PHILOSOPHY IN MEDICINE
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Philosophy IN medicine, not philosophy AND medicine

Philosophy is tightly linked to medicine, leading to the crucial and old dilemma:

« Is medicine an art or a science? »
• Philosophy is not a medicine
• Medicine is not a philosophy
but we need both of them
IN GREEK ANTIQUITY
A DOCTOR WAS ALSO A PHILOSOPHER
The union of the two sciences is very important for each other, and all which is suitable to the philosophy apply also to medicine.

Hippocratic corpus

Hippocrates
460-370 A.C.

Bust by Peter Paul RUBENS 1638
The best physician is also a philosopher.

Claude Galen of Pergamum
131-201 A.D.
TEXTS FROM THE ANCIENT GREEKS WERE TRANSLATED AND TRANSMITTED BY ARABIC DOCTORS AMONG THEM IBN SINA, AVICENNE, AUTHOR OF THE CANON OF MEDICINE, AND AVERROES. MAIMONIDÉ, A JEWISH PHILOSOPHER WAS ALSO AN IMPORTANT TRANSLATOR.
René DESCARTES
Dualism
Le discours de la méthode

Baruch SPINOZA
Monism
L’Ethique
PHILOSOPHY IN MEDICINE

• DUALISM: Hippocrates → Descartes
  SOUL
  → MEDICINE OF SOUL
  PHILOSOPHY
  WISDOM
  → MEDICINE OF HUMAN
  PHILOSOPHY IN MEDICINE

• MONISM: Spinoza → Changeux J.P.
  BODY AND MIND
  → MEDICINE OF BODY
  MEDICINE
  HEALTH

Example: Psychiatry (ψυχή ιατρος)
ALL THE PARTS OF PHILOSOPHY ARE INVOLVED IN MEDICINE

• LOGIC: EPISTEMOLOGY, HERMENEUTICS

• MORAL, ETHICS

• PSYCHOLOGY, PHENOMENOLOGY

• METAPHYSICS, ONTOLOGY: SCIENCE CONCERNING A HUMAN PERSON
LOGIC IN MEDICINE

Logic provides important tools to guide thinking and understanding of clinical processes, diagnosis, prognostic and therapeutics.

* **EPISTEMOLOGY**
  to build the medical knowledge

* **HERMENEUTICS**

  to allow the symptoms interpretation

Reductionism vs. Holism

(the properties of the whole are or not reducible to the properties of its individual components)
RATIONALISM VS EMPIRICISM

The rationalism-empiricism debate has a long history, beginning with the ancient Greeks, and focuses on the origin of knowledge.

- **RATIONALISTS** (Socrates, Plato, Descartes, Kant)
  
  reason is both the origin and the justification of knowledge

- **EMPIRICISTS** (Aristotle, Avicenna, Bacon, Locke, Hume, Mill)
  
  observation and experience are at the origin and provide the justification of knowledge
Claude Bernard
Introduction to the Study of Experimental Medicine 1865
Georges CANGUILHEM
1904-1995
Physician
Resistant
Philosopher
Michel FOUCAULT
1926-1984
ETHICS OR MORAL?

Paul RICOEUR
1913-2005
A clear distinction is made by Paul Ricoeur between mores and ethos:

*Moral*: refers to absolute, universal, imperative, unconditional norms on the base of intangible principles (deontologically).

*Ethics*: is relative, particular, permanently evolving, « normative not imperative », indicating how to behave and leading to wisdom and better life in terms of wellbeing, happiness, dignity and reason (teleologically).
ETHICS EVOLUTION

ACCORDING TO:

• COUNTRIES, SOCIETIES
  
ex: euthanasia, assisted suicide is
    - authorized in Switzerland, Belgium
    - prohibited in France

• TIME, HISTORY
  
ex: abortion which was a crime is to-day a woman right

ETHICS VS MORAL: THE GOOD LIFE VS YOU WILL NOT KILL (DECALOGUE)
PSYCHOLOGY

* A branch of philosophy but also a mandatory quality for medical doctors and nurses

  - some care givers have spontaneously a good understanding of the feeling and behavior of their patients

  - other care providers have a complete inability to communicate with the patient and his relatives

* Each physician reacts with his own personality, being more or less aggressive, optimistic or pessimistic, indifferent or empathic.
DEATH AND MOURNING

• Faced to death, the relatives need to resign and the physician must help in their mourning.
• The process of resignation, extensively studied by Freud and psychanalists, may be long, difficult and sometimes pathological.
• Psychology is essential to understand incomprehensible attitudes: for example, a feeling of culpability of relatives may induce aggressiveness against the care givers.
HEALTH, DISEASE PHILOSOPHICAL QUESTIONS?

WHAT IS HEALTH?

WHAT IS DISEASE?
PHILOSOPHICAL CONCEPTS OF HEALTH

OCCIDENTAL CONCEPTS

- PASSIVE: ABSENCE OF DISEASE
  *Life in the silence of organs (Leriche)
    false: cancer evolution without pain

- DYNAMIC: VICTORY ON ILLNESS
  *That which doesn’t kill me, makes me stronger (Nietsche)
    example: immunity

- UNICIST:
  *Health and illness are two appearances of the same normative power of the life.
    Unified vision of health and illness around the individual (Canguilhem)

- SOCIO-ECOLOGIC:
  *Well-being, welfare: the patient within his surrounding (WHO)
    Boorse C. Health as a theoretical concept. Philosophy of science. 1977;44:542-73
ORIENTAL CONCEPTS

• TWO MAIN LAWS FROM THE UNIQUE UNIVERSAL PRINCIPLE:
  - EVERYTHING HAVING A BEGINNING HAS AN END
  - EVERYTHING HAS ITS OPPOSITE: YIN, YANG
    TAMASIC, RAJASIC

  - HEALTH: HARMONIOUS EQUILIBRIUM OF VITAL FORCES
  - DISEASE: RUPTURE OF EQUILIBRIUM
DISEASE
A PATHOLOGY
A CASE
THEORETICAL
SCIENTIFIC
NORMATIVE

CURE

ILLNESS
A STATUS
A PATIENT
PRACTICAL
HUMAN
NATURALIST

CARE

BOORSE C. On the distinction between disease and illness. Philosophy and public affairs 1975;5:49-68
THE CONCEPT OF CARE

• A new philosophy, born in USA around 1980, in reaction against an ultra liberalism tending to consider the patient as a case, a thing or a problem.

• The Care is empathy in action

• The Care is an ethic anchored simultaneously in the possibility of receptivity, relatedness and responsiveness.

It is not being less scientific that we will be more human, but be more and differently scientific.

Alvan Feinstein
• The object of philosophy is the logical clarification of thoughts.
• Philosophy is not a theory but an activity.
• A philosophical work consists essentially of elucidations.
• The result of philosophy is not a number of « philosophical propositions » but to make propositions clear.

Bertrand RUSSELL
Introduction to the Tractatus logico-philosophicus de Ludwig WITTGENSTEIN
HOW TO TRAIN DOCTORS TO MORE HUMANITY?

• Medical students must gain a philosophical and reasoned understanding of things.

  Claude Bernard

• The human contact cannot be taught nor be learned like physiology of the neurovegetative system

  Georges Canguilhem
MEDICAL HUMANITIES

Large interdisciplinary field including:

- **Humanities** (literature, philosophy, ethics, history and religion)
- **Social sciences** (anthropology, psychology, sociology)
- **Arts** (literature, theater, movies and visual arts)

and their application to medical education and practice.

Felice Aull, NY School of Medicine
AMERICAN SOCIETY FOR BIOETHICS AND HUMANITIES

Created in 1998 from the amalgamation of three associations:

• Society for Health and Human Values
• Society for Bioethics Consultation
• American Association of Bioethics
Medical practice implies more than ever a self knowledge and an approach of the other. It lies upon essential notions of psychology, sociology, anthropology, economy, laws, ethics and philosophy.

Introduction during the first three years of medical training of a teaching « Human and social sciences »
TOWARDS TRANSHUMANISM?

Ray Kurzweil
MORE MEDICAL THE LIFE

• AT THE BEGINNING: GENETIC ENGINEERING
  - Artificial fecondation techniques
  - Procreation medically assisted, abortion
  - Genetic selection and genes modifications

• AT THE END OF LIFE:
  - Palliative care vs assisted suicide
  - Unreasonable relentlessness vs euthanasia

• IN BETWEEN
  - Health and illness
  - Ageing, dependency, severe handicaps
THE LIMITS OF LIFE
OR WHAT DEFINITION FOR A HUMAN BEING?

* AT THE BEGINNING OF LIFE
  - the fertilization?
  - the nidation?
  - the acquisition of the nervous system?
    * consciousness
    * communication

* AT THE END OF LIFE
  - arrest of vital functions (maintained by resuscitation)
  - brain death: irreversible loss of ability to:
    * consciousness
    * communication
THE FUTURE OF THE PHILOSOPHY IN MEDICINE WILL
1- come (indeed, quite soon) to an end?
2- become transformed into bioethics?
3- become subdivided into the philosophy of medicine and bioethics?
4- become codified as positive law?
5- be replaced by a further preoccupation with medical technology and the biomedical sciences?
6- become identified with the projects of medical sociology and anthropology?
7- reflect a combination of 1-6 noticed above?

Spicker S F
WHY A DOCTOR MUST BE A PHILOSOPHER?

1- MEDICINE IS A TRAGIC JOB
   - Confrontation to the worse

2- MEDECINE IS AN ETHIC JOB
   - Its object is a subject

3- MEDECINE IS A LONE JOB
   - Everyone is responsible of his acts
   - 3 Risks: - Legalism
     - Delegation
     - Abdication
MEDICINE NEEDS PHILOSOPHY BY THE VERY FACT THAT IT CONCERNS HUMAN BEING. LIFE AND DEATH ARE THE TWO MORE CRUCIAL ONTOLOGICAL PROBLEMS.