

Chinese University of Hong Kong Lectures

First Lecture

What Can Philosophy and the Practice of Medicine Teach Each Other?

Introduction

I will start by making some remarks about philosophy, characterizing it so that its relation to other forms of inquiry and experience can be better understood. Also, approaching the topic of this discussion in that way will be an effective way to begin to see how philosophy and medicine can teach other in quite constructive ways.

Consider what I shall call the **Common Sense** view of the world. By that, I mean the ordinary person's view of things. This would include such notions as (i) there is a public world of objects of many different kinds, (ii) there are numerous, regular causal relations between many of those objects. For example, if any thing hatches from a duck egg it will be a duckling and not some other animal; oak trees produce a vast number of acorns and many animals eat acorns; the tannin has to be removed from acorns if humans are to consume them safely; the sun rises each morning; water boils at 100 degrees Celsius—and many, many other beliefs. A great many beliefs are part of the Common Sense view.

Now consider the **Scientific view** of the world. By that I mean a view that seeks to be more explanatory, more systematic, and more accurate than the Common sense view. In the scientific view we try to show how certain types of phenomena are instances of laws that can be formulated with precision. We distinguish between bacteria and viruses, and between marine mammals and fish, and between carnivores and herbivores. Moreover, we strive to formulate explanatory laws on the basis of careful, repeated observation. In addition, we develop an understanding of the relations between biological properties, chemical processes, and physical phenomena. Sometime the Scientific view diverges from the Common Sense view. For example, in the Scientific view the taste of honey, the smell of garlic, and the disgusting appearance of a small animal that has just been driven over by a car or truck are not 'out there' in the world in exactly the way we experience them. The physical properties that cause the sweet taste of honey, the characteristic smell of garlic and so forth are 'out there' but the way we experience them depends on our sensory abilities and modes of awareness. The disgustingness of the dead animal is not a feature of it in its own right anymore than feeling intoxicated and dizzy is a feature of a pint of whisky—even though the whisky will cause those experiences if it is consumed swiftly. The Scientific view can correct Common sense misrepresentations. If a sound is unpleasantly loud that is because of actual physical phenomena but its unpleasantness is a matter of how we experience it, and not an intrinsic feature of the sound. The world is not quite as it appears to Common sense.

It might seem that as we achieve an increasingly accurate, systematic scientific conception of the world there is no scope remaining for any other way to

understand the world. However, *whatever the state of scientific understanding, there will remain various philosophical issues*. For example, in the Common Sense view one might say that the automobile's radiator burst because it was full of water and it was well below freezing the night before. The Scientific view would include a much more informative, precise account of the expansion of the water as it froze, the pressure on the material of which the radiator is made, the stress at which that material fails, and other specific causal features governed by laws of nature. What else could there be for philosophy to say about the matter?

What causes what is a scientific question; while *what causation is*, is a philosophical issue. What the laws of nature are is a matter for scientific inquiry; *what makes a statement a law-like statement expressing necessity* is a philosophical issue. The distinctions between logical necessity, causal necessity, law-governed necessity, and so forth are matters for philosophical analysis. That is not because there is something incomplete about the Scientific View; it is because philosophical issues are not empirical questions resolved by discovery of this or that fact. They are matters of conceptual elucidation, relations between concepts, and matters of justification. They often concern assumptions and presuppositions—things taken for granted in one or another area of inquiry. The sciences cannot question everything; they have to take some things for granted in order to get underway. Philosophy involves critical reflection on the things we take for granted.

Consider the difference between having a true belief and having knowledge. A person can have true beliefs by accident; can have beliefs that are true but have no idea why they are true; and can have true beliefs without knowing they are true. Merely having true beliefs falls far short of having knowledge. What the conditions are for knowledge is a philosophical issue. There is much that science can discover concerning perceptual and neurological processes involved in having knowledge. But the question of what conditions that constitute knowledge, is a philosophical matter. The **Philosophical View** of things involves examining presuppositions, clarifying concepts and the relations between them, and explicating conditions under which various types of claims are *justified*. However much scientific knowledge we have, normative issues of justification remain genuine, open questions.

II

What has this to do with the relations between medicine and philosophy? In recent decades there has been a growing body of literature in what is called "medical ethics" or "ethics and health care." At least, that is the case in the English-language world and I would imagine that it is the case elsewhere, as well. This is a matter of identifying and exploring the ethical issues involved in medicine and health care. In addition, when it comes to the education of physicians, it is a matter of enabling them to appreciate that the practice of medicine is not an exclusively technical skill or applied science. Practicing medicine in a way that is not limited to being a technical skill involves thinking about health and the practice of medicine in ways that involve some philosophical reflection.

It is fairly clear that the Scientific View of health and medicine is much more sophisticated, accurate, and systematic than the Common sense view. However, it might seem that there is no role for a philosophical view of health or medicine. Doesn't science get us as far as we can go in understanding such things? The short answer, actually, is 'no,' there is a role for philosophy. There certainly is a role for philosophy in regard to ethical issues that arise concerning health and medicine, but not *only* in regard to ethics.

Physicians—at least in the U.S.—often resent this, regarding it as interference with their sphere of expertise. They regard ethical reflection as unnecessary. Some claim that (i) their undertaking is a scientific one, and ethical reflection is unhelpful interference. Some others claim that (ii) physicians acquire whatever ethical expertise is required, in the practice of medicine, thinking that scientific expertise and experience as a practitioner is sufficient to acquire moral expertise and authority. Thus, many physicians seem to hold that ethical analysis is either not needed or it is already in good hands, and no one outside the community of health care professionals is needed to provide ethical guidance.

However, it is not difficult to see how there is a role for philosophy concerning health and medicine. The concept *health* is itself a notion that invites philosophical reflection. Of course there is a sense in which the understanding of health is a scientific matter. But our concept of health and how we think about health care are not strictly or exclusively scientific notions. There is much more to the notion of health than just a factual description of what we take good or normal health to be like. While it is clear that there are important empirical considerations concerning health it is also clear that health is a significant human good. How we answer questions about how it fits into a larger, more comprehensive conception of human good and how people are to lead their lives. The answers point to ways that have implications for what we owe each other and even ourselves regarding health, and how concern for health should figure in the overall conception of a good or flourishing life. In what ways is health a public good? How much responsibility for one's health should a person have? How is health related to the other ends and purposes that are important to people? How should health be regarded at different stages of life? And so forth.

During the Middle Ages when many philosophers were also physicians, reflection on medical practice and on health were closely related to reflection on what is a well-lived life and reflection on virtue. If one is to lead a virtuous life the virtue of the body is part of the overall virtue that is needed. The virtue of the body—physical health—is an element needed for ethically and intellectually virtuous activity. Not only were physical and mental health understood as closely related, health was widely regarded as an aspect of an excellent life; one can act in the best ways when ethical aims are supported by health, by desires, passions, and emotions that are aligned with human good.

In the contemporary context it is still meaningful and illuminating to characterize health as a good, as a feature of a life that is to be valued. It is not simply a matter of being an instrumental good. Taking one's health seriously can also be a way of

valuing, respecting oneself. Also, thinking carefully about health and medical practice can be crucial to the ways we approach the health needs of children, aging, and the quality of life for the aged, disabilities and the disabled, public health, and how much to invest in medical research. The number of ethically significant aspects of health and medical care is very large and there are complex relations between many of them.

The scientific understanding of those issues is crucial to judging how to address them but there is a role for more than just scientific understanding. This is because of the complex texture of the notion of health as a human good. Is it more important to commit medical resources to the very young or to the very old? To what extent—if any—should a person's behavior figure in the cost of that person's medical care? Should extensive resources be aimed at eradicating deadly diseases that affect modest numbers of people or aimed at matters of health that are less deadly but more widespread? In any medical case it is possible for there to be numerous aspects to take into account, each having importance in the case as a whole but not in a way that can be measured quantitatively. The list of questions could go on and on, and ultimately, how we answer them reflects the notion of health we endorse, even if only implicitly. What we decide and what we do says important things about how we regard health and the various issues it involves.

Also, to what extent should judgment about what sort of health care to provide be the judgment of health care professionals rather than patients and their families? For a long time physicians in the U.S. and other Western nations as well, have been held in high esteem and have been regarded as having considerable authority. Up until fairly recently, it was customary for Americans to defer to the doctor's judgment and to assume that *of course* the physician possess not only scientific expertise but moral expertise as well. Doctors were thought of as not only knowledgeable but also *wise*. That assumption is made less readily now. People are growing accustomed to asking more questions, requiring fuller explanations, and seeking second opinions. While doctors are still thought of as having a distinctive authority their authority is not left unquestioned as much as in the past. And many people want to think of themselves as invested in maintaining and pursuing their health; they seek the expertise of doctors when needed but do not simply commend their health entirely to the hands of physicians.

Granted, in many cases the patient is quite willing to give decision-making authority to the physician. This is because the patient may lack understanding of his or her condition, or because the patient is anxious and upset and does not feel able to take responsibility for decision-making. (In fact, it would probably do some real good if people did think more carefully about how their activities, habits, and overall style of life impacts health. Then perhaps at least some people would make better decisions and they might feel more able to be part of the decision-making regarding various medical options.)

It might be asked, "Why couldn't codes of conduct supply the needed ethical guidance for physicians?" Answering this question will help us see how medicine and philosophy can teach each other. To be sure, such codes can provide helpful guidance and they can help ensure that there is consistency in the conduct of participants in certain practices and professions. Codes can be informed by reflection on practice and they can indicate the judgment of people who have encountered many relevant types of situations. However, *it is a mistake to think that compliance with a code is satisfactory as an approach to ethical issues*. For one thing, the agent may be unable to explain right action because he or she does not understand the reasons for the policy or does not give thought to what the reasons should be. For another, the agent may be unable to make correct judgments in situations that have not been addressed by the code. The code might not specify what is required and what is prohibited and the agent may lack the deliberative ability to make his own judgment. We cannot rely on unreflective habits or responses as guides to ethical conduct; ethical life is much too complex for that, and it can always confront us with challenges that demand new thought. Similarly, the physician cannot rely on a codification of rules but must be able to judge how to deploy general knowledge in the particular circumstances that are to be faced.

An ethically excellent doctor will have more than just scientific knowledge and technical expertise. Such a person will need to have a guiding understanding of health that cannot be exhaustively specified in terms of quantitative measurements alone. It is an understanding concerning the role of health in pursuing worthwhile ends and how patients should consider their health. Just as ethical thought involves multiple values and is never complete and fully integrated our understanding of health is never fully complete, this is also true of our understanding of health and excellent medical practice. Thinking carefully about health and medical practice can be crucial to the ways we approach the health needs of children, aging and the quality of life for the aged, disabilities and the disabled, the many issues of public health, and how much to invest in medical research.

The number of ethically significant aspects of health and medical care is very large and often there are complex relations between many of them. There is something artificial in trying to isolate one or another of them, taking it as a stand-alone matter. In general, there is something artificial in thinking that a situation involves only one ethical value. Often we think of ethical judgment as concerning one value at a time; for example, in this situation courage is called for; in this other situation, fairness is the chief concern; in that situation compassion is especially important; and so forth. However, ethical reality is not as simple as that. In just about any situation several values will be relevant even if one is the most pronounced in importance. When courage is required considerations of compassion, justice, and honesty might also figure in the situation. When compassion is required considerations of fairness, self-control, and loyalty might also need to be taken into account.

That is why the notion of *practical wisdom* has a key role. What philosophers mean by practical wisdom is a guiding conception of the good, a conception of ethical values, as well as virtuous states of character, and excellent deliberation. The person

who has acquired practical wisdom has sound understanding, deliberates well about how to act, and has reliable dispositions to act well. Thus, practical wisdom involves a combination of understanding, character, and volition—and the relevant kind of understanding is not just a grasp of facts. It also involves being responsive to situations in the right way, having appropriate emotions and sensibility.

The combination of sound understanding, awareness of ethically relevant considerations, and excellent judgment is found in the excellent physician. That person has *a reflective, guiding conception of health and a healthy life; has expert judgment and skill concerning numerous aspects of health and their interrelations, and that knowledge and judgment inform the physician's actions*. In that sense, the ethically excellent physician is a model of practical wisdom. Being an excellent physician is not just a matter of having scientific knowledge or technical skill or a sympathetic, responsive approach to patients. It involves all of those things. And thinking about the excellent physician highlights key elements of practical wisdom.

Could someone be an excellent physician while lacking sound judgment, or lacking responsiveness to patients' main concerns and anxieties, or lacking the relevant knowledge of physiology, chemistry, and anatomy? The physician lacking in any of the respects mentioned will not be a genuinely excellent physician. In this way, thinking about the physician's approach to medical practice helps us better understand what practical wisdom is. It helps us see that the ethical aspects of medical practice are not simply a matter of conforming to a code or rule-following. Those can be very helpful and they can also ensure a kind of consistency in medical practice. However, though there are numerous general rules or principles of ethically right action there can be a kind of moral shallowness in being faithful to them without reflective understanding of them. Genuine moral understanding comes through attention to the ways that values figure in actual, often complicated situations, where it may be evident that, courage, for example, or compassion is called for but not evident what would count as the right exercise of courage or the right expression of compassion in the situation. It is only through attention and reflection that understanding can be enlarged and deepened. A code might be made broader and more comprehensive but that is not the same as ethical understanding becoming deeper.

Changes in a professional code reflect changes in the prevailing ethical view and what it is appropriate to require of health care professionals. Considering the changes that are made over time is a way of seeing how ethical understanding has changed. It would be an interesting exercise to examine such changes to see whether the changes are largely a matter of medical knowledge and technology changing or a matter of values having changed—and why.

Reflection on the concept *health* and the ends and purposes of medical practice helps us better understand the diversity of considerations to which physicians need to be responsive. It is not just that ethical thought can be applied to the medical context; rather, ethical thought helps articulate important features of the medical context. At the same time, knowledge of the empirical, policy, and deliberative

issues confronted by physicians helps us elaborate the notion of practical wisdom. There are several respects in which health and the practice of medicine are philosophically interesting and significant.

The expression "applied ethics" is widely used and yet, I believe it is misleading. When we are thinking about moral judgment and action in a specific context that is not a matter of *applying* ethical theory to issues in that context. Instead, we are engaged in practical philosophy, that is, philosophy in its direct engagement with action, with the question of *what to do*. There is probably no better context for illustrating the character of practical philosophy than medicine. It includes empirical, conceptual, and normative aspects in ways that illustrate all of the main elements of what philosophers mean by practical wisdom.

