

Changing Ideas of Causality in Medicine

BY ERIC J. CASSELL

MEDICINE is now undergoing a profound and fundamental change in direction. In this shift, the sick *person*, rather than the disease, is becoming both the subject and the object of medicine.

Since the phrase "treat the patient as a person" has been around for a long time, one may wonder what is meant by saying the *new* focus of medicine will be the person. The usage "treat the patient as a person" suggests that a doctor should treat the patient in the manner one would treat a person—as if a patient were a person. Or, put differently, a humane physician, while treating a cancer, must always remember that the cancer occurs in a person whose needs, fears, emotions, and so forth should be kept in mind. While that is a step on the way to where I believe medicine is going, it is still far short.

The evidence for today's gradual change from disease to person is largely indirect, reflecting dissatisfaction both within and outside the profession. There is increasing concern with ethical issues in medical research and practice. Humanities have been introduced into the curricula of a number of schools. There have been basic curricular changes toward this end at some of the newer or more adventuresome medical schools. The National Board of Medical Examiners, which wields considerable influence, has become concerned about finding ways to test the "interpersonal skills" of new physicians and has introduced behavioral-science material into their examinations. The "holistic medicine" movement on the fringe of the medical establishment has been embraced quite

widely by laypersons and even physicians. That such evidence, and more, exists should not be interpreted as pointing to immediate change. The shift I am describing is occurring very slowly, and it will take many decades before it is fully realized. The reason change takes place so slowly is that, whenever fundamental new concepts enter medicine, existing concepts must change and new tools for action must be formed because medicine is, ultimately, a profession of action.

This essay is concerned with two concepts which, together, provide the philosophical foundation for present-day medicine. The first is that there are such things as diseases; the second, that each disease has a cause (the concept of specific etiology). As the focus of medical practice shifts to the sick person, both of these concepts come into question. Later, I am going to explore the idea of the "story" as a more effective way of understanding illness.

Concepts of Disease

When someone is ill, in the Western world, a disease is sought as the explanation for the sickness. When the disease is found, its cause is always sought. These are two common premises of medicine, for both physicians and laypersons. As pervasive as these concepts are today, they were not always a part of medicine. Indeed, concepts of disease, *as we know them*, are only about one hundred and fifty years old.

The start of our modern era of medicine began in Paris in the 1820s and 1830s. For the first time ever, three things merged: first, the performance of autopsies and the rise of anatomical pathology; second, careful clinical observation providing both symptoms and the natural history of the illness; and, finally, the beginnings of physical diagnosis and consequent knowledge of what was present in the body before death.¹ From these, there emerged the basic picture of disease

¹ Stanley J. Reiser, *Medicine and the Reign of Technology* (Cambridge: Cambridge University Press, 1978).

as we know it—a pathological (abnormal) entity characterized by unique alterations in body structure, a set of typical symptoms, and distinctive findings on physical examination.

This new way of seeing diseases, and the methods of physical diagnosis that came with it, revolutionized medical practice, producing changes even more dramatic than have occurred in the present era of therapeutic effectiveness. All the advances of the remainder of the nineteenth and the beginning of the twentieth century merely served to expand and amplify this concept of disease, and to add physiology and biochemistry to the definitions. Ultimately, the picture of diseases that emerged was ontological—diseases as objects, “things” that enter the body and make the person sick, such as cancer of breast, tuberculosis, lupus erythematosus, or rheumatoid arthritis. When we are sick and ask what is the matter, it is in such terms that we have come to expect an answer. It cannot be too strongly stated that all of the great advances in medical knowledge that have occurred over the past century have their origin in the classification of diseases. Individual disease constructs have organized the activities of clinicians looking for the source of a patient’s illness as well as the activities for the researcher in search of the mechanisms of disease.² But concepts of disease, like all other species concepts, are, ultimately, human abstractions, not objective entities. The thing called (for example) “rheumatoid arthritis” does not really exist independent and free-standing in nature, rather only in the minds of physicians. In these last few years, these human abstractions, the concepts of disease, have come under attack.³

² Knud Faber, *Nosography* (New York: Paul B. Horber, 1923), pp. 210–211.

³ Eric J. Cassell, “The Conflict between the Desire to Know and the Need to Care for the Patient,” in Stuart F. Spicker, ed., *Organism, Medicine, and Metaphysics: Essays in Honor of Hans Jonas on His 75th Birthday* (Boston: D. Reidel, 1978); George Engel, “The Need for a New Medical Model: A Challenge for Biomedicine,” *Science* 196 (April 1977): 129–136; H. Tristram Engelhardt, Jr., “Explanatory Models in Medicine: Facts, Theories, and Values,” *Texas Reports in Biology and Medicine* 32 (Spring 1974): 225–339; H. Tristram Engelhardt, Jr., “The Disease of Masturbation—Values and the Concept of Disease,” *Bulletin of the History of Medicine*

