Box 1. Reflective notes

- Are we always clear in our own minds about the difference between diseases, risk factors and normal distribution of human characteristics?
- And are we clear with patients when we discuss these things? How could we do better?

O is for ontology

OK, every tribe likes to reserve some language for its own use and polish up a few long words to keep the barbarians at bay. Philosophers are no different, but not as bad as medics. 'Ontology' is the study of what types or categories of things might reasonably be thought to exist in the world itself as opposed to just our imagined ways of thinking about things.

Talking about planks of wood and body tissue is easy — they seem to exist in the world as it is in itself — we can cut them, we can measure them, we notice when they go wrong. But what about 'right' or 'wrong'? Are they real categories in the world? They are certainly not real categories in the world of matter but neither is the experience of seeing the colour red — it exists within our mind only but is no less real for that. Might right and wrong be real categories in the human world, which is part of the whole world, or do we just invent them as we talk?

Similarly neuroscientists accept the reality of neurons but many will want to dispute whether there is really such a thing as 'mind' other than as a way of talking about certain apparent experiences that are generated by those neurons.

And what about diseases? Lung cancer would have a good claim to be a thing in the world itself, a different thing from normal lung tissue. But we talk about hypertension in the same way as we talk about lung cancer, talking it into being a disease rather than a risk factor when in the world itself all we see is a continuous distribution curve of blood pressure measurements. Similarly, is personality disorder a separate category like schizophrenia, with a pathology to be found in the world itself, or is it simply a way of talking about personal characteristics at one end of a normal distribution curve?

Why might this matter? As doctors we usually use a biomedical model. We tend to see problems within a disease model. We have a habit of thinking of categories such as personality disorder or hypertension as separate entities that are abnormal, as if they were diseases. We therefore automatically feel they need fixing rather than seeing them as normal variation that might sometimes cause problems or pose risks.

If we take enough measurements then all of us are going to be more than one or even two standard deviations from the norm

on some of them. We need to be a bit more careful about labelling normal variation as disease unless we want to medicalise the whole world. This is not to argue that some risk factors may not be significant enough to require treatment but it does emphasise the need to make a persuasive case rather than just lazily label something as a disease thus justifying automatic treatment.

Ontology does not help to solve this problem. However, it does remind us to think through issues more clearly. It alerts us to where doctors might be making medical problems rather than solving them.

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.

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Box 2. Further reading

Primary source: Hofweber T. *Logic and Ontology*. In: The Stanford Encyclopedia of Philosophy (Spring 2013 Edition), Zalta EN (ed.). <http://plato.stanford.edu/archives/spr2013/entries/logic-ontology/> (accessed 14 Jan 2014).

Further study: Misselbrook D. *Thinking about patients*. Milton Keynes: Radcliffe, 2001: Chapter 7.

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: DMisselbrook@rcsi-mub.com