

Box 1. Reflective notes

- 'I am the master of my fate: I am the captain of my soul.' How much is this true and how much untrue for you?
- Does our way of practising medicine increase or diminish our patients' freedom?

Box 2. Further reading

Primary source: Nagel T. *The View from Nowhere*. Oxford: Oxford University Press, 1986.

Further study: Russell B. *A History of Western Philosophy*. London: George Allen & Unwin, 1945, 2nd edn. 1961: Chapter 29.

N is for nowhere

Thomas Nagel's book *The View from Nowhere* explores a puzzle:

'This book is about a single problem: how to combine the perspective of a particular person inside the world with an objective view of that same world, the person and his viewpoint included. It is a problem that faces every creature with the impulse and the capacity to transcend its particular point of view and to conceive of the world as a whole. ... The difficulty of reconciling the two standpoints arises in the conduct of life as well as in thought. It is the most fundamental issue about morality, knowledge, freedom, the self, and the relation of mind to the physical world ...'

Nagel is therefore looking at the territory in the earlier article on Wilfrid Sellars 'Image of Man'.¹ He points out that none of us have this 'view from nowhere' that truly unites both the objective and the subjective. All of us inhabit and peep out from our worlds of subjective experiences, desires, feelings, relationships and interests and must make of the whole world what we can. The temptation for scientists is to dismiss the subjective self and to try to live in a world of 'objective' facts only in a deterministic universe. But this will not do! Who is it that is living in this world if not the subjective self, the person with feelings and interests and desires?

The behaviourist BF Skinner took this 'science alone' view in his 1971 book *Beyond Freedom and Dignity*, seeing all of human behaviour as deterministic, caused by biological brain processes. In such a view concepts such as free will, responsibility and human dignity are meaningless. Skinner believed that *'What is being abolished is autonomous man — the inner man. His abolition has long been overdue.'* If this is true is hard to see why we should value persons more than we value machines. But I heard a radio interview of Skinner's daughter who described him returning home from a hard day's work (presumably writing these views) to greet her with obvious delight and love. Skinner was not very good at applying his views to himself or his daughter. None of us can see ourselves as deterministic machines, because we know from our immediate experience that this just isn't true.

Thus while we might agree that a determinist model suits very well for the physics of hitting tennis balls or killing mammoths there is no reason for us to be bound by its self-validating logic for more complex or higher order events.

Determinism is a human model that has no upfront claim to truth. As a human model it may be expected to have its limitations. Each one of us knows that for persons choice and responsibility are part of the package.

Determinism and free will may make uneasy bedfellows, but in the real universe they may well be mutually exclusive and yet both true. The problem, just like understanding the nature of an subatomic particle, turns out to be one of language, not one of fact. Nagel's own view is interesting, but I'll let you find that out for yourself...

CPD further study and reflective notes

The notes in Boxes 1 and 2 will help you to read and reflect further on any of the brief articles in this series. If this learning relates to your professional development then you should put it in your annual PDP and claim self-certified CPD points within the RCGP guidelines set out at <http://bit.ly/UT5Z3V>.

If your reading and reflection is occasional and opportunistic, claims in this one area should not exceed 10 CPD credits per year. However if you decide to use this material to develop your understanding of medical philosophy and ethics as a significant part of a PDP, say over 2 years, then a larger number of credits can be claimed so long as there is evidence of balance over a 5-year cycle. These credits should demonstrate the impact of your reflection on your practice (for example, by way of case studies or other evidence), and must be validated by your appraiser.

David Misselbrook,

GP, Dean Emeritus of the Royal Society of Medicine, Faculty President FHPMP the Society of Apothecaries, Senior Lecturer in Family Medicine RCSI Medical University of Bahrain and BJGP Senior Ethics Advisor.

DOI: 10.3399/bjgp14X677239

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

REFERENCE

1. Misselbrook D. Image of man — the 'scientific' versus 'manifest' images of Wilfrid Sellars. *Br J Gen Pract* 2013; **63**(614): 484.