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COMMENTARY ON THE ESSAY BY H. TRISTAM ENGELHARDT

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A newcomer to the Philosophy of Medicine, reading Engelhardt's essay, might wonder what this articulate, learned man is about. Is he trying to turn the clock back a few centuries on medicine, or merely show us that medicine's pretentions about being a value-free science are humbug, and possibly damaging humbug at that. He <u>is</u> doing those things and he does them well as he makes clear for once and for all (I hope) that medicine in its practice and its beliefs is inevitably value-laden (more about this later). But to understand Engelhardt's project we have to put it in perspective. The paper comes after several decades in which medicine has been turning away from a description of its functions based solely on definitions of disease. It is turning away not only in practice (and practice has always been wider in scope than definition and theory) but turning away, also, in theory. As witness to this are all the recent essays and writings in an increasing crescendo dedicated to making distinctions between illness and disease, coming up with new definitions of disease, and all expressing a dissatisfaction with seeing the world of the sick in classic structural disease terms. Another part of the perspective from

which to see this essay is that medicine is turning away from a definition of its functions in purely body terms. For example, my own writing on medicine as a moral profession have been more widely and easily accepted than I would have thought at the time of their writing. A more influential example is George Engel's paper on bio-psychosocial medicine which appeared a year or so ago in "Science. And, of course, when something appears in "Science" we know that it has been accepted as conventional wisdom. Only a decade ago, aspects of the environment, the social factors, or indeed the unconscious of the patient were considered to be things that had to be taken into account in the care of that patient. Now there is a dawning realization that they <u>are</u> the patient in terms of the expression of disease -- as much perhaps as is the patient's liver or legs. So that the phrase "treat the patient as a person" has moved from meaning treat the patient as one would if the patient were a person to the more current and (I hope) growing belief that it is the person, not the person's disease, that is the central concern of medicine. That, I think, is the light

in which Engelhardt's essay must be seen.

But there is more. Engelhardt also knows considerably better than most that he is not turning away from a tradition stretching into antiquity when he casts aside strictly structural disease concerns and concentrates attention on the patient's complaints but is turning away from a tradition which is only a few hundred years old. And in the form that we know it today, something that is only about a hundred-and-fifty years old. That was the time when disease and categories were developed in the way that we use them now and in a way that made them an effective basis for action. And I think action is the key word because medicine is a profession of action -- doctors do things to their patients. Before the present disease era, before the last one-hundred-and-fifty years, and certainly before Sydenham, doctors treated the patient's complaints. That is to say that, for example, when the patient was short of breath, the doctor dealt with that symptom as though shortness of breath was what was wrong with the patient. We know now that there are numerous, very different diseases which

produce shortness of breath. We have that knowledge because the disease categories laid down in the late nineteenth century provided a basis for the systematic and scientific inquiry into disease which still continues. Unfortunately, in the era when doctors did treat complaints, medicine was in chaos. As an organizing principle for action, shortness of breath falls short and swelling of the ankles occurs in too many different situations and fever is common to a vast array of diseases that may have little else in common.

I don't have any belief that Tris Engelhardt wants us to go back to that chaos. He is pointing the way to an appropriate goal for medicine: the care of the patient's complaint. And he is making it clear that the vexations of the patient which deserve the doctor's concern can arise from sources diverse as the liver or the landscape, interpersonal relationships or environmental toxins, the sins of the patient or the sins of the fathers. Further, and I could not agree more, he argues that "the world of the patho-anatomist, the patho-physiologist, and the pathopsychologist is always dependent

on the clinician for its sense and direction. And further, the world of the clinician is defined by people -- by their complaints and vexations." (p. 3).

While I agree with the direction that Engelhardt is going, something vitally important is lacking. A new way of seeing the goals of medicine has to be complemented by a new way of categorizing them. Medicine is not only practiced, it is also taught, researched, communicated and so forth. All of those activites require a language and a system of organization. We all know where we don't want medicine to be any more. Many of us have ideas about where we want it to go. But we are short on ideas about how to conceptualize it, how to teach it, and how to do it. That, I think, is where Tris Engelhardt and other philosophers of medicine have to lead us. If medicine is a profession of action then a philosophy of medicine should be a philosophy of action. The previous philosophical basis for medicine which rested on understandings of disease concepts was a philosophy of action only in so much as it directed physicians towards the treatment of causes defined in the most narrow sense. Engelhardt clearly shows how medicine's theories

have moved away from those goals. Doctors, at the present time, do not very frequently treat cause, even at their most effective. With the exception of antimicrobials, most modern advances in treatment, from antidepressants to treatments for gout, are directed at abnormal or even normal physiologic process that are associated with the disease state but are neither its cause nor unique to it. With the broadening of definitions and goals there should follow, also, a broadening of our understanding of medical intervention.

I believe that a philosophy of action, however, means something more than that even though, at this time, I am not prepared to articulate what. My complaint that Tris Engelhardt must go further is, therefore, somewhat unfair. I complain only because it is time for us to move on. It has now been adequately shown that classic disease definitions will no longer serve as a base for medicine's activities, diagnostic or therapeutic, and it has been shown that the scope of medicine is wider than the scope of the affliction of an organ past all need ever to demonstrate the point again. What is needed now is some idea of how

to get to the future that is more specific than a moral imperative.

I would like to turn to another point. The word "health" occurs many times in Engelhardt's discussion. He uses Leon Kass as a foil against which to promote his own sense of medicine's aims. For Kass, briefly stated, the goal of medicine is the health of the patient and health, Kass suggests, is "a natural standard or norm -- not a moral norm, not a value as opposed to a "fact", not an obligation but a state of being which reveals itself in activity as a standard of bodily excellence or fitness---". Engelhardt sees no possibility of defining health, at least in Kass' Puritan terms. "The reason that health as such is not definable is . . . because there are, at best, healths . . . not health". And he goes on to say that "a general sense is not forthcoming". Putting an end to attempts to define health would probably end a major growth industry in the United States, but it is high time that the industry ceased.

I take it that health cannot be defined because it is the value term of medicine, just as beauty is

the value term in aesthetics, or justice is the value term in law. As aestheticians of any sophistication do not attempt to define beauty, although they may tell us what they think is beautiful and by what standard they measure it, similarly, I suppose those involved in the law do not attempt to define justice, although they might say whether a specific act is just and give us their criteria for making such a statement. In the same sense, then, the word "health" cannot be defined. For the same reason, it is a tautology to say that the aim of medicine is health. I suppose some support for that statement is required. Health is certainly not a fact. A fact in the sense that it is a datum of experience, something that can be observed. Health itself is not an observed fact. The health of a part of the body is not one of the inherent characteristics of the part but rather depends on the properties or facts or predicates of that part. For example, the facts of an arm are the presences and integrity of its anatomical and biochemical parts -- the muscles, bones, enzymes, and so forth, and their proper functioning. These are all observable (although a fair amount of technology may be required

to observe them). The health of the arm is, however, not observable. To the degree that the arm fulfills the promise of an arm -- "duly and efficiently fulfills its function" as the OXford English Dictionary says, it is a healthy arm. One might ask whether a baseball pitcher's arm is a healthier arm than a non-baseball pitcher's arm because it can throw further. To underline what Engelhardt said about there being more than one health, the answer is no. The object now being described is not just an arm but is a baseball pitcher's arm. It is healthy if it duly and efficiently fulfills the function of a baseball pitcher's arm. The point is, however, that health is not one of the parts of the arm. The healthy arm has a healthy muscle but health is not one of the parts of the muscle. The healthy muscle has healthy arteries, but health is not, and etcetera. Therefore, health is a value term and like other value terms is not a part of the thing so valued though it depends for its existence on those parts. Contrariwise (at least in the body and in reference to health) an observable fact, for example a tight muscle, is not a value term unless it is used as an

adjective or an adverb. As in a tight muscled baseball pitcher. There is, of course, one teaser about that value term called health. Even when we talk about the health of a part, we know it to be inseparable from the whole. In other words, the severed arm, although intact from shoulder to fingertips and possessing all the structures of the arm, would never be called healthy. Beautiful, perhaps, but not healthy. That is because health always involves function. It follows from what I have just said that we call someone, or even someone's body part, healthy to the degree that it possesses all the parts, properties or functions that it requires. Why, then, do we get so muddled when we discuss what we mean by healthy? In the first place, I think, we get muddled because we start talking about health as though it were a thing, and as a thing we try to define it (the endless literature attests to that). But abstract value terms are not things. As I noted before, health does not have a definition any more than truth, justice or beauty have definitions. Rather, health, and those other value terms, are present in degrees that depend on the properties of that to which they apply. Health applies to one aspect of person.

Even when one is aware that health is not a thing, confusion remains because we are unsure of what must be present, or absent, before we call someone or something healthy. That uncertainty is increased because people tend to confuse the health of the part with the health of the whole (see below). Nonetheless, we do seem to be guided in the application of the term healthy by something like "duly and efficiently performed its function". The way we use the term health seems to depend on what we mean by the "it" of that sentence ("duly and efficiently performed its functions"). There appear to be levels of complexity of the "it". The first level consists of indices of functions or structures -- things that stand for function or structure such as tests and standards. These vary from pulmonary function tests to standard tables of height and weight to the pulse rate. All these measures have finite characteristics that define normal and degrees of normal. Indeed, their advantage comes from the limited number of their properties. Thus, applying the term healthy or unhealthy to their results can be done with considerable certainty and lack of ambiguity because the facts these measures generate are limited in number.

The way they are used generally normal is equated with health and less than normal is less than healthy. But these indices are not measures of health. They are measures of -- that is, their facts tell us about, function. Since we tend to use the value term health in relation to function we tend to use the word healthy to apply to their results and thus start in our own minds a confusion between health as one of the facts and health as a value term. I think that will become clear in a few sentences. A more complex level of the "it" (in "duly and efficiently performs its functions") is what we know of the body as a whole or parts of the body. The facts about the body or its parts come from the words of the patient (as in the giving or taking of a history), from physical examination, from laboratory tests, and of course from the indices that I just discussed at the simpler level -- thermometer readings, pulmonary function test results and etcetera. When this last source of facts is usedto evaluate the health of the body or its parts they tend to be entered in the following manner: he has a healthy pulse. As though a healthy pulse was one of the facts to be considered or one of the

properties of the body was that it had a healthy pulse. But the adjective healthy is not part of the facts, it is a short cut that is used rather than describing the pulse in detail. Small wonder that the word health is often used as though it were a fact. The body or parts of the body level of facts has other important characteristics. For example, the degree of certainty of the facts or predicates is variable. In part this is because what the patient tells us (to oversimplify it) raises problems of subjectivity. But even what is found by direct examination or in the laboratory does not have absolute certainty. Another thing about these facts is that there is an almost infinite number of them (that is true of even the small parts of the body like the hand, and even more so about the brain). It is impossible for us to know all the facts there are to know about a part of the body and even if we did know them it would be impossible for us to keep them all in our heads. These two characteristics make the process of assembling the facts about body parts or the whole body much more difficult than assembling the facts about indices of function such as pulmonary function tests. But the same characteristics (the almost infinite

number of facts and the varying degree of their certainty) makes not only the process of fact gathering difficult but also the process of valuing is made much more difficult. Here, we also encounter one of the real problems with the subjective; a confusion of two processes -- the fact describing underlying process through subjective information and the valuing process. The word subjective is widely used as though everything subjective is contaminated by the valuing process -- as though fact describing cannot be discriminated from fact valuing. To me it seems quite possible to make that distinction. Nonetheless, at this level of information, assigning the value term 'health' becomes much more difficult. Theoretically, the term healthy could only be assigned where every particular of the body or its parts duly and efficiently functioned. But this is impossible because, as I noted above, we cannot conceivably know every particular fact of the body or its part and, indeed, the concept of health would change as our knowledge of the body changed. Much the same way our conception of beauty might change with education in aesthetics. The final level to which the word healthy has to be applied is the set of facts which constitute the whole person. Here, of course, healthy

becomes most complex in the same sense that knowing how to apply the word just to a society must be immensely more complex than applying the word to one act of an individual person. All of the problems of evaluating health in the body or body part are present here -- an infinite array of facts, varying degrees of certainty, and the contamination of the subjective fact gathering process by the subjective process of valuing. But, once again, a process of valuing is possible, distinct from the process of fact gathering. But, as noted, the nature of that valuing process -- when the word healthy will be applied to a person -- is complicated. There may be little argument about how to use the word healthy in regard to a pulse and even relative agreement about the health of a body part. But notions of the health of a person are much more dependent on individual differences, social and cultural norms, to say nothing of a person's education about health.

For all the reasons noted above, Engelhardt is absolutely correct to discard attempts to define health but would be equally wrong if he believes that he can construct a medicine apart from some understanding of health. That would be similar to a system of laws

apart from an understanding of justice, or aesthetics apart from an understanding of beauty. To repeat. It is a tautology to speak of the aim of medicine being health.

What is wanted is an ever widening conception of the healthy; an enlargement of our understanding of the function of persons. In some ways, that enlarged understanding of function exists already in the minds of patients when they complain to physicians. Their complaints tell us what they think their function ought to be but is not. What kind of a medicine would we have if it did not devote itself to the support and enlargement of what people believe to be the duly and efficient functioning of themselves as persons? It is towards that goal that I believe medicine is now going and towards which Engelhardt's essay is a contribution.