



When Bioethics Is Too Narrow – The Relevance of Philosophy of Medicine in Medical Education

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PUBLISHED ABSTRACT



ABSTRACT

What do these terms have in common?

Drapetomania
Female hysteria
Homosexuality
Sluggish schizophrenia

If you guessed “former medical conditions that were used to pathologize socially-undesirable persons and their behaviors”, you are correct! Drapetomania was described as a mental illness that caused African-American slaves to run away. Female hysteria was first noted in the second millennium BCE and was subsequently used to institutionalize women. Sluggish schizophrenia was used to subjugate political dissidents in the USSR, and homosexuality is one of the more recent “disorders” to undergo depathologization.

These diseases, of course, are now obsolete or exist as behaviors that are widely accepted in western society. So why do they matter? In a sentence – the medical profession exists to treat disease. The corollary – to treat disease, we must first determine what disease is. The historical legacies of medicine are riddled with abuses of human rights stemming from treatment of conditions that were not diseases at all. Today’s medical students will go on to discover and classify new diseases, and competency with theories that conceptualize disease and illness are an educational imperative. Clinical bioethics, in particular, often takes for granted terms such as ‘disease’, ‘illness’, and ‘health’. Knowledge of basic abstract concepts within philosophy of medicine should be foundational, rather than tangential, to medical school humanities curricula.

Naturalistic and normative theories comprise the major types of disease-conceptualizing theories. Normative theories aim to define disease in terms of value judgments, often taking the form of ‘X condition is a disease because it is bad for the person who has it’. Theories differ in their assessment of why the condition is bad (that is, they differ in their value judgements). Naturalistic theories aim to define disease

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without the use of value judgements. This is typically achieved through appeal to deviance from statistical and/or evolutionary function. Each type of theory has its own strengths and limitations, and couching this discussion in terms of historical nosology lends itself to critical examination of pathologization within medicine. Integrating these ideas in medical school curricula will enrich students' understanding of disease, and may mitigate diagnoses that historically harmed patients.

COMPETING INTERESTS

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