ABSTRACT. The question of the philosophical basis of medical science and medical practice is considered under three closely related themes: (i) the doctor-patient relationship, (ii) the structure of the medical-ethical discourse, and (iii) the problem of philosophical founding in relation to medical conduct. The doctor-patient relationship is regarded as a transformational relation. Acceptance of the illness of the patient, the construction of a complaint as a necessary condition — and not a description of an existing reality — as well as the establishment of a common interest are determinants of that relation. They are related to the dominant form of science and thought in medicine, namely application. This is typical for the Standard Medical-Ethical Discussion (SMED), its scope and its rationality. The third issue leads to the thesis that this particular rationality is not a sufficient ground for considering the medical discourse to be founded in philosophy.

Key words: Doctor-patient relation, Medical profession, Medical ethics, Philosophy and Medicine, Theory of the medical discourse.

0. INTRODUCTION

In Metamedicine, 1981, No. 2, Thomasma and Pellegrino contributed an article entitled: “Philosophy of medicine as the source for medical ethics". In the same article the authors point to a remarkable situation with regard to the philosophical foundations of medical science: “Over 200 articles devoted to medicine and ethics now appear monthly. Virtually all of them address specific biomedical-moral problems; few, if any, examine the philosophical foundations of the physician’s conduct *qua* physician — that which is presupposed in every transaction with the patient, even when different solutions are recommended for specific moral dilemmas. Nonetheless, these articles prefigure the more intensive and emergent inquiry into the philosophical foundations of medical ethics which will become a central concern in the decade ahead.” This observation is apt and correct. However, it does assume that the philosophical foundations of medical science and practice constitute no problem. For this reason it becomes unnecessary to look upon medical science and practice as philosophical questions. This assumption is found not only in the authors’ article but also in their book entitled: A *Philosophical Basis of Medical Practice*. Here the question of the philosophical basis of medical science and practice will be considered under three separate but closely related themes. The division will be as follows: (i) doctor-patient relationship; (ii) the structure of the medical-ethical discourse; (iii) the problem of the philosophical foundations of medical practice.
People get ill. The fact that people get ill causes immediate, sometimes important changes in their outlook on life. Illness means that the continuity and the balance of peoples lives become threatened. This threat also relates to the fact that illness means a change in the functions of the body as well as the spirit. The threat event is more important than that which expresses itself through so-called pathological aberrations.

People get ill and as a result they are patients. Illness is a condition of qualitative change. This new condition is then recognized socially, juridically, and economically with medical consequences attached to it. So limitations begin to set in, and role-playing also makes its demands. Standards which were hitherto irrelevant now become applicable; for example, adherence to the doctor’s prescription and medicaments. The body and its functions are now viewed as a complexity of parts, functioning irregularly. Because of this it is also looked upon as threatening. The same body now appears to have betrayed the very existence under which it has been living all the time before it became the body of a patient. Now, as the body of a patient, it is untrustworthy and unreliable.

People get ill; they become patients because of the appeal they make to doctors. So it comes about that medical knowledge and efficiency — the medical profession — become the obvious and surest medium to live under the stress and the condition of being ill. In public the doctor lays a claim to special knowledge and skill. Such knowledge and skill are said to be at the disposal of the patient. This is what the doctor professes — knowledgeability and occupation. Pellegrino and Thomasma consider the latter to be the reason why the doctor-patient relationship is both professional and existential (p. 210).

In the three situations outlined above, could one find a continuous, straight and unproblematic relationship? The authors developed a basic scheme in their book. The scheme is as follows: Being ill is a factual and a natural event. This event brings about the existential moment of being a patient requiring help. The help required is provided through the existential and professional medical assistance. This basic scheme is accepted as obvious. The transitions from one phase to the other are explained and justified by the argument that the person is now — as a patient — soul in body, a psyche in a soma.

The basic scheme just described deserves a closer analysis. It is trite that the point of departure in medical discourse is that whoever goes to the physician will make consultation on a specific and therefore limited