

The Concepts of Medicine

Preliminary Remarks

- Last week: Is Medicine a Science?
- Issues about the status of Medicine depend (at least partly) on the status of its concepts.
- This week: The Concepts of Medicine

The Concepts of Medicine

Some Central Concepts:

Health, Disease, Illness, Disability, Cure, Symptom, Patient, Doctor, Nurse, Healing, etc.

Some Central Questions:

- What is the status of such concepts and their respective terms?
- Are the terms observational or theoretical?
- If theoretical, do they denote natural or artificial kinds?

The Concepts of Medicine

- Engelhardt:
 - Facts always interpreted on the basis of social, historical and cultural factors. This amounts to a ‘transformation of experienced reality’.
 - Thus, knowledge (especially in medicine) is historically and culturally conditioned.
 - Still, aiming for unconditioned knowledge is a good heuristic. Some descriptions of reality are more accurate than others.
 - The concepts of medicine (even more so than the concepts in other sciences) are culture- and value-laden.

Classification (1)

- It is argued that the culture- and value-laden character of these concepts shows up in matters of classification.
- Masturbation
 - Classified as a disease in the 18th and 19th centuries.
 - Presumably had adverse effects on the spinal cord (that could lead even to death).
 - ‘Supported’ by autopsy findings at the time.
 - Dr. Isaac Baker Brown suggested the surgical removal of the clitoris to treat female ‘patients’.

Classification (2)

- Homosexuality
 - Classification shift over the years: sociopathic personality disturbance, personality disorder, psychosocial dysfunction.
 - Shift due to, among other things, changes in ideas of sexuality, perversion, and disease.
- Fever
 - Once thought of as a disease (vs. today's view as a symptom).
- Classification of disease has an immediate impact on persons' lives and on society in general. Implications also on relative frequencies of disease, mortality and financial costs.

Example: Heart Disease. Diagnosis of heart disease changes the patient's outlook but also how others interact with the patient (family, friends, society, insurance companies, etc.)

Classification (3)

The Four 'Languages' / Interests / Modes of Medicine:

- A. Descriptive
- B. Evaluative
- C. Explanatory
- D. Social Labelling

Engelhardt: “Medical reality is the result of a complex interplay of descriptive, evaluative, explanatory, and social labelling interests” (163).

“Distinguishing [the languages] can allow us to appreciate the roots of different understandings of disease in different cultural contexts. It can also aid us in seeing how hidden value and policy judgments shape the ‘medical facts’ we accept” (164).

(A) Descriptive

- Disease classification depends among other things on the way we describe background descriptive assumptions.

The *Systematised Nomenclature of Pathology* lists three alternative ways of describing a particular disease: (1) etiological, (2) anatomical and (3) clinical.

Example: Wilson’s disease can be described as ‘copper disorder’, ‘ceruloplasmin disorder’ and ‘hepatolenticular degeneration’.

- Descriptions require standardizations of terms. Such standardizations will be fashioned through “quasi-political or societal” discussion.

(B) Evaluative (1)

- Disease classification depends also on our values.
 - Some have tried to motivate adherence to certain values on a natural basis.
- Example: Sexual perversion is considered *unnatural* because it is presumably the exception rather than the norm.
- How can we tell what's 'unnatural'?
 - Appeal to statistical frequencies and evolution.

Problem: Why should statistical normality decide what ought to be the case?

(B) Evaluative (2)

- Christopher Boorse offers a species-relative definition of disease that is presumably value-free:

A *disease* is a type of internal state which is either an impairment of normal functional ability (a statistically typical contribution to individual survival and reproduction), i.e. a reduction of one or more functional abilities below typical efficiency, or a limitation on functional ability caused by environmental agents.

Health is defined as the absence of disease.

Example: Homosexuality is a disease, according to Boorse, because it impairs the reproductive abilities of the individual.

(B) Evaluative (3)

- Engelhardt's objections:
 - (1) Focus on individual reproductive fitness ignores inclusive fitness. The latter is measured on the basis of the survival and reproductive success of the individual's kin.
Example: A homosexual uncle can help maximise the reproductive capacities of his siblings.
 - (2) It's really difficult to determine what's typical about a species.
Example: What counts as homosexuality? Does one encounter suffice? More? Where do we draw the line?

(B) Evaluative (4)

(3) In general, species a-typicality correlated with a decreased reproductive rate is not a sufficient condition for determining disease.

Example:

Not Sufficient: Suppose individuals with IQ over 140 tended not to reproduce as effectively as typical individuals. We would not want to say that high intelligence is a disease.

Conclusion: The concept of disease cannot be determined *solely* by reference to evolution.

(C) Causal-Explanatory-Theoretical

- Causal-Explanatory-Theoretical models give a coherence to the stories we tell about disease.
- Engelhardt: What counts as a good model is unclear.
- Yet, models affect our experience of medical reality, i.e. Explanatory assumptions frame how medicine is experienced.

Example:

- The symptoms of syphilis and gonorrhoea were once seen as one and the same disease.

(C) Causal-Explanatory-Theoretical (2)

- Francois Boissier de Sauvages well-known classification of disease in the 18th century is strikingly different from ours. Following Bacon and Sydenham, his aim was to provide a theory-neutral description of disease.
- In the 19th century, findings by anatomists, pathologists and physiologists transformed the world of disease. Theory now became important. The reality of diseases was now to be found in changes in organs or more generally identifiable causes.
- Unfortunately, the new system also discounted the significance of patients' complaints. Problems were identified as *bona fide* only if they had a pathoanatomical or pathophysiological cause.

(D) Social Labelling

- Ascriptions made by doctors shape social reality.
- Identifying a person as a ‘patient’ or as ‘sick’ does not just mean that he/she requires medical attention. It is also casting that person in certain social roles where certain societal responses from insurance companies, employers, welfare agencies, friends, lovers, etc. are expected.
- Engelhardt: Diagnosis is a form of social labelling. It shapes reality towards the achievement of therapeutic goals.

Medical Reality

- Applied sciences (which includes medicine according to Engelhardt) rely heavily on standardisation.
- The standardisation is often partly settled by votes within scientific communities.
- Example: Classification of stages of cancer.
- Organisations may disagree on classification. For example, the American Joint Committee on Cancer and the TNM Committee. Sometimes these disagreements lead to compromises.
- Other considerations: Acquiring diagnostic data has costs and risks. Deciding whether interventions are necessary has far-reaching consequences, e.g. w/respect to insurance claims.

NB: Categories partly created, partly discovered.

Identifying Medical Problems

- As opposed to... legal, ethical, religious, educational, etc.
- Each of these identifies problems on the basis of their own standards.
- Unclear how to classify many of these cases.
- Example: Antisocial behaviour can be understood as a sin, crime, moral fault, or disease (e.g. a mental disorder)
- Different interventions are available accordingly.
- Example: Alcoholism.
- In some cases, we can apply more than one category.
- Who decides these issues? Democratisation of reality...

Reading

- Engelhardt, H.T. (1996) *The Foundations of Bioethics*, New York: Oxford University Press, ch. 5.