

CARE AND CURE

An Introduction to Philosophy of Medicine

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INTRODUCTION

Philosophy of medicine has become a vibrant intellectual landscape. This book is a map of that landscape.

Medicine is, of course, a hugely important practice in our society. Two of the main aims of medicine are *to care* and *to cure*. That sounds simple. But in the pursuit of these aims, medicine relies on concepts, theories, inferences, and policies that are complicated and controversial. This book describes some of these philosophical complications and controversies underlying medicine.

What makes a problem *philosophical*? This, unfortunately, is not a simple question. Indeed, it is itself a philosophical question. In this book I avoid heady debates about what counts as philosophy and adopt a pragmatic view: philosophical problems are those for which there exist multiple compelling and competing views, and which cannot be answered straightforwardly by empirical means. There are many problems like this in various domains of life, such as ethics, religion, and politics. A prominent subdiscipline of philosophy is philosophy of science, and philosophy of medicine is a relatively recent field of study within philosophy of science. Philosophy of science is the application of philosophical methods to science and the study of philosophical puzzles that arise within science. Philosophy of science usually addresses the epistemology, metaphysics, and logic of science, though it also addresses the history, sociology, and politics of science. Philosophy of medicine, in turn, is the study of epistemological, metaphysical, and logical aspects of medicine, with occasional forays into historical, sociological, and political aspects of medicine.

Each chapter in this book presents difficult puzzles about medicine and discusses and evaluates prominent positions on these puzzles. Does being healthy involve merely the absence of disease, or does being healthy require some other positive factors? Is a disease

simply an abnormal physiological state, or is a disease a state that has an evaluative component? Is social anxiety disorder a genuine disease? What sort of evidence is required to justify causal inferences about the effectiveness of medical interventions? Is medicine good at achieving its aims of caring and curing—are most mainstream medical interventions effective? Is homeopathy effective? Does psychiatry aim to care for patients with mental illnesses, or rather does psychiatry aim to control feelings and behaviors that do not fit well with modern society? Should medical innovations be protected by patent, or should such innovations be contributions to the common good, unprotected by intellectual property laws?

Many of these questions are interrelated. For example, consider this seemingly straightforward question: are antidepressants effective for treating depression? Of course, this is in part an empirical question, and so answering the question requires a compelling view about what sort of evidence is required to answer such questions. Since that evidence comes out of a thorny social, legal, and financial nexus, a full understanding of an answer to this question requires insight into that nexus. Since antidepressants are said to target localized microphysiological entities, answering the question depends on a view about the relationship between the experiences of people—their feelings and behaviors and symptoms—and the activities of chemicals. Since the question is about a disease category that many people consider to be poorly understood and indeed controversial, properly understanding the question requires insight into the general nature of health and disease. These topics and more are discussed throughout the book, and insights from one part of the book help elucidate puzzles from other parts of the book.

Though this is an introduction to philosophy of medicine, this is not a book on medical ethics. There are already many fine introductions to medical ethics available. Rather, this book is about conceptual, metaphysical, epistemological, and political questions that arise in medicine. That said, positions on these questions have ethical implications, as you will see throughout this book. Although this is an introductory text, it surveys both the canonical core of philosophy of medicine and the discipline as it is now practiced by its leading

researchers, at the cutting edge. The landscape has changed in the past fifteen years, and this book describes not just its archaeological substratum but also its current terrain.

Some very particular concerns in philosophy of science underly questions in philosophy of medicine. Classic topics in philosophy of science include the nature of explanation, the reality of scientific constructs, the demarcation of good science from bad science or pseudoscience, difficulties with inductive inference, and the role of values in science. Sometimes philosophers of science illustrate general philosophical problems with examples from medicine. For example, Semmelweis's discovery that the incidence of childbed fever could be minimized by careful hand sanitation in obstetrical clinics has been used to illustrate the importance of what philosophers call *inference to the best explanation*. No doubt inference to the best explanation plays a significant role in medicine, including diagnosis and causal inference. However, inference to the best explanation is foremost a general philosophical topic and not an issue specific to medicine. The focus of this book is predominantly on philosophical problems that arise specifically or frequently within medicine. Of course, many of the philosophical problems discussed in this book have more general import and arise in other domains. But in this book most of the focus is on philosophical problems that are central to medicine itself.

There are many ways to do philosophy. A philosophical approach I favor is sometimes called *analytic* because it involves the careful analysis of scientific ideas, using logic and expository clarity. Another philosophical approach I favor is sometimes called *naturalistic* because it appeals to facts about nature, gleaned from empirical science and the study of history. Much philosophy of science and medicine in recent years employs both approaches in a philosophical method that we could call *analytic naturalism*. This book predominantly employs analytic naturalism. However, to be a good philosopher one should draw on all the intellectual resources that one can, and so in places throughout the book I include discussions of other types of philosophical approaches to medicine.

Medicine is a vast enterprise. Clinical medicine is the familiar practice of physicians and other healthcare workers attempting to care for

patients in a multitude of ways. Clinical research is the study of the efficacy of interventions, but of course medicine relies on more fundamental scientific research (sometimes called *bench science*) prior to testing interventions in humans. Medicine has many subspecialties, such as internal medicine, surgery, psychiatry, and epidemiology. Governmental policies and regulations control medicine. Medical research and clinical practice are guided by numerous intellectual and institutional movements, such as evidence-based medicine and personalized (or “precision”) medicine. Philosophical problems arise in all of these aspects of the wide domain of medicine.

Since this book is meant as an introduction to philosophy of medicine, it has no unifying thesis. However, there is more to this book than a simple introduction to an exciting intellectual field. Precisely because this field is so young, distilling many of its salient problems into an accessible text has forced me to engage in novel philosophical work throughout the book. That said, I have striven to keep my own philosophical pretensions as silent as possible.