The necessity to criticize Pellegrino and Thomasma's 'A philosophical basis of medical practice' on all methodological levels of scientific practice is defended; a transcendental critique such as their approach is inconsistent with the possibility of science, a theoretical refutation of their work which is internally inconsistent due to its phenomenological/pragmatic stand, an empirical critique of their readings of historical and sociological findings, and a rejection of the possible application of their approach as its social effects sustain or enhance ideological notions about health, healing and the medical practice. Due to the scope of the work under criticism and the breadth of our critique, we cannot give a detailed account on every issue mentioned here.

Key words: Methodological individualism/collectivism, Rational detachment, Objective knowledge, Structural analysis.

1. INTRODUCTION

In this contribution to a discussion of Pellegrino and Thomasma's A philosophical basis of medical practice we will focus on their call for a 'humanistic detachment' in medical practice. We likewise see this detachment as a necessary step to the liberation of man from many of life's sufferings, but question the ways and means by which they believe such detachment can be obtained.

In their approach to clinical practice, Pellegrino and Thomasma propose to move towards "the important strain of empiricism manifested in American pragmatism and some forms of continental phenomenology" (p. 51). They believe this move enables them to approach the non-measurable factors brought to the clinical relationship by the patient, physician and the institutional and cultural environment — factors which are neglected in most philosophical approaches to the clinical practice.

In many ways they state what a philosophical basis of clinical practice, a theory of or a theory in medicine should consist of, and what the elements of clinical practice are (e.g. pp. 32, 53, 143). We agree that clinical practice is very complex. Precisely because of that complexity, we will argue that a blend of pragmatism and phenomenology is too reductionistic. Our ways part over ontological and epistemological presuppositions about nature, man and society. We will argue in this article that a 'humanistic detachment' that does away with a positivistic philosophy of science but commits itself to phenomenology and pragmatism, still remains within the realm of
positivism and as such, is unable to produce the kind of objective knowledge necessary (but not sufficient!) for true emancipation and liberation. For any judgment 'to come with healing in its wings', a commitment to man should be accompanied by a commitment to rational detachment. Without that, the radical and critical reflection Pellegrino and Thomasma set out to achieve (p. 55, 56) will remain encapsulated in an idealistically defined framework, since one is unable to relate the epistemological level of event, experience and mutual understanding to the existing, real and active structures of society at large. Their route to producing an 'ontology of the body' is an example of this flaw. Methodological individualism is unable to produce an ontology of power and agency, and leads to reflection and critique that is unable to relate the individual to the structures of which he is part. Pellegrino and Thomasma are certainly aware of the fact that societal processes have a grip on individual lives. They write: "What was once private now becomes public" (p. XIV). But their approach is unable to describe and explain this process in structural terms and thereby to clarify the role and constraints of individuals in this process.

2. BEYOND HEALING

Pellegrino and Thomasma's approach is in many respects similar to the 'illness-approach' developed and used by a group of North-American medical anthropologists. Following Young's critique, we should distinguish the concept of illness from the concepts of disease and sickness. If one deals with problems with an organic cause, we speak of disease in a biomedical sense and of curing a somatic problem. If one deals with the way disease and sickness are brought into the individual's consciousness however, we speak of illness in a hermeneutical/phenomenological sense and the healing of psycho-somatic disorder. If we deal with the social or structural aspects of illness and disease, we speak of sickness and one could then speak of emancipation and/or liberation as the result of effective action. Young introduces the concept of sickness in order to reconstruct a totalizing philosophical/theoretical basis of medical practice. He argues that one should not confine oneself to the normative dimension on subjective and intersubjective microlevel (the 'illness approach'), but that one should expand one's normative focus by taking into account the macro-structural determinants of discourse in clinical practice.

The effect of the illness-approach is to reduce social relations of disease and illness to a discourse about illness and individual adaptation. It is