Philosophy of Medicine: Reframing the Past, Rethinking the Future

Alireza Monajemi*1

1 PhD in Cognitive Science and Philosophy of Science and Technology, Department of Philosophy of Science and Technology, Institute for Humanities and Cultural Studies, Tehran, Iran

The philosophy of medicine is a rapidly growing and progressing branch of philosophy; however, in order for it to remain a distinct field of inquiry, I propose historical reframing based on reflection on its roots and development. In other words, understanding its history is a way to give perspective to the contemporary issues of philosophy of medicine and shape its future.

It is well-known in the English-speaking world that the narrative of emergence of the philosophy of medicine in the 1970’s in America started with the publication of “The Journal of Medicine and Philosophy” and “Theoretical Medicine”. Although the role of the American movement in the 70’s in both the institutionalization and globalization of the philosophy of medicine is undeniable, it should be noted that medical philosophy is deeply rooted in the non-English-speaking worlds, predominantly in Poland, Germany, and France (Giroux & Lemoine, 2018).

By the second decade of the 20th century, chairs of History and Philosophy of Medicine had already been established in five major Polish medical schools. The journal titled “Archives of the History and Philosophy of Medicine” published articles on the philosophical aspects of medicine, and medico-philosophical subjects were debated in the meetings of the Polish Society of the History and Philosophy of Medicine. The history of the Polish school of medical philosophy, which dates back to the mid-19th century, culminated with Ludwik Fleck (physician-philosopher), the most prominent figure in this circle (Lowy, 1990).

In Germany, Richard Koch’s works on the foundations of medicine were first published in the 1920’s. These publications reflect on the character of medicine as a practical endeavor and examine the status of medicine within the theory of natural sciences. One of his conclusions was that medicine is not a science, like physics or biology, in the original sense of the word, but a practical discipline (Topfer & Wiesing, 2005). Science versus practice, theory of medicine, the relationship between diagnosis and therapy,
the importance of the goal of medicine are
the topics he introduced to the field. In
addition, two figures of German philosophy,
Martin Heidegger and Has-Georg Gadamer,
have specifically and deliberately reflected on
certain topics in medicine. Heidegger, in
Zollikon Seminars, related ontological and
phenomenological perspectives to the theory
and praxis of medicine, psychology,
psychiatry, psychotherapy, as well as psycho-
somatic medicine. In the “Enigma of Health:
The Art of Healing in a Scientific Age” (Über
die Verborgenheit der Gesundheit), Gadamer
examines and reflects on the key components
of medical practice such as intelligence,
death, life, anxiety, freedom, health, and the
relationship between the body and the soul
based on the phenomenological and
philosophical hermeneutics frameworks. As a
member of Gadamer's school, Wolfgang
Wieland has questioned judgment in
numerous writings such as practice and
judgment or diagnosis: considerations on
medical theory in the field of medical practice
based on Kant's theory of judgment. In
France, Georges Canguilhem (French
physician and philosopher) in “The Normal
and the Pathological” showed that the
emerging categories of the normal and the
pathological were far from being objective
scientific concepts. He demonstrated how the
epistemological foundations of modern
biology and medicine were intertwined with
political, economic, and technological
imperatives. Influenced by Canguilhem,
Michele Foucault, based on the idea of
spatialization, tried to meticulously illustrate
the connection between medical
epistemology and medical institutions in
“The Birth of the Clinic”.

In addition to the attempts that were naïve,
trivial, and lacking in historical perspective to
frame the philosophy of medicine in such
terms as “philosophy in medicine”,
“philosophy and medicine”, etc., the American
school treats the philosophy of medicine as a
sub-discipline of the philosophy of science as a
result of increasing specialization and
fragmentation movements. Although it seems
that general topics in the philosophy of science
including experimentation, theory and
evidence, causality and explanation, realism,
reductionism, and science and values are still
relevant in the philosophy of medicine, they
are nonetheless too limiting to allow for a full
coverage of all the issues in medicine.

Although it is reasonable to expect medical philosophy to serve as a basis for
bioethics, it seems that there is a tendency in
bioethics to engulf medical philosophy in
itself (Stempsey, 2007), a process like
phagocytosis! On the other hand, if the
philosophy of medicine is defined as a sub-
discipline of the philosophy of science, it will
desensitize it to the humanistic concerns of
clinical practice and run the risk of reducing
such concerns to merely ethical issues.

I am suggesting neither the
philosophization of all medical issues, nor the
prioritization of medical philosophy. Instead,
what I am suggesting is a critical and
constructive dialogue between medical
philosophy and other fields and disciplines
like medical education, medical sociology, etc.

Taking all of that which we consider to be the
legacy of medical philosophy changes our
narrative of its birth and development. By
putting these pieces together we can draw a
complete picture of the issues and
approaches that medical philosophers have
dealt with, which are very diverse and
multifaceted. One of the major downsides to
reducing the philosophy of medicine to the
philosophy of science or bioethics is the loss
of diversity of approaches and issues. Many
of the issues that philosophers such as
Gadamer have pointed out in medicine have
not yet become serious issues in the field of
medical philosophy. In my opinion, applying
the ideas of philosophy to medical
philosophy can enrich this field.

The philosophy of medicine needs both to
interact with, and to reflect on the biomedical
sciences; a task it has been busy with since its
birth. It also should interact with non-medical
sciences (social sciences and humanities
related to medicine); something that has not yet been initiated seriously. Medical philosophy offers the field of medical education profound and remarkable insights into clinical reasoning, the doctor-patient relationship, empathy, etc. Its contribution to medicalization reveals the hidden sides of this phenomenon. The role of technology (artificial intelligence and cyborg) in clinical practice, clinical encounter, and medical institutions is the issue that has received little attention in medical philosophy.

In my opinion, promoting debate among other disciplines both within and outside of medicine, utilizing the achievements of other disciplines in medical humanities, and playing a more serious role in medical education and health policy-making are the future of medical philosophy.

**Conflict of Interests**

Authors have no conflict of interests.

**References**


