Philosophy of Medicine Is What Philosophers of Medicine Do

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ABSTRACT  Philosophy of medicine cannot be precisely defined because neither philosophy nor medicine can be precisely defined. Furthermore, philosophers of medicine do not constitute a well-defined class because they come not only from the fields of philosophy and medicine, but also from various other disciplines. Hence, I argue for a broad conception of philosophy of medicine that includes philosophical reflection on any matter considered to belong to medicine. A brief survey of the philosophy of medicine literature supports this view. Of the 625 articles surveyed for the years 1997–2006, nearly three-quarters dealt with matters of ethics, and of the 36 books surveyed, nearly 60% were primarily on ethics. Nonetheless, articles and books focusing on all other major branches of philosophy—metaphysics, epistemology, aesthetics, and logic—were also published. Moreover, many of the articles, even those primarily on ethics, dealt in significant ways with more than one branch of philosophy. I conclude that philosophy of medicine includes all sorts of philosophical reflection on medicine but is currently dominated by ethics. Given the stated purpose of journals and book series devoted to philosophy and medicine, this leaves ample room to expand other philosophical reflection on medicine.

IN A DISCUSSION OF SCIENTIFIC METHOD, Percy W. Bridgman (1949) opined that those who talk most about scientific method are “the people who do least about it.” He argued that scientists do not wonder whether what they are doing is actually science, they just do it. The goal of the scientist is to find correct...
answers to particular problems. Bridgman recognized, of course, that the major work of the scientist is to insure that the answer claimed to be correct is indeed correct. But in the course of seeking answers, the scientist is free to use whatever method will produce the correct answer and is not to be constrained by what any outside observer might declare about the proper methods of science. Bridgman offers the oft-quoted aphorism, “Science is what scientists do.”

While the claim that “science is what scientists do” does get us to consider the disparate activities and methods that constitute science, it is, perhaps, a bit disingenuous. It likely will not satisfy philosophically minded people. Indeed, in his one-page essay, not to mention his 1927 book on the logic of modern physics, Bridgman is himself engaging in philosophical reflection about science. Science may be “what scientists do,” but it is up to philosophers to help scientists see just what they are doing. Philosophers continue to ask questions about what science is and may even ask meta-questions about what the philosophy of science aspires to achieve.

The question we shall address here is, what is the philosophy of medicine? This question continues to be vexing for two fundamental reasons. First, it is no easy task to define philosophy. Philosophers go about philosophizing in various ways; as a result, definitions, especially those that attempt to be interesting or profound, are controversial (Quinton 1995). Many approaches to philosophy have become so technical that they are all but incomprehensible even to philosophers in other fields. Second, the borders of medicine are not readily marked. Medicine is the encounter of one who suffers from disease with one whose goal is to restore health. Yet the complexity of this encounter far exceeds its simple description. Medicine is sometimes taken broadly to include the work not only of physicians, but also of nurses, physical therapists, radiology technicians, and so on. In other words, “medicine” is a kind of shorthand for “health care.” At other times medicine is taken narrowly as what physicians do, as when we accuse an imposter of practicing medicine without a license.

Medicine is commonly described as both an art and a science. This is an attempt to describe the fact that medicine essentially involves both the art of the encounter between patient and healer and the science that forms the basis for the healing action. Medicine “involves a cognitive art of bodily work which must concretize and individualize its knowledge” (Pellegrino and Thomasma 1981, p. 99). Just how this is done remains unclear. The usual distinction between the theoretical and practical science of medicine has been criticized by Hucklebroich (1998), who argues that the methodology of medicine consists of two separate methodologies: a research methodology and a clinical methodology. Although there has been a lot of work on the former, there is no generally agreed-upon model for such things as clinical decision making and problem solving.

Furthermore, there is no general agreement on what constitutes the proper goals for medicine. Curing disease, promoting individual health, and promoting public health may come to be at odds with one another. Perhaps even more sig-
significant is that social problems are increasingly “medicalized.” Medicine should not define its goals so narrowly as to exclude important matters of health, but neither should it define its goals so broadly that all social and political means to increase health become included in the practice of medicine (Nordin 1999). Nonetheless, social and political conditions have significant bearing on health, and so drawing a line between the medical and the sociopolitical will always be a challenge.

Certainly medicine is about healing, but the question of which healing methods count as medicine remains controversial. Furthermore, much medical research does not directly pursue healing, but rather seeks to understand biological function. Whether that is part of medicine or a separate “medical science,” or even just a biological science, is not a settled issue. It is hard to say whether such uncertainties have led some to deny the existence of the philosophy of medicine, relegating philosophical reflection on medicine either to bioethics or to philosophy of science. Still, given the numbers of publications overtly professing to be about philosophy of medicine, the field has not achieved the status of philosophy of science or philosophy of law, for example.

Returning to the question at hand, I offer this answer: philosophy of medicine is what philosophers of medicine do. This is not meant to be disingenuous; neither is it meant to be a strict definition. It is, rather, an attempt to help us see the breadth of the philosophy of medicine.

If philosophy of medicine is what philosophers of medicine do, what makes people philosophers of medicine is that they do philosophy of medicine. We seem to be stuck in a circle, but this may be no worse than trying to say exactly what science is by looking at what scientists do. The problem is delineating just what philosophers of medicine do that constitutes a discipline of study. I believe that philosophy of medicine ought to include the breadth of philosophical reflection on the breadth of the subject matter related to medicine. Facing the other side of the circle, we come to the other perplexing question: who are philosophers of medicine? Philosophy of medicine, broadly construed, is rightly considered to be the provenance of more than just professional philosophers. Although the view I am presenting is, in a sense, operationalist, it is not Bridgman’s operationalism. It is adopted not for positivist, linguistic, or narrowly epistemic reasons, but rather in the spirit of Aristotle’s insights into the practical implications of dealing with inexactness.

In my consideration of what philosophers of medicine do, I have reviewed the work published in the last 10 years in two major journals related to philosophy and medicine: The Journal of Medicine and Philosophy (volumes 22–31) and Theoretical Medicine and Bioethics (volumes 18–27). I have also looked at the books published in the same 10-year period in the Philosophy and Medicine series of D. Reidel Publishing Company (later Kluwer Academic Publishers, and now Springer). I recognize that these publications do not exhaust the resources for philosophy of medicine, but they do give some insight into what people who are reflecting philosophically on medicine are actually doing.
As we embark on this study, it is well to remember the admonition of Aristotle in *Nicomachean Ethics* (1094b24): we should expect to find exactness only to the extent that the nature of the subject allows. Philosophy of medicine cannot be defined exactly, because both philosophy and medicine have fuzzy edges. In addition, philosophers of medicine do what they do not only in journals and books dedicated to philosophy and medicine, but also in other places. Surveying their work in two prominent journals and one book series will give us a sense of what philosophers of medicine do, but it cannot exactly define philosophy of medicine. Before looking at the results, I will review the previous debate on what philosophy of medicine is and who philosophers of medicine are.

**What Is Philosophy of Medicine?**

Arthur Caplan (1992) denied that the philosophy of medicine exists, although he lamented the situation. His position and some responses to it are worth exploring a bit. Caplan calls medical ethics, bioethics, health policy and medical aesthetics examples of philosophy and medicine, but he sees philosophy of medicine to be something quite different. He gives a stipulative definition: “The philosophy of medicine is the study of epistemological, metaphysical and methodological dimensions of medicine; therapeutic and experimental; diagnostic, therapeutic, and palliative” (p. 69). Certainly these studies should qualify as philosophy of medicine. Given the prominence of bioethics, Caplan does well to point out that philosophy of medicine is something different. But why should philosophy of medicine be limited in this particular way? If ethics and aesthetics are recognized as legitimate parts of philosophy, there is no reason to exclude medical ethics and medical aesthetics from philosophy of medicine. Perhaps the intent is simply to emphasize that medical ethics does not exhaust philosophy of medicine. That is a point still worth emphasizing, but it does not justify the exclusion of legitimate parts of philosophical reflection from the philosophy of medicine.

Caplan’s point about the nonexistence of philosophy of medicine as a field has more to do with the way he understands a field. On his account, a field must (1) be integrated into a cognate area of inquiry, (2) have a canon, and (3) have certain problems that define its boundaries (pp. 72–73). He finds these requirements lacking for philosophy of medicine.

Others, however, have argued that philosophy of medicine is a developing field that does, in fact, have at least the potential to meet all of Caplan’s requirements (Velanovich 1994). A good case can be made that the requirements of a canon and defining problems are met for philosophy of medicine. Edmund Pellegri (1998) has argued that there is a field of philosophical inquiry that “can be termed properly the philosophy of medicine” (p. 315). He speaks of four “modes” of philosophical reflection on medicine. First, philosophy and medicine is a dialogue between the disciplines, which both retain their identities as distinct
disciplines. The dialogue might, for example, compare and contrast methods of study or look for similarities or differences in subject matter or mutual influences. Second, philosophy in medicine is the application of recognized branches of philosophy to medical matters. For example, the diagnostic process might be examined for its logic, or the concepts of health and disease analyzed for their metaphysical presuppositions and epistemological status. Third, medical philosophy, the vaguest of the four modes, consists of “informal reflection on the practice of medicine” about such things as “diagnostic artistry” or the doctor-patient relationship. Medical philosophy also includes the writings “based in the clinical wisdom of reflective clinicians” that serve as sources of “inspiration and practical knowledge for conscientious clinicians” (pp. 324–25). Finally, philosophy of medicine, proper, is concerned only with what is “peculiar to the human encounter with health, illness, disease, death, and the desire for prevention and healing” (p. 327). Philosophical concepts are studied only insofar as they relate to the human encounter with somatic or psychological well-being and dysfunction. Thus, the object is not merely analysis of concepts or scientific understanding of medical matters, but rather an understanding of what medicine is as experienced in the encounter of patient and physician.

While Pellegrino’s analysis sheds valuable light on the various modes of interaction between philosophy and medicine, it limits philosophy of medicine too much. I have favored a broader view of philosophy of medicine as being closer to what is actually being done by philosophers reflecting on medicine (Stempsey 2004). This view is akin to the model described by Schaffner and Engelhardt (1998). They see philosophy of medicine as “encompassing those issues in epistemology, axiology, logic, methodology and metaphysics generated by or related to medicine.” This includes medical ethics, although it has become such a large topic that it deserves a separate discussion. Concepts of health and disease have been a “defining problem” for contemporary (and classical) philosophy of medicine, but philosophy of medicine includes any philosophical reflection on medicine. This includes investigations into the logic of diagnosis, prognosis, and evaluation of therapies, and philosophical discussion of the causation of disease.

This is closer to what Pellegrino calls philosophy in medicine. Pellegrino admits that there is no essential conflict between his own view of philosophy of medicine and philosophy in medicine. In fact, much of his own work has dealt with matters of his philosophy in medicine. I would hold that his distinction will not help to further the cause of recognition of philosophy of medicine as a distinct field. Furthermore, I regard medicine more broadly and not based primarily on the foundation of the individual doctor-patient relationship. Medicine, rather, encompasses an array of clinical and research activities that ultimately aim at helping the suffering patient. These activities, however, need not necessarily arise from the very specific foundation Pellegrino requires for classification as philosophy of medicine. In my view, any philosophical reflection, whether it
seeks to analyze the logic of diagnosis, to describe the phenomenology of suffering, or to seek the wisdom required to be a good physician, deserves to be counted as philosophy of medicine.

The one criterion of Caplan that remains problematic for philosophy of medicine is its integration into philosophy. The reasons for this are not altogether clear, but probably are best explained by the dominance of bioethics and the relatively small number of people working in the field (if it is a field) that goes beyond bioethics (Stempsey 2007). Another contributing problem is that philosophy of medicine is being done by a variety of different people, who may not identify themselves primarily as philosophers of medicine.

WHO ARE PHILOSOPHERS OF MEDICINE?

The obvious question that follows is who these philosophers of medicine are. Henrik Wulff (1992) distinguished several groups involved in matters pertaining to the philosophy of medicine. There are professional philosophers who have become interested in medical matters, physicians whose main interest has turned to philosophy, professional philosophers who have become very well versed in medicine, medical professionals who are also trained in philosophy, and medical professionals who devote themselves to medical practice. Wulff argues that these practicing medical professionals play an important role in formulating problems for the philosophy of medicine. He further argues that Caplan fails to see the existence of the philosophy of medicine because he is looking at it from the perspective of a professional philosopher. Professional philosophers working on philosophy of medicine approach their work from the perspective of some particular specialty in philosophy. The only thing these professional philosophers have in common is that they use examples from medical theory and practice for the exercise of their philosophical skills. Thus, it is not surprising that they would not see a coherent philosophical field in the philosophy of medicine.

In addition, Wulff claims that if one takes the perspective of a member of the medical profession, one tends to see a spectrum of philosophical problems that serve the goals of medicine. Hence, Wulff takes philosophy of medicine to be a developing field not within philosophy, but rather within medicine. He recalls the rich tradition of philosophical reasoning in medicine that flourished in the latter half of the 18th century, through the 19th century and into the first part of the 20th century. He then claims that philosophy of medicine is a “philosophical activity” that is “closely linked to the main trends of contemporary medical thinking.” Because it “serves the same goal as the rest of medicine, philosophy of medicine should be seen as an “emerging (or reemerging) medical discipline” (p. 85).

This is an insightful observation about how our perspectives influence what we see. However, it seems to me unlikely that philosophy of medicine will ever be recognized as a medical specialty, simply because it is altogether unlike the
practice of medicine and very much like the practice of philosophy. What I find most interesting about Wulff’s analysis is his observation that the work constituting the rich history of philosophy of medicine has been done largely by practicing physicians, and that it is precisely the medical perspective that lends coherence to the field. This suggests that we must see the class of philosophers of medicine as including more than just philosophers; indeed, physicians may be the most important subset of philosophers of medicine. Thus, I take the term “philosopher of medicine” to include anyone engaged in the broad range of philosophical reflection on any of the wide-ranging topics related to medical theory and practice. Philosophy of medicine, then, is what these people are doing. And so, below, an empirical sketch of the published work of philosophers of medicine is presented.

**A Survey of the Literature**

Philosophy of medicine can be found in many places. Numerous journals on medical ethics should, in a broad understanding of philosophy of medicine, be counted not only for their contributions to ethics, but often to broader analyses of concepts and methods in medicine. A newer journal, *Medicine, Health Care and Philosophy*, is a rich source for philosophy of medicine, especially from a European perspective. Medical journals often include articles that are rightfully taken as philosophy of medicine and are written by physicians, philosophers, and others. In addition, there are journals of medical humanities that sometimes feature philosophy of medicine. *Perspectives in Biology and Medicine* is a rich source of philosophy of medicine, often featuring topics concerning the more strictly biological aspects of medicine, although from a humanistic standpoint. Journals concerned with the philosophy of science also publish articles related to medicine. Even journals more strictly concerned with science itself, such as *Science* and *Nature*, include articles on the philosophy of medicine. General philosophy journals and general ethics journals sometimes feature articles on the philosophy of medicine, and history of medicine journals offer a good deal of philosophizing about medicine. All this is to say that philosophers of medicine find many places to publish their work.

What I have done in this study is to look at the offerings, from 1997–2006, of two journals in the field of philosophy of medicine: *The Journal of Medicine and Philosophy (JMP)* and *Theoretical Medicine and Bioethics (TMB)*. Both of these journals are well established and focus specifically on matters of philosophy of medicine. Not only their titles, but also their subtitles indicate this focus: “A Forum for Bioethics and Philosophy of Medicine” and “Philosophy of Medical Research and Practice,” respectively. Some other journals, such as the ones I mentioned above, may be even better established and offer equally good contributions to the philosophy of medicine, but they do not focus exclusively on
medicine. The two journals chosen for this study have a particular focus on medicine and attract a broad international body of authors from various disciplines while focusing specifically on matters philosophical and related to medicine.

I reviewed all the articles published in these two journals during the study period. Specifically excluded from the study were introductory articles, unless they presented substantive contributions of their own; book reviews, unless they took the form of substantive review articles going far beyond the reviewed book; and short responses to articles appearing in the same issue. Next, I classified all the articles according to one of the major branches of philosophy: metaphysics, epistemology, ethics, aesthetics, and logic. Some articles also had an important secondary focus on a second branch of philosophy, and this was noted. I then identified the primary and secondary topics of the articles. Finally, the articles were classified according to the major methodology used—for example, concept analysis, moral argument, or phenomenology. Because articles often addressed several areas of philosophy and several topics, a good deal of subjective judgment was necessary to say that one area was primary and another secondary. I relied when I could on key words provided by authors to make such judgments, but this was not always helpful. The total number of articles classified was 625: 333 from JMP, and 292 from TMB.

In order to add a somewhat broader perspective, I also examined the books published during the same time period in the Philosophy and Medicine book series from D. Reidel/Kluwer/Springer. Because the books in this series include both monographs and edited collections of essays, I looked only for the major and secondary branches of philosophy covered by each volume as a whole, and not at individual articles within volumes. Presumably, all the articles in a volume are related to the topic of the volume.

The Journals

Ethics. Of the 625 articles surveyed, 463, or nearly three-quarters, dealt primarily with issues in ethics. Of these, 271 came from JMP, and 192 from TMB. JMP’s favoring of ethics is seen even more clearly when we consider that 271 of the 333 articles from JMP were on ethics, as opposed to 192 of 292 from TMB. Although most articles (395) dealt with ethics alone, there were many that also touched on areas of metaphysics (46), epistemology (11), or the law (11) in significant ways.

Considering all 463 ethics articles, the approach of most of them (386, more than 80%) was simple moral argument. That is, they argued for a moral position on some topic. The most common topic was the use of moral theory in bioethics. More than 80 papers dealt with issues such as the critique of “principlism,” casuistry, virtue ethics, utilitarianism, and so forth, and their application to particular subjects or areas of bioethics. Other common topics were issues in health policy; research ethics; autonomy and informed consent; various issues concerning genetics; the moral status of the human being, especially with regard to stem-cell research and abortion; and euthanasia and physician-assisted suicide.
Moral argument was not the only approach to these topics, however. Fifty-one of the articles were on meta-ethics—that is, they were concerned about moral theories or concepts themselves, and not primarily about particular ethical issues. Thirteen of the articles were primarily about analysis of ethical concepts—well-being, for example. Other articles concentrated on historical approaches to ethics, for example, explorations of the ethics of Kant or Hume. A few dealt mainly with methodologies, such as how to teach ethics to medical students, or with hermeneutical approaches to ethics.

Of the articles with ethics as their primary focus, 46 also had a significant metaphysics component. I took metaphysics to include any exploration of the fundamental nature of some concept, practice, or relationship in medicine. For example, discussions of the nature of the physician-patient relationship, questions about human identity, and the nature of suffering were considered to belong to metaphysics. Of the 46 articles on ethics and metaphysics, the nature of the medical profession was the most common topic (13), followed by moral theory, personhood, autonomy and informed consent, genetics, end-of-life issues, concepts of health and disease, the mind-body relationship, questions of reproduction, research, quality of life and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

Eleven ethics articles had a significant epistemology focus. Three were on moral theory, two on health policy, and one each on concepts of health and disease, the mind/body relationship, genetics, the medical profession, end-of-life issues, and technology.

The National Library of Medicine’s search engine, PubMed, has a subset dedicated to bioethics. A search of this subset, done on November 12, 2007, for articles published during the study period found 102,743 articles. Scholarly activity in medical ethics is robust, but this survey strikingly demonstrates the predominance of bioethics, even in journals that are committed to publishing wide-ranging articles in the philosophy of medicine. This might seem troubling if one is interested in promoting philosophy of medicine exclusive of bioethics. But if one sees bioethics as just one branch of philosophy of medicine, it can be taken simply as a particularly robust area of activity within the broader field. Nevertheless, bioethics overshadows other aspects of philosophy of medicine, albeit many articles that primarily focus on ethics also have significant components of other major branches of philosophy.

Metaphysics. Of the 625 articles reviewed, 110 had a primary focus on metaphysics; 53 of these were from JMP, and 57 from TMB. As compared with papers on ethics, a higher percentage of these focused on a metaphysical issue alone (81/110, or 73.6%). Of the articles focusing on a metaphysical issue alone, 36 came from JMP, and 45 from TMB. Twenty-one papers also had a significant ethics component, and eight had a significant epistemology component. The favoring of ethical topics by JMP again is in evidence, as 15 of the 21 articles on metaphysics and ethics came from JMP. On the other hand, epistemology was
underrepresented in JMP, with only two of the eight articles on metaphysics and epistemology coming from that journal.

Concept analysis comprised the most common approach in metaphysics, accounting for 88 of the 110 articles, or 80%. Other approaches were historical (8), phenomenological (8), hermeneutical (4), or unclassified (2). The most common primary topic in metaphysics was an analysis of the concepts of health and disease (25 papers). Nineteen papers dealt with the question of the nature of personhood. Fourteen papers presented theories of medicine; 12 of these came from TMB. Other topics included the nature of death (11), ethics (10), the mind-body relationship (10), genetics (9), public policy (4), diagnosis (3), the medical profession (3), and the nature of pain (2). Thus, interest in ontological questions about many fundamental aspects of medical theory and practice is evident.

An online search for “metaphysics and medicine,” done on November 12, 2007, using PubMed, uncovered 255 articles published during the study period. Since 110 articles on metaphysics were found in the present survey, it seems that these two journals are favored sites for publication of metaphysical or ontological aspects of medicine.

**Epistemology.** Most of the articles on epistemology (42 out of 47) appeared in TMB. Of all the epistemology articles, 27 focused on epistemology alone. Eleven (10 from TMB) also had a significant metaphysics component and eight (seven from TMB) also had a significant ethics component. There was one paper, from TMB, on epistemology and logic. As was the case with metaphysics, the most common approach in epistemology was concept analysis (29 papers). Eleven papers dealt with methodology, and four with moral argument. One paper each used approaches concentrating on history, meta-ethics, or phenomenology. The most common primary topic in epistemology was theory of medicine (12 papers, all published in TMB). There were four papers each on the mind-body relationship, organ transplantation, diagnosis, and public policy, and three papers concentrated on the concepts of health and disease. There were one or two papers on ethics, death, the medical profession, research, pain, HIV/AIDS, research, technology, and the placebo effect. Thus, while questions of epistemology comprise an important area in the philosophy of medicine, they represent a relatively small number of papers.

A PubMed search for “epistemology and medicine,” done on November 12, 2007, uncovered 993 articles published during the study period. Many of these should not be construed primarily as works in philosophy of medicine, but rather more as scientific papers. It may be that those who catalog papers for the database are liberal in awarding a keyword epistemology. Nonetheless, it does seem that work on medical epistemology is being carried out by many scholars who may not consider themselves philosophers and hence seek publication in journals more directly related to medical specialties.

**Logic.** There were only three papers with a primary emphasis on logic. All were published in JMP. One dealt with the logic of diagnosis and had a second-
ary emphasis on epistemology. The other two papers were in one thematic issue on medical ontology and concepts of health and disease. These two articles addressed the idea of “fuzzy health” in terms of fuzzy logic, and their secondary branch emphasis was on metaphysics. The approach of all three of these papers was concept analysis.

Logic of medicine is an area that clearly belongs in the philosophy of medicine. It is not necessarily a neglected area, but it is obviously not given much importance by two of the leading journals in the field. This might be an editorial decision, but it might also be that people working in the field seek to publish their work in other places. For example, Edmond A. Murphy’s substantial book, *The Logic of Medicine*, has now seen two editions (1976, 1997) from Johns Hopkins University Press. Very specialized journals, such as *Artificial Intelligence in Medicine*, publish articles related to the logic of medicine. A PubMed search of “logic and medicine,” done on November 12, 2007, uncovered 471 articles published during the study period. Not all of these could reasonably be considered philosophy of medicine, but a substantial number could. From this we might well conclude that logic of medicine is an active field of study and perhaps deserves more attention from the core of people who see themselves as working in the philosophy of medicine.

*Aesthetics*. Two articles had a primary emphasis on aesthetics. One, from *JMP*, addressed the question of what makes the body beautiful; the other, from *TMB*, discussed the ethics and aesthetics of pain and suffering. Both of these articles had a secondary branch emphasis on ethics. While the former paper’s approach was concept analysis, the latter paper’s approach was primarily moral argument.

Aesthetics is perhaps the least attended-to branch of philosophy of medicine. But again, this is not to say that the field is entirely neglected. A PubMed search for “aesthetics and medicine,” done on November 12, 2007, found 993 articles published during the study period. It should not be surprising to know that many were published in journals of plastic surgery or dentistry. Others had to do with music and art therapy. It is obvious, then, that health-care practitioners in relevant specialties are reflecting upon aesthetics as it relates to their practice.

*The Books*

Thirty-six books were published in the *Philosophy and Medicine* series from 1997–2006. While ethics was by far the most common major branch of philosophy in the book series, it was not as predominant as in the journals. Of the 36 books, 21 (58.3%) were primarily about ethics, compared with 74.1% of journal articles. Two books also had a significant metaphysics component, and one an epistemology component. Sixteen of the 21 books on ethics focused on moral argument, and two on meta-ethics. Three of the ethics books were primarily historical: two on John Gregory (by a single author) and one on Confucius. A range of ethical topics were covered, with no one dominating.

Metaphysics was better represented in the book series than in the journals,
with 12 of the 36 books having primarily a metaphysics focus. Four of these also had a significant ethics component. Concept analysis predominated as an approach (seven books). Two had secondary components of phenomenology and one each epistemology, history, and law. A range of topics were included, but three of the books were concerned with the concept of disease.

Only one book was primarily about epistemology, a historical study and critical edition of the 19th-century work of Elisha Bartlett. Two books were collections of essays concerned with philosophy of medicine as a field. No books were primarily about logic or aesthetics.

It should be emphasized that this study of both books and journals reflects only the current state of philosophy of medicine. Were we to extend the study back another 20 or more years we might well see different emphases. Furthermore, the present study surveyed only a small sample of journals and books. A more wide-ranging study would be necessary to discover any trends in philosophical writing about medicine. Nonetheless, this study shows a consistent favoring of ethical matters in the philosophy of medicine during the last 10 years. Given the stated aspirations of both the surveyed journals and the book series, there is a lot of room for philosophers of medicine to expand their work beyond ethics.

**Conclusion**

This study does not define the philosophy of medicine. We cannot expect to learn the extent of a field from looking at just 10 years’ worth of publications from two selected journals and one book series. Indeed, the question of the nature of philosophy of medicine is essentially a normative question. If the survey shows us anything, it is that we must cast our net more widely if we want to capture the extent of what philosophers of medicine are actually doing. The journals and books surveyed represent only a fraction of published philosophizing on medicine. What appears in any journal is subject to particular editorial policies. So, even if looking at what is published in two established philosophy of medicine journals does give us an idea of the range of material belonging to the philosophy of medicine, we should not take this material to define the field. If philosophers of medicine include not only professional philosophers but also physicians and others, we should expect to find philosophy of medicine in places other than professional philosophy journals. Remembering that physicians have often been the pioneers in philosophizing about medicine, we should expect to find philosophy of medicine in medical journals. Weekly perusal of *The New England Journal of Medicine* or *JAMA* will uncover many examples.

This leaves us with the problem of distinguishing philosophy of medicine from literary reflection on medicine—what Pellegrino calls “medical philosophy”—at the one extreme, and the sometimes highly technical analysis of medicine, such as medical informatics, at the other. Either of these extremes and
much in between may include significant philosophy of medicine but might also
be judged as largely something else. The problem here is not one of “getting it
right.” It is, of course, possible simply to stipulate a definition of philosophy of
medicine and then disallow anything that does not fit the definition. But this
does not allow for the inclusion of the breadth of reflection and analysis that has
for millennia constituted the broad field of philosophy. If some writing is in line
with what at least some professional philosophers take to be philosophy, and if it
relates to what at least some physicians take to be medicine, I am ready to in-
clude it in the philosophy of medicine. I am tempted to say that philosophy of
medicine is like pornography, concurring with Justice Potter Stewart’s 1964
opinion on the matter in Jacobellis v. Ohio: “I shall not today attempt further to
define the kinds of material I understand to be embraced within that shorthand
description, and perhaps I could never succeed in intelligibly doing so. But I
know it when I see it.”

As Percy Bridgman observed about scientific method, scientists are not con-
cerned with describing the scientific method but rather in solving the problems
they set for themselves. If a method is recognized by other scientists as a good
one for solving the problem at hand, that is all that matters. Perhaps we philoso-
phers of medicine should be as generous in recognizing work that illuminates
the theory and practice of medicine, wherever we might find that work.

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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.
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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,
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 actually 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
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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 examine 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,
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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