

## Advancing the Philosophy of Medicine: Towards New Topics and Sources

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*The first part of an issue devoted to Alex Broadbent's essay titled "Prediction, Understanding, and Medicine," this article notes the under-development of a variety of issues in the philosophy of medicine that transcend bioethics and the longstanding debates about the nature of health/illness and of evidence-based medicine. It also indicates the importance of drawing on non-Western, and particularly African, traditions in addressing these largely metaphysical and epistemological matters.*

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### I. PHILOSOPHY OF MEDICINE AS A NEW FIELD

The past two decades have witnessed the uncontested establishment of a field titled "philosophy of medicine" as something distinct from the philosophy of science and from medical ethics. There has been enough material to ground volumes with titles such as *Philosophy of Medicine* (Gifford, 2011), *Medical Philosophy: Conceptual Issues in Medicine* (Bunge, 2013), *The Bloomsbury Companion to Contemporary Philosophy of Medicine* (Marcum, 2016), *The Routledge Companion to Philosophy of Medicine* (Solomon, Simon, and Kincaid, 2017), *The Handbook of the Philosophy of Medicine* (Schramme and Edwards, 2017), as well as recent encyclopedia entries devoted to the topic (Reiss and Ankeny, 2016; Marcum, 2017). Although the philosophy of medicine clearly exists as a professional field, having overcome Arthur

Caplan's (1992) claim some 25 years ago that it did not yet exist, in this article we contend that it admits of substantial expansion, in at least two respects.

In the next section (II), we firstly contend that the topics on which the philosophy of medicine has largely focused have been limited and secondly point out that the sources on which the philosophy of medicine has mainly drawn have come from the Western, and specifically Anglo-American, tradition, neglecting potentially useful input from other global traditions. We do not merely indicate these two ways in which the field could be stronger but also make some positive suggestions about how to make it so. We identify a range of patently relevant questions that merit consideration in the future as well as suggest some strategies for invoking non-Western materials, particularly from the African tradition, that promise to be revealing.

We conclude (section III) by placing in the context of our characterization of the field Alex Broadbent's (2018a) essay, "Prediction, Understanding, and Medicine," which anchors the present issue of the *Journal of Medicine and Philosophy*. We view it as helping to fill some of the gaps that we have identified, specifically demonstrating that the question of the nature of medicine is distinct from the question of the nature of health and deserves its own systematic investigation, ideally with input from non-Western thought and practice.

## II. PHILOSOPHY OF MEDICINE: BROADENING THE FIELD

Probably the oldest topic in the philosophy of medicine, viz., since the 1970s, is the nature of health and the companion issue of the nature of disease (e.g., Boorse, 1975). Is there an essence to the state of health, and, if so, what is it? Can the nature of health be captured using purely descriptive concepts, or are evaluative ones necessary? Is health a primary property akin to shape, or is it a secondary property similar to color? Is disease the mere absence of health, or is it a substantive disvalue in the way that the presence of pain is not the mere absence of pleasure? How can one distinguish between the causes of a disease, the disease itself, and the symptoms of the disease? These metaphysical questions have been at the center of the philosophy of medicine since its inception, and debate about them continues in earnest.

The other major topic in the field has concerned the epistemology of medical science, especially how to know which treatments are likely to be effective. Discussion of "evidence-based medicine," in particular, has been all the rage since the 1990s, with theorists considering what counts as the best, or at least adequate, evidence of which medical interventions would work in various contexts. Here, too, substantial debate continues.

While not wanting to discourage further enquiry into these topics, we submit that they have eclipsed other important issues that should also be taken

up by philosophers of medicine. To begin with some metaphysical issues, consider that questions about medicine appear *prima facie* distinct from those about health and disease, and clearly to be relevant to the field. It is tempting to suggest that enquiry into medicine is nothing beyond enquiry into health/disease, but that is, upon reflection, implausible, or at least would take significant work to defend. Consider, for example, the idea that medicine involves palliation, where the bare fact of, say, experiencing pain does not obviously supervene on the fact of being ill. For another example, some, particularly outside the Western tradition, argue that the practice of medicine should be infused with the values and norms of a people's culture, which mores might be quite unrelated to considerations of health.

When it comes to enquiry into medicine, one can distinguish a variety of topics that appear to call for independent investigation. What is medicine? In particular, does medicine have an essence, or is it a property cluster, or is it a nominal collection of disparate practices? What function does medicine serve in a society, that is, what are its substantial causal influences on other practices and institutions? Who counts as a medical expert? What can medical experts reliably achieve, that is, what are they competent at doing?

In addition to these descriptive enquiries, there is a variety of related evaluative and prescriptive ones about medicine that are under-explored. Are the benefits of the institution of medicine, or particular instantiations of it, worth its costs, and, if so, why? Beyond ends that would justify setting up various practices of medicine, are there additional ends that medical practitioners should pursue, once they have been set up? Might redress for past epistemic injustice be one such end, and, if so, how is it to be weighed against other ends such as health promotion? Which constraints should medical practitioners observe in the pursuit of proper ends, and are these considerations all reducible to standard fare in medical ethics? Are there values other than ethics (understood as moral virtue and rightness), say, ones of piety or meaning in life, that medical practitioners should consider? Should medical experts be the sole ones to determine the shape of medical practice?

In sum, whether a medical expert is merely one who can promote health and whether medical practitioners ought to pursue this end above all else, for just two examples, strike us as open—and fascinating—questions. We do not mean to suggest that the above is an exhaustive list of questions pertaining to medicine that appear to transcend those regarding the nature of health and how to promote it.

Turning to epistemology, there are also several issues that transcend debates about the nature of evidence-based medicine, that is, best scientific practice, and that call for much more scholarship than they have received, at best having only started to receive serious attention relatively recently. Many of these are a matter of asking whether evidence should matter exclusively or most in a medical context and whether evidence is necessarily scientific.

For example, should one appeal only to evidential grounds when thinking about what has caused a disease or how to treat it, or are pragmatic considerations also relevant? Would epistemic redress for colonial denigration of indigenous peoples' worldviews count as an evidential or pragmatic consideration (or both), and how heavily should it weigh in the institution of medicine?

If evidential grounds should be the primary, if not the only, factor determining belief about medicine, how does context affect epistemic justification? For example, might those unfamiliar with Western scientific practices have good epistemic reason to invoke non-physical agents in their medical explanations and prescriptions? Is there any respect in which "anti-vaxxers" are reasonable to hold their beliefs (on which see [Goldenberg, 2016](#))? If non-scientific beliefs about medicine can be justified in certain circumstances, on what grounds might a public hospital refuse to take them into consideration?

Finally, having sketched some under-explored metaphysical, axiological, and epistemological questions in the philosophy of medicine, we suggest some appeals to non-Western, and particularly under-appreciated African, sources that could be useful in addressing not merely them, but also the more familiar questions about health and disease.

The difficulty in trying to introduce ideas from these sources is that their foreignness tends to invoke a strong initial reaction of either outright rejection or profound skepticism about their relevance to understanding health and disease and related topics. For example, it is a commonly held view across indigenous African cultures that disease and suffering can usually be traced back to causes emanating from an invisible realm controlled by agents such as departed ancestors ([Mbiti, 1990](#), esp. 165). Western medicine's commitment to a science-centered metaphysical framework makes it difficult to reconcile such views with fundamental intuitions about the way the world works in general, and the way we understand health and disease in particular.

The refusal to consider modes of thought that are *prima facie* at odds with scientific rationality motivates a shallow form of cross-cultural interaction between healing traditions and practices. Essentially, this approach involves cherry-picking only those aspects of non-Western traditions that are easy to accommodate within the science-dominated evidential framework underpinning modern mainstream medicine. This type of approach is exemplified by research projects, such as the Multi-disciplinary University Traditional Health Initiative (MUTHI), which encourage more research into African herbal remedies but only by subjecting them to the standardized chemical analyses and effectiveness testing that mainstream medications undergo ([Borrell, 2014](#)). When successful, an active ingredient in some promising non-Western treatment is identified, extracted from the rest of the treatment, and incorporated into mainstream treatment. This is a convenient and relatively uncontroversial way of integrating non-Western elements into the corpus of mainstream

medical knowledge, but it evades deeper philosophical questions such as about the nature of health and disease. While we are not opposed to these kinds of studies, we think that restricting the dialogue between medical traditions to this framework wastes a valuable opportunity for a different kind of insight.

An important first step towards managing cognitive resistance to concepts from non-Western sources is to interrogate the latent assumption that these traditions of healing, like some of the folk healing traditions that came out of the West, are a form of misguided proto-science. This assumption is called into doubt upon close inspection of certain fundamental traditional African cultural practices such as honoring ancestors, warding off witchcraft, and consulting oracles (Winch, 1964). Overcoming the stereotypes fostered by this assumption opens the possibility of learning from a multiplicity of interpretations, where attempts to predict and control the physical environment do not invariably take precedence over other forms of interaction with the world and other people.

One example of the benefits of this broader approach to cross-cultural comparison is Astrid Berg's (2003) study showing the positive therapeutic impact of adhering to the life cycle rituals associated with ancestor worship for many South African mental health patients. The case suggests there can be good reasons to work with indigenous African meanings ascribed to events without trying to unseat them in favor of something more physicalist.

None of this should be taken to mean that we advocate a wholesale endorsement of any idea that originates from indigenous African, or any other non-Western, healing traditions. Neither does it imply a dropping of the guard when it comes to scientifically informed standards for hypothesis acceptance and rejection, where the hypothesis purports to be about predicting and controlling physical objects and events. Indeed, it is important to avoid the mistake of over-compensating for the marginal position held by non-Western traditions by relaxing the critical scrutiny needed to confront their flaws and dangers (see Cullinan, 2006 and Stephen, 2017, for examples of these). Although we cannot pretend to understand non-Western healing traditions, and hence extract lessons from them, if we insist on considering them in isolation from their surrounding metaphysical frameworks, considering these practices in their proper context is not the same as endorsing them or their metaphysical baggage. Our approach is premised on the idea that while maintaining a critical stance is crucial, it should not prohibit us from studying aspects of indigenous and alternative healing traditions that can shed light on aspects of mainstream medical practice, so as to strengthen our understanding of medicine across cultures. Our approach to appealing to non-Western sources in this issue is guided by this principle.

In navigating the pitfalls that come with solving these problems of epistemic redress, we also have to acknowledge that, when it comes to these issues, the philosophical debate is lagging in the Global South. A good

example is how South Africa's government, taking its lead from other non-Western countries, including China, has taken concrete steps to integrate traditional healers formally into the country's health infrastructure (Street and Rautenbach, 2016). On the one hand, this approach is useful because we could learn from these attempts at finding ways of accommodating non-Western insights into health systems underpinned by predominantly Western ideas. The danger, though, is that it could influence us into accepting cross-cultural comparisons that might not stand up to rational scrutiny. For example, the proposed legislation and bureaucratic infrastructure for traditional healers are modeled closely on the legislation and infrastructure that exist for medical doctors. It is, however, questionable whether all types of traditional healers play exactly the same role in their communities as that which mainstream doctors play in theirs (Ngubane, 1977; Thornton, 2009), and whether all of them warrant support from the state. Systematically sorting out how a public healthcare system should integrate traditional medicine remains to be done.

The high road to expanding understanding of health, medicine, and related topics in philosophy of medicine through consideration of marginalized non-Western traditions has to start with a thorough critical evaluation of the practices and competences of healing in both Western and non-Western traditions. The real benefit that accrues from grappling with these issues in this difficult way is not that we end up with self-congratulatory relief because we have conducted ourselves in a politically correct manner, but rather that we have initiated the necessary interrogation of the ideas at the heart of our truly international understanding of health and disease.

### III. CONCLUSION: "PREDICTION, UNDERSTANDING, AND MEDICINE"

After this introductory essay, the reader will encounter Alex Broadbent's article, "Prediction, Understanding, and Medicine," two critical discussions of it, and a reply from Broadbent (2018b) to them. We understand this *Journal* issue as highlighting engagement with some of the under-studied topics canvassed in the previous section.

Broadbent's most basic question in his article is what the nature of medicine is, which he believes is best answered by appeal to what medicine can reliably do, that is, its competences. According to Broadbent, medicine cannot reliably cure, and so is poorly construed as essentially a practical, viz., curative, enterprise. Instead, medicine can reliably understand what is happening with patients and predict what is likely to happen to them. He concludes that medicine is best understood as a theoretical discipline, specifically an enquiry into (mainly) health and illness.

The first respondent, Thaddeus Metz (2018), suggests that the reasons Broadbent gives for doubting that medicine can cure illness provide

comparable reason for doubting that medicine can enable us to understand it. He also provides a purported counterexample to Broadbent's conclusion that understanding and prediction are necessary conditions of medical practice, suggesting that the ability to cure is sufficient. The structure of the article of the second respondent, Chadwin Harris (2018), is similar, while the argumentation is different. Harris also begins by questioning one of Broadbent's reasons for favoring a theoretical construal of medicine, to the effect that people who visit alternative or non-Western medical practitioners want a more comprehensive understanding of disease than they can get from Western science, and Harris then provides independent reason to think that cure is, after all, at the core of medicine. The final contribution is the reply from Broadbent (2018b) and is titled "Intellectualizing Medicine," indicating that he seeks to defend his rejection of medicine as curative and his alternative characterization of it as theoretical.

Core questions addressed in these debates are what the nature of medicine is, whether its nature admits of an essence, whether its nature is to be identified with its competences, and what its competences are. Although Western discussion of health/illness and the scientific understanding of them of course enter into these debates, we hope that readers appreciate the respects in which they transcend it.

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#### REFERENCES

- Berg, A. 2003. Ancestor reverence and mental health in South Africa. *Transcultural Psychiatry* 40(2):194–207.
- Boorse, C. 1975. On the distinction between disease and illness. *Philosophy and Public Affairs* 5(1):49–68.
- Borrell, B. 2014, June. Drug developers take a second look at herbal medicines. *Scientific American* [On-line]. Available: <https://www.scientificamerican.com/article/drug-developers-take-a-second-look-at-herbal-medicines/> (accessed February 21, 2018).
- Broadbent, A. 2018a. Prediction, understanding and medicine. *Journal of Philosophy and Medicine* 43(3):289–305.
- . 2018b. Intellectualizing medicine. *Journal of Medicine and Philosophy* 43(3):325–41.
- Bunge, M. 2013. *Medical Philosophy: Conceptual Issues in Medicine*. Singapore: World Scientific.
- Caplan, A. 1992. Does the philosophy of medicine exist? *Theoretical Medicine and Bioethics* 13(1):67–77.
- Cullinan, K. 2006, Mar. 22. Health officials promote untested uBhejane. *Health-E News* [On-line]. Available: <https://www.health-e.org.za/2006/03/22/health-officials-promote-untested-ubhejane/> (accessed February 21, 2018).

- Gifford, F., ed. 2011. *Philosophy of Medicine*. Amsterdam, The Netherlands: Elsevier.
- Goldenberg, M. 2016. Public misunderstanding of science? Reframing the problem of vaccine hesitancy. *Perspectives on Science* 24(4):552–81.
- Harris, C. 2018. The continuing allure of cure: A response to Alex Broadbent’s “Prediction, understanding, and medicine.” *Journal of Philosophy and Medicine* 43(3):313–324.
- Marcum, J., ed. 2016. *The Bloomsbury Companion to Contemporary Philosophy of Medicine*. New York: Bloomsbury.
- . 2017. Philosophy of medicine. *The Internet Encyclopedia of Philosophy* [On-line]. Available: <http://www.iep.utm.edu/medicine/> (accessed February 21, 2018).
- Mbiti, J. S. 1990. *African Religions and Philosophy*. 2nd ed. Oxford, United Kingdom: Heinemann.
- Metz, T. 2018. Medicine without cure: A cluster analysis of the nature of medicine. *Journal of Philosophy and Medicine* 43(3):306–12.
- Ngubane, H. 1977. *Body and Mind in Zulu Medicine*. London, United Kingdom: Academic Press.
- Reiss, J., and R. Ankeny. 2016. Philosophy of medicine. *Stanford Encyclopedia of Philosophy* [On-line]. Available: <https://plato.stanford.edu/entries/medicine/> (accessed February 21, 2018).
- Schramme T., and S. Edwards, eds. 2017. *Handbook of the Philosophy of Medicine*. Dordrecht: Springer.
- Solomon, M., J. R. Simon, and H. Kincaid, eds. 2017. *The Routledge Companion to Philosophy of Medicine*. New York: Routledge.
- Stephen, V. 2017, June 21. Ubuntu #5: Muthi mayhem. #badEM. *Brave African Discussions in Emergency Medicine* [On-line]. Available: <https://badem.co.za/muthi-mayhem/> (accessed February 21, 2018).
- Street, R., and C. Rautenbach. 2016. South Africa wants to regulate traditional healers—but it’s not easy. *The Conversation* [On-line]. Available: <https://theconversation.com/south-africa-wants-to-regulate-traditional-healers-but-its-not-easy-53122> (accessed February 21, 2018).
- Thornton, R. 2009. The transmission of knowledge in South African traditional healing. *Africa* 79(1):17–34.
- Winch, P. 1964. Understanding a primitive society. *American Philosophical Quarterly* 1(1):307–24.