BODIES OF KNOWLEDGE, PHILOSOPHICAL
ANTHROPOLOGY, AND PHILOSOPHY OF MEDICINE

1. INTRODUCTION

In the second issue of the Journal of Medicine and Philosophy Stuart Spicker analyzes the possibility of a philosophy of medicine (Spicker, 1976). He argues that philosophy of medicine as a new subdiscipline exists if and only if the Cartesian notion of “body” is abandoned, the physical body which is described in the language of things and explained as a physiological mechanism. As long as we focus on the complexity of the physical, anatomical and physiological body, we already have a philosophy of biology to attend to the problems germane to living bodies. Philosophy of medicine only comes into existence, in the view of Spicker, once we “acknowledge . . . the lived body” (Spicker, 1976, p. 128). Medicine is unique in that it deals with subjects who have at the same time a single, physical body and are a lived body. Problems arise because of medicine’s tendency to construe the patient’s lived body as a physical body.

Re-emphasizing the significance of the lived body as the unique and proper domain of medicine, Spicker during the modern revival of philosophy of medicine consistently draws attention to the importance of philosophical anthropology (Spicker, 1975; 1986; 1990). However, the relationship between philosophy of medicine and philosophical anthropology is not clear. Spicker develops a specific anthropological view: the human condition has at least one fundamental structure, viz., that it is open to infirmity and instability. Crucial is the image of man as infirma species. Exploring the notion of infirmity and therefore developing a philosophical anthropology is then a precondition for the emergence of philosophy of medicine as a new subdiscipline. Medical philosophical anthropology is an a priori discipline. Spicker argues that it should be distinguished from philosophy of medicine, since the latter analyzes the presuppositions of medicine whereas anthropology focuses on the explication of basic human structures. In the same publication, he states that the notion of “infirmity” is one concept within the philosophy of medicine (Spicker, 1976, p. 129); when exploring such notion is the
objective of philosophical anthropology, it is already included in philosophy of medicine.

This last view is consonant with the development of medical philosophy over the last century. In the recent history of philosophy of medicine, examination of the foundations of medicine has led to an anthropological tradition, particularly in Germany and the Netherlands. This tradition has declined with the general and rapid growth of interest in moral issues over the last three decades. Recently, patients, philosophers and physicians are becoming more aware that many moral problems cannot be resolved without clarification and interpretation of the images of man that underlie ethical perplexities. Such awareness has led to a renewed interest in the writings and ideas of anthropologically oriented scholars of the first half of this century. Since they try to change medical practice and theory ‘from within’, connecting daily experiences with philosophical insights, and delineating a renovated science of the human person, they have in fact the same motivations and values as many scholars interested in medical ethics and medical philosophy today. Stuart Spicker’s reminder of the significance of philosophical anthropology twenty years ago is therefore valid even today, when philosophy of medicine is so much dominated by bioethical activities.

II. MEDICINE’S RELATION TO PHILOSOPHY

In its history, medicine has maintained a long-standing dialectical relation with philosophy (ten Have, 1980; 1983). Medicine apparently has evolved concomitantly with philosophy of medicine. To define the identity of medicine and to demarcate medicine as an autonomous discipline, authors of medical treatises used to dispute the contemporary speculations about the nature of the world.

The philosophical conception of order in nature, for example, was useful to demarcate medicine from mythology and religion, postulating natural disease causation and regularity in the natural history of diseases. The confrontation with philosophy led these physicians to discover the relevance of experience and precise observation for the practice of medicine. The emancipation of medicine as a discipline separated from philosophy arose therefore not from a rupture with philosophy but from a philosophical re-interpretation of what is characteristic of medicine itself.

However, when medicine had become firmly established as a unified