ABSTRACT. It seems impossible to completely cover the field indicated by the title of this report because of the many contributions of individual physicians and non-physicians to problems of the philosophy of medicine in Austria, and to their solution. The main trends are rooted in historic developments and in the current problems of medicine and health care, which are similar world-wide. In Austria famous names like empress Maria Theresia or the physician Ignaz Semmelweis have to be mentioned in connection with the development of the ideas of a philosophy of medicine. In recent times again influential and well-known persons in related fields of medicine and health care are Austrians. However, the main line of new developments goes mostly unseen by the public: activities in medical ethics with the goal to humanize health care, carried on by groups of young physicians, biomedical engineers and students.

INTRODUCTION

When I agreed to write an article on the philosophy of medicine in Austria, I did not really anticipate the difficulties of such a task. The problems which make this undertaking so difficult are related to the fact that most of the about 20000 physicians in Austria – which has 7 million inhabitants and next to Israel the highest per capita density of physicians – certainly have some idea about the background of their profession which may be called a personal philosophy. The complexity of the task to consider personal philosophical thoughts became obvious when I, during a lecture tour organized by the Austrian Medical Association with the purpose to discuss medical ethics with practitioners in the provinces of Styria, met Dr. Meissl. He is an old practitioner working in a small village who – as a hobby – managed to continue to study at the University of Graz and to earn three additional doctor degrees, the final one in theology. Besides such considerations the word philosophy in the title of this paper is not clearly definable. As in earlier contributions to this topic, philosophy of medicine has both the meaning of metamedicine and the meaning of practical and applied medical ethics. In addition, the term medicine is fuzzy and certainly overlaps with health care. Considering historical events, even the meaning of Austria is fuzzy – our small country being the rest of a big empire.

In the following we have to consider a multidimensional scale of viewpoints. Three dimensions is the least number. The first dimension covers different aspects from theoretical ideas to practical applications and to their systematic interactions: (1) Theoretical and legal aspects; (2) teaching aspects; (3) practical application of medical ethics; and (4) systems analysis of medicine and health care. In a second dimension the discussion has to consider certain groupings:
Federal and state authorities; (2) medical associations and physicians; (3) teachers and medical schools; and (4) patients. Each of these groupings takes part in shaping discussions and developments in medical philosophy. The third dimension comprises the different fields which contribute to health care: (1) Medicine; (2) psychology; (3) sociology; and (4) theology. Between all these dimensions rather complex interactions have to be considered in the following discussion.

HISTORICAL REMARKS

Paracelsus (1493–1541) lived the greater part of his life in Austria and died there in Salzburg where he is also buried. His views are still fundamental to philosophical thoughts in medical practice and came only recently into the focus of interest again (Schipperges 1983).

The structure of the Austrian health care and social care system both go back to empress Maria Theresia (1717–1780) and particularly to her son, emperor Joseph II (1741–1790). In Joseph’s time one of the most important physicians with respect to the theory of medicine and health care was Johann Peter Frank (1745–1821) who wrote the book System einer vollständigen medizinischen Polizey. This was the first pioneer work on health care and social medicine (Johnston 1972). The ‘medical police’ should be part of the public control system which organizes and regulates life between birth and death. Thus the ideas of Frank entered into the concept of a general governmental bureaucracy which emperor Joseph II organized and which is still the foundation of a network of health and social care.

If there were something like a medical philosophy of the average Austrian patient, its main axiom would still be: ‘In the hierarchy of responsibilities for the health and well-being of each individual the social and health care system ranges highest, the responsibility of the individual ranges lowest’. In fact, there is a trend that the people do not really care about their health and about primary prevention, but assume that any disease has to be treated and healed by a more or less omnipresent and omnipotent health care system. This attitude certainly has its roots in historic developments.

Another historical heritage which has to be mentioned in order to explain modern developments in the philosophy of medicine in Austria is the famous ‘medical school of Vienna’ which was directed nearly exclusively to diagnostic procedures. Johnston (1972) calls this principle of applied medical philosophy the ‘therapeutical nihilism’ of the Viennese medical school. Most important and well-known representatives of this school were the pathologist Carl von Rokitansky (1804–1878) and the specialist for internal medicine Joseph Skoda.