

DOES THE PHILOSOPHY OF MEDICINE EXIST?

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ABSTRACT. There has been a great deal of discussion, in this journal and others, about obstacles hindering the evolution of the philosophy of medicine. Such discussions presuppose that there is widespread agreement about what it is that constitutes the philosophy of medicine.

Despite the fact that there is, and has been for decades, a great deal of literature, teaching and professional activity carried out explicitly in the name of the “philosophy of medicine”, this is not enough to establish that consensus exists as to the definition of the field. And even if consensus can be obtained as to what constitutes the philosophy of medicine, this does not mean that it exists as a field.

In order to constitute a field, an inquiry must be well-integrated with other cognate inquiries and disciplines, have an established canon of key books, textbooks, anthologies and articles, and a set of distinctive and defining problems. The philosophy of medicine as it currently exists fails to satisfy these criteria and, thus, fails to exist as a field of inquiry.

The non-existence of the philosophy of medicine is unfortunate. Medicine and philosophy would both benefit from the development of the philosophy of medicine as a field. The philosophy of medicine is an essential foundation for bioethics, it should provide insights into some of the key problems of the philosophy of science such as the nature of explanation and theoretical evolution, and, ought help to shape the goals as well as the methods used in both experimentation and research in medicine and the health sciences.

Key words: bioethics, epistemology, field of inquiry, philosophy of science, philosophy of medicine

1. INTRODUCTION

There has been a great deal of discussion in recent years, particularly in the pages of this journal [1–4], about how to broaden the field of the philosophy of medicine beyond the consideration of ethical issues. These discussions presuppose that there is some agreement about what the philosophy of medicine is and ought to be. They also presuppose that the philosophy of medicine is a field. But since it is not at all obvious that the philosophy of medicine exists, discussions of the desirability of moving the field beyond bioethical concerns are likely to fall on fallow ground.

It is certainly odd to call into question the existence of the philosophy of medicine in a twelve year-old journal which is devoted to the subject. The fact is that there are a number of books [5,6] and review articles [7–16] which, at least from their titles, suggests that there is no basis for ontological skepticism. The claim that the philosophy of medicine does not exist is made all the more tenuous in light of the facts turned up by a search of various databases covering dissertations and articles published during the past eleven years. Between 1980 and 1991 more than 60 dissertations, 1600 articles and at least six journals were published with the words “philosophy” and “medicine” in their titles.

Oddly enough, I can reasonably be charged with having contributed to the very field whose existence I am calling into question [17–20]. Mark Twain, the nineteenth century American writer whose philosophical acumen is sorely underappreciated, upon being told that a newspaper story had appeared in which he had been declared to have died, said “The reports of my death are greatly exaggerated” [21]. Am I making the same mistake about the philosophy of medicine – questioning whether it exists when it is right here in front of your eyes? I do not think so.

In order to bolster the plausibility of doubting whether the philosophy of medicine exists, I need to be more precise about why it is that I do not think it does. To do so, I need to be more specific about what I mean by the philosophy of medicine as well as more precise about the criteria that ought be used to decide whether something exists which fits the definition.

2. WHAT IS THE PHILOSOPHY OF MEDICINE?

2.1. A Stipulative Definition

There is no widely accepted definition of the ‘philosophy of medicine’. The term is often used to refer to a wide variety of topics ranging from the moral and legal dimensions of health care to analyses of the reasoning used in making a diagnosis of an illness in a patient in a clinical setting [5, 8–16]. One of the few and one of the best efforts at defining the field was made by Ingemar Lindahl [2]. Building on a definition given by Kazem Sadegh-zadeh ten years earlier, Lindahl described the field as consisting of “epistemological, causal theoretical, logical, conceptual, and taxonomic” analysis [2]. But, while his definition is plausible, it has not garnered wide notice or consensus. And he himself went on to bemoan “the scarcity of studies in these areas in medicine” [2]. Even if we use something like his definition of what the field ought be, it is clear that Lindahl himself doubts that it exists.

Since there is no generally agreed upon definition of what the philosophy of medicine is, let me try to stipulate one in order to be clearer about what it is that I think does not exist. Let us start with what does *not* count as the philosophy of medicine.

The philosophy of medicine is not to be equated or conflated with the field of bioethics. The analysis of moral, legal and policy questions concerning medicine and health care is a worthy and important endeavor. But, the pursuit of these issues is different from analyzing questions about the logic, methods and conceptual foundations of medicine.

There need not be a strict divide between values and facts in understanding epistemological questions about medicine. On the contrary, I believe that fact and value blur in important and unavoidable ways in the realm of medicine [19, 22]. But the recognition that fact and value, morality and methodology are inextricably wed when the subject is medicine does not obviate the claim that the philosophy of medicine is and ought to address different questions than those pursued by those doing bioethics. Bioethics tries to answer questions that are normative. The philosophy of medicine concerns itself with questions that are primarily either epistemological or metaphysical.

Other inquiries that are worthwhile, flourishing, but not a part of the philosophy of medicine are those enterprises which march under the banner of the study of the humanities in medicine. These include the study of how medicine is depicted in literature or the arts, the use of literary texts, drama and poetry to sensitize budding doctors to their duties and responsibilities as well as to instill virtues in their professional character, or, the study of the history of medicine.

Medical ethics, bioethics, health policy, and medical aesthetics are all examples of philosophy *and* medicine. Sometimes, as is true when those in bioethics engage in the examination of professional codes, they may be correctly described as instances of philosophy *in* medicine. But the philosophy *of* medicine is something very different [23].

The philosophy of medicine is the study of the epistemological, metaphysical and methodological dimensions of medicine; therapeutic and experimental; diagnostic, therapeutic, and palliative. The key problems facing the philosophy of medicine are or ought be those which are tackled by those in cognate areas of the philosophy of science – the nature of theories and laws, the logic of explanations and predictions, the analysis of models, paradigms and metaphors, the analysis of theoretical change over time, the explication of key concepts, the analysis of the methods, assumptions and goals of medical activities and, the examination of the ontological foundations of medical research, nosology and practice. In short, the philosophy of medicine is a sub-discipline of the philosophy of science. As such, its primary focus is epistemological not ethical,

legal, aesthetic or historical.

As a sub-discipline of the philosophy of science the philosophy of medicine, if it did exist, would be subject to all the intellectual currents and storms which buffet that general field. These include but are not limited to: the relationship that ought to exist between the philosophy of medicine, the sociology of medicine and the history of medicine; disputes about whether theories play as central a role in inquiry in medicine as some think they do in other areas of science or whether some other unit, e.g., exemplars [24], frames [25] or paradigms, does a better job of capturing the mode of evolution of medical ideas; whether key concepts in medicine are value-free or value-laden; whether key theories, claims and hypotheses in medicine are testable, verifiable or falsifiable and, if so, by what methods; and, finally, whether or not the philosophy of medicine is to be expected to contribute something of use to those who actually do medicine [26]. The last issue is one that lurks in the background of many discussions of the philosophy of science (and sometimes, especially in recent years, in the foreground). If the philosophy of medicine existed, it would and should be the topic of much debate, anguish, posturing and mutual recrimination between those doing the philosophizing and those actual engaged in the daily practice of medicine. But it is not.

2.2. Three Responses to the Suggested Definition

There are three possible responses to the stipulations I have made concerning the definition of the philosophy of medicine. One is that, having clarified my meaning, it is agreed that the definition stipulated is reasonable and that little exists which satisfies this definition leading to the conclusion that the philosophy of medicine does not exist. If this is so then attempts to move the philosophy of medicine beyond bioethics are pointless since there is nothing to move.

Another more challenging response is to concede that, as I have defined it, the philosophy of medicine does not exist but, to argue that my stipulative definition is wrong. Why should not debates about informed consent or questions of resource allocation be just as much a part of the philosophy of medicine as the study of theory change in cardiology? Or, to put the point another way, why should those with an interest in the intersections between philosophy and medicine ape the sorts of boundaries that exist between philosophy and other sciences? Just because those in the philosophy of physics do not think that discussions of the moral responsibilities of physicists concerning weapons development are a part of the philosophy of physics does not mean that the philosophy of medicine should be construed so narrowly. If the philosophy of medicine is construed, not narrowly as I suggest, but, broadly, the enormity of

literature, teaching and organizations devoted to bioethics constitutes incontrovertible proof that the philosophy of medicine, exists. This response is possible but not plausible.

Bioethics is fundamentally a normative enterprise. The aim of its inquiries is to understand ethical problems in health care in order to make recommendations as to whether there is a need for normative change or not. The philosophy of medicine may have prescriptive consequences, but it need not. The goal of the philosophy of medicine is epistemological. The philosophy of medicine tries to examine how it is that doctors, nurses, public health experts and other medical professionals believe or know things about health, disease, dysfunction, disability, illness and suffering. Trying to understand why it is that those who do medicine think they know things or come to believe certain statements are true may lead those doing the philosophy of medicine to claim that doctors are fooling themselves if they think they know anything [27, 28], or, that what is known is simply a reflection of prevailing normative beliefs and assumptions [29–36], but the goal of the inquiry is to understand what those in medicine think they know and why they think they know it. It is important to examine the role played by values in medical belief and knowledge but this need not lead to attempts to prescribe medical values or health policies which are the aims of those doing bioethics.

The remaining response to my thesis of non-existence for the philosophy of medicine is to grant that my stipulative definition is acceptable but, note that there is sufficient evidence to support a different conclusion – the philosophy of medicine, as defined, does exist. Those who take this tack will maintain that the antidote to my existential angst concerning the philosophy of medicine is to be found by taking a visit to a large library. There plenty of published evidence can be found to persuade myself and anyone else who cares to look that the philosophy of medicine does indeed exist [5, 9–20, 37–53]. Not only can many books and journals be found that satisfy my definition of the philosophy of medicine, it will be evident from the dust on some of the volumes that this field has been in existence for a fairly long period of time [6–9, 13, 14, 54–58].

If a trip to a library is not possible then, a critic of my ontic skepticism might suggest attendance at one of several conferences which are held each year to exam common problems in the intersection of philosophy and medicine. Either taking a membership in an organization such as the European Society for Philosophy of Medicine and Health Care or subscribing to any number of current journals which see the promotion of the philosophy of medicine as part of their *raison d'être* might provide the sought for proof that the field exists. The final antidote to my ontological misconception is to be found in the fact that at least some of the efforts of those who have done work in the philosophy of medicine have had a direct influence on medical thinking and practice [20, 27,

28, 31–35, 59–67].

This response is much more difficult to meet than the strategy which attempts to save the philosophy of medicine by expanding it so broadly that it becomes unrecognizable. It is undeniable that many people have written and spoken a large number of words for many years with the impression or hope that they were engaged in the philosophy of medicine. If they have not been doing this and I wish to stick to my stipulative definition then, how ought their behavior and writings be classified?

In part, I must concede that the works and activities I have cited do satisfy my definition of what constitutes the philosophy of medicine. But, having made that concession I want to argue that many articles, a considerable number of books and even a number of very good journals do not a field make.

3. WHAT IS A FIELD?

What are the criteria which confer the status of a field, sub-specialty or topical area on a particular area of inquiry? It is difficult to know since there are those who look to 'external' factors and those who look to 'internal' ones in formulating an answer. I want to mention three criteria which seem to me to be essential for a field, including the philosophy of medicine, to exist.

First, to be a field, a subject must be integrated into cognate areas of inquiry. It is impossible to imagine what biochemistry would look like if it had no ties, no intellectual connections with either biology or chemistry. Similarly it is difficult to see how ornithology or entomology could get very far removed from intellectual issues in evolutionary biology, physiology or genetics. Neither ornithology or entomology, as specialized areas or fields of inquiry, could exist as completely autonomous areas of inquiry. A field must be a part of a broader discipline or set of disciplines in order to exist.

The philosophy of medicine, despite all that has been written which fits the definition of this field, is not well integrated with the rest of either philosophy or medicine. Few of those working in philosophy or the philosophy of science have any knowledge of or even awareness of what has been written and said about the philosophy of medicine. The same is true of those doing therapeutic medicine and experimental medical research. The philosophy of medicine looks from afar like an intellectual island whereas a true field would have concrete, readily apparent ties and connections to other parts of the intellectual map.

Second, to be a true field a subject or sub-speciality requires a canon. By that I mean a set of core readings, articles, books and case studies which are taught to those wishing to enter the field and cited by those who see themselves as working collegially in the field. Much as scientific knowledge is organized

around exemplars and paradigms in some areas of inquiry [22, 24], fields in the humanities must have a paradigmatic or exemplary core. One reliable test of whether a canon exists is whether or not disputes rage about the composition of the canon. The philosophy of medicine has no such canon.¹

Third, and finally, to be a field an inquiry ought to have certain problems, puzzles and intellectual challenges that define its boundaries. Moreover, these problems and challenges ought to have some similarities to problems, puzzles and challenges which exist in related fields. If these similarities are lacking, it should be a subject of much discussion as to why that is so.

Key puzzles in the philosophy of biology are: to understand the nature of teleological explanations, to see whether it is possible to reduce theories which describe different levels of phenomena by other theories at other levels, to understand the dynamics of theoretical evolution in such areas as evolutionary biology and genetics and, to understand the ontological status of key concepts such as 'species', 'deme' and 'gene'.

The philosophy of medicine has few such defining problems. The only real contender for this title is the debate about the meaning of the concepts of 'health' and 'disease'. This is certainly a reasonable contender for the role of defining problem or puzzle but, it is not in itself sufficient to transform a mixed set of ruminations into an actual field.

4. IF THE PHILOSOPHY OF MEDICINE DOES NOT EXIST, IS THAT SUCH A BAD THING?

So, if the philosophy of medicine does not meet the criteria that would confer disciplinary or sub-disciplinary status on the work that has gone on to date in its name, is that a bad thing? Should anyone really care if the philosophy of medicine stands alone, lacks a canon and has no core set of defining problems? I think the answer to these questions is a resounding 'yes'. Three reasons support this conclusion.

First, the philosophy of science is sadly lacking in the attention it gives to practical and applied science. My own view is that this is a result of a number of complex sociological and historical factors [22]. But, whatever the reasons, it is ludicrous to think that topics such as the evolution of theories or the role of crucial experiments in testing hypotheses could be understood without close attention to practical areas of inquiry such as medicine. The philosophy of medicine can and should provide key insights into the core problems of the philosophy of science [69].

Second, the philosophy of medicine is a necessary foundation for the field of bioethics. It is simply impossible to answer some of the central puzzles of

bioethics without some presumptions about what medicine is and is supposed to do [8, 39, 69, 70]. Whether the issue be resource allocation or the termination of treatment, unless the goals of medicine are fully examined it will be difficult to know what to make of conflicting prescriptive positions about these topics.

Third, and finally, it is unfortunate that the philosophy of medicine does not exist because it can and should be contributing to the analysis of a number of central issues emerging in medicine itself: from the appropriate design of clinical trials, to the use of computer programs to make diagnoses or triage access to intensive care; from the understanding of the concepts of pain and suffering through to the analysis of the goals that ought be driving endeavors such as the Human Genome Project, the philosophy of medicine has the potential to make vital contributions [60, 70].

5. CONCLUSION

Current debates about the relationship between the philosophy of medicine and bioethics presuppose that the definition of the 'philosophy of medicine' is clear and that such a field exists. Neither presumption is valid. There is no widely accepted definition of the 'philosophy of medicine'. However, it is possible, in light of what has been written on the subject, to postulate a definition.

When that is done it becomes clear that, despite all the work, teaching and writing that has and continues to go on under the rubric of the "philosophy of medicine", the subject is not well integrated with other domains of inquiry. It lacks a canon. It has few distinctive and defining problems. Consequently, while there are no in principle reasons why the philosophy of medicine cannot exist, it does not yet exist.

NOTE

¹ Jeffrey Spike has recently proposed [68] a set of readings for courses for medical students in what might be termed the philosophy of medicine. While I do not agree with all of his recommendations, he has at least opened the door to a debate about what constitutes the canon of the philosophy of medicine.

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