THE NEED FOR TEACHING PHILOSOPHY IN MEDICAL EDUCATION

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ABSTRACT. The dearth of philosophical contributions to medicine has recently been discussed in a series of articles in this journal. The present article focuses on physicians' lack of training in philosophy as a part of the explanation of the scarcity of works in philosophy of medicine. In section I I outline two philosophy courses which would be reasonable additions to the medical school curriculum required of all medical students. In section II I suggest two other philosophy courses as electives in a medical education. All four courses are in the fields of epistemology and metaphysics, and so will help others see the relevance to medicine of philosophical fields other than ethics.

Key words: education, epistemology, clinical reasoning, metaphysics, philosophy, philosophy of medicine, philosophy of science

The scarcity of studies in philosophy of medicine, that is, the study of epistemology, logic, philosophy of science, and metaphysics in medicine, has been discussed in a number of articles in this journal [1–3], following Lindahl's editorial [4]. There are many reasons for this dirth of philosophical attention not mentioned by Lindahl. For one thing, philosophers are prone to use their abstract ('pure') reasoning only to study 'pure' sciences. Physics has received more attention than civil engineering, mathematics more than applied mathematics. Philosophers seem to prefer theorizing about theoretical fields, perhaps a Platonic influence — the desire to inhabit a world of intelligible and immutable truths. And medicine is a practical science, at least if medical school is a guide — the clinical application of biology.

When the subject is a practical science, the emphasis of philosophical interest seems always to be ethics. Thus we have lately seen a growth of business ethics, computer ethics, and legal ethics — all following in the footsteps of medical ethics. Ethics, of course, belongs in these more earthly realms, as it is concerned with the reflections of the Form of Justice (and other virtues) to our shadowy social world.

Why this dichotomy? The suggestion of residual cultural Platonism is not wholly facetious. But this intellectual bias also has much institutional support. Often the attention other fields pay to their philosophical foundations is motivated by a search for legitimation. This may, for example, partially explain

the greater interest in philosophy among social scientists than natural scientists. This may also explain why a philosophy of science course is a common requirement for advanced nursing degrees but not for medical degrees: nursing sees itself as having to establish an identity independent of medicine. Indeed, nursing often turns to the social sciences for research methodology, especially sociology, anthropology, and social psychology, thereby doubling the reasons for their interest in philosophy.

In contrast, when physicians seek scientific legitimation and methodological guidance they turn to the natural sciences. It is fairly common to pursue a Ph.D. in one of these fields concurrently with an M.D. But American Ph.D. programs in the natural sciences have no philosophy component, though, significantly, many will soon be required by the National Institutes of Health to teach the ethics of research.

This is not to suggest that medicine has found an adequate substitute for the understanding of its philosophical presuppositions. Medicine has simply not felt any institutional identity crisis. The obvious danger of borrowing from various other sciences is that it is based on the twin assumptions that they have clear their own philosophical foundations, and that those foundations are not inconsistent. When one borrows from such a diversity of fields as does medicine, this is an unwarranted assumption. Biophysicists and clinical psychologists may find the issue of reductionism vs. irreducible (or emergent) properties unpersuasive because of their prior commitment to the standard (and conflicting) methodologies of their respective disciplines, but doctors are trained to employ both methodologies. It is only due to physicians' lack of training in philosophy that they are unaware of the potential problems in the assumptions which underpin their practices.

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Since there are several professional journals which publish research in the field, both philosophical and medical, and funds available for research support, I believe enhancing the contributions of philosophers of medicine by curriculum development should be the locus of concern for those who wish to encourage more research in this area. Philosophers will naturally spend more time on research and publication in a field when it has professional standing, which is tacitly accorded by the inclusion of courses on the subject in the school or department, and by colloquia and conferences at meetings of professional societies. What follows are suggestions on how to make progress along these avenues, and thus develop a professorate which will do more research and publication in the areas of interest to which Lindahl called attention in his editorial [4].