TOWARD A SYSTEMATIC PHILOSOPHY OF MEDICINE

ABSTRACT. Can Pellegrino and Thomasma's book, *A Philosophical Basis of Medical Practice* (1981), rightfully claim to be a step forward towards a systematic philosophy of medicine? We try to answer this question by focusing our comment upon three related aspects of the book, namely (1) the problem of philosophical method(s), (2) the alleged Aristotelian-Thomistic orientation, (3) the view of philosophical anthropology of the authors. It is first argued that it is doubtful whether there is as much philosophical method in the authors' book as their reflections on philosophical method suggest. Second, we argue that if Aristotelian-Thomistic philosophy is important to the authors, it is not so much because of its methods and content, as because it supplies them with a very convenient framework for didactically ordering and transmitting their views about what they consider to be — philosophically speaking — basic about medicine. Third we argue that the authors' conception of philosophical anthropology bears (in point of method and ontology) more resemblance to the humanistic naturalism of John Dewey, than to any of the European philosophical traditions (Aristotelism, (Neo)Thomism, Merleau-Pontyian phenomenology) listed in support of their philosophical enterprise.

Key words: Aristotelism, Philosophical method, Ontology, Deweyian metaphysics, Philosophical anthropology.

0. INTRODUCTION

In the round-table discussion at the Galveston symposium on philosophy and medicine in 1974, the philosopher J. Shaffer argued that it is misleading to talk about philosophy of medicine; the philosophical problems that are relevant to medicine can best be handled by specialists in either the philosophy of science (especially the philosophy of biology), in moral philosophy, or in philosophy of mind — so nothing is left for the would-be specialist in philosophy of medicine.

The challenge was taken up by Pellegrino, who maintained that Shaffer, "while denying the possibility of a philosophy of medicine has, of course, philosophized about medicine — what it is, and how it relates to the other sciences, as well as making assumptions on the nature of man" (op. cit., 231). Philosophy of medicine is possible, and "it is more than a numerical total of the philosophy of the individual sciences which make up medicine." The acceptance of the view, Pellegrino continues, "turns critically upon our metaphysics of man" (op. cit., 232).

The philosophy of medicine as envisaged by Pellegrino in 1974 was still a dream, scarcely more than the promise of a program of philosophical work to be done. With the appearance of Pellegrino and Thomasma's book, *A Philosophical Basis of Medical Practice* (1981), the expectation
was aroused that 1974's dream had become reality. The authors, fully recognizing the difficulty of their task, described their book as an attempt to take “a step forward to a systematic philosophy of medicine” (op. cit., 3). Did the authors succeed and if so, is the progress such that more sceptical minds like Shaffer's will feel compelled to revise their opinion about the possibility of an autonomous philosophy of medicine?

If the philosophy of Pellegrino and Thomasma can claim originality, it is certainly because it attempts to reframe the discussion on the central problems of medical rationality and ethics in the sense of Aristotelism (Thomism). As it is a requirement of sound hermeneutical practice to take seriously whatever authors say about how they want to be understood, I consider it my principal task to clarify in what sense and to what extent the philosophy of Pellegrino and Thomasma can appropriately be described as of an Aristotelian-Thomistic orientation. Whether the authors did what they thought they were doing, and whether they succeeded in doing what they set out to do will come later.

In order to determine where Pellegrino and Thomasma's work is to be located on the map of twentieth-century intellectual geography, I will focus my comment upon three related aspects of *A Philosophical Basis of Medical Practice*, namely (1) the problem of philosophical method(s), (2) the alleged Aristotelian-Thomistic orientation, and (3) the view of philosophical anthropology endorsed by the authors.

1. THE PROBLEM OF PHILOSOPHICAL METHOD(S)

Methodology is not a very popular subject with most philosophers. Nevertheless every philosopher has more or less pronounced views about what the method of philosophy should be, i.e. what sort of methodology he or she is prepared to accept as binding for his or her own philosophical work.

If statements about (philosophical) methodology sometimes prove helpful in understanding a philosopher's views, it is not only because they help us see why a philosopher tackles the problems in the way he does, but also because methodology tells us — indirectly — something about a philosopher's ontology. The reverse is also true. For instance, the Hegelian or Marxist philosopher is committed to a dialectical method because reality as he or she “sees” it, has a dialectical structure; the adherents of a Husserl-type of phenomenological philosophy consider themselves bound to some variety of phenomenological method, because they are convinced