

Editorials

Medical philosophy?

Smart thinking for doctors

THE WORLD IS WEIRDER THAN WE THOUGHT

None of us can grasp our world.¹ There are over 10¹¹ stars in our galaxy, and about 10⁷⁹ protons in the universe. Any consideration of such totalities is impossible for the mind to grasp, even though, by a strange coincidence, your brain contains 10¹¹ neurones. I cannot grasp the reality of the billions of subatomic particles in the coffee mug in front of me. I can only grasp my staggeringly simplified model of it as a 'solid' object. I can only cope with this simple object by ignoring most of the facts I know about it and identifying only its task-related characteristics: it holds my drink. The genius of the mind is to create a model of the world which is both useful and that, until it is examined more closely, deceives us that it is itself the world.

There will always be a gap between the world itself and our grasp of it. Each one of us has to create models of the world to fit our needs. We all understand how important it is to stand back and take a critical view of research articles. Perhaps we need to take this a step further and reflect more critically on other areas of our knowledge, and indeed our lives.

Kant teaches us that observations without theories to explain them are blind or meaningless.² Kant's view is that our understanding of all sense data is mediated via the theories that we hold about the context of the data. All conscious experiencing is subjective: we have no God's eye view. So if as doctors we want to use reliable knowledge to help real patients then we face a number of hurdles. As one of my friends always says, 'facts change', and they seem to change at an alarming pace these days. Any tools that can help us to examine what we think of as facts about the world must surely help us, both as doctors and simply as human beings.

WE NEED ALL THE HELP WE CAN GET

One definition of philosophy is just that, it

is the analysis of concepts. Philosophy is not a rarefied pursuit requiring the pose of Rodin's thinker, it is more like a box of tools that may come in handy for any reflective worker. Tools to analyse concepts may well be handy for a complex and confusing job like general practice. Let me list three obvious areas where philosophy may help.

LANGUAGE

First, philosophy challenges us to be more critical with how we use language. If I see lung cancer as an illness I reckon that's fair enough. Is hypertension an illness? Is personality disorder an illness? Analysing the way we use words such as health and illness may help us to be much clearer about what we think we are doing. Facts are often less clear than simplistic models suggest.

VALUES

Second, how can we set medicine's goals? Good medicine relates not only to facts (for example, I am breathing) but also to values (for example, it's good to be alive). And it is here that science has a problem because one cannot treat values in the same way as material objects. It was David Hume who first pointed out that values cannot be derived from facts.³ As McNaughton puts it 'values are not determined by the way the world is, because value is not to be found in the world'.⁴ Medicine depends completely on judgements such as 'state A is preferable to state B', but such a statement requires values and can never be derived solely from scientific facts. The role of facts is to define and understand states A and B. We require values to choose between them.

ETHICS

Third and perhaps most obviously there is the subset of acts and values that we refer to as medical ethics. The relationship between ethics and moral philosophy is much disputed. But it's worth diving in and

ADDRESS FOR CORRESPONDENCE

David Misselbrook

Faculty of the History and Philosophy of Medicine, Society of Apothecaries, Black Friars Lane, London, EC4V 6EJ, UK.

E-mail: david.misselbrook@rsm.ac.uk

coming to your own conclusions.

For Aristotle one goal of studying philosophy was to develop 'phronesis' or good judgement. This month's *BJGP* carries the first in a series of short articles, *An A-Z of Medical Philosophy*. I hope they will give you something to think about, and perhaps bring the odd smile to your face. Maybe they will even help your own phronesis.

David Misselbrook,

GP, Emeritus Dean RSM, Course Director of the Diploma in the Philosophy of Medicine of the Society of Apothecaries and *BJGP* Senior Ethics Advisor, London.

Competing interests

David Misselbrook is Course Director of the Diploma in the Philosophy of Medicine of the Society of Apothecaries.

Provenance

Commissioned; not externally peer reviewed.

DOI: 10.3399/bjgp13X660625

REFERENCES

1. Misselbrook D. *Thinking about patients*. Newbury: Petroc (now Radcliffe Press), 2001.
2. Kant I. *Critique of pure reason*. 1781. London: Everyman, 1993: Part II, Section 1.
3. Hume D. *Enquiry concerning the principles of morals*. Oxford: Oxford Philosophical Texts, 1998.
4. McNaughton D. *Moral Vision*. Oxford: Blackwell, 1988.

"Any tools that can help us to examine what we think of as facts about the world must surely help us, both as doctors and simply as human beings."