ABSTRACT. In spite of the seminal work *A Philosophical Basis of Medical Practice*, the debate on the task and goals of philosophy of medicine still continues. From an European perspective it is argued that the main topics dealt with by Pellegrino and Thomasma are still particularly relevant to medical practice as a healing practice, while expressing the need for a philosophy of medicine. Medical practice is a discursive practice which is highly influenced by other discursive practices like science, law and economics. Philosophical analysis of those influences is needed to discern their effect on the goals of medicine and on the ways in which the self-image of man may be changed. The nature of medical practice and discourse itself makes it necessary to include different philosophical disciplines, like philosophy of science, of law, ethics, and epistemology. Possible scenario’s of euthanasia and the human genome project in the USA and Europe are used to exemplify how philosophy of medicine can contribute to a realistic understanding of the problems which are related to the goals of medicine and health care.

KEY WORDS: philosophy of medicine, discursive practice, technology, goals of medicine, euthanasia, concept of disease, healing

1. INTRODUCTION

With their seminal work *A Philosophical Basis of Medical Practice*, ¹ Pellegrino and Thomasma inaugurated a new and refreshing understanding of ethical and philosophical questions about the act of healing. Their focus on “healing” made it possible for the authors to explain why moral and philosophical questions in medicine always have to be related to the actual practice of medicine. They argue that the practice of medicine does not consist primarily in the application of science, nor in a philosophical understanding of central concepts such as disease or the social and political understanding of what it means to be ill. Primarily, medical practice exists in the very humane actions of one human being towards another in order to provide comfort, relief and, hopefully, cure. As such, medical practice differs from scientific or technological practices. This therapeutic relationship characterizes it as an essential part of the humanities. Philosophical questions of medicine therefore embrace diverging and varying questions about science (or physics), anthropology and metaphysics.

Pellegrino and Thomasma have shown in their book how these questions, nevertheless, are interrelated and how answers to questions in one field, for instance science, will have an effect also on issues in other fields, for instance ethics and economics. Still, and perhaps in spite of their work, further questions on the essence and goals of philosophy of medicine continue. Caplan, for instance, explicitly denied some years ago in this journal that philosophy of medicine as a unified body of knowledge exists. To him it appears as an intellectual island instead of a true field of philosophical inquiry.

Therefore it seems that a continuous discussion is necessary in order to try to reach the goal that Pellegrino and Thomasma set out for all of those interested in philosophy of medicine back in 1981, namely to establish the “philosophy of an identifiable human activity, not a philosophical hodgepodge of the sciences and arts that medicine employs.” As a tribute to this goal and thereby honoring Pellegrino and Thomasma, we want to discuss only a central few of the philosophical issues they dealt with in their book. By doing this in the light of recent developments, we hope to underscore the importance of their work.

2. MEDICINE: A DISCURSIVE PRACTICE

Medicine teaches us about human existence because it deals with a fundamental aspiration of man to be healthy. And it teaches us about human existence because it deals with a corresponding tragedy of life. Often when we become sick, our lives come to a halt. We are forced to look at ourselves, as fragile, mortal beings... Our self-image is shattered.

In this quote from their work the essential concepts are: medicine, as a body of knowledge, human existence, tragedy, life, sickness and “our self-image.” In the next pages we shall examine some of these concepts from a European philosophical perspective and add critical questions and insights to each of these, without any claim of completeness.

Medicine is a body of knowledge. As such it is more and less than science. It is more than science because it does not restrict itself to the formulation of laws and theories which hold under qualified conditions. It is less than science because in medical practice indubitable truth is scarcely met. Uncertainty reigns. The medical practitioner does not restrict him- or herself to the observation of certain phenomena and their relations in order to explain their structures and regularities. Instead, the practitioner puts science into practice and has to cope with the practical limitations of scientific knowledge. Apart from the scientific attitude, a physician must be able to evaluate scientific findings within the context of the individual