ONTOSOLOGY AND ETHICS IN THE FOUNDATION OF MEDICINE AND THE RELEVANCE OF LEVINAS’ VIEW

ABSTRACT. The search for an ontological basis of medical practice is questioned from the viewpoint that ontologies are always related to the interpreting person in his situation, and that the definition of medicine includes a certain choice. This choice-character comes into greater play when ethical proposals are made. A foundation of medical ethics on an ontology of the healthy body or the factual medical practice is a naturalistic fallacy. Prior to an ontological basis, the ethical event of responsibility for the suffering and transcendent other (Levinas) is constitutive for medicine. This event with its dimension of infinity of the other can only be ontologized by a totalitarian act. A philosophy of medicine should start with the ‘heteronomy’ of the other.

Keywords: Foundation of medicine, Ontology, Ethics, Patient as person, Transcendent other.

1. INTRODUCTION

As a contribution to the discussion on the book *A Philosophical Basis of Medical Practice* by Pellegrino and Thomasma (1981) I shall put forward the problematic character of the project of foundation in general, especially the proposal to ground medical ethics in the nature of medicine and the ontology of the body. The philosophy of Levinas is propounded as relevant to this discussion by its thesis of the primacy of ethics.

2. THE QUESTION OF FOUNDATION

Many authors consider the relation of philosophy with scientific disciplines as a foundational one. This view corresponds to the great rationalistic tradition in which was sought a system of knowledge with a deductive structure based on unquestionable first principles. As the title of the book *A Philosophical Basis of Medical Practice* suggests, Pellegrino and Thomasma seem to range themselves in this tradition. They speak about “a theoretical formulation upon which the practical activities of physicians can be philosophically grounded” (p. 3), and about “a working philosophical anthropology that could form the basis of our ethical, economic and political considerations” (p. x). The “critical reflection” turns upon the most important feature of medicine and searches for its ground or condition of possibility (55–56), which results into an ontology of the body.

The project of a “systematic philosophy of medicine” in the indicated sense seems worth-while to strive for, but it is also a dubious enterprise.
Worth-while because time and again the reflection on medicine and its goals has to be resumed. It is dubious so far as it wants to achieve a ‘basic’ ontology. This effort has been criticized from existential phenomenological, hermeneutical and neo-marxistic points of view. In spite of their different approaches most critics stress the fact that the philosopher as a person is involved in the changing reality he wants to interpret, and that the apparent reality partly depends on the interpreter. Although the determinants which are stressed may be different — corporeality, cognitivity, sociality — all these philosophies postulate that the interpretation of reality is situation-dependent. An ‘absolute’ ontology is indefensible because its propositions have a relative truth. The philosophical methodology is hermeneutical; it runs in a circle or spiral. In other words it is not “unlikely that (even) profound changes in the way medicine is practiced will alter the fundamental philosophy of medical activity we posit” (283), and vice versa. There are various conditions today and in the past, under which medicine shows a structure which is fully different from the greater part of medicine in modern Western culture. The theory of medicine has a corresponding form in each case. The object, goals, and activities of medicine are not given for once and all. The inclusion of different manifestations of what may be called medicine, including magical and ‘alternative’ modern forms, results in such an enlargement of the connotation of central medical concepts such as ‘health’ and ‘body’, that the definitions become elusive. The necessity of a limitation of the definition of medicine so that only certain phenomena and structures are subsumed, underscores the intended relativity of the general propositions. Once this relativity is accepted, the structures within the chosen borders can be described, but herein the relativity perseveres. The description of the structures, together with its conceptual connections, depends on the viewpoint of the describer.

Besides the epistemological arguments against ontological foundations, metaphysical and ethical objections can be advanced. Here, the view of Levinas is put forward. In this view the Western tradition of ontological thinking is described as a succession of attempts to structure a ‘totality’ around the conscious subject or Ego. From ancient Greek thinking to phenomenology, the subject is the knower of the ‘Logos’, the unquestionable rational thinking ‘I’, the autonomous person, the center of perspectivism and sense-giving, etc. This ‘arché’ (origin and highest rank) with its totality as a closed system is questioned by Levinas. Ontology does not constitute the first philosophy, it is metaphysics. The totality is not the primary fact, but the ‘relation’ with the other as Infinity. This point will be discussed further in this paper.