Book Review

Havi Carel & Rachel Valerie Cooper, eds.
Health, Illness, and Disease: Philosophical Essays
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Few fields of social and technological activity are immune to change. Indeed, the extent and pace of change are the criteria according to which many human enterprises are judged. So, computer designers, software manufacturers, automobile makers, pharmaceutical laboratories, military ordnance developers, biomedical researchers, agricultural gene manipulators and educational authorities bang their respective drums loudly in keeping with the call to offer innovative new products and services to a public eager to be seduced by the very next new big thing.

First, do no harm. - Hippocrates

Opinions differ as to whether the quality of life is substantially improved by the latest iteration of the mobile phone or the newest genetically modified food product, but it is plain that the commercial market and government sourcing agencies impatiently await whatever is deemed to be a cutting-edge technology or ground-breaking methodology—even if the promised improvements are unproven or the costs of the assured benefits are unknown. Generally speaking, the trend seems to be toward giving well-hyped novelties the presumption of credibility and, in some cases, that presumption is rewarded with immensely salutary results.

One field in which change has won widespread and well-deserved approval is medicine and health care. As a three-time cancer survivor who would have not lived long enough to be rescued from impending death by robotic surgery had it not been for modern diagnoses, interventions and treatments for a ruptured appendix at age 16 and a subdural hematoma at age 55, I count myself among the people who are looking forward to at least a fragile sort of survival into my eighties and nineties thanks only to the diagnostic and therapeutic developments that have taken place in the last century or two.

What's more, not only have we learned how to deal better with trauma and to conduct radical interventions with some success, but we have also made extraordinary advances in areas such as public health. Initiatives in illness prevention, early intervention, nutrition and hygiene currently compete with antibiotics and other medicines for the claim to have saved more lives, added more years to people's lives and made the quality of life for survivors immeasurably better. From the clever people who figured out that it would be a good idea for surgeons to wash their hands before removing bullets from wounded soldiers' abdomens to those who invented fMRI machines and

devices in the slightly scary-sounding domain of nuclear medicine, it seems to me that, broadly speaking, medical progress has been an irrefutable human good to be questioned, if at all, only in terms of its contribution to ecologically hazardous levels of human population and the prospect of irredeemable environmental degradation owing to the Malthusian implications of our collective success in delaying death.

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Considering the enormous achievements and implications of modern medical miracles, it is somewhat disconcerting to realize just how recent health care advancements actually are. It is true that physicians have been around for a lot longer than particle physicists, biochemists and macroeconomists. It is also true that they have been worrying some about the morals of their vocation ever since Hippocrates set out their foundational ethical principle: "first, do no harm."

Still, shortly after the Founders of the American republic had cobbled together their nation's (mostly) commendable *Bill of Rights*, their recently retired chief magistrate, George Washington, perished from a throat infection (epiglottitis) complicated by his physicians who bled him four times (removing 32 ounces at his last bleeding), a process that is said to have caused the hypovolemic shock that ultimately killed him (Grizzard, 2002: 105-107). Law, or at least constitution writing, seemed to be more advanced than medicine at the end of the eighteenth century. Furthermore, until the mid-nineteenth century, the paradigm-shifting germ theory of disease was not fully formulated, anesthetics were not in common use, and not until less than a century ago was penicillin enlisted in the human war of small bugs. A lot has happened in a very short time.

Now, we not only have the means to extend life, but also to redefine it, alter it genetically, perform *in utero* surgeries, create *ex utero* zygotes, safely terminate unwanted pregnancies and indefinitely prolong the dubiously wanted lives of patients in a permanently vegetative state. As well, we can transplant human organs almost at will, introduce mechanical prostheses, alter mental states and even employ pharmaceuticals to make people tell the truth. Although members of our species have been practicing euthanasia since time immemorial, the complexity of the arguments concerning physician-assisted suicide have risen to new heights in light of the many ways in which doctors can now do what some people might consider "harm."

As a result of our tremendous innovations in health and medicine, it is now commonplace to observe that our technological and practical capacities have moved far ahead of our ability to consider the ethical and moral ramifications of our new products and procedures. Dr. Frankenstein is now a role model and we are all, in some ways and to some extent, his monsters. Fortunately, of course, we are becoming increasingly aware of our several dilemmas. Professional associations are devoting time and energy to considering research protocols, standards for the allocation of scarce medical resources, permissible neonatal and "end-of-life" regimens, and proper methods for deciding who

should receive a liver transplant and who should be allowed to die. Legislatures are establishing committees to look into medical ethics with a view to passing laws restricting physicians' practices or at least defining their legal limits. Popes and prominent theologians debate the morality of abortion at one end of our journey and proponents of "death with dignity" debate the morality of planned termination of life at the other. Patients' rights groups advocate transparency in medical practice and demand that greater decision-making power devolve to patients themselves or to their legal guardians. Privacy promoters worry not only about the propriety of sharing personal information about people (with, for example, private insurance companies who take a dim view of clients with pre-existing medical conditions), but also with the apparent inability of computer-based information systems to keep medical records safe from theft by computer hackers or public disclosure from simple neglect and incompetence. The catalog of ethical conundrums seems almost endless.

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In the book under review, Carel and Cooper have collected papers from a multidisciplinary conference that probed some of the problems which health care professionals are now invited to solve. The book is not (and is not intended to be) comprehensive. It certainly does not deal with all (or even with a widely based representative sample) of the types of questions raised about the ethics of health care. They do, however, highlight some of the more interesting ones.

Whether or not the contributions rise to the level of "philosophical essays," they at least touch on philosophical issues and do so in a quite engaging fashion. We should understand, however, that the contributors' very interdisciplinarity (the authors come from such intellectual silos as psychology, biomedical research and the "medical humanities") implies that the issues are being framed less by formal philosophers than by people with immediate concerns who are turning their attention to philosophy for both theoretical and practical advice. This is both an advantage and a disadvantage: on the one hand, the result is a collection of essays that will be of relevance to people directly involved in the issues that are discussed and that is written in a clear, concise and comprehensible fashion; on the other hand, there may be legitimate complaints both about the philosophical rigor in some of the pieces and the overall lack of a comprehensive philosophical framework to permit both comparative and extended thinking on the specific subjects that are addressed.

The subjects that are presented are organized into three main parts. In the first, the authors deal with key concepts and discuss competing philosophical "approaches" to health, disease and illness. Among the recurring themes is the distinction between "naturalistic" and "normative" approaches which, of course, leads to different definitions and different practices associated with the biomedical ("biostatistical") and the psychosocial ("holistic") interpretations of what health, disease and illness fundamentally

are and how health, disease and illness are properly to be explained and treated. Major themes here include such questions as the validity of the scientific method, the dregs of residual positivism and such hoary old matters as the possibility of a "value-free" science that can offer descriptions, perform analyses and recommend sets of policies, procedures and practices that also address ethical questions in a satisfactory way. Of specific interest, especially for readers unfamiliar with philosophical thought, is Lennart Nordenfelt's useful introductory inventory of the philosophical language that appears in a number of the chapters. As well, an attractive aspect of the discussion is provided by Elsiljn Kingma, who deftly constructs a compromise called "social constructivism" that seeks to blend without diminishing the somewhat bipolar alternatives of nature and norms. In this case, the effort to bring together the best of both approaches is more satisfactory than many attempts to combine the advantages of apparent opposites but wind up with the better elements of neither.

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The second part focuses on the subjectivity of the patient and the possibilities for "patient-centred" health care. Again, the use of the term "philosophical" may be inappropriate for what is, in fact, a mainly socio-political array of concerns involving the "experience of illness." This is not just a pernickety matter of pedantry and political worries about guarding the philosophical turf. It is a recognition that what is being presented is better described as *applied* philosophy, for the emphasis is almost always on the way in which philosophy can be used to illuminate particular issues rather than on how philosophical thinking might inform, frame and prompt extended discussion of more general and, to me at least, more useful sort. At the same time, I would be remiss if I did not mention Fredrik Svenaeus' commendable article, "What is Phenomenology of Medicine?" It is a particularly good attempt to bring one of the more difficult philosophical approaches to scientific theory and practice to have emerged in the previous century and to use it to reveal some of the "blind spots" of mainstream medicine. Attentive readers may be inspired to go beyond the application of phenomenological thinking to the understanding of illness and to explore phenomenology itself.

The final part is even more eclectic. The fact that the chapters deal with topics as diverse as "intersexuality" and "the relationship between health and beauty in Nazi society and medicine" illustrates the penchant for the particular. Here again, however, there are thoughtful contributions that fully justify the publication of this volume. Charlotte Blease, for example, does a very good job of linking depression, an officially recognized mental disorder, to the cultural context in which it appears and to the costs to individuals who are diagnosed with and who admit to suffering from it. Although excellent writers such as Barbara Ehrenreich (2009) have alerted us to the dangers of chronic happy faces (notably in Walmart advertisements and Oprah Winfrey television programs), people who are diagnosed as depressed are stigmatized because their

demeanor is subversive of the chronic optimism that is held out as normalcy. Violators of the "Polyanna Principle," which is endemic at least to American society, find themselves not merely being depressed for their own reasons, but ostracized by their communities in the bargain.

In sum, *Health, Illness, and Disease* presents some worthwhile material that will no doubt be of interest and use to health care professionals and to readers who are attentive both to the field in general and to specific issues such as disability studies and patient-oriented approaches to the treatment of illness and disease. People who are open to serious philosophical work on medicine, health care, bioethics and the host of overarching issues that must be addressed if our ethical and moral thinking are to catch up with our technological and organizational innovation will, however, have to look further. Carel and Cooper have given us an attractive plate of *hors d'oeuvres*. The main meal will have to be found elsewhere.

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References:

Ehrenreich, B. 2009. *Bright-sided: How positive thinking is undermining America*. New York, NY: Macmillan.

Grizzard, Frank E. 2002. *George Washington: A biographical companion*. Santa Barbara, CA: ABC-CLIO