

In this issue:

- Healthcare Yes! NHS No!
- Are politicians always as bad as they're made out to be?
- On sterile bureaucracies and suffocating law.
- Biometric ID cards: Even if they weren't wrong, are they even practical?

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'Skoolnozpitals'

A large part of this issue is taken up with one of the longest articles published in *The Individual* in recent years: Dr Robert Lefever's 'Independent Healthcare'. The article is based upon material that, amongst other things, Dr Lefever sometimes uses in public talks such as the one that I heard him deliver at the Institute of Economic Affairs on the 6th May 2004. The SIF is proud to publish it in this format.

Polling evidence indicates that the public considers healthcare to be one of the most important issues facing this country. Yet, with few exceptions, both they and almost all politicians demand or offer the same prescription: more public money for—or 'greater investment in', to use the modern-day weasel phrase—the NHS. Besides describing his own experiences working in both State and private healthcare, Dr Lefever questions and refutes the very idea of collectivist/socialist healthcare. The NHS—like its partner-in-crime State-sector education, hence the familiar refrain of 'skoolnozpitals'—has beguiled the public for too long. To borrow a phrase, if we *really* care about healthcare and education then it is a spell that *must* be broken.

I have a small piece of cheering news to report. Being an 'activist' in smallish voluntary organisations such as the SIF can be a thankless task and its rewards largely solipsistic. It was there-

fore pleasing to have extracts from *The Individual* read out in the House of Commons.

On the 30th April 2004, there was a debate in the House at the second reading of the Criminal Justice (Justifiable Conduct) Bill, a private member's Bill brought in by Mr Roger Gale, MP for Thanet North. How this Bill came about is itself interesting. It followed a poll of listeners of BBC Radio 4's *Today* and was probably not what the producers of that programme were expecting! In a nutshell, the proposed law would have allowed householders the right to take almost unlimited action in defence of their homes. For obvious reasons, it became known as the 'Tony Martin law'. During the debate, Mr Gale found it helpful to quote from Robert Henderson's article 'The Right to Self-Defence' that was published in the February 2003 issue of *The Individual*. In addition, Mr Gale was ably supported by the Rt. Hon. Mr Eric Forth MP who has hosted an SIF luncheon at the House of Commons.

I note in my own article in this issue that our commonplace cynical view of politicians may not *always* be justified. Surely this is more proof!

Nigel Meek

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INDEPENDENT HEALTHCARE

Dr Robert Lefever MA MB BChir ARCM

Introduction

In 1970 I created the first NHS group practice in the South Kensington area. I believed in the NHS. I was a politically active member of the Labour Party. I was on the Inner London Local Medical Committee of the British Medical Association. I was the education secretary of the South London faculty of the Royal College of General Practitioners.

Within ten years, after a total of sixteen years working for the NHS, I was back in single-handed practice, exclusively in private practice and a member of nothing other than the Libertarian Alliance, a forum of like-minded individualists. I had tried the State system of healthcare, giving it all my energy and commitment, and I found that, for all its seemingly wonderful ideals,

it did not work in practice. This is what I wrote at that time:

The Philosophy of the NHS is Wrong

The philosophical ideas upon which the National Health Service is based are wrong. It is not lack of finance that has destroyed the NHS as an instrument of health care. Nor is it faulty organisational structure. Nor is it over-administration. It is the ideas that are wrong. Over a generation we have seen the provision of health care in the United Kingdom degenerate into a free and comprehensive rotten shambles.

Any system of health care—or any enterprise whatsoever—is only as good as the ideas upon which it is based. However much one tinkers with the organisation and however much money one spends, the end result of any venture will be disastrous if the original ideas were unsound. After a generation it is surely due time to sit back from the day-to-day hustle and bustle of the NHS, leave the bickering and bantering and make a fundamental re-assessment of our ideas.

Could it be that the basic concept that the State can be compassionate is so utterly wrong as to be laughable? If it is wrong then it would certainly take only one generation to change a sincere profession into a money-grabbing rabble.

The ideas upon which the NHS is based are:

1) The State should take over ultimate health

care responsibility from the individual.

- 2) Resources should be distributed according to need.
- 3) Services should be free at the time of need.

It is these high-sounding ideas that have brought the practice of medicine to its disgraceful state today. Is it disgraceful? Yes, of course it is, considering what it costs. Every year the NHS costs

progressively more for every man, woman and child in the population. The service they get is not worth the money. I do not need to document the condition of our hospital buildings, the pitiful lack of general availability of specialist equipment, the painful and dangerous

years on waiting lists for hospital admissions, or the sad state of general practice in cities, where

most of the population live. All this has been documented by others and the current evidence and future prospects are gloomy.

When we look at special fields, such as the care of the elderly, the picture is frankly horrific, even when we know that the problems of care for the elderly will present our greatest challenge in the future. And yet this is the NHS that costs thousands of millions of pounds every year, which is still held by some to be the envy of the world and whose basic philosophical principles are still thought to be right even by the many millions of people who know in their minds, if not in their hearts, that the NHS has failed in practice.

The philosophical inertia in any society is considerable. It is part of the strength of a society that ideas bind it together. It is a tragedy, however, when a religious fervour of biased opinion infects science. The fundamental idea of any scientific discipline should be that one's concepts must be malleable according to observations. If we see that something does not happen in the way that we thought it should, then we have to change our ideas. Religious belief is by its very nature the opposite concept to scientific discipline. A religion does not assess evidence, nor does it actively and enthusiastically search to disprove its most cherished tenets. But science does—and must, or else it dies.

It is this quasi-religious fervour that is destroying the scientific basis of the NHS. No scientific idea



LA Director Dr Chris Tame presenting Dr Robert Lefever with the LA's 'Liberty in Action' award in November 2003

"The fundamental idea of any scientific discipline should be that one's concepts must be malleable to observation."

can afford to be inviolate. We must re-examine even our most basic ideas or perish.

I say again: it is the ideas of the NHS that are wrong. Ultimately even the central philosophical concept of altruism is wrong. We are not our brothers' keepers and we must not be—we diminish them if we try. Moreover, any State system that tries to enforce compassion becomes in time veritable hell on earth. As Ayn Rand says: "The difference between a Welfare State and a Totalitarian State is merely a matter of time."

True compassion can only be individual. If I choose to help you then that is my affair. If I leave you to rot that is also my affair—but I shall pay the consequences of that. If I want a compassionate society then I have to earn it through my actions for others. By contrast, the State can never be compassionate: it takes from those who resent giving and gives to those who come to believe that they have a right to the product of the lives of others. Moreover, when A gives the life of B for the benefit of C, but A expects the credit for himself or herself, this is the essential prerequisite for totalitarianism and this is precisely why Ayn Rand is right.

Who says that I cannot reduce human life to algebra? Indeed I can and shall. To judge from limited personal observation but also from the medical and national press, the NHS is an increasing shambles, our doctors are becoming increasingly bitter, and the population is increasingly conned into thinking that in general it demands too much. I say the opposite—it demands too little! It is the Capitalist in me who demands and expects to give value for money. It is the scientist in me who demands that I challenge the ideas and in turn throw my own ideas open to challenge. In the process I may need to use a mathematical model as an example—but I vow never to close my mind to the extent of merely reiterating politico-religious beliefs.

So now let us re-examine the ideas upon which the NHS is based, let us list the inevitable consequences of these ideas and let us look around us to see if this theoretical model of the NHS, and its end result, are valid in practice. If it is a true representation then we simply must throw out the ideas before further damage is done.

- 1) If the State takes over ultimate health care responsibility from the individual then:
 - a) Individuals come to think that they have rights, and hence can demand a service without at the same time having to recognise that the service is inevitably the product of the life and work and integrity of someone else.
 - b) Any thinker who allows himself to be the property of someone else ceases to think. A doctor who allows himself to

become merely a unit in the State provision of health care, rather than someone responsible for his own philosophical and mental integrity, is not worth asking the time of day let alone his opinion on a clinical or personal problem.

- c) People assume that the State will care for the less fortunate. When presented with evidence that it does not do so, they complain that it should—but do not feel obliged to take any positive helpful action themselves. Thus the State is the cause of the Inverse Care Law, whereby those most in need of help are least likely to get it. The State creates a cruel, arid, uncaring society that smothers individual compassion and human charity. The State cannot be relied upon to produce responsible clinical care at the time that it is needed. A true sense of commitment can only be the product of an individual mind and personal philosophy. It can never be instilled by rules, regulations and committees, nor even by Royal Commissions.

- 2) If resources are distributed according to need then:

- a) People compete to establish their need rather than their capacity to do well on their own account. The individual demands his so-called "rights" without any thought that it is at another's expense. The corporate body, answerable for its expenditure of public funds, spends its budget up to the hilt—or even over-spends regardless of the needs of others—so that it can demand the same again or more the following year.
- b) Little attention is paid to the capacity of the recipient to benefit from the resource. An absolute need may be totally unchanged even after all the resource has been devoured. Meanwhile, someone else with a lesser objective need is left with no possibility of the benefit that could have been his or hers because the resource has in effect been squandered.
- c) Scientific assessment of benefit takes second place to the repetitive, mindless, arrogant hollerings of political pressure groups.

**"True compassion
can only be
individual."**

- c) The proponents of the system point to a few people who have been dramatically helped “at no cost” and:
 - i) Play on the fear or pity of their listeners—and in doing so make them into supplicant pawns.
 - ii) Disregard what is happening in general rather than in particular.
- d) The State comes in time to be thought to be indispensable and with that goes every last individual freedom.

It is my own view that this theoretical model of the NHS is true in practice. There is no point in spending more time and money on it. As with any failing enterprise, more expenditure of time and money simply causes it to fail even more dramatically. If the ideas and principles are wrong, the practice will inevitably fail. We should scrap the entire National Health Service before it causes even more suffering than it has already. In its place we should have nothing whatever other than private practice and private charity and the principles of competition and paying for quality.



I have seen no reason to modify these ideas since then. Far from it. In recent years the NHS has had billions of pounds “invested in it” (taken from taxpayers) and its staff have increased in numbers (clinicians more than administrators) yet it still doesn't work—for the very reasons that I spelt out in 1980. Correspondingly, I have seen no reason from practical experience to modify the views that I put forward in another article that I wrote at that time:

Paying For Quality

The Inverse Care Law states that “The availability of good medical care tends to vary inversely with the need for it in the population served.” Those most in need of care are least likely to get it.

The corollary is the Direct Care Law, which would be that those who are least in need of care tend to get it at the expense of those who need it most.

It is only when put alongside its corollary that the Inverse Care Law is seen to be little more than a political Trojan Horse: the method by which principles of genuine concern and compassion for those most in need are subverted to the political ambitions of those who wish to have control over all. Those who invoke the Inverse Care Law would not be satisfied merely by action against the Direct Care Law. It would not satisfy them if care, specifically that provided free by the State, was restricted to those who need it most. Their intention is that there shall be no alternative to State care for anybody at any time. For them, the actual level of quality of care given to an individ-

ual is not as important in principle as that no other individual shall receive better, particularly not if it is paid for at the time of need. They know very well, however, that the only way to achieve equality of outcome is to damage the more talented, hinder the more industrious, and to make providers feel guilty rather than proud of their skill and hence develop a sense of corporate obligation rather than individual self-esteem. Statism is not an outward looking philosophy that seeks improvement at each and every opportunity, but a bitter creed that seeks to reduce all to the lowest common denominator.

Those who consider that I overstate my case may care to reflect upon the closing sentence of the original description of the Inverse Care Law by Dr Julian Tudor Hart (*Lancet*, 27 February 1971). “The more health services are removed from the force of the market, the more successful we can be in redistributing care away from its ‘natural’ distribution in a market economy; but this will be a redistribution, an intervention to correct a fault natural to our form of society, and therefore incompletely successful and politically unstable, in the absence of more fundamental social change.”

The Law of Infinite Resources would state that money comes from the money tree. It is upon this Law that the Inverse Care Law depends for its material and non-ideological foundation. But, of course, the Law of Infinite Resources is not true. Money has to be created: it represents units of work. Even natural resources have to be harnessed by skill and effort; they do not become a resource in the absence of the application of the mind of man. Inherited or other fortuitous wealth is soon lost by those who do not respect what it has taken to earn it. Financial resources, particularly those confiscated in the form of taxes by Governments, should be respected. State money should be spent wisely and carefully in acknowledgement that the State has no resources of its own other than those produced by the labour of its subjects. State money carelessly or casually thrown around shows a disrespect for the life and labour of the men and women who created it. Money is a philosophical indicator: the attitude of any man or woman towards money and what it represents will indicate his or her attitude towards the value of his or her own life and the value of the lives of other people.

The provision of health care should be a business, much like any other. The successful businessman takes care of his staff, he pays them well and he appreciates them for the work that they do. He takes care of his customers, knowing that his future livelihood, and the continued employment of those who depend upon the business that he created, all depend upon the satisfaction of his customers. If he fails to look after his staff and his customers, or if he fails to react to changes in the needs of his customers, then he will go bankrupt

“The provision of health care should be a business, much like any other.”

and lose his business and deserve to do so. He goes bankrupt unless, of course, he has friends in Government who agree with him that his business is an essential business and that his unprofitable enterprise should be subsidised at the expense of others, thus, in turn, making it more difficult for those other businesses to survive. The market-place may be cruel but it is infinitely more so when Government intervenes.

So it is with health care. It should be run as a business, selling a commodity. Each and every provider should be in direct competition with others. They should know, as any businessman knows, that if their prices rise above, or their standards fall below, those of their competitors then they will have to face the economic consequence.

Again, the intervention of Government, however well intentioned, is catastrophic. Despite falling clinical standards, the security of income and employment for doctors and staff tends to be given a higher priority by their various Trade Unions than is given to maintaining and improving the quality of care to patients. State Health Services become little more than an employment agency. The providers of medical services should not be immune from the pressures and risks of any market-place. Providers of inefficient, careless, expensive or impersonal services deserve to be put out of business by competitors.

Thus, paying for quality has the corollary that we should not pay for poor quality. Doctors, nurses, technicians, social workers, porters, cleaners and all staff associated with health care should have minimal security of tenure in their employment. The nature of their work is too important for manifest incompetence to be tolerated. Peoples' lives are at risk. Doctors and all health care professionals will inevitably make mistakes but we should no more tolerate an inadequate health care professional than we should tolerate a manifestly inadequate airline pilot. If, by its very nature, the State is incapable of being subjected to the forces of the open market, then the very least that the taxpayer and the patient deserve is that all employees of the State should be subjected to audit by peer review.

We hear daily that State Health Services are under-financed. This is not true. It could not be true. The aims of the State health and welfare services are not defined and never have been defined. Therefore, the resources allocated can neither be too small nor too large. The medical and allied professions have singularly failed in their responsibility to collect and publish data on the incidence of clinical and social conditions, the currently available methods by which these various problems may hopefully be alleviated, and the costs of doing so. If this were to be done it could then be a matter for public debate, and ultimately of Government decision, on which problems

should be dealt with by the State within any particular predetermined budget and which problems should be excluded. To make no exclusions, to refuse to draw any line, is simply unreal and requires the invocation of the Law of Infinite Resources.

Do those who clamour that our State Health Services are under-financed really care for those most in need? If so, let them define the needy, define the need and define the resources that can be shown specifically to alleviate each need. If they are not prepared to make those definitions then we can reasonably assume that their true interest is not in helping those most in need, but rather in keeping them needy as a focus of shame and discontent. They seek to undermine the self-confidence of our country and undermine the proportion of our national budget that we spend on defence of our traditional family values of self-reliance. In particular, they may seek to undermine the budget that we spend on national military defence against enemies who do not share our traditional family values.

The political platitude, "Resources should be distributed according to need", fails to define need and fails to determine the capacity of the recipient to benefit from expenditure of the resource. The person who determines need should be the person who possesses the resource, be it talent, material goods or the skill to manage and distribute services. Need should not be determined by the recipients or by their political henchmen: the beggars and grabbers who make the most noise are neither the best people to be aware of the needs of others nor are they likely to obtain the best results from the producers upon whom they depend. The necessary control upon the activity of producers is that they should be fully vulnerable to competitive forces and not protected with special privileges by Government or protected by special powers of corporate blackmail through the strength of their professional organisations or Trade Unions.

It is more practical, and less dreamily idealistic, to believe that talent and human compassion can both thrive when exposed to market forces than to believe that either could ever survive the lifeless uniformity of State control. It is also more probable that in human nature people will be prepared to care for others as well as for themselves, rather than instead of themselves. Our only defence against the historical inevitability of the future gulag is to be proud of ourselves as individuals and proud of the money that we earn through honest endeavour. We should reject all concepts of a something-for-nothing society. We should pay for quality and expect to get it. We should charge for quality and know that we must give it. We should acknowledge that private health and private education are the first rather than the last things that should be paid for by each individual

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and family.

Although children and the elderly are the largest users of our State Health and Welfare Services there is no reason to think that State facilities cannot be replaced by private. The State does not do all that it would like us to think it does. For example, the vast majority of elderly people live at home and either look after themselves or are cared for by their own families. We should do everything we can to encourage individuals and families to be self-supporting. If we need more Laws from Parliament, and I am generally in favour of less, then let there be a Family Protection Law to ensure that a man's earnings are paid direct to his family. It seems strange to me that the Law at present is more interested in what happens at death or divorce rather than in life.

But what of those who cannot afford to pay? Cannot afford to pay for what? For food? For clothing? For shelter? Sure, there are some who will never have the capacity to pay for any of these things and I would be only one among millions who would be more than happy to pay a proportion of my income (preferably to a privately run charity rather than to the State) to help these people not only to survive but to live in dignity.

But I am not inclined to fight a revolution on behalf of free cough syrups and minor tranquillisers for all. The unthinking universality of provision in our State Health and Welfare Systems does not concentrate on helping those most in need. I do not believe, for example, that my own family should be covered by State benefits of any kind, including mortgage and pension premium relief. We are more than capable of providing for ourselves and of insuring against future mishap or disaster, as, I suspect, will be the vast majority of people reading my words. We do not need State help: we should forgo it for the benefit of those who do.

Health Care is not a universal birthright. We should have a two-tier system in health care, the same as in everything else: one tier for those who can afford it and one for those who genuinely cannot. We already have means tests in our system of Inland Revenue taxation. The idea of extending the taxation system into negative taxation in order to distribute the financial benefit fairly is not a novel idea and it might possibly work satisfactorily as a replacement for our current taxation and welfare benefit systems. Giving money, rather than theoretical access to goods or services, has been shown to be a better method of achieving equal opportunity and outcome.

Thus, the definition of those who genuinely could not afford private health care, private education, and private housing (in addition to private food, private clothing and private entertainment, if we

are to be allowed to have any of these things privately) can readily be determined from their positive or negative taxation status. The poverty trap, like the taxation trap at the other end of the economic spectrum, is avoided through sliding scales of the positive and negative taxation system.

It should be remembered that the vast majority of tax revenue is raised from the most numerous Social Classes, II, III and IV (corporate taxation is, of course, handed on to the individual consumer in the form of higher prices) and these same social classes in return receive the vast majority of all State benefits. *The Black Report on Inequalities in Health*, perhaps the most politically scurrilous health document since the war, should have all its histograms re-drawn to take account of the size of each social class group. If this were to be done it could readily be seen that transferring wealth or other resources from social Class I to Class V may satisfy narrow political demands but it would achieve little else. Further, if the effect of the social class differences in cigarette smoking is also subtracted from the histograms of *The Black Report* then many inequalities in health might well disappear altogether. At best *The Black Report* is amateur: its quality is not worth paying for.

Then what is the point of the State taxation and welfare systems that do not rob Peter to pay Paul, which might almost in some circumstances be commendable, but rob Peter, muck about at great expense, and then give Peter back less than he could have bought for himself in the first place? The point, of course, is political. Both Peter and Paul are kept in the dark on the true costs of alternatives to State provision. They have to be made to believe that without State help they and their families would be diseased and destitute and would almost certainly die, lonely and uncared for. It is fraudulent to suggest that only with State resources which, even if not infinite, at least are taken from richer people than they, can Peter and Paul possibly survive. This whole charade simply is not true. It cannot be true. The State does not make money or any other resource: it spends it. With whatever level of resource the State begins, there must be less after the State has processed it.

With the exception of the sanitary Public Health Services (which remain the Cinderella of Health and Welfare Services, despite the historical perspective that over-all improvement in the health of the nation is more likely to come in the future, as in the past, from this discipline rather than any other), the only possible theoretical justification for State Health and Welfare Services is the redistribution of resources so that those most in need of help and most capable of benefiting from that resource should be those who receive it. This the State singularly fails to do. Even *The Black Report* admits that.

“But what about those who cannot afford to pay? Cannot afford to pay for what? For food? For clothing? For shelter?”

The solution should not be more State intervention but less. Peter and Paul should be left to look after themselves. The arrogance of those who assume that either Peter or Paul is a complete duffer, and would not know how to look after himself, is quite astounding. They are similarly arrogant in their assumption that nobody would look after those who have no capacity to look after themselves. The evidence is to the contrary: even with all our State provision today it is the Salvation Army and other private charities that truly help those most in need and whom the State pitifully neglects.

We should not forget that private charity built and ran many of our great hospitals and medical institutions before the



Three wise men: Doctors Tame, Lefever, and Gabb

State moved in. There is no shortage of private concern and compassion in our society today. The non-political aspects of the Inverse Care Law itself give evidence of individual concern for the socially and financially disadvantaged members of our society. There is no reason to believe that this concern is rare in our Society and certainly no reason to believe that it must be channelled through the State. The indignity of being given State hand-outs, that have been unwillingly prised away from others in the form of taxation, is far more degrading than receiving willing gifts from private charities. More importantly, private charity gives credit rather than criticism to the giver or producer, upon whom all future economic production and welfare depends.

Nor should we forget the magnificent contribution to clinical medicine and to research made by the privately owned multi-national pharmaceutical companies. To give just two examples, the advent of anaesthetics and antibiotics has totally transformed medical practice and hence the quality and expectation of life. If there is thoughtless over-prescription of many drugs, this can only be the fault of the doctors who write the prescriptions, not the fault of the companies who make and market them.

We should look now to the USA, to the experience of individual free enterprise and also, as an example of alternative ideas to those at NHS, to the experience of new corporate ventures such as the with-profit Health Maintenance Organisations. An excellent description of these organisations and of the implementation of many other ideas in the delivery of health care throughout the world is given in the book *The Public/Private Mix for Health*, (edited by Gordon McLachlan and Alan Maynard, and published by the Nuffield Provincial Hospitals Trust, 1983.) In Health Maintenance Organisations, general practice and hospi-

tals work closely together and the clinical and financial interests of insurer, doctor and patient move in the same direction towards early and accurate diagnosis and treatment.

Many of these organisations extend their insurance cover to include dependants, be they old or infirm, chronically sick or disabled, schizophrenic, alcoholic, unemployed or whatever: the State is not indispensable—there are alternatives.

I suggest that we should re-examine the ideas of our State Health and Welfare Systems—and incidentally, also our existing private medical system which is largely parasitic upon the State system—and start again with clear

ideas of what we are trying to achieve and of how it can be done. We should begin by adopting the prime principle of Capitalism: paying for quality.



I left the Libertarian Alliance¹ when I came to recognise that some personal behaviours in some people are not free choices but are compulsions or addictions. I believe that the individual afflicted with these (probably genetically inherited) conditions are totally responsible for their behaviour in so far as it affects other people but they are not responsible for being depressed or being addicts as such.

This was also the basis of a further break between me and the State. In the NHS these patients tend to be looked after very badly. They tend to be drugged out of their minds with pharmaceutical substances, patronised or even punished with cognitive behavioural therapy or analytical psychotherapy (often in its abbreviated form of cognitive analytical therapy) and generally neglected and even despised. Yet this population has a fearful risk of suicide and of developing cancer (though nicotine addiction), heart attacks and strokes (through alcoholism, nicotine addiction and eating disorders), accidents and serious infections and overdoses (through alcoholism and drug addiction) and other desperate diseases affecting every body system and having widespread effects in social, educational, financial, marital and professional life. But still the NHS, even to this day, focuses on treating the end results rather than trying to accept and redirect the underlying genetic influence.

Experience as a Private-Sector Doctor

In 1986 my wife Meg and I re-mortgaged our home and our medical practice properties and

“There is no shortage of private concern and compassion in our society today.”

built The PROMIS Recovery Centre, near Canterbury in Kent (www.promis.co.uk). Our son Robin now runs it alongside us. Our fundamental belief is that people with depressive illness and addictive disease (the two are synonymous, reflecting the clinical state before and after attempts at self-induced therapy) can be helped through the day-to-day behavioural changes of the Twelve Step programme first formulated by Alcoholics Anonymous. Our patients are able to fulfil their own individual potential, realise their dreams and avoid the medical and other consequences that might otherwise befall them.

In our experience of treating over 3,500 inpatients over the last 18 years, and a steadily increasing number of outpatients and juveniles in our new facilities in Kendrick Mews in South Kensington, we have observed that social and environmental changes are insufficient in helping depressed people to come out of their gloom or addicts to change their behaviour. Similarly, love, education or punishment (all appropriate at times in their own way) do not provide sufficient long-term prevention of progressive emotional decline or promotion of constructive and happy lives. Only continuing commitment to working the Twelve Step programme day-by-day provides their combined preventive and therapeutic effect. Furthermore, the Anonymous Fellowships, such as Alcoholics Anonymous, Narcotics Anonymous, Overeaters Anonymous, Gamblers Anonymous and Helpers Anonymous (for people with a progressive and destructive need to be needed), are generally widespread in their availability and are totally free and therefore no burden to the State or anyone else.

"We endeavour to set an example to the State system of healthcare and welfare..."

The purpose of the PROMIS Recovery Centre and our other facilities is to enable, through our educational and therapeutic programmes, a larger number of people to get better with the support of the Anonymous Fellowships that would otherwise do so. We endeavour to set an example to the State system of healthcare and welfare that these clinical conditions can be treated effectively and with respect for the dignity, safety and self-enhancing capacity of the patients and their families.

In all the PROMIS facilities we are independent of the State. We are independent of large corporations. We are independent of the private medical insurance companies. We depend upon nobody but ourselves, the personal supportive goodwill of our friends and the clinical satisfaction of our patients leading them to recommend other patients to us.

Notes

(1) But remained on very good terms! [Ed.]



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New Libertarian Alliance address!
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OF POLITICIANS AND MEN: TWO ARTICLES FROM *THE PSYCHOLOGIST*

Nigel Meek

A Passing Interest

When I went to university¹ in 1993 as a mature student I studied psychology rather than something more 'obvious' such as politics, sociology, or economics. If nothing else, one essay that I submitted in my final year became the first semi-serious piece of mine ever published.²

These days I spend more time with social research and political science and have almost no involvement in academic psychology. However, I maintain my Graduate Membership of the British Psychological Society.³ Amongst other things, Members of the BPS have access to the University of London's library at Senate House⁴ and get a subscription to the BPS's journal, *The Psychologist*. Although I have had my own run-in with that journal,⁵ there are occasionally articles of interest even to the non-specialist. Two recent essays caught my eye.

Against the Social Construction of Gender

The more recent of the two was by Professor John Archer, 'The Trouble with 'Doing Boy''.⁶ Very briefly, Professor Archer's essay is a critique of the radical feminist view that gender—and hence attitudinal and behavioural differences between the sexes—is wholly or very substantially the product of social conditioning. With reference to a range of empirically robust studies of both humans and higher primates, he argues that "...there are consistent patterns of masculinity across nations and history that can be understood from an evolutionary perspective, and that behavioural sex differences arise out of biological differences that are apparent early in development."⁷ He goes on to say that those who disagree with this can only do so "...through a denial of empirical evidence, an insistence on regarding anecdotes as evidence, and interpreting these anecdotes in an ideologically motivated way."⁸ He concludes by saying that "It is clear from history where such a belief system leads—to a rejection of empirical science in favour of ideologically motivated pseudoscience."⁹

I should note that this is not to deny that the social environment can and does have a profound impact on 'who we are' on an individual and collective level. Nor does an acceptance of this genetic input serve as a warrant for the continuance of illiberal social relationships that seem 'natural'—i.e. they have lasted a long time—such

as the undeniable historical repression of women. But, as I have argued before in this journal,⁷ who we are is an often uncertain mixture of nature, nurture, and free will. Any political creed—most infamously, Marxism⁸—that does not accept the 'material' with which it is working is nonsense from the start. Its practitioners are forced to rely on more and more coercion as their human 'experimental subjects' fail to live up to their lofty expectations.

Politicians: Defending the Indefensible?

If Professor Archer's essay looked at a rather profound issue, the earlier of the two articles looked at something more mundane but perhaps more immediately interesting. I am sure that most readers—even those connected with politics and who know politicians as personal acquaintances and friends—would accept that people tend to view those of that profession as not always trustworthy.⁹ Such a poor reputation is not helped by the evasiveness and lack of straight talking that they often demonstrate when under examination. In his article 'Slippery Politicians?'—note the question mark—Dr Peter Bull (somewhat) rides to their rescue.¹⁰

Dr Bull starts off by noting that there is apparently good evidence for the commonplace cynical view of politicians. He cites studies conducted during the 1990s of interviews given by leading politicians that indicated that they tended to give direct answers to questions less than half the time. The mean—i.e. the average—reply rate was only 46%. On the other hand, interviews with certain non-politicians who happened to be in the news at the time indicated that they tended to give direct answers over three-quarters of the time, and the mean reply rate was 79%. So far, so bad. And yet...

He asks the basic question: *Why* do politicians equivocate? In essence, it seems that it is often down to the techniques used by interviewers. Further research indicated that professional interviewers tended to use a high proportion of 'communicative conflict questions', i.e. ones that in some manner leave the interviewee with little more than 'lose-lose' response options which make them look bad whatever they say. Faced with this, politicians—like most people—wriggle. Moreover, research conducted during the 2001 general election, when at certain events members of the public as well as professional interviewers

"Further research indicated that professional interviewers tended to use a high proportion of 'communicative conflict questions'..."

could ask questions of leading politicians, indicated that *at the same event* the public posed a much lower proportion of communicative conflict questions and, unsurprisingly, elicited far fewer non-replies. Indeed, politicians gave relatively straight answers to questions put to them by members of the public in much the same proportion as the non-politician interviewees noted above.

(In passing, Dr Bull nevertheless notes that equivocation is probably an important political skill and that Tony Blair is a master of it. Indeed...)

In short, the public are poorly served by those paid to tease out the truth from politicians. In their attempts “to create a tough and challenging interview” professional interviewers often do worse than interested members of the public.

Going beyond Dr Bull’s article, we might go one stage further and ponder *why* do interviewers use such inappropriate techniques? Firstly, there is perhaps a ‘machismo’ attitude amongst many interviewers. This is manifested in a combativeness for its own sake irrespective of how useful it is to the task in hand. This is probably boosted by a self-belief that they—the interviewers—are actually more intelligent than the interviewees.

Secondly, consider this: in principle the primary job of interviewers, journalists, opinion pollsters, etc. is to ‘unearth the truth’. However, anyone acquainted with some working in these professions or who reads the many *opinion* articles that they now write for the newspapers quickly realises that this is often not at all what they are about. Far from being ‘mere’ reporters of politics, it is clear that many of them wish to be or actually already see themselves as political players and ‘opinion formers’ in their own right. Faced with a ‘real’ politician, they cannot *openly* put forward an opposing view of their own so they seek the next best thing which is to ‘knock’ the politician and make him or her look either silly or shifty. The line between journalism and politics is undoubtedly often very fine. However, too many reporters and their ilk—intelligent and educated men and women with opinions of their own—confuse these very different jobs.

Let’s be honest: many politicians *are* untrustworthy and resort to vacuous sound-bites, half-truths, and outright lies as a matter of routine! But sincere and rational political debate is not helped when they are often obliged to—at the very least—dissemble just to stop themselves looking like fools. Memo to interviewers: Stick to your job and stop trying to show off!

Notes

(1) The University of Westminster, in fact. It may not be the best university in the UK—

although it is one of the leading former polytechnics—but its location in the heart of central London is certainly one of the most attractive and stimulating. The University’s website can be found at www.wmin.ac.uk.

(2) In this very journal. Nigel MEEK, ‘Unipolar Depression: Some Thoughts on the Policy and Practice of Intervention’, *The Individual*, September 1997, pp. 4-8.

(3) The BPS’s website can be found at www.bps.org.uk.

(4) Senate House’s website can be found at www.ull.ac.uk. It is a remarkable building—one of London’s first skyscrapers—and with its maze of corridors, rooms, annexes, shelves, and dark alcoves is how a *real* library ought to be!

(5) Nigel MEEK, ‘Too political?’, *The Psychologist*, Vol. 15, No. 2, February 2002, p. 56. My letter was in response to an article in the previous issue that was essentially an overview of how the Labour government could conduct a psychologically effective campaign to bring public opinion around to accepting the UK’s membership of the Euro. See Stephen LEA, Carole BURGOYNE, Paul WEBLEY, & Brian YOUNG, ‘Action Plan: The Economy’, *The Psychologist*, Vol. 15, No. 1, January 2002, pp. 18-20.

(6) John ARCHER, ‘The Trouble with ‘Doing Boy’’, *The Psychologist*, Vol. 17, No. 3, March 2004, pp. 132-136. At the time of publication of his article, Professor Archer was at the Department of Psychology at the University of Central Lancashire.

(7) Nigel MEEK, ‘The Nature-Nurture Debate: A Personal View’, *The Individual*, December 2001, p. 8.

(8) David CONWAY, *A Farewell to Marx: An Outline and Appraisal of His Theories*, Harmondsworth, Middlesex, Penguin Books, 1987. See pp. 68-71 in particular for Professor Conway’s critique of Marxian economic determinism.

(9) Robert WORCESTER, ‘Whom Do We Trust? Neither Politicians Nor Journalists!’, MORI website, 27th February 2003, URL (consulted 8th April 2004): www.mori.com/pubinfo/rmw/whomdowetrust.shtml. This research by the pollsters MORI found that the public gave politicians a net Tell the truth/Not tell the truth score of -57 (minus fifty-seven), joint worst alongside journalists. Doctors and teachers had by some way the most favourable net ratings, +85 and +79 respectively. Readers may care to ponder the implications of a situation where those with real ‘backed up by the force of the State’ power in the land—i.e. politicians—and those best placed to keep tabs on them—i.e. journal-

“... the public are poorly served by those paid to tease out the truth from politicians.”

ists—are held in such contempt. Equally, libertarians who wish to see the ending of State-sector education and healthcare need to acknowledge the high esteem in which the *practitioners* of same are usually held.

(10) Peter BULL, 'Slippery Politicians?', *The Psychologist*, Vol. 16, No. 11, November 2003, pp. 592-595. At the time of publication of his article, Dr Bull was at the Department of Psychology at the University of York.



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The 'danger' of passive smoking...

This is an extract from a longer letter from SIF president Lord Monson that was printed in the *Financial Times* on the 10th May 2004...

'Passive smokers from day we were born'

Sir, Discussing the implications for pensions funds and annuity providers of unexpectedly increasing longevity, Lex... reveals that "much of the UK's improvement is attributable to a healthy cohort of people born between 1925 and 1945."

Very interesting: since if there is one thing that distinguishes those born in the two decades in question from previous and subsequent generations, it is that we were passive smokers from the day we were born—indeed, often from well before we were born, as women then were rarely discouraged from smoking while pregnant.

People smoked in offices, factories, shops large and small, most private houses, restaurants, pubs (naturally), cinemas, most theatres, lecture halls, trains, trams, buses, taxis, and telephone boxes. The density and ubiquity of 'passive' smoke was not particularly pleasant, but those of us who avoided turning into heavily active smokers seem to have thrived on it. As the actuaries confirm, there are an awful lot of us still around to tell the tale!

Monson
House of Lords
London, SW1



"The density and ubiquity of 'passive' smoke was not particularly pleasant, but those of us who avoided turning into heavily active smokers seem to have thrived on it."

New Science...

All things considered, it is surprising how many people still believe that organisations such as Mental Health and Social Services exist to bring comfort to the suffering. Professional intervention in peoples' lives increases by the week. Such intrusion undermines the ability of people to act and to seek help from one another. Experiences once thought part of life—disappointment, isolation, stress—are now redefined as syndromes requiring professional management.

Be aware of how professionals first invest many of the problems—redundancy counselling, victim support, compensation advice—before claiming that they alone have the skills to resolve them. Note how these burgeoning professions swiftly shroud their work in mystifying jargon and dismiss the power of folk-wisdom as *unscientific*.

With promises of *outcome, delivery and evidence-based practice* they win themselves *funding* and, suddenly, we are all safe in our living units.

From *The Cunningham Amendment*, Vol. 6, No. 2, April 2004.



THE PLAGUE OF LAW LOCUSTS

Larry Gambone

“There are so many of these law locusts you cannot recognise them as individuals.”

We are overwhelmed with a locust-like plague of laws and regulations. There are literally hundreds of thousands of them, forming a black cloud over society. Areas of our lives held sacrosanct for centuries, areas off-limits to tyrants and dictators, are fodder for this pestilence. Consider the following: In many North American municipalities the following activities are now illegal; hanging out washing, owning a pickup truck, yard or garage sales, working out of your house, keeping a pet chicken, having more than two cats. School bake sales have been shut down by inspectors, Christmas carolers arrested, it is illegal to sell homemade jam, and some places you cannot even camp on your own property. There is the “Zero

Tolerance” idiocy where schools expel students for making finger guns or having a one-inch pen-knife. The individual is dragged down and devoured by this hideous cloud of crawling, nibbling regulations.

There are so many of these law locusts you cannot recognize them as individuals. It is impossible to keep track of them all. Who in their right mind would even think that some of these regulations would come to exist in the first place? What this plague does is turn everyone into a criminal. One of the purposes behind criminalisation of normal behavior is control. When everyone is a criminal, everyone is vulnerable and can be gotten

at. Laws are always enforced selectively and most are made vague enough to allow this. As but one example, a book shop or gathering place deemed undesirable by the authorities can be closed under the pretext of fire or health regulations. A business deemed harmless but indulging in the same "infractions", on the other hand, is ignored. But regulation cannot be reduced just to a rational (but authoritarian) desire to control behavior. Some of these laws and regulations (like Zero Tolerance) seem to be the result of minds that are completely unhinged.

"The individualist desires a situation of maximum liberty and a minimum coercion, while the narcissist is content to satisfy every little childish whim and a minimum of voluntary social restraints..."

Ironically, when a real problem does exist, all these laws are useless. As an example, a friend of mine had a problem with a neighbor who had filled his house with garbage and was attracting rats and mice. The mice invaded my friend's house by the hundreds. He called the city, the health inspector and several other agencies to have something done about it, but to no avail. It took two years before the government sent in exterminators and forced the neighbor to clean up his mess.

Many regulations are rationalised away by the supposed need to protect the children. But one of the major reasons children need protection today is that the greater, voluntary protection of living in a community no longer exists. One of the reasons community no longer exists is that it has been eaten away by law locusts. Destruction of voluntarism by regulations increases alienation which undermines community. Furthermore, municipal by-laws segregated work, home and consumption into three separate and often distant geographical areas. Neighborhoods and towns built before the arrival of the Plague, as you still can see in the old parts of cities, integrated the three aspects and thus maintained a sense of community.

The plague is a fact contrary to the received wisdom of the day, by which society has become overly individualistic. Here exists a deliberate confusion of narcissism with individualism. The individualist desires a situation of maximum liberty and a minimum of coercion, while the narcissist is content with a maximum of consumer goods to satisfy every little childish whim and a minimum of voluntary social restraints such as manners and consideration for others. We have a situation in which you can fill your house with pornography (not that I am for re-criminalising it) and yet get busted for hanging your shirt on a line.

Let's exterminate the locusts! We can't do much about the WTO and other mega-problems, but we can do something at the local level. (What ever happened to "Think globally, act locally"?) How about mass civil disobedience; masses of people hanging out washing, holding "illegal" yard sales, camp-ins, and armies of "illegal" carol singers? Let's work to abolish all laws except those pertaining to coercive acts such as theft, fraud, assault and murder. Let's quarantine society against this evil plague ever arising again by suggesting that any new laws require a three-quarters majority of all citizens before they are passed.



This article previously appeared in Total Liberty, Vol. 3, No. 3, autumn/winter 2002, and is republished by kind permission of its editor, Jonathan Simcock. The spelling has been left in the original US-English. The Total Liberty website is at http://mysite.freemove.com/total_liberty1/index.jhtml.



No utopia...

"The idea of a utopia is absurd. There are no final words, no *ism* or ultimate procedure that will bring us all a mythical fulfilment. One can only fight for a world of *freedoms achieved*. One after another. There is a different world ahead. And if it is to have any value at all it will be one built by geography instead of nationalism, by responsibility rather than regulation, by laughter and by love..."

From *The Cunningham Amendment*, Vol. 6, No. 2, April 2004.

“Work, saving, enterprise, sobriety, self-discipline... and the sanctity of contract... no longer command the admiration that they did.”

In praise of bourgeois virtues...

“It has been a long time since the bourgeois virtues were the leading lights of our society. Work, saving, enterprise, sobriety, self-discipline, respect for the law, and the sanctity of contract—these no longer command the admiration that they did. But that may be the very measure of our society’s decay. It is true that the aristocratic virtues of honour and *noblesse oblige* have great attraction, and it is arguable that the finest societies of modern times have been those in which the bourgeois and aristocrat meshed with each other, each learning something from the other’s virtues, for example in Victorian Britain and the America once led by the New England–Virginia combination. But this is no reason to denigrate the bourgeois virtues. Even standing alone they clearly produce a more humane and elevated society than the aristocratic virtues ever did when they stood alone. Compare, for example, bourgeois Holland in the seventeenth century with aristocratic France. As for the working-class virtues of comradeship and perhaps patience, they are sometimes, but by no means always, admirable, but their leading characteristic is limited vision. To compare them with the bourgeois virtues is simply ludicrous. A society imbued solely with the working-class virtues could hardly rise above a primitive level.”

Arthur Shenfield, ‘Below the Angels: Morality and Capitalism’, in Dennis O’Keeffe (ed.), *Economy and Virtue*, London, IEA, 2004, pp. 116–137.

CONSPICUOUS COMPASSION

Patrick West/Civitas

Editor’s Note: A copy of Mr West’s very interesting book was sent to the SIF for review. Although the SIF does not necessarily endorse any or all of its contents, it was felt appropriate to reproduce the accompanying press release. Ordering details for the book can be found at the end of this article.



Introduction

We need a less ‘caring’ society! Genuine caring is hard work! Superficial displays of compassion may do more harm than good!

We need a less ‘caring’ society, according to the latest report from independent think-tank Civitas. In *Conspicuous Compassion* author Patrick West argues that wearing coloured ribbons, strapping red noses onto the front of your car, signing internet petitions, and carrying banners saying ‘Not In My Name’ are part of a culture of ostentatious caring which is about feeling good, not doing good. The three Cs of modern life—compassion, caring and crying in public—show not how altruistic we have become, but how selfish.

Sometimes these gestures actually do harm. People who wear ribbons may think they have done their bit, without actually contributing to the char-

ity concerned. Writing off third world debt will make more funds available to dictators who want to buy arms. Internet petitions are often inaccurate. Celebrity endorsements of good causes are sometimes characterised by both ignorance and credulity.

The Crocodile Tears of 'Grief-Lite'

Patrick West attributes these hollow expressions of public caring to the decline of those institutions which formerly provided a framework for and gave a sense of meaning to people's lives: the family, the church, the nation and the neighbourhood (p. 65). In the absence of real emotions, people manufacture ersatz ones. "We live in a post-emotional age, one characterised by crocodile tears and manufactured emotion" (p. 2). Patrick West describes peoples' extravagant public displays of grief for people they have never met as 'grief-lite' or recreational grief, "actually undertaken as an enjoyable event, much like going to a football match or the last night of the proms" (p. 11). These displays are a substitute for going to church: "Mourning sickness is a religion for the lonely crowd that no longer subscribes to orthodox churches. Its flowers and teddies are its rites, its collective minutes' silences its liturgy and mass. But these new bonds are phoney, ephemeral and cynical" (p. 66).

Compassion Inflation

Meaningless displays of grief that is not truly experienced lead to compassion inflation. The traditional two minute silence grew to three minutes for the victims of 9/11, five minutes for Milly Dowler, five minutes for the Ladbroke Grove crash victims, and ten minutes for cancer re-

search. "When a group called Hedgeline calls for a two-minute silence to remember all the 'victims' whose neighbours have grown towering hedges, we truly have reached the stage where this gesture has been emptied of meaning" (p. 20).

Countless Thousands of People Do Good Every Day Without Show

Instead of piling up damp teddies and rotting flowers to show what nice people they are, it would be better to try to do some genuine, unostentatious, good: "If you do genuinely care about the poor and homeless, try talking to them... Don't just wear an empathy ribbon, give money that might help cure life-threatening diseases... If you want to stop a war, leave your ego at home... get to know your neighbours, talk to your friends and family a bit more. Most of all, next time you profess that you 'care' about something, consider your motives and the consequences of your words and actions. Sometimes, the only person you really care about is you" (p. 69).

Ordering Details

Conspicuous Compassion: Why Sometimes It Really is Cruel to be Kind by Patrick West is published by Civitas, The Mezzanine, 39 York Road, London SE1 7NQ, telephone 020 7401 5470, www.civitas.org.uk. Copies can be purchased for £8.45 including p&p.



"Meaningless displays of grief that is not truly experienced lead to compassion inflation."

Government is tyranny...

"When the government—any branch, any level—regulates, it practices a form of tyranny. It is not the sort we usually dub by that term, unlike ones we know via Soviet (Stalinist) or National (Nazi) socialism. Those were massive, totalitarian tyrannies. The kind where government keeps nagging people in nearly every profession... is more petty, less dramatic, less dire. But it is tyranny, nevertheless."

Tibor R. Machan, *The Liberty Option*, Exeter, Imprint Academic, 2003, p. 77.



THE PRACTICAL PROBLEMS AND IMPLICATIONS OF BIOMETRIC IDENTITIES

Robert Henderson

Introduction

The libertarian and moral implications of ID cards have generated a great amount of newsprint, but much less attention has been given to what biometric based ID cards will mean in practice or to their practicality. This is a serious deficiency because a biometric-based ID card will be an entirely different animal from any non-biometric-based ID card.

If it is successful, such a system will give a government unprecedented control of the lives of the individual—the ID card would potentially be a licence to legally exist—and if flawed in operation, cause untold disruption and personal misery.

How Effective Are Biometric Data As Identifiers?

Biometric identifiers are generally presented to the public as foolproof, Big Brother, sci-fi-style technology. The reality is that there is no biometric identifier which is anything like foolproof, nor, as we all know to our daily cost, any computer system which does not regularly crash.

What would be the most likely biometric data to be used? Iris scanning, fingerprinting and facial parameter recognition are the frontrunners, either singly or in combination. Facial parameters are far from foolproof, while fingerprinting, despite what is generally thought, is far from conclusive being decided on points of similarity rather than an absolute individual singularity. One suspects that iris print recognition has similar drawbacks, whatever the 'experts' tell us.

Take the expert on biometric testing Professor John Daugman, who is based in Cambridge University. He developed the algorithm for iris recognition. In the *Daily Telegraph* (12th May 2004) he is reported as saying: "The key point is the relative complexity of the iris, compared to, say, the fingerprint,' explains Professor Daugman, who is based at Cambridge University. 'The iris is much more random and much more complex, so it is much more likely to be truly unique.' Randomness is measured in degrees of freedom. The face has less than 20 degrees of freedom. Fingerprints have 40 degrees of freedom, but the iris has 200 degrees of freedom. 'If we wanted the face to be as complex as the iris, we would need to have five mouths and seven noses...'"

Professor Daugman goes on to say that "The technology has never yet given a false match and we have made millions of comparisons so far," then unblushingly admits there have been problems with eye lashes and eye malformations. I think we should translate his remark as "The technology has never given a false reading where we have been able to get a readable iris print."

The Home Office Commons select committee recently went to a demonstration of iris scanning. The *Daily Telegraph* (7th May 2004) reported: "Members of the Commons home affairs select committee who tried out the technology yesterday were told that up to seven per cent of scans could fail."

I heard a member of the committee, Liberal Democrat Bob Russell, on Radio 5 (6th May 2004) telling of his experiences. His iris test failed because his eyes watered profusely. Russell also said that the test was as intrusive as a visit to the opticians with lights being shone directly into the eye. He found the experience physically unpleasant. DNA analysis—which would be more certain—is a theoretical possibility, but whether it would be technically possible now or within the foreseeable future to have a system which could analyse DNA samples quickly enough is dubious. The person checking an identity would have to have a means of checking within minutes a DNA sample taken from a suspect and then comparing that with the DNA record in the central database.

As things stand, the most likely biometric identifiers on the card and database will be fingerprints and facial profiling, the latter to act as a decider if the fingerprint test does not produce a positive identification. The reason why facial profiling will be probably be chosen in front of iris recognition is that the International Civil Aviation Authority is pushing for it in machine-readable passports.

The Problems of Damage and Biometric Impersonation

A fingerprint could be damaged by scarring or a temporary injury. Ditto an iris print. As for facial parameter recognition, how effective is that going to be as a person ages? Doubtless the 'experts' will claim that basic facial parameters—breadth of forehead, distance between eyes and such forth—remain constant enough, but as the system is far from foolproof to begin with—Professor Daugman puts it as the least effective of the three bio-

"... the ID card
would potentially
be a license to
legally exist..."

metrics being considered—can we honestly be sure that ageing may not produce sufficient change through, say, muscle relaxation or gum shrinkage, to distort the face sufficiently to cause a false non-recognition result?

Biometric impersonation could conceivably occur with people wearing contact lenses to give a false iris print (the experts such as Professor Daugman swear blind this would not fool a scanner because it uses infra red which would show up a flat plate, i.e. the contact lens, over the iris, but you know what experts are like) or having fingerprint 'masks' of someone else to wear on their fingers. Further down the line surgical techniques, including genetic surgery, could be used to alter someone's biometric data.

There is also the question of technological advance generally. We simply cannot envisage what advances may be made which will breach what is now seen as a seemingly secure system.

What of the robustness of the Government's computer system? Will it break down or even ever get to a stage of development where it can go live? We all know what a mess large government computer projects have been. Why should this, which is even larger and more complicated than those now in existence, be anything other than a mess.

Could Biometric Cards be Successfully Forged?

Could biometric cards ever be foolproof in even the narrow sense of being impossible to forge? Could forgeries exist? If biometric data are to be stored on a central database which can be immediately accessed it would be pointless to get a false card if the system would pick up duplicated biometric data. However, someone, for example, a foreigner, whose details have never been on the database, could get a card in a false name using false initial documentation—the initial identification of the person can only be done by good old-fashioned methods such as passports and driving licences. There is also, of course, the opportunity for bribery of those operating the system.

If the database programme does not have the facility to check new biometric data against that already on the database, multiple applications for cards under different names could be made.

If there is not immediate verification of the biometric data by reference to the database, forged cards could be used because all the card would do is provide whatever data the forger chooses to put on the card when the card is put into a reader.

Moreover, if the card is simply put into a reader and verified with the data held on the database, all that tells you is that the card is in agreement with

the database. It does not tell you whether the person who holds the card is the same person. Thus the identities of legitimate cardholders could be copied onto forged cards. The only certain way of stopping this would be to read the data directly from the cardholder and compare it with data held on the central database.

Another problem would be the possibility of a card forger placing a programme on the card which would surreptitiously override the application to the central database and place data contained on the card in the reader in a form in which looked as though it came from the central database, a trick akin to placing videos in security systems to give the impression that a surveillance system is working when it is not.

The Initial Identification of Those Applying for Cards

A basic problem of false identification exists at the point where the person's identity is to be established before the identity card is to be issued. Forged documents will be of the type which are now forged, i.e. without biometric data. Over the generations this might become a smaller problem as children are registered at birth, but for the foreseeable future it will be a major difficulty.

The initial registering of the 60 million people in Britain will also be a massive task. Even if new passports and driving licences are going to require biometric data allowing the database to be gradually built up over years, that will still leave millions of people who neither drive nor have passports. The administrative problems of ensuring all those are issued with cards will be immense.

What Non-Biometric Data could be On the Database

It would be impractical to include data which will regularly change such as a person's address or workplace. Yet that is precisely the type of non-biometric data which is most useful in identifying someone. And what will the police do if they pick up a suspect but have to rely on the subject to give them an address?

The Administrative Problems in the Field

These are mind-boggling. Can one imagine the ordinary policeman or immigration officer comfortably or efficiently using complicated machines to read the data either from the cards or directly from the cardholder? Or how about every store or bank requiring one? Think of your average bored teenager serving in a shop and then let your mind boggle at the idea of them taking an iris print. One can all too easily imagine a situation where using the machine is simply not done because the operator cannot be bothered or does not understand the procedure. British passports

"We all know what a mess large government computer projects have been."

have been machine-readable since 1988. How many are ever machine read? Very few.

Equally demanding would be the mammoth task of maintaining literally thousands (potentially tens of thousands) of machine card readers around the country. The likelihood is that many would break down and in such circumstances identity checks would simply be made by a non-id card means.

The Potential Practical Ill-Effects of a Biometric-Based ID Card

There are potentially massive practical problems which could arise from such a card. What happens if a person's card is lost or the biometric data used as an identifier is damaged, e.g. by scarring a fingerprint? How would they actually exist if the card is necessary for daily living?

The failure rate for recognition requests would not have to be large to make the security of the card and its practical use as an identifier problematic. With a database of 60 million (the UK population) even a one tenth of one percent failure would mean 60,000 potential failures, each of which could be repeated many times if the card is needed for a wide range of activity which is the Government's intention. (A Home Office press release states "crucially, the cards will help people live their lives more easily, giving them watertight proof of identity for use in daily transactions and travel".¹). Imagine that you are one of the unlucky ones whose biometrics do not identify you positively, being faced over and over again with the need to prove who you are by other means.

There is also the strong possibility that false information will be put into the database. Governments will not be able to resist the temptation of going beyond the mere identification of someone. They will wish to store details of other things such as criminal records, health data and welfare take-up.

When an identity card was introduced in 1939 it had three purposes: to aid the function of rationing, help conscription and improve security and immigration. When a Commons committee examined the experience of the ID in 1950 (when it was still in force) the number of purposes had risen to 39.

One may be certain that something similar will occur if a biometric card is introduced. Indeed, the schedule 1 of the draft Bill currently doing the 'consultation' rounds has a long list of information to be included on the ID register. This includes names, date and place of birth, photograph, fingerprint (and other biometric information), residential status, nationality, entitlement to remain in Britain and the exact terms of the right to remain and a National Identity Registration

Number. It will also carry a record of any changes made to the Register.

The more information the more uses to which the card will be put. The more powerful computer technology becomes, the greater the ease and range of sharing information.

There is also the possibility that simple error will result in non-biometric data being entered which will make the identity of the person suspect, e.g., the wrong middle name. At best that would be extremely inconvenient for the individual. Or suppose your health records have the wrong blood group inputted and you do not know. You have an accident and are taken to hospital unconscious and the wrong blood is used for a transfusion?

More generally, what would happen if the government computer system crashed, either through its own inherent weaknesses or from a malicious hackers attack? How would the world work if everything has become dependent upon the person's state-stored identity? The quick answer is the world would not work.

There is also the question of security. In principle a system could be set up whereby the machine card readers (or readers of biometric data directly from the individual) could have varying levels of access. All readers would identify you as the individual corresponding to the biometric data, but additional information such as health and credit data would be restricted to those with a legitimate reason to know them.

For example, you go to hospital and their reader will allow them to see what your health data is but nothing more. You go to get credit from a store and the shop's reader gives them access only to your credit status.

Fine in principle, but does anyone believe that any of the information on the card would not rapidly become successfully 'hacked' by anyone with the necessary IT skills? There is no reason to believe so because every other 'secure' system to date has been hacked, even those with the highest security.

ID Cards Are Not the Problem, the Database Is

Identity cards as such are a red herring. If the system is sophisticated enough to read from a database and check it immediately against biometric data taken directly from a suspect there would be no need for a card because the person would carry his own identification all the time, i.e. his or her biometric data. It is the database which is the problem.

"When an identity card was introduced in 1939 it had three purposes... [By] 1950... the number of purposes had risen to 39.

The Overt Purposes of the Proposed Card

What effects would an identity card have on welfare abuse, crime, illegal immigration and security? If the card is voluntary or carrying it is optional, it will little if any effect on the last three items, for any person stopped who does not have a card will simply fail to appear with his or her card at a police station within the seven days as proposed in the draft Bill. However, let us assume that the carrying the card becomes obligatory. What then?

In theory, welfare benefits, including NHS treatment, housing and education could be better controlled, but there is the small matter of 400 million odd citizens from other EU countries to consider who have or shortly will have an absolute right to benefits in the UK. To those can be added millions more from around the world from countries such as Australia and Canada who have reciprocal welfare arrangements with the UK. Will they have to apply for a UK card before they get them?

Perhaps, but what of emergency health treatment? Would any government, when shove comes to push, have the will to deny treatment to those without a card? Moreover, what of failed asylum seekers who are not deported because it is deemed that their native countries are too dangerous to return the failed asylum seeker to? Will they be denied treatment even where the illness or injury is serious but not immediately life threatening, for example, if they are HIV-positive?

An ID card is no help in solving crime generally because the police can only arrest or investigate those people whom they have already identified. In theory a card might reduce fraud based on identity misrepresentation, but that assumes private companies will play ball with the Government's stated intention that cards will be used "in daily transactions and travel". As they all have their own cards and identification systems which are getting ever more sophisticated, it is extremely dubious that they will willingly add another layer of expensive security to their own.

As for illegal immigration, a government could make it impossible for a person to work legally in Britain unless they have a card. However, to enforce that would require an immense bureaucracy and a willingness to harass both employers and the general public severely. Employers would have to be regularly prosecuted and subject to stiff penalties for employing illegal labour, while the general public would find that they were essentially slaves requiring the permission of the state to gain employment. In fact, if a card was made necessary for not only employment but also welfare and transactions such as opening a bank account or using a credit card, the individual would effectively require the permission of the state to live. Ultimately, the state could control

people simply by discontinuing money in the form of notes and coins and making people use cards for all purchases.

As an anti-terrorist measure it would be pretty meaningless because any visitor to this country will not have to have an identity card. As tens of millions of visits are made each year, any terrorist could operate without ever being asked to prove his identity by any means other than would now be employed. As for any home grown terrorist, they will be able to get a valid card and until identified as a terrorist, by which time identity is established, they will be able to use it to move freely in the UK. It is also true that once human beings become reliant on machine checks they tend to treat them as holy writ and become much less generally observant and suspicious.

What if the Proposed UK System Proves Inoperable?

The proposed UK card will not begin to be implemented if at all until 2007 and, even by the Government's estimates, it will take many years to establish universal coverage of the UK population. But even if the card is never fully implemented by further legislation the government will have a database with the biometric details of most of the population in a few years through their inclusion on passports and driving licences. This will be shared by government departments and other public agencies. It will be subject to hacking and the corrupt release of information by those working within the system.

If such a system is implemented I predict that all those who are pro-ID card will be converted to the anti-card camp the first time they are stopped by the police and asked for it, or the first time their biometrics are checked and show a false negative, or the first time the database crashes and makes transactions impossible because identity cannot be verified, or the first time that they lose their card and find their lives in limbo.

Those who are against ID cards on principle will need no urging to oppose them. But even those who are in principle supportive of the idea of an ID card—and regrettably polls consistently show 70-80% of Britons in favour—may still rationally reject the idea of this card because of the sheer impracticality of the proposed system and its palpable failure to meet the objectives which persuaded them to become supporters.

Notes

- (1) The URL was:
www.homeoffice.gov.uk/n_story.asp?item_id=91

"If such a system is implemented I predict that all those who are pro-ID card will be converted... the first time they are stopped by the police..."

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*The SIF's Aim:
To Promote Responsible Individual Freedom*

The SIF believes...

- ✓ That the individual, rather than the State, is the primary source of morality and authority.
- ✓ That private citizens should have the freedom to act as they wish provided their actions do not harm others, and that the law should exist principally to guarantee such individual liberty and not to act as a paternalistic guardian; in the primacy of freely negotiated contract; and in Parliament as the supreme law-making body in the United Kingdom.
- ✓ That an efficient free-market economy benefits all, and that the State's economic function should mainly be limited to the prevention of violence and fraud and similar obstacles to honest competition and co-operation.
- ✓ That taxes in the United Kingdom are far too high and erode individual responsibility and enterprise; and that in a truly free society citizens, with the benefit of higher post-tax earnings, would be free to decide upon their own priorities, with usually temporary government assistance concentrated upon cases of unavoidable hardship.
- ✓ That justice shall be administered by courts that are not subject to political pressure; and that government decisions have no validity unless founded on clear legal authority.
- ✓ That to preserve the liberties of private individuals we need more independent-minded Members of Parliament, a stronger Second Chamber, and more effective parliamentary control over the executive.
- ✓ That there is too much influence on government from pressure groups that call for legislation of an unnecessary and restrictive nature, thus not only adding to the material burdens on individuals and corporate bodies but reducing one's capacity to learn personal responsibility, self-reliance, and voluntary co-operation.

SIF Activities

The SIF organises public meetings featuring speakers of note; holds occasional luncheons at the Houses of Parliament; publishes this journal to which contributions are always welcome; and has its own website. The SIF also has two associated campaigns: *Tell-It* that seeks to make information on outcomes of drugs and medical treatments more widely known and available to doctors and patients alike, and *Choice in Personal Safety* (CIPS) that opposes seatbelt compulsion.

Joining the SIF

If you broadly share our objectives and wish to support our work, then please write to us at the address on this page, enclosing a cheque for £15 (minimum) made payable to the Society for Individual Freedom.

Could You Write for *The Individual*?

We are always looking for contributions to *The Individual* corresponding with some aspect of the aims and beliefs of the SIF. These can range from referenced essays of an academic nature to personal opinions, experiences, and insights.

The subject might be almost anything that you can think of. It can be something of your own or in response to another's contribution in *The Individual* or elsewhere.

Length can range from a few hundred words to several thousand. Submissions should preferably be in electronic format, although this may not always be essential.

If you have never written for publication before, then don't worry. We are happy to give

advice and will never publish anything without the author's final approval.

As well as being published in hardcopy form, *The Individual* will also be uploaded onto the SIF's website.

We also welcome letters in response to articles printed in *The Individual* or other aspects of the SIF's activities.

If you think that you might be interested, then please contact us using the details on this page.

The Editor of *The Individual* and the Management Committee of the SIF reserve the right not to use any submission.