

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

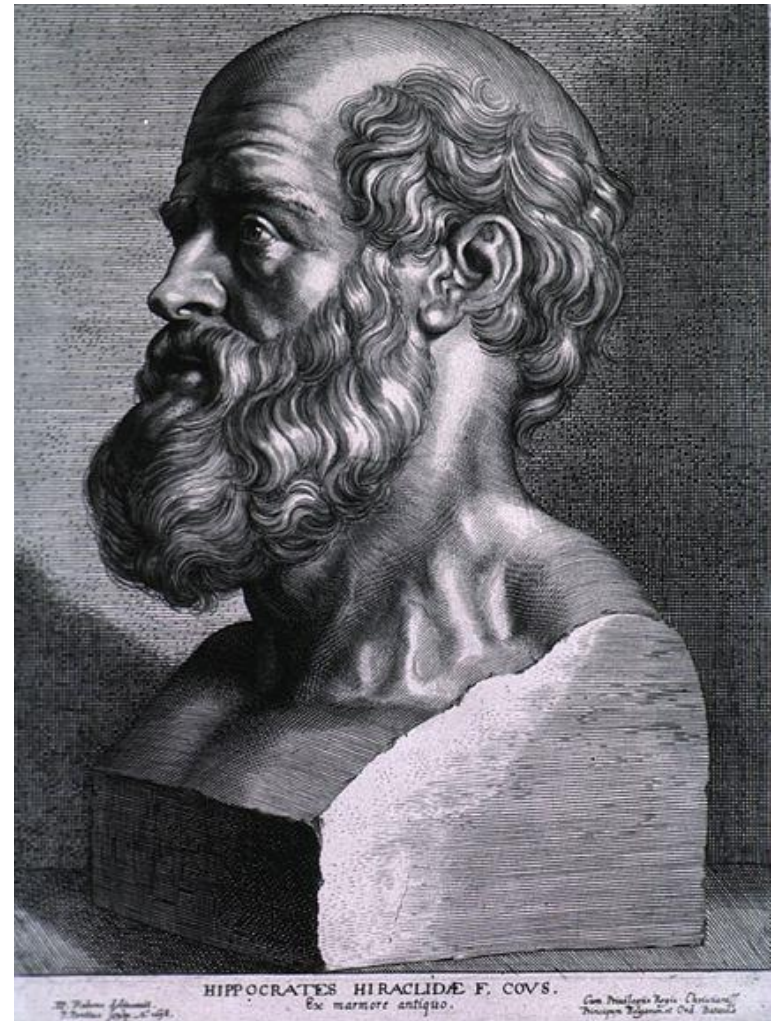
IN GREEK ANTIQUITY
A DOCTOR WAS ALSO
A PHILOSOPHER

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
460-370A.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.
MAIMONIDE, A JEWISH
PHILOSOPHER WAS ALSO
AN IMPORTANT
TRANSLATOR.



AVICENNE



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

BODY



MEDICINE OF BODY

MEDICINE

HEALTH

- MONISM: Spinoza  Changeux J.P.

BODY AND MIND



MEDICINE OF HUMAN

PHILOSOPHY IN MEDICINE

Example: Psychiatry (ψυχη 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

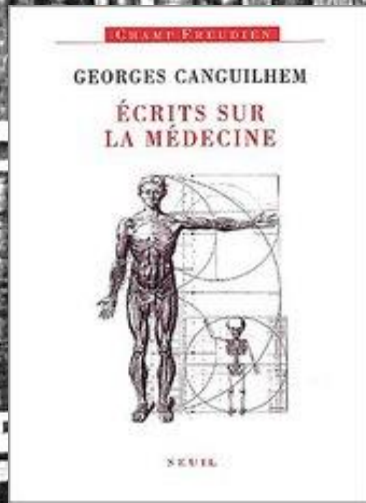
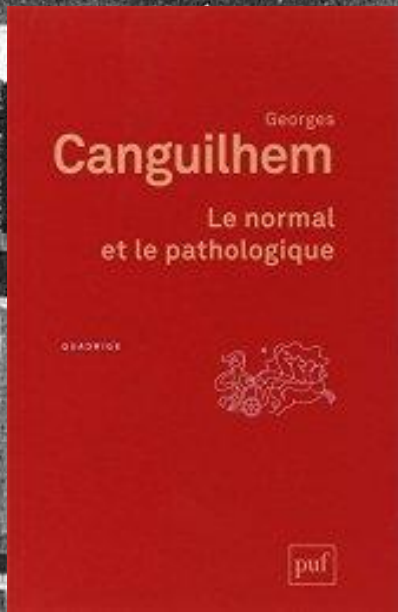
The rationalism-empiricism debate has a long history, beginning with the ancient Greeks, and focuses on the origin of knowledge.

- 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

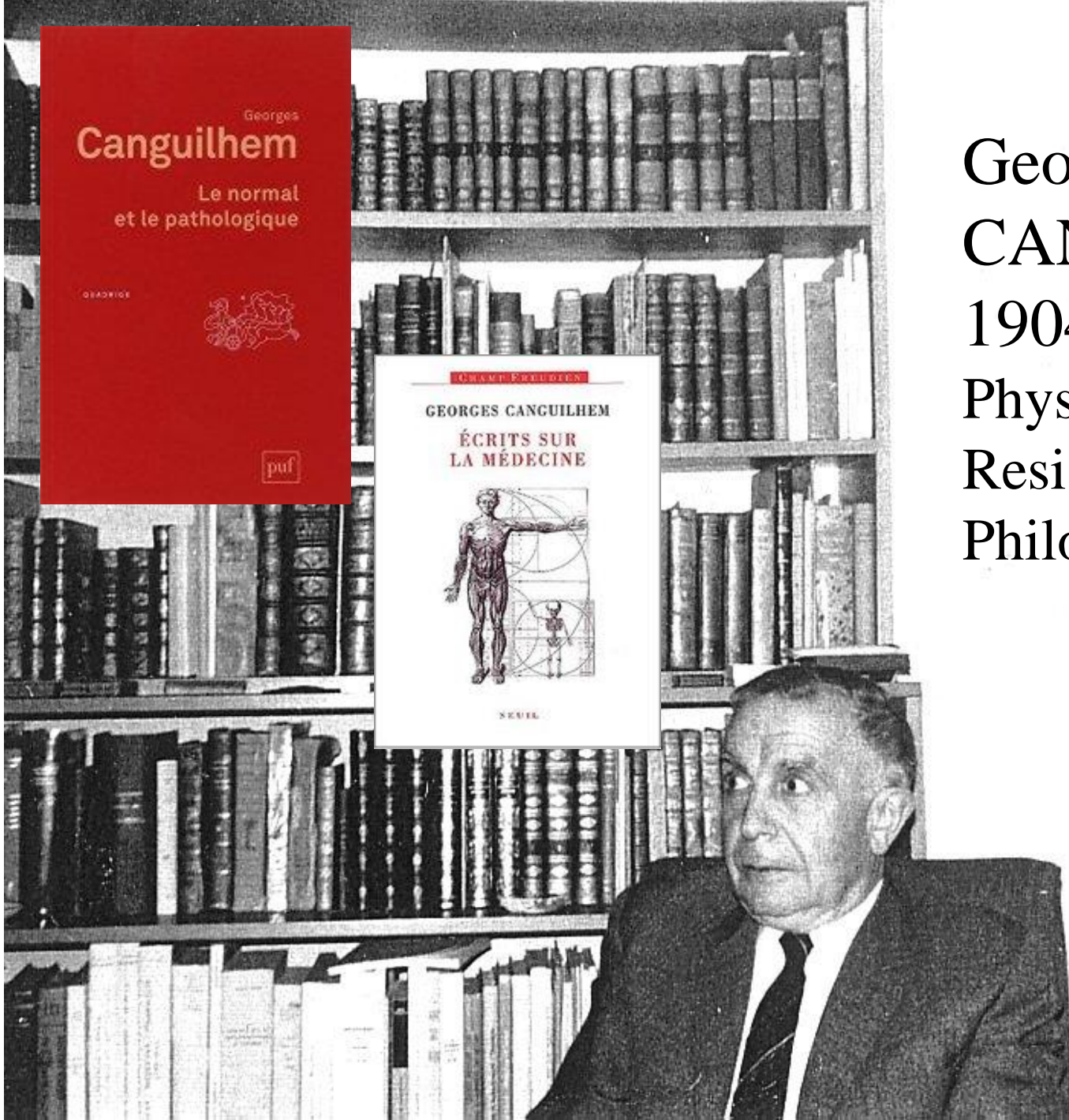


Claude Bernard

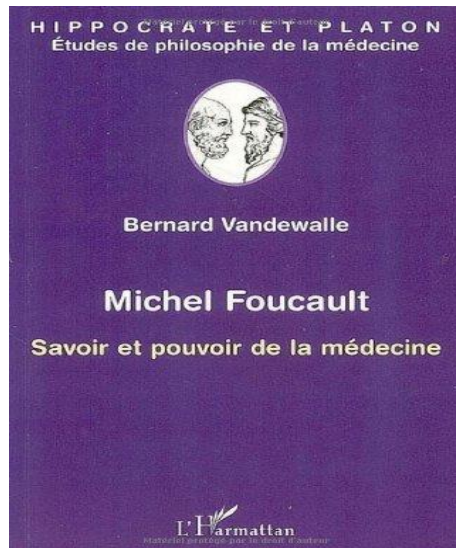
Introduction to the Study of Experimental Medicine 1865



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

OCIDENTAL 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

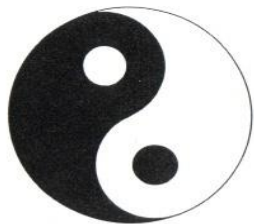
ORIENTAL CONCEPTS

- 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

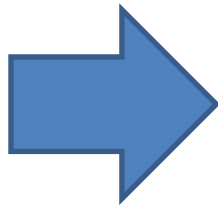
A PATHOLOGY

A CASE

THEORETICAL

SCIENTIFIC

NORMATIVE



CURE

ILLNESS

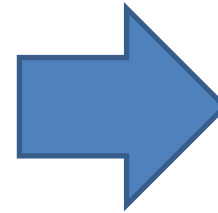
A STATUS

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:

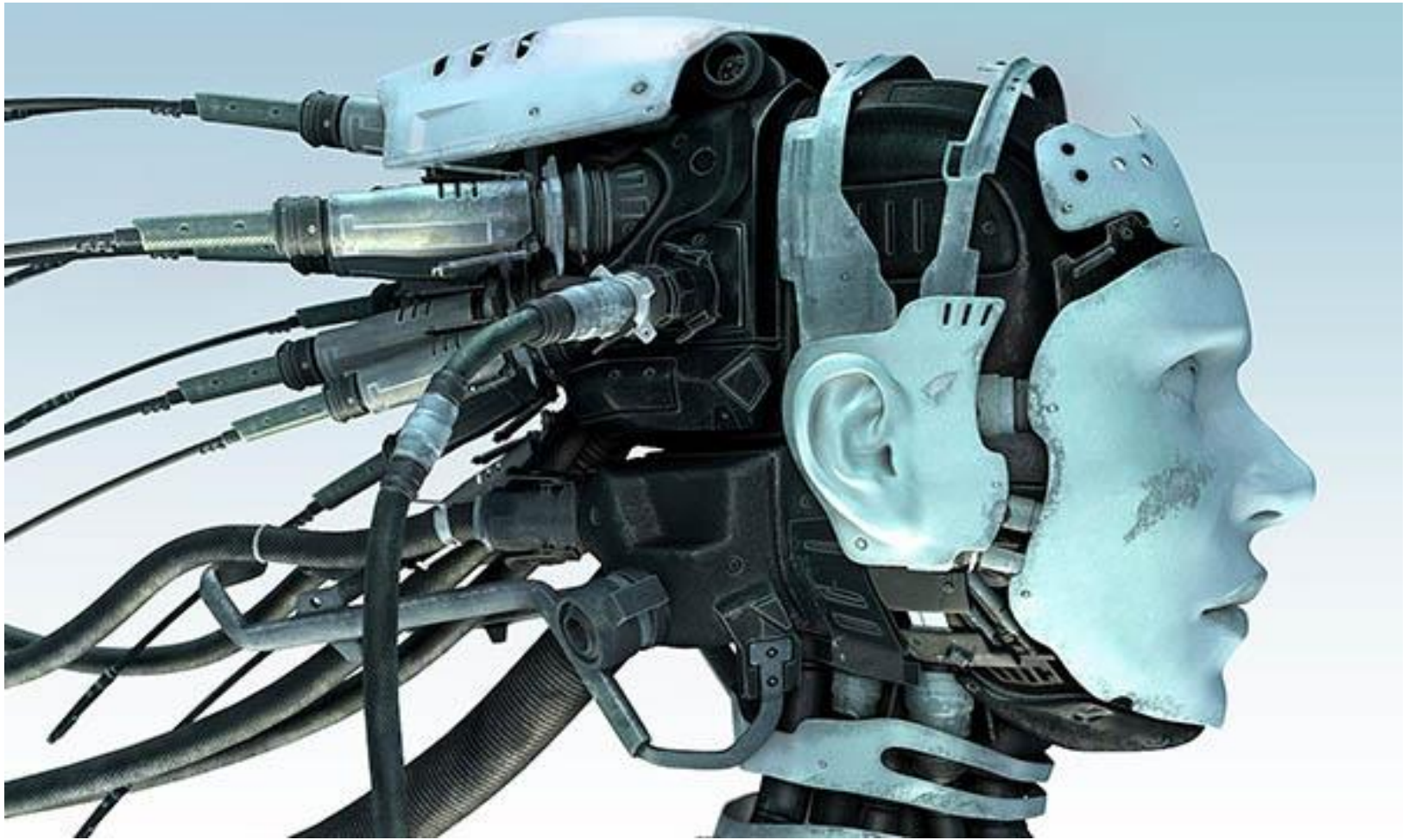
- Society for Health and Human Values
- Society for Bioethics Consultation
- American Association of Bioethics

OFFICIAL FRENCH RECOMMENDATION

19 OCTOBER 1993

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.