



## AN AMERICAN VIEW OF THE MAHATMA'S EMPIRICISM

**MARK LINDLEY**

DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, AURANGABAD, INDIA

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I was nearly ten years old when Gandhi died. At my school, in Washington D.C., classes were cancelled and we spent the morning in a big assembly, hearing the best-informed teachers tell us about him. They didn't (if I recall aright) say anything about his interest in health and healthcare. A few years ago, however, I looked into it, and found some issues of particular interest from a 21<sup>st</sup>-century American viewpoint. I will focus here on four of them: (i) palliative care and euthanasia; (ii) artificial birth-control and sexual self-restraint; (iii) given a legal or moral right to subsidized healthcare, the client's 'corresponding duty'; (iv) quackery and empirically valid efficiency.

### PALLIATIVE CARE AND EUTHANASIA

These are big issues in American healthcare. A hospital can readily gain tens of thousands of dollars of income by postponing for a few days the immanent death of a patient from an affluent family. But that is contrary to the interest of the healthcare insurer. And what about the interests of the patient and the family?

Gandhi chose palliative care for Kasturba when she was dying. She had a bacterial infection. He was attending to her needs ("It is my last chance to serve her"), so he knew how weak she was. The Raj sent penicillin to Aga Khan Palace, but when he learned that it must be injected every three hours and might perhaps not defeat the infection, he declined to "drug her even on her death-bed". It is not for me to

second-guess his estimate as to whether the injections would on balance have reduced her suffering. But I see clearly that it was an empirical estimate. She died, as she wished, with her head on his lap; this was palliative for both of them.

Euthanasia – more controversial than palliative care – is illegal in nearly all 50 states of the USA. Gandhi, however, advocated it unequivocally. At Sabarmati in 1928 he had a calf in agony put to death by injecting poison ("The whole thing was over in less than two minutes"), and in the course of publicly defending that decision he wrote:

"Would I apply to human beings the principle I have enunciated in connection with the calf? Would I like it to be applied in my own case? My reply is 'Yes.' ... [And,] supposing that in the case of an ailing friend, I am unable to render any aid and recovery is out of the question and the patient is lying in an unconscious state in the throes of agony, then I would not see any violence in putting an end, by death, to his suffering."

(I think he didn't mean to imply that the human patient must be unconscious in order to be entitled to euthanasia, *i.e.*, if a mentally sane person in agony requests euthanasia and if other reasons for its use are regarded as sufficient, then the request for it should be reason to prohibit it.) Here as well as in his choice of palliative care for Kasturba, an empirical factor was decisive in his quest of the ahimsa of the strong.

## ARTIFICIAL BIRTH-CONTROL AND SEXUAL SELF-RESTRAINT

Most Americans feel that the use of artificial birth-control fits their concepts of liberty and the pursuit of happiness (which the *Declaration of Independence* declares are inalienable rights of “all men”). In 1935 Margaret Sanger – an American nurse who had in 1916 founded, in order to help prevent abortions, the world’s largest NGO devoted to promoting artificial birth-control (Planned Parenthood) – travelled halfway around the world in order to solicit Gandhi’s support for her cause. They discussed the matter for two days in a friendly and mutually respectful way, and they agreed that women should have, as a basic human right, more freedom with regard to sex. For Gandhi this would mean persuading their partners to adopt brahmacharya, whereas for Margaret Sanger it would mainly mean persuading them to use condoms. She told him that “the tender good-night kiss” after cohabitation was a good thing in a marriage and she clearly meant that the more nights with such kisses, the better; but he said that in an ideal marriage there would be a 1:1 ratio between the number of times the partners cohabit and the number of resulting pregnancies.

Ten years later, two members of Sevagram Ashram married each other and took a vow of chastity. This innovative contractual arrangement – far less feasible than, say, going in for chastity after procreating four viable young people – caused problems: the husband and wife loved each other; he was unable to keep his vow (he would do so for a while, but then would lapse), and she began to go insane. After Dr. Sushila Nayyar conveyed to Gandhi her diagnosis that the lady’s problem was due to that one aspect of her husband’s behaviour, Gandhi advised him to use condoms. Once again I find an example of empiricism: Gandhi recognizing that he did not possess Truth, but could only seek it as a karma yogi.

In the 1970s most Americans would have said, with regard to his disagreement with Margaret Sanger, that she was correct and he was mistaken. And, teenagers in the USA tended, from the 1970s until just a few years ago, to become increasingly promiscuous. (As an economist I sense here a linkage with the USA’s rampant consumerism.) But there has been a reverse tendency in the last few years. The teenagers nowadays are less promiscuous (and drink per capita less alcohol and smoke fewer cigarettes) than did their predecessors

ten or twenty years ago. Among the freedoms gained via smart-phones has been the one – not least for the young women – to tell each other openly about unfortunate experiences and give each other good advice. If this trend continues, a certain combination of Margaret Sanger’s and Gandhi’s underlying points may ensue, with a broader acceptance of self-discipline and with the young men accepting that “no” means no.

## A CORRESPONDING DUTY VIS À VIS THE RIGHT TO SUBSIDIZED HEALTH-CARE

In various contexts Gandhi insisted on the empirical value of performing the duty or duties corresponding morally to this or that legal or moral right which has been established (or is being claimed). He would argue that shirking causes the practical value of a theoretical right to shrivel. And, he pointed out, “In the matter of improving one’s health, lethargy is a sin. The human body is both a *kurukshetra* and a *dharmakshetra*. In as much as it is a *dharmakshetra*, it is one’s duty to keep it in good shape.”

This precept is relevant, alas, to the current political debate in the USA about government-subsidized healthcare. Our government will sooner or later prove unable to provide for our healthcare (no matter what theoretical right has been bravely enacted) if too many of us need it because of the consequences of obesity and/or physical laziness and/or narcotics. In striving politically for single-payer healthcare insurance we should heed Gandhi’s opinion that “since there never has been any right without a corresponding duty, ... a [political] manifesto is incomplete without emphasizing the necessity of performance of duty and showing what that duty is” – in this instance the duty to be prudent about our own health.

## QUACKERY AND EFFICIENCY

The following citations illustrate the fluctuating ways in which Gandhi would evoke the concept of quackery (and its Gujarati counterpart *vaido*) between 1908, when he decided to earn an M.D. degree and become a professional doctor (a plan ruefully abandoned – “I recoiled in horror” – when he was informed in London (in 1909) that he would have to dissect live frogs in order to pass the physiology exam) and 1922 (the year of the Great Trial):

- In 1908, in an essay (about a crime wave)

published in Gujarati: “Our duty [in regard to social strife] is to search out the hidden causes and suggest permanent remedies. It is quackery to apply ointment on a boil; the infection should be traced to its source and effectively treated.”

- In 1909, in a letter to Henry Polak: “I accepted the invitation of the Peace and Arbitration Society [in London] to speak to them on ‘East and West’. It came off last night. The following are the conclusions: ... Quackery is infinitely preferable to what passes for high [Western] medical skill....” (This remark reflects the loss of his vocation to become a professionally qualified doctor. A similar view is expressed in *Hind Swaraj*.)
- In December 1912, in a letter to Gokhale: “One word from the quack physician [*i.e.*, Gandhi himself]. Ample fasting, strict adherence to two meals, entire absence of condiments of all kinds from your food, omission of pulses, tea, coffee, *etc.*, regular taking of Kuhne baths, regular and brisk walking in the country (not the pacing up and down for stimulating thought), ample allowance of olive oil and acid fruit and gradual elimination of cooked food – and you will get rid of your diabetes and add a few more years than you think to your life of service in your present body.” (Gokhale died in February 1915 at the age of 48.)
- In 1913, in the concluding chapter of a book-length essay in Gujarati on health: “[Western] medical science is based on inconclusive experiments. Most of it is quackery.”
- In 1921, in a speech at the inauguration of the Tibbia College, he said: “I have nothing but praise for the zeal, industry and sacrifice that have animated the modern [Western] scientists in the pursuit after truth. I regret to have to record my opinion based on considerable experience that our *hakims* and *vaid*s do not exhibit that spirit in any mentionable degree. I hope that this college will set its face absolutely against all quackery, Western or Eastern, and that it will inculcate among the students the belief that the profession of medicine is not intended for earning fat fees, but for alleviating pain and suffering.”

To root out all quackery, Western as well as Eastern is a less poetic charge than to ‘be the change you want to see’, but seems to me nonetheless a good complementary precept for doctors and medical researchers to heed. I also think, however, that driving out quackery needs in turn to be complemented by bringing in a good deal more efficiency than we have in healthcare in the USA. Let me therefore cite, as the last example in this brief account of Gandhi’s empirical approach to health, healthcare and nutrition, his low-cost method of investigating, in Wardha in 1934–35 (before Sevagram Ashram was built), the relative nutritional values of various locally cultivated vegetables. According to a first-hand account:

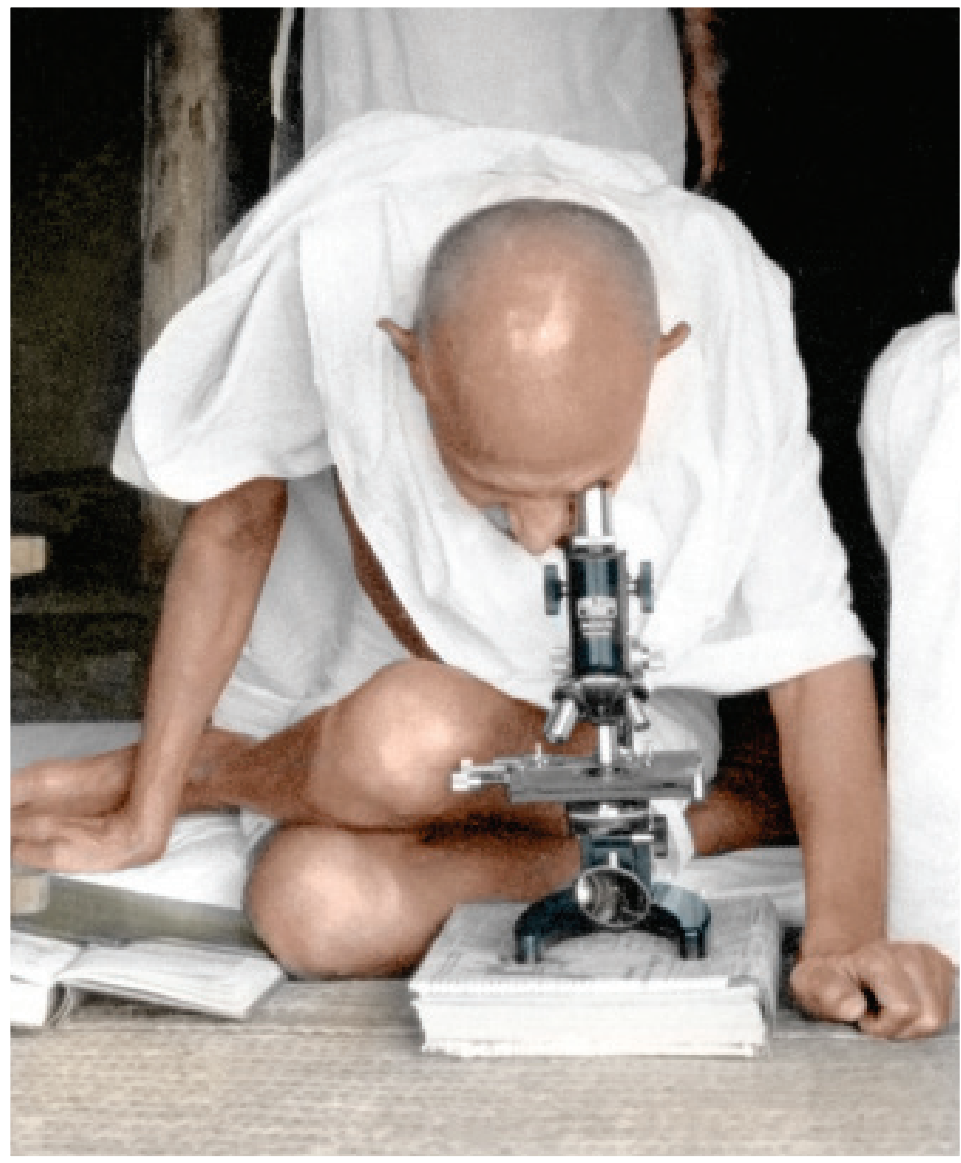
“Bapu... discovered that you could get but few vegetables in the Wardha market and those that were available were beyond the means of the poor. So he made inquiries in the villages round about to see what vegetables were eaten by the villagers and not sent to the Wardha market. Then such vegetables were brought to Maganwadi [his village-industries research centre in Wardha] and carefully studied for their food value, for the amount of nourishment that would be extracted from them, and for their beneficial and harmful properties. All who ate those vegetables were asked to recount their experiences. Having experimented thus, he came to the conclusion that several of those vegetables had all the necessary nutritive elements.”

A salient weakness of Gandhi’s as a 20<sup>th</sup>-century healer was that he hadn’t studied chemistry. And there is far more of it to be studied nowadays than back then. But the examples cited here (and others like them) of his way of treating people suggest to me that the value of choosing a good pharmaceutical remedy is only part of the deeper value of choosing procedures conducive to a good life and death. Khwaja Abdul Hamied was correctly (IMHO) proud of the fact that he had, before going to Germany, “learned the lesson of truth and ahimsa at Mahatma’s feet”. (Footnote references are in my book, *Gandhi on Health*. See [www.gandhifoundation.net/pdf/Gandhi\\_on\\_Health.pdf](http://www.gandhifoundation.net/pdf/Gandhi_on_Health.pdf).)

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\*For correspondence: Prof. Mark Lindley, Visiting Professor, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad 431004, Maharashtra, India  
e-mail: mark.lindley@bamu.ac.in



## **ICMR EFFORTS TO COMBAT DISEASES & MALNUTRITION**

Imbibing Gandhian Philosophy

Mahatma Gandhi at the microscope observing leprosy germs at Sevagram Ashram, 1940.