

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

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If medicine had no philosophy, no ethos, then there is nothing to stop us from making profit the main principle and from considering the motive factor as morally correct. This would be relativism at its best. Even if paradigms may be the rule of the day, it does not mean they are always correct (and many, including myself, do not believe in Big Bang, a term which after all was coined by its great opponent Fred Hoyle. Many are blind however and continue to work notwithstanding many unanswered questions). What results is that we try to build an ethics which suits our needs, as scientists would try to work around experiments which prove rather than disprove a theory.

This is perhaps the challenge of modern medicine today. We must not lose sight of what MacIntyre¹ calls the 'practice', which as a 'tradition' defines the goals and goods internal to the practice, even if the practice itself can have the benefits of 'external' goods, such as profits and prestige. The fact that we have to a certain extent omitted this has meant that defining and teaching of ethics within the medical community has been lost to external forces such as philosophy and sociology – all inputting, defining and dictating what doctors should or should not be doing. When the same people come on the hospital bed they will realise that they have been shouting in vain as they may indeed realise that the science of medicine is not, after all, the enemy. Then maybe, these much important fields will help medicine by becoming facilitative rather than didactic – that is, by helping the profession maintain its identity by their important contributions. Doctors will indeed appreciate the value of philosophy because they feel the need to *define* the philosophy of medicine. Medicine can only work within the cultural, social, and psychological spheres and does not concern itself, even if the rest of science does, with solely the scientific and biological. Perhaps that is why it continues to procure the title of an 'art' as well as a science. Yet it has to maintain a sense of what it stands for; even if assisted suicide may become acceptable to society, does this mean that doctors should do it?

Thus whereas Popper may have been wrong by strongly opposing what he called 'historicism', that is, the notion that historical instances made us into what we are today (one cannot argue that the second world war did not teach us lessons. One can forgive Popper for his ideas

as he was an exiled Jew during the war, but what the 'historicist' philosophers such as Hegel really meant was that both good and bad work towards forming humanity, and not, that we are not free to choose our paths. He seemed to interpret Hegel as too deterministic on humanity and that thus the attempt at the extermination of the Jews was an inevitable process); Kuhn, on the other hand, with his notion of paradigms, puts us in dangerous grounds of having to define our ethos by the socio-psycho-cultural 'paradigm' of the day. This sets us back to having medicine defined by the regimes and thoughts of the day – as indeed was reflected in the Nuremberg trials.

If you have to be within a tradition to understand it and formulate your ethos with the changing times, then

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perhaps, Popper, with his limitations, gives us a better working formula, for at the end of the day medicine does move forward in research by 'challenges' to current thought, and when it comes to moral values and the goals of medicine, as MacIntyre said in his more analytical book *Whose Justice, Which Rationality?*², a tradition is upheld when it withstands the challenges of the times. This is why he upholds Aristotelian and Thomistic morality over the geneologists like Neitzche and Foucault who resent conservatism. Yet with its limits, conservative values have withstood challenges in time and indeed it is because of what was built on conservative values that the so-called post-modernist thought can build its nest. Yet at the same time conservatism has responded to changing times as well. If Christian

values have withstood many tests in time, then one cannot blame medicine for upholding those values before it ventures too deep into research such as the New Genetics – for that would be the philosophy of this 'tradition'. To do this properly one has to give due importance to teaching young doctors the philosophy of their practice and tradition, which otherwise would simply be subject to relativist thoughts. One cannot then speak of a unifying tradition any longer. ☐

References

1. MacIntyre A. *After Virtue. A study in moral theory.* 2nd edition. Duckworth Press, 1994.
2. MacIntyre A. *Whose Justice, Which Rationality?* United Kingdom: Duckworth Press, 1994.