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Ferry-Danini, Juliette

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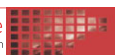
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BOOK REVIEW

THE HANDBOOK OF THE PHILOSOPHY OF
MEDICINE

Edited by Thomas Schramme | Steven Edwards 2017

This is a very comprehensive “handbook,” incorporating 68 chapters, some overviewing the major debates in the philosophy of medicine and others providing original contributions. Well-crafted and thought-provoking, most of the chapters (curiously not all) include helpful summaries of key points and definitions. This is especially useful since the handbook is comprised of 2 volumes totalling a little more than a thousand pages. The handbook is made up of 7 sections: I. “Core Concepts in Health Care” (17 chapters), II. “Organisms” (9 chapters), III. “Patients” (12 chapters), IV. “Clinical setting and healthcare personnel” (7 chapters), V. “Medical Knowledge” (13 chapters), VI. “Nosology” (5 chapters), and VII. “Health as a Social and Political Issue” (5 chapters). The diversity of topics is such that the scope of the handbook actually goes beyond the main debates of the philosophy of medicine. It includes abundant ethical reflections (for instance, chapters 55 and 65) as well as chapters ranging over other philosophical fields, such as the philosophy of psychiatry (for instance, chapters 61 and 62). Nevertheless, the ambition of the handbook, as put forward by its editors, Thomas Schramme and Steven D. Edwards, in the preface, is to finally give the field of the philosophy of medicine its independence from medical ethics and bioethics. Whether this is the case is ambiguous, since many contributors to the handbook do come from ethical or public health backgrounds. On the other hand, the diversity of the contributors' backgrounds gives this book its unique character. As such the handbook works as a useful bridge between the two disciplines. It is worth noting that contributors were not restricted to anglophone parts of the world, which is commendable. For those wanting to explore the main topics of the field, the first part entitled “Core concepts in Health Care” will be especially useful. The other parts will be a good opportunity to discover other subjects of inquiry. Depending on what you are looking for, this diversity of topics will be the strength or the weakness of this Springer *Handbook of Philosophy of Medicine*.

1 | CORE CONCEPTS IN HEALTH CARE

The first section of the book, comprised of 17 chapters, aims to cover the core concepts, and debates studied in the philosophy of medicine.

It provides excellent overviews of the concepts of health (chapter 3 “On concepts of positive health” by Lennart Nordenfelt), disease (chapter 4 “Disease as Scientific and as Value-Laden Concept” by Elseltijn Kingma), mental disorders (chapter 5 “Mental Disorders as Genuine Medical Conditions” by Jerome C. Wakefield), goals of medicine (chapter 9, “Goals of Medicine” by Thomas Schramme), disability (chapter 11, “Disability as Medical and as Social Category” by Steven Edwards), quality of life and well-being (chapter 12, “Subjective and Objective Accounts of Well-Being and Quality of Life” by Thomas Schramme), death (chapter 14, “Death as Biological Category” by Stephen Holland), and suicide (chapter 15, “Suicide” by Steven Edwards). Those chapters are a must read for anyone wishing to get synthesized overviews of the debates in the literature. They are written by major figures of the field. It will help philosophy students and other professionals to navigate those debates. Chapters 2, 10, and 13, respectively, give overviews of the concepts of normality, suffering, and pain. “Normality as Convention and as Scientific fact” by Ruth Chadwick puzzlingly omits important authors who have worked on the concept of normality, such as Christopher Boorse¹ and in the continental tradition, Georges Canguilhem.²

Chapters 6 (“Curing and Healing: Two Goals of Medicine” by Dorota Szawarska) and 8 (“Nursing as Caring” by Derek Sellman) are discussions of the concepts of “curing,” “caring,” “nursing,” and “healing.” Combined, both chapters provide a good clarification of these ambiguous concepts. Chapter 6 notably dwells on the distinction between Western and non-Western medicine. Despite not being solely focused on Western medicine, one worry is that authors here are not aware of the way concepts such as “curing” and “nursing” are themselves specifically embedded in the English language. Philosophical analysis about Western medicine should not be restricted to reflections stemming from distinctions found mainly in the English language. For instance, the distinction between curing and healing, although interesting, does not have a counterpart in French, where no similar distinction exists. This is also the case for the distinction between “nursing” and “caring.” Western medicine itself is not something homogeneous.

Chapter 17 (“How Can Aging Be Thought of as Anything Other Than a Disease?” by Arthur Caplan) is a good overview both of the debate over the concept of aging and of the position of the author. Similar questions are covered in chapter 26, from the next section of the book. Chapter 7 (“Illness and Its Experience: The Patient Perspective” by Havi Carel) is a summary of the position that the author has defended in other works. Although interesting for newcomers to the field or for health professionals, it would have been helpful to include an overview of this specific debate as well. The phenomenology of medicine, although thought-provoking, faces philosophical problems

which should have been discussed or at least mentioned in the handbook.³

2 | ORGANISMS

The second section is comprised of 9 chapters dealing with various subjects. Chapter 18 (“Human organisms from an Evolutionary Perspective: its significance for Medicine” by Mahesh Ananth) is a dense and very informed contribution about evolutionary medicine. It offers both a technical overview of the field and the defence of an original position. This chapter will require some familiarity with the philosophy of biology, however. Chapter 19 by Nicanor Pier Giorgio Austriaco O.P is an interesting discussion of the concept of human nature. Chapter 20 (“Concepts of Health and Disease in Plants and Animals”) is also interesting, but one puzzling aspect is the somewhat misleading description of Canguilhem’s view about the normal and the normative. Contra what Lerner states, the healthy and normal organism is indeed the normative organism in Canguilhem’s approach.^{2(p87)} Chapters 21 and 22 (respectively, “Genetic Information in Medicine” by Angus Clarke and “Conceptualization of Genetic disease” by Catherine Dekeuwer) give an excellent introduction and in-depth study of the concept of genetic disease and genetic information in medicine. Chapter 23 by Eric Matthews explores the relation between dualism and health care, making refreshing use of the history of philosophy. Chapters 24 and 25, treat, respectively, identity in dementia, and children regarding health care. Those chapters mostly dwell on ethical questions (how should one define identity in dementia? What are the rights of children?).

3 | PATIENTS

The handbook dedicates a whole section to patients. This section is comprised of 12 chapters. It starts with chapter 27, a discussion by Simon Woods of the debate between holism and reductionism. Although an important topic, the discussion is confusing on several levels. It is not clear which philosophers fall under the label reductionism (Woods takes Descartes as an example) nor whether anyone in modern medicine actually defends such a position. For example, is there really anyone who argues that “the person with cancer [should be reduced] to the collection of cancer cells in her larynx” (p. 425)? Even more puzzlingly, the author mentions Marta Rogers’ *Science of Unitary Human Beings* (1970) without a disclaimer about the pseudoscientific nature of this book: Woods simply notes that “Rogers (...) continued the emphasis on (...) the irreducibility of the human being.”

Chapter 28 by Kenneth Boyd, gives an insightful discussion of the concept of hope in relation with health and disease. Chapter 29 (“Dignity of the Patient,” by Andrew Edgar and Lennart Nordenfelt) gives a good and important overview of the concept of dignity, often presupposed and unquestioned in the philosophy of medicine. The chapter asks why the concept of “dignity,” the relevance of which is often criticized in philosophy, is still used by both patients and their advocates and why this is important. Chapter 30 (“The Living Body and the Lived Body in the Clinical Encounter: How does the Body Shape Ethical Practice” by Dorothée Legrand) gives an account of the

clinical encounter based on phenomenological reflections. This chapter will be demanding without some familiarity with the phenomenological tradition. Chapter 31 “Trust and Mistrust Between Patients and Doctors” by John Saunders is disappointing. It scratches the surface of important epistemological questions relating to the concept of trust. A whole section is dedicated to the “phenomenology of trust” without once mentioning phenomenology. Chapter 32 by John Paley discusses spirituality in healthcare in the American and British contexts. Chapter 34 is a study of narrative medicine and narrative enquiry: It gives a defence of narrative inquiry in health care, while warning about possible ethical issues.

Chapters 35 to 38 deal with broadly ethical questions surrounding the freedom (chapter 36 “Impairments of Personal Freedom in Mental Disorders” by Jann E. Schlimme) and mental capacity (chapter 37 “Mental capacity of Adult Patients in Health Care” by Jeanette Hewitt) of patients under certain mental health conditions, reflections on patients’ responsibility (chapter 38 by Martin Langanke and al.), dying (chapter 33 by James Stacey Taylor) and the nature of delusions (chapter 35 by Fulford and Thornton).

4 | CLINICAL SETTINGS AND HEALTHCARE PERSONNEL

The fourth section is comprised of 7 chapters, dealing with questions related to clinical settings. Chapter 39 (“Applying Medical Knowledge: Diagnosing Disease” by William E. Stempsey) is an excellent clarification of the concept of diagnosis. Chapter 40 (“Technology and Dehumanization of Medicine” by Keekok Lee) is hard to assess because the writing is often both unwieldy and unclear. Chapters 41 by Andrew Edgar and 42 by Hillel D. Braude deal with medical professionalism and clinical expertise, subjects often overlooked in the literature. The rest of this section deals with various subjects: placebo (43), nanomedicine (44), and sports medicine (45).

5 | MEDICAL KNOWLEDGE

The fifth section of the handbook then proceeds to chapters dealing with theoretical questions about medicine. For instance, what are the different models for understanding medicine (chapter 47 “Biomedical Reductionist, Humanist, and Biopsychosocial Models in Medicine” by S. Nassir Ghaemi)? Chapter 48 by Peter Hucklenbroich deals with the definition of the concept of disease entities. Other chapters deal with epistemological questions: what kind of knowledge is medical knowledge (chapter 50 “Hippocrates and the Hippocratic tradition” by James A. Marcum)? Does culture impact such knowledge (chapter 49 by David Hughes)? Three excellent chapters are then devoted to traditional debates about evidence-based medicine and personalized medicine (chapters 52 to 55). Chapter 56 gives an overview of the new field of synthetic biology, spelling out current debates and challenges. Two chapters are usefully devoted to psychoanalysis and alternative medicine (chapters 57 and 58). Chapter 51 by Frederica Russo gives an excellent and dense overview of the concept of causation in medicine. Chapter 46, “Medicine as Art and Science” by Kristine Bærøe unfortunately omits important and recent works on the question.⁴

Overall, the section is useful in the great diversity of approaches it offers.

6 | NOSOLOGY AND HEALTH AS A SOCIAL AND POLITICAL ISSUE

The last 2 sections of the handbook can be grouped together; they are comprised of 10 chapters covering varying topics, most notably mental health and public health. Chapter 59 deals with the WHO's definition of health and gives an overview of the debate between normativism and naturalism ("WHO's Definition of Health: Philosophical Analysis" by Jerome Bickenbach). It might be somewhat redundant with some of the chapters from the first section of the handbook. Chapter 60 ("Health as Notion in Public Health" by Thomas Shramme) gives a short clarification and investigation of the concept of health in the notion of public health: for instance, is it a positive or negative concept? In other words, is health in public health only the absence of disease? If not, why? Furthermore, does public health refer to the health of individuals or health of populations?

Chapter 64 gives a useful overview of the debates about the concept of medicalization of social problems. Chapter 65 is an excellent overview of the debates about the concept of human nature in bioethics; it will be especially helpful for people working on the relation between technology and human nature. Chapter 66 gives a short and clear account of the current state of the literature regarding social determinants of health and the philosophy of epidemiology ("Social Determinants of Health" by Sridhar Venkatapuram); it introduces key political concepts such as social justice. Often overlooked by the field,

political philosophy is also notably introduced in chapter 67, which studies the notion of health promotion. For instance, the chapter discusses libertarianism and the concept of "nudge." Other chapters deal with the philosophy of psychiatry: chapter 63 covers a series of issues concerning the classification of mental disorders. Finally, chapters 61, 62, and 68 discuss of philosophical problems regarding specific mental disorders: identity disorders, personality disorder, and psychopathy.

6.1 | Concluding remarks

The Handbook of the Philosophy of Medicine is one of the first of its kind. It offers chapters of good quality about a wide range of topics. The core concepts section is especially well done. The diversity of subjects and opinions covered in the handbook makes it a classic book to have in your library. Although outstanding overall, the book's quality is slightly dragged down by a few less successful chapters.*

Juliette Ferry-Danini PhD candidate 

Student in philosophy, Sciences, Normes, Décision (FRE 3593), Université Paris-Sorbonne, Sorbonne Université, CNRS, Paris, France

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