

By defining health as *complete* well-being the WHO definition of health is trapped by a paradox. That mortality is a human condition and a burden and a blessing. In his assay "The Burden and Blessing of Mortality" H. Jonas describes how much our mortality is linked with our self-identity and inwardness[13]. H. Jonas starts from the ontological background that life and being consists in doing. Thereby life is in constant exchange of matter with the environment. This metabolism, better expressed in German as *Stoffwechsel* represents a paradox. On the one hand, life is a composite of matter and coincides in its reality totally with it, but on the other hand it is not the same as the substance as it is forever in the flow of exchange and therefore vanishing. It means that it carries death within itself[14]. Precisely because we have the alternative between being and non-being, we can say yes and no to life. We cling to life only if it can be taken away. Only in confrontation with a possible non-being could life come to feel itself. From here the development of value, the self-affirmation of Being and the dimension of subjective inwardness arise. This feeling itself lies open to pain but also to pleasure, to desire but also to fear. The capacity for enjoying something is the same as the suffe-

ring from another thing[15]. But this means also that our human capacity for happiness is always paired with pain and mortality and the gift of subjectivity is also linked with mortality. Aging refers to the passage of time in relation to us and to the biological processes of senescence which accompany this passage. Age-retardation targets specific deficiencies of old age as muscle enhancement (introduction of IGF-1 genes[16], the use of human growth hormone[17]) or memory enhancement as e.g. by acetylcholinesterase inhibitors[18]. However there exists also a body-wide age-retardation by genetic manipulations, prevention of oxidative damage, and hormone treatments. Recent studies show that rapamycin fed to mice late in life extends lifespan[19]. However, rapamycin is also immunosuppressive therefore preventing its clinical use against aging. Furthermore, scientists claim that SRT1720, a derivative of resveratrol slows effects of aging by mimicking calorie restrictions[20]. These methods affect aging by three possibilities: Either aging is slowed more or less equally at all stages of life. Or it is a holding back of bodily decline. Or it is a change in the form of decline[21]. All these methods rather influence the biological processes of aging than our reception and experience of time. Our life lived is not the homogeneous dimension of time of the physicists, but a time influenced by the past and bent to the future. This "time feeling" cannot be changed by any of the medications mentioned above. Lengthening life indefinitely may be successful in changing our biological clock. But is it also successful in providing us a complete life, a happy life? In regard of the common good it would provide humanity with boredom and routine. In regard of the individual good we must remember that even if our vital functions could continue infinitely, there are limits to what our brain can store. And H. Jonas concludes: «The simple truth of our finiteness is that we could, by whatever means, go on interminably only at the price of either *losing* the past and therewith our real identity, or living *only* in the past and therefore without a real present»[22]. To conclude, with the desire for unlimited health (life-extension, age-retardation) the woman will loose both: happiness and self-identity. Therefore, the woman as a human being cannot gain highest subjectivity and happiness by a passive overpowering of his nature consisting in the biological and mechanical changes of the body.

2) The woman between biological function and significance

One has to acknowledge that most of the special female biological functions are somehow connected with constitutive strivings for personal good and therefore cannot just be looked upon as purely biological functions such as, for example, digestion[23]. The question regards if the female biological functions connected to sensitive striving are just organic aspects or if they are an integral and constitutive component of woman's identity as an ethically acting subject. Indeed, many medications and devices concerning the woman's health on menstruation, procreation, and fertility are listed under lifestyle medicines. Lifestyle drugs are defined as medications used for non-health problems or for conditions that lie at the boundary between a health need and a lifestyle wish[24]. This means that these drugs are used for conditions which find themselves at least at the boundaries between function and direct personal meaning. The medical interventions itself find themselves between medicinal / technical procedures and human acts which co-define by their content human existence and potential human existence as an ethical perfection[25]. It is clear that by the availability of treatments a lifestyle wish can be converted into a health need thus turning the woman into a body machine which has to function just for pleasure (in the case of contraception), just for reproduction (in the case of hormones for *in*

Many medications and devices concerning the woman's health on menstruation, procreation, and fertility are listed under lifestyle medicines

vitro fertilisation) or just to be forever young and beautiful.

The description above reminds us of the Cartesian and post-Cartesian model, which has shaped much of our modern thought « that the spiritual powers of the human *suppositum* make use of the body "for their purposes"»[26]. This dualistic view of man according to Descartes reduces human identity to the *cogito* resulting in a scientific and methodical manipulation of original practical experience. But in reality, I am not divided into a body and a spirit. I do not have my body, but I am my body[27]. Does man have the right to determine the meaning over the nature which he is himself[28]?

In this context it may be interesting to look at contraception as the first example of systematic medicalisation. The encyclical *Humanae Vitae* has a prophetic significance for the challenges of medicalisation, which involve not just procreation, but all the different social and individual issues of man. The problem is not the artificiality of the medications (otherwise pain medication and antibiotics would also be unethically). The problem lies in the confusion of biological function and significance. Many lifestyle drugs do not only repair a simple biological function (like antibiotics, anticoagulants, etc.) but they also interfere with the significance or meaning of a biological function which makes us to be specific human. This point of view provokes not just an instrumentalisation of the procreative dimension of woman and her sexuality, but it promotes instrumentalisation of human life in general[29]. This medical approach questions the personal wholeness instead of supporting it. In this sense, the goal of the WHO definition of health which stresses the unity of the body and the self has failed. Why did it prevent the respect for man's unity? The commission which created the definition obviously believed that human issues like lifestyle and sexuality «belong to the "object world" of man – to the condition of "nature" in which man "finds himself", and with which he [...] associates, which he "uses" or "makes useful"»[30]. However, as Rhonheimer states, it is very different: «[...] sexuality (as an aspect of human bodiliness) belongs to the personal "subjective dimension" of man (to the "I"); it is therefore an integral and constitutive component of the human being's identity as a morally acting subject [...]. Sexuality is meant not as "object", but rather as the bearer, and subject, of responsible action»[31].

By simply taking a pill we are able to pursue the goals of better children, superior performance, ageless bodies, or happy souls

This statement is true not only for contraceptives, but also for medications used for *in vitro* fertilisation, used for age-retardation, and of course for techniques like cosmetic surgery. All these techniques can be reflected in the light of the contrast between "object" and "subjective dimension" because they turn the woman with all her dynamism into an object or even product.

3) The woman between the passive satisfying and the active satisfactory life

The major idea leading to the WHO definition of health was a fervent faith in the possibilities of medical science and technology. This trust into unlimited progress of medicine was empowered by the development of powerful antibiotics and pesticides during the Second World War. Science would provide a therapy not only for physical disease but it could cope with every need[32]. How should we achieve these needs? The achievements of today's biotechnology and medicine promise that one's aspirations to needs concerning body and spirit could be satisfied by a drug in a quick, consistent, and cost-effective manner. By simply taking a pill we are able to pursue the goals of better children, superior performance, ageless bodies, or happy souls. Biotechnology offers powers that potentially affect the capacities and activities of the human body, of the mind and soul, and the shape of the human life cycle, at both ends and in between. These are the powers to prevent fertility and to promote it; to begin human life in the la-

boratory; to enhance muscle performance; to alter memory, mood, appetite, libido, and attention through psychoactive drugs; and to replace body parts and soon to prolong the maximum human life expectancy.

This all can be gained without our own activity. By their faith in biotechnology people are conditioned to *get* things rather than to *do* them. These medications provide us feelings separated from living, experiences without responsibility, inner sensations apart from all external relations, and the feeling of happiness apart from leading a good life[33]. One may be reminded of Robert Nozick's «Experience Machine»[34]. It is a kind of tank in which one can be plugged in to electronic devices which stimulate one's body and brain to receive any experience or function one chooses. The only stipulation is that one must stay in the machine for the rest of his life.

It is like a "holiday from reality" made possible by a pill, which represents the electronic device plugged in to get a joyful experience without facing consequences or reality. Not only that this kind of well-being is not the consequence of the woman's own actions but life style remedies keep and even force women to be impassive in the face of things that ought to make them act, react, inspire, outrage or trouble[35].

At stake is the woman's creative power that may be called a symbol of the human creative inclination especially in the modern world, where «the creative genius... has taken refuge into the woman»[36]. She is captured by the society's desire for more fun and pleasure and left alone with the societies' advice that a medical product is always ready to manipulate her body's function and to silence her conscience even when human life is at stake. Responsibility and conscience are substituted by medical products. Today's society and governmental decisions may remind us of Shakespeare's Macbeth as he asks his doctor to free Lady Macbeth from haunting memory of her guilt.

«Macbeth: Canst thou not minister to a mind diseas'd, / Pluck from the memory a rooted sorrow, / Raze out the written troubles of the brain, / And with some sweet oblivious antidote / Cleanse the stuff'd bosom of that perilous stuff / Which weighs upon the heart?» [37].

But do we really want happiness and pleasure without responsible activity? It is quite a common illusion that what we want and desire is not to engage in activities, but simply to receive passively experiences and feelings. It seems somehow convenient for us to think that we want to get a pleasurable experience without any activity[38]. Aquinas tells us that *beatitudo* must be itself an activity and it is in the proper activity that a thing reaches its perfection. To understand the difference between a passive experience or a sensation and activity better, one has «to discover that it is not the *satisfying* but the *satisfactory* life that we really want. By "satisfactory" (etymologically) the sufficiently (*satis*) made (*factum*) life is meant, the life which in actual *fact* is fulfilled»[39].

But do we really want happiness and pleasure without responsible activity?

But is not avoiding the pain, troubles, efforts and possible consequences of our own actions by controlling our body and mind with a simple pill a very progressive view of achieving health? Are our lives not lived for avoiding pain and for maximising pleasure? Do we not get the most pleasure by directly intending it? No. «Pleasure always slips from us, when we directly intend it. The result is frustration and incapability of joy»[40]. Therefore, «fulfilment by simple pleasure and true fulfilment of life exclude each other»[41]. There exists a unity of the accomplishment of the inclination to happiness and the creative power[42]. To reach happiness we aspire to do something, which satisfies our desires and wants and is therefore pleasurable. We enjoy because our desires are satisfied. Is then pleasure something we have to avoid? Is the pleasure of good health not a correct and important goal? Yes, but we must note that pleasure, good activity and happiness fall together[43]. That means that we have not only the feeling of well-being, but well-being itself. We desire

not just to be satisfied, but to have this satisfaction as a result of our own actions. We want to live truly. We are happy not because a medication provides us well-being, but because we did and achieved something. Satisfaction is achieved by our will and not by a medical technique which disconnects our will from our body. Therefore, the medicalisation of the woman's life does not only exclude true fulfilment of life, but questions also her autonomy.

4) The woman between societies' commercial control and autonomy

The WHO definition is a kind of consensus that includes as its final goal a perfect world situation for health. The perfect situation of health is seen simply on the natural level, as a consequence, as an incident. Indeed, health itself can be only seen as a physical incident. But the goal of a complete physical, mental and social well-being includes free choice of means to achieve this goal. It includes human acts which always have the characteristics of responsibility and voluntariness and therefore ethical character. The definition is characterised by a kind of «negative responsibility» because it does not matter *how* and by whom optimal health is achieved. The important thing for the definition seems to be the consequence[44]. From this follows that the good of the individual person is simply not considered[45]. Therefore, that optimal health "*ought to be*" created by the experts can find itself in contrast to the intention of the individual self. The possible conflict between individual and community interests arises because optimisation of consequences – in this case of health – always implies a commercial calculation. This does not just mean that one must sometimes estimate the risks and benefits of a health care intervention, but that one takes the point of view that the benefit/profit must be achieved for society as a whole. Therefore, the calculation of profit for all seems to be an ethical justification[46]. Indeed, the pursuit of the utopian promise of perfect health has converted many patients into drug consumers. This makes people believe that they can choose freely their own medications and lifestyles and that they can construct their own individuality and identity. However, without realising it, the consumers of drugs have given corporate marketers free reign to take control of their freedom of choice[47]. A utilitarian focus on perfect consequences opens the door for marketing driven innovation of drugs of pharmaceutical companies, which perfectly link their marketing strategies like disease awareness campaigns to the ethical objective of helping the whole world. How can women's self-determination and autonomy be deceived? I suppose that the reason must be found in how our will relates to our reason. In choosing the lifestyle by a drug (e.g. contraceptives) they may say: "This drug is good, because I want it" or "This drug is good, because by taking it I am in control of myself". This happens when the will refuses to agree to the truth that something is not good, which is known by reason[48]. Obviously it is pride which is identified with freedom of the self. If the will agrees to the true good known by reason we say to ourselves: "I do not want the drug because it is not good/because it is bad". We can say that we do not want something resulting from the double freedom of the will: «First the "freedom of specification"; it is identical with the openness of reason itself. In this sense the will is as free as the reason, which is "open to many things" [...]. Secondly, the will possesses the "freedom of performing/acting" as far as he is master of his own wanting»[49]. The "freedom of performing" is the reason, why the will can say "I do not want" against the truth known by reason. Although this is an act of free will, it is not the realisation of freedom as freedom is based in reason. In pride "that I can control myself" the true freedom based on the true good known by reason is substituted by an empty self-determination[50].

A utilitarian focus on perfect consequences opens the door for marketing driven innovation of drugs of pharmaceutical companies

The will is however crucial in a second sense: The will is also the master of our desires and passions as far as it can influence the judgment of reason by these strivings. The will can choose directly a desire. However, if the will and therefore the desires are not ordered by reason, there is no real autonomy of a subject, because the subject is then a slave of his impulses and desires. And this is what the marketing of medicalisation and perfect health counts on and plays with – that human beings are characterised by limitless, but insatiable needs, wants, and desires. This is a belief which is commonly associated with "free market"[51]. The market plays also with another emotion – the anxiety of not conforming with the norms of society.

But does acting according to a norm already mean that we are not acting autonomous? No, of course not. We must have insight into what ought to be done towards the good, in accordance with our directed actions. Rhonheimer calls this insight in addition to personal autonomy «a *dominion* and a *potestas* based upon reason and free will, "personal autonomy of the ought"»[52, 53]. Therefore, women taking contraceptives, deciding for *in vitro* fertilization or for techniques on age-retardation are not really acting autonomously. Their will has been substituted by a technique. Self-determination and real self-control become superfluous. As autonomy is an important prerequisite for human happiness, the WHO's aims are a contradiction in themselves. An urgent response by society and by courageous women is needed to work for real happiness, the good of the woman, and the good of life.

Possible answers at the light of virtue ethics

The exercise of prudence is a prerequisite for the reflection and judgement of the objective reality.

Thoughtlessness and negligence of the society, but especially of the health professionals and the media should be encountered by objective information on the medical effects of lifestyle drugs. It must be stressed that the wish for an extensive lifespan or a child by *in vitro* fertilization (IVF) can falsify the truth of facts. For instance, IVF can be only performed by the women's stimulation with very high doses of hormones which may even result in the woman's death. Furthermore, it always results in surplus embryos and their death. But it is especially *providentia* which is required for the decision making process. It is the practical certitude from experience and instinctive estimation which is still a part of the woman's *conscientia* that has been silenced by marketing strategies and the confusion of responsibility through the avoidance of consequences by a technique. *Astutia* can help to avoid the often very subtle means that deceive the woman endangering not only her physical health but also her self-identity. The hidden tactics is profoundly unjust as it reduces the woman to an object. The *bonum utile* and not the *bonum honestum* is the aim of the marketing of lifestyle medicine.

The woman's identity, significance, autonomy and happiness will not be achieved by the medicalisation of her life but by respecting her creative vocation in body and spirit

Rendering what is due to women, the simple characterization of *justice*, should be an inalienable right in western democracy. It is the government's task to secure distributive justice and to be impartial. The promotion of lifestyle medicine like "emergency contraception" by politicians and regulatory authorities profoundly hurts woman's dignity by reversing her creative life-giving vocation to become an object of superficial wishes. It is the task of the government, the task of society, but especially the task of man to respect the woman's personality as a whole.

The medicalisation of the woman's life also challenges *fortitude* especially that of the health professionals. They have to resist the temptation to diminish the woman's good through commercial pressure or even unjust legislation. For some of them, such as Austrian pharmacists, even the freedom of

conscience is at stake because their conscientious objection is not protected by law. In societies where health care systems are increasingly rationing health services to patients, medical technology must be used for the good of the patient and not for a lifestyle wish even if the wish is a child provided by IVF. Therefore, *temperance* is a challenge for health professionals, for the government and of course for the women themselves.

In conclusion, the woman's identity, significance, autonomy and happiness will not be achieved by the medicalisation of her life but by respecting her creative vocation in body and spirit. Only then the woman will be truly autonomous.

NOTES

[1] World Health Organization, «Emergency contraception», in *Fact sheet*, 244 (2005). www.who.int/mediacentre/factsheets/fs244.

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[7] Cfr. J. Aronson, «When I use a word... Medicalisation» *British Medical Journal*, 324 (2002), 904.

[8] www.who.int/reproductive-health/

[9] Cfr. L. R. Kass, «Ageless Bodies», in *Beyond Therapy. Biotechnology and the Pursuit of Happiness. A Report of The President's Council on Bioethics,* ed. L. R. Kass (Washington, D.C.: 2003), 188; http://bioethicprint.bioethics.gov/reports/beyondtherapy/.

[10] Cfr. A. Dillin, D.K. Crawford, and C. Kenyon, «Timing requirements for insulin/IGF-1 signaling in C. elegans» in *Science,* 298 (2002), 830-834.

[11] Cfr. H. Jonas, «The Burden and Blessing of Mortality», in *Hastings Center Report,* 22 (1992), 34-40.

[12] E. Friedell, *Kulturgeschichte der Neuzeit. Die Krisis der Europäischen Seele von der Schwarzen Pest bis zum Ersten Weltkrieg*, Diogenes Verlag, Zürich 2009, 93. "Überall, wo sich Neues bildet, ist Schwäche, Krankheit, Dekadenz. Alles, was neue Keime entwickelt, befindet sich in einem scheinbaren Zustand reduzierten Lebens: die schwangere Frau, das zahnende Kind,…".

[13] Cfr. H. Jonas, «The Burden and Blessing of Mortality», in *Hastings Center Report,* 22 (1992), 34-40. Cfr. *Ibid.*, 35.

[14] Cfr. *Ibid.*,36-37.

[15] Cfr. A. Musaro, K. Mccullagh, A. Paul, L. Houghton , G. Dobrowolny, M. Molinaro, E. R. Barton, H. L.Sweeney, and N. Rosenthal, «Localized Igf-1 transgene expression sustains hypertrophy and regeneration in senescent skeletal muscle», in *Nature Genetics,* 27 (2001), 195-200.

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[21] H. Jonas, «The Burden and Blessing of Mortality», in *Hastings Center Report,* 22 (1992), 40.

[22] Cfr. M. Rhonheimer, *Natural Law and Practical Reason. A Thomist View of Moral Autonomy,* Fordham University Press, New York 2000, 120.

[23] Cfr. D. Gilbert, T. Walley, and B. New, «Lifestyle medicines», in *British Medical Journal*, 321 (2000), 1341.

[24] Cfr. M. Rhonheimer, *Natural Law and Practical Reason. A Thomist View of Moral Autonomy,* Fordham University Press, New York 2000, 120.

[25] M. Rhonheimer, *Natural Law and Practical Reason. A Thomist View of Moral Autonomy,* Fordham University Press, New York 2000, 124.

[26] Cfr. M. Rhonheimer, *Natural Law and Practical Reason. A Thomist View of Moral Autonomy*, Fordham University Press, New York 2000, 124.

[27] Cfr. *Ibid.*, 83.

[28] Cfr. M. Rhonheimer, *Natural Law and Practical Reason. A Thomist View of Moral Autonomy,* Fordham University Press, New York 2000, 123.

[29] M. Rhonheimer, *Natural Law and Practical Reason. A Thomist View of Moral Autonomy*, Fordham University Press, New York 2000, 123.

[30] *Ibid.,* 124-125.

[31] Cfr. D. Callahan, «The WHO definition of

health», in *Hastings Center Studies,* 1 (1973), 79-80.

[32] Cfr. L. R. Kass, «Ageless Bodies», in *Beyond Therapy: Biotechnology and the Pursuit of Happiness*, The President's Council on Bioethics, Washington, D.C., (October 2003), Ch. 5, 5; http://bioethicsprint.bioethics.gov/reports/beyondtherapy/chapter5.html.

[33] Cfr. R. Nozick, *Anarchy, State and Utopia*, Oxford University Press, Oxford 1974, 42-45.

[34] Cfr. L. R. Kass, «Happy Souls», in L. R. Kass (ed.), *Beyond Therapy. Biotechnology and the Pursuit of Happiness. A Report of The President's Council on Bioethics*, Washington D.C. 2003, 243-250; http://bioethicprint.bioethics.gov/reports/beyondtherapy/.

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[36] W. Shakespeare, *Macbeth*, Reclam, Stuttgart 2000, 101.

[37] Cfr. H. Mccabe, *The good life. Ethics and the Pursuit of Happiness*, Continuum, New York-London 2005, 49-50.

[38] *Ibid.,* 51.

[39] "Die Lust entgleitet uns immer gerade dann, wenn wir sie direkt intendieren. Das Ergebnis ist Frustration und Unfähigkeit zur Freude" (M. Rhonheimer, *Die Perspektive der Moral. Philosophische Grundlagen der Tugendethik,* Akademie Verlag, Berlin 2001, 71).

[40] J. Messner, *Widersprüche in der menschlichen Existenz. Tatsachen, Verhängnisse, Hoffnungen*, Verlag für Geschichte und Politik; Oldenbourg Wissenschaftsverlag, Wien, München 2002, 138: «Lebenserfüllung durch bloße Lustwerte und wesenhafte Existenzerfüllung schließen einander aus».

[41] Cfr. J. Messner, *Widersprüche in der menschlichen Existenz. Tatsachen, Verhängnisse, Hoffnungen*, Verlag für Geschichte und Politik; Oldenbourg Wissenschaftsverlag, Wien, München 2002, 138.

[42] Cfr. M. Rhonheimer, *Die Perspektive der Moral. Philosophische Grundlagen der Tugendethik,* Akademie Verlag, Berlin 2001, 72.

[43] Cfr. *Ibid.,* 342-344.

[44] Cfr. *Ibid.,* 346.

[45] Cfr. *Ibid.*, 351.

[46] Cfr. K. Applbaum, «Pharmacetical Marketing and the Invention of the Medical Consumer», in *PloS Medicine,* 3 (2006), 189.

[47] Cfr. M. Rhonheimer, *Die Perspektive der Moral. Philosophische Grundlagen der Tugendethik,* Akademie Verlag, Berlin 2001, 157-160.

[48] «Erstens die „Freiheit der Spezifizierung"; sie ist identisch mit der Offenheit der Vernunft selbst. In diesem Sinn ist der Wille genauso frei, wie die Vernunft „auf vieles hin offen" ist [...]. Zweitens besitzt jedoch der Wille die „Freiheit der Ausführung", insofern er eben sein eigenes Wollen in der Hand hat» (*Ibid.,* 159).

[49] Cfr. *Ibid.,* 160.

[50] Cfr. K. Applbaum, «Pharmacetical Marketing and the Invention of the Medical Consumer», in *PloS Medicine* 3 (2006), 189.

[51] M. Rhonheimer, *Natural Law and Practical Reason. A Thomist View of Moral Autonomy,* Fordham University Press, New York 2000, 196.

[52] Cfr. M. Rhonheimer, *Natural Law and Practical Reason. A Thomist View of Moral Autonomy,* Fordham University Press, New York, 2000, 195-197.