From the many intriguing and important ideas Professor Engelhardt presents in his excellent paper, I shall choose to comment on only the following four: (1) ontological and anti-ontological views on disease; (2) value-ladenness of pathology and nosology; (3) the concept of clinical problems as a substitute for the traditional concept of disease; (4) clinical medicine as an applied science.

I

Professor Engelhardt discusses first the problems arising in the ontological debates about the nature of 'disease'. He then goes on to conclude that one might also construe such debates as disputes regarding the most useful ways in which to approach medical reality, where usefulness is being assessed not only in terms of the capacity to develop further explanations of disease, but useful treatments for patients as well (p. 33). Though this is a very interesting idea and might contribute to a philosophically enlightening reconstruction of the recent history of medicine, I do not believe that it is a sufficient basis for understanding why so many physicians and philosophers of medicine dispute about the reality and unreality of disease. I think that these disputes are mainly due to two circumstances: (a) to a conceptual confusion reflecting the lack of an explicitly formulated and generally accepted concept of disease in medicine; and (b) to the neglect of the ontological problems associated with the notion of 'existence'. Despite these semantically and ontologically interesting philosophical themes, I completely agree with Professor Engelhardt's implicit opinion that all versions of disease ontology are practically irrelevant to medicine in general and clinical practice in particular.

II

Professor Engelhardt's insistence on the value-ladenness of pathology and nosology deserves much interest even though there are many people who cannot understand why a disease should be viewed as a value-laden entity.

L. Nordenfelt and B.I.B. Lindahl (eds.), Health, Disease, and Causal Explanations in Medicine, 43–45.
I would like to propose a mode of reasoning which reduces the necessity for lengthy arguments with the adherents of the value-neutral position. The following premise is a true empirical statement about the behavior of the members of every existing population $X$:

An entity which is not value-laden in a population $X$ is not viewed as a disease in this population.

This true premise, which even Christopher Boorse cannot reject, yields by contraposition:

An entity which is viewed as a disease in a population $X$ is value-laden in this population.

This is exactly Professor Engelhardt’s thesis that independent of its particular definition in particular societies, every concept of disease is value-laden.  

III

Professor Engelhardt proposes to substitute concepts of clinical problems for the traditional concept of disease (p. 33). This proposal is a very interesting one and might contribute to a beneficial reduction of misleading ideas on the one hand, and to an efficient structuring of medical textbooks and education on the other. For example, I can imagine a medical textbook on internal medicine whose chapters are devoted to the description, analysis and treatment of patients’ complaints instead of the presentation of obscure morbi. However, I am afraid that after one hundred years or so a concept of disease would arise once again and one would begin to construct new diseases and to re-substitute them for clinical problems. In other words, I believe that the invention of diseases as ‘causes’ of clinical problems has been epistemologically unavoidable in the history of medicine. Let me substantiate this belief with Professor Engelhardt’s own excellent words. In the history of medicine, “One will wish to isolate from a complex of causally relevant factors those that ought to be held therapeutically accountable” (p. 35). And exactly these supposedly causally relevant factors whose therapeutic control is held to be practically relevant to an efficient management of Professor Engelhardt’s clinical problems, are traditionally viewed as diseases.