Anybody interested in the philosophy of medicine nowadays will have a difficult time identifying up-to-date literature. In the internationally renowned journals in this area, the focus is almost exclusively on bioethics. What was welcomed as a revival of the philosophy of medicine twenty years ago, has more and more restricted itself to the domain of values and moral issues. The work of philosophers and critics, such as Foucault, Illich and Van den Berg, who at that time had a reputation for scrutinizing a broad range of issues in medicine and health care, and for developing an encompassing, albeit not generally endorsed, theoretical perspective, has not been followed by an oeuvre of similar stature.

Reflecting on the last two decades, it seems that at least three interrelated developments have contributed to the virtual invisibility of philosophy of medicine as a theoretical and practical endeavor.

The first of these is the ‘ethicalization’ of the philosophy of medicine. Instead of covering all the branches of philosophy in general, philosophers of medicine are increasingly engaged in bioethical studies. Many of them have renamed themselves “bioethicists.” Philosophical anthropology and social philosophy are almost non-existent in relation to medicine and health, while the philosophy of medical science, medical epistemology, and medical ontology are very rare products of scientific labor.

The second phenomenon is the technicalization of ethics. If “bioethics” is the appropriate label for most of the studies undertaken in the philosophy of medicine, then the majority of bioethical studies can no longer be characterized as “moral philosophy”. Bioethics is considered an autonomous discipline; its aim is to contribute to the solution of difficult dilemmas in health care. Theoretical and elemental studies criticizing the foundations of medical thinking and acting are not useful from a perspective in which bioethics is a “linguistic” technology for a specific set of practical problems.
The third phenomenon is difficult to characterize. In postmodern culture moral views are usually regarded as private; our moral convictions are the result of personal choices. Since people make different choices, moral convictions also differ. Given this pluralistic situation, what is most important is respect for the moral judgments of other human beings. This feature of privatization is often associated with relativism: if different moral convictions exist, an absolute judgment concerning these convictions is impossible. The best we can do in this situation is to develop neutral rules and formal procedures that give the variety of convictions equal time. Privatization, relativism, and proceduralism as features of postmodernism all seem to imply anti-realism. Objective values and substantial moral convictions are simply impossible, in much the same way as realistic ideas about the world or nature are completely out of fashion in the philosophy of science. Within a constructivist perspective, moral values as well as disease, diagnosis, therapy, and technology are all human constructs, ideas of the ingenious human mind, instruments to create order in a man-created world. Ethicists should examine how moral values are created, maintained, challenged, and recreated. Bioethicists in particular should concentrate on analyzing scientific discoveries and technological innovations in health care, and study how these developments transform medicine’s moral order. Being focused on the social construction of scientific knowledge and its ontological and moral order, ethics is part of science and technology studies. It is no longer possible to develop and apply a normative point of view, other than the one revealed through a sociological approach. Whether we can judge actions as morally good does not depend on some intrinsic quality or extrinsic norm. Programs of action that go unchallenged have themselves to be regarded as a standard for judging past and present actions [32].

If the past two decades of philosophy of medicine can be plausibly described in terms of processes of “ethicalization”, technicalization and anti-realism, the question then is what this implies for philosophy of medicine’s prognosis. My thesis is that the current situation, as diagnosed above, is a specific articulation of the philosophy of medicine that presents only a partially correct response to the motivations and inspirations leading to philosophizing about health care and medicine. That is, the present-day domination of philosophy of medicine by bioethics increasingly brings us to acknowledge that pragmatism is not sufficient, and that more fundamental questions must be addressed.