

Philosophy of medicine – is there such a thing? – Part I

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The first thing we need to ask is whether philosophy of science matters at all for medicine; and indeed what do we mean by philosophy of science anyway? Perhaps the best way is to answer the question whether medicine, as a science, depends on tradition, and secondly, if there is a tradition, what are the goals of this tradition. *Prima facie* most doctors would agree that there is a tradition of medicine, which is to heal patients and to do good. Yet this tradition is being challenged when some doctors feel it their duty of assist in ending the life of a suffering individual. When one asks whether this is or should be the goal of medicine, one is making an inquiry about the philosophy of one's practice. Even if it is not the aim, the *ethos*, of medicine, it may still be within the grasp of the general aim of scientific method. To illustrate this better, we can use reproductive technology or stem cell research as an example. Scientific advances in these areas by no means hold back the medical profession from using them; at least the former. Yet some may still challenge them on moral grounds outside medicine and then ask whether it should be within the scope of medical practice to host these technologies which some (or many) may question on moral grounds.

There are two principal movements in the philosophy of science, which can be applied to medicine, which have made their voice heard even in circles not inherent to the field. These are those of Karl Popper and Thomas Kuhn. Both did not concern themselves with medicine, but with philosophy of science per se. Popper is portrayed as the more objectivist and traditional, putting science on a level of challenges.¹ We uphold a theory until it is challenged by a better one. The good scientist thus allows his theory as a working tool but is open to challenges and indeed may challenge it himself. Kuhn, on the other hand can be thought of more as coming from the American Pragmatic school and is considered more liberal and indeed relativist, saying that science moves forward by the practice or thought of the day, which he called *paradigms*.¹ These paradigms create small revolutions in themselves and scientists work around them. It is therefore more authoritarian and based on historical research as well. This historicism is a learning experience, if you may, on which one builds. Yet when a paradigm changes, all the material of the previous thoughts are put aside. Kuhn was a physicist and limited his discussion to this field. A clear example was theoretical physics which at the time was passing through a revolution of thought because of general relativity and quantum physics. Cosmology, with the 'Big Bang', created this new paradigm of thought and cosmologists work around this theory even though some still challenge the Big Bang concept.

Do we do the same in medicine? In many ways, we do. We speak of current thoughts in medical practice and historical development do take their toll. If one asks whether medicine is liberal or indeed relativist, there are indeed

those who would go to all means in order to cure patients, or indeed to gain external advantages, given the necessity of industry to push forward medical research and development. Thus some would little question the embryo once this is for the gain of benefits obtained by stem cell research. Yet medicine has its long tradition and we take joy in speaking about the Hippocratic Oath and such. When it comes therefore to the teaching of bio- and medical ethics, one often appeals to tradition; but this tradition does change with the times. The principle of respecting autonomy has, for example, challenged paternalism – the notion that the doctor knows all and the patient must obey.

Does this matter at all? Indeed if medicine is to maintain its repute as doing good, it does. Doctors who are paternalistic are not only challenged but may face trouble. Whereas in the past it was relatively fine to take organs from dead bodies for research and study purposes; today medicine has fallen in line with obtaining consent and indeed has pioneered the concept of 'informed' consent – something which the business world, for example, including those giving out medical insurance, must still master. Moreover medicine has become *socialized*. Example, today people are more and more aware of their cholesterol and weight, and exercise. Far from what certain authors say, that medicine has manipulated the world, this is the result of society. The very fact that many other social factors come into play in medicine – politics, insurances, pharmaceutical industry etc, implies that there are more than doctors and paramedics involved in health care. This breeds the question – should these not all have the same ethics? Should they be obliged to follow the rules of medicine?

If we can speak of a philosophy of medicine, then we can answer in the affirmative. This would oblige insurances, politicians, and even brands promoting a certain product to follow the same rules – that of respecting the principles which we as doctors uphold – respecting autonomy, beneficence, nonmaleficence and justice. Whilst the latter would apply mostly to politicians, we would not tolerate advertising which works upon scare-mongering techniques – if you do not choose this product you may be at a disadvantage; or manipulation – such as facial creams 'approved' by dermatological foundations sponsored by the same company producing the cream. As conflicts of interest apply to doctors, they should apply to anyone who is in any way making a profit on patients. ☐

Reference

1. Fuller S. The struggle for the soul of science. Kuhn vs Popper, Revolutions in Science. United Kingdom: Icon Books, 2003.

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