The University of Nottingham

Philosophy of Medicine, Health & Wellbeing Interest Group

Newsletter

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Aims and Scope

The aims of this interest group are to:

1) encourage University-wide informal discussion on the Philosophy of medicine, health and wellbeing.

2) bring together University staff who share this interest in welcoming and informal forums.

The scope of the group is primarily philosophical. There will be obvious overlaps with sociology, history, and critical theory. However, we shall attempt to maintain its philosophical focus.

Inside this issue:

Inaugural lecture report

In February, Professor Raymond Tallis delivered the PhMHW Inaugural Lecture at University Park. The lecture title was 'The Mystery and Paradox of Scientific Medicine' and was an exploration of the tension between scientific developments in Medicine, and the public's satisfaction and perceptions of the health and medicine. The lecture was very well attended, was live-steamed, and posted as a download on the PhMHW Workspace. Viewers from across the globe tuned in!

Professor Tallis offered a philosophical framing of the situation claiming a number of paradoxes evident in modern scientific medicine. A philosophical overview of the idea of knowledge was presented with a claim that knowledge both transcends sense experience, and is something unique to humans. *Medical* knowledge, however, was presented as a special case in that its object (the body) is in fact the origin of knowledge itself, and that it treats its object as it if were not unique in the animal kingdom. Thus a 'profound discomfort' lay at the heart of medicine. Tallis strengthened his claim here with the presentation of his first ("Big") paradox. Of the back of this lay Tallis' "Little" paradox. The question then was, does all this have something to do with the *nature* of scientific medicine?

Tallis then delivered his evidence for medicines unprecedented success by reference to data related to life expectance, disability free life expectancy, and comfort expectancy. A firm case was made for scientific success in contemporary medicine.

Tallis's Big Paradox

Medicine has advanced by minimising the distances between ourselves and other animals, by regarding our illnesses as the afflictions of organisms, and yet the huge and growing corpus of medical knowledge is dramatic evidence of how remote we are from being like all other organisms whose consciousness is made up of sensory experience. Knowledge, and most obviously scientific knowledge, is not a function of solitary organisms but a product of a community of minds; and yet medicine has become powerful by generating knowledge that sees the sick person in predominantly organic terms.

Tallis's Little Paradox

Medicine holds unprecedented success yet is the subject of unprecedented criticism, suspicion and scrutiny.

Evidence was then provided of 'signs of discontent' with medical science, namely patient dissatisfaction surveys, the prolific rise of patient advocacy groups, calls for tighter regulations and monitoring of health care professionals, rising negative media coverage, political contempt, frenzied reforms, and the rise of "junk medicine".

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Tallis' argument then returned to a deeper review of what is meant by knowledge, referring to classic Popperian and Humean concerns about the nature of knowledge and building a case for his initial claims that knowledge reaches beyond the organism, and is unique to humans. Tallis claimed that knowledge arises out of the unique status of humans as embodied subjects (having a sustained sense of self), rather than the mere organism status of animals. Embodied subjects are explicitly present in their world, to themselves, to each other, and away from objects. Knowledge is something related to collective consciousness and more than sense experience – something perhaps within the human.

Medical science however serves to " insert longer chains of argument, knowledge, and expertise between the body and its care for itself" - contrast licking a wounded paw with making an appointment for an out-patient clinic. Tallis pointed, via Hippocrates, Versalius, Harvey and Darwin, to the desacralisation, deanimation, dehumanisation and depersonalisation of scientific medicine. Enter another paradox: one of medical effectiveness.

A 'medical gaze' was discussed whereby medicine looks past the person to the naked body, then beneath the body to the contents, then past the contents to the physic-chemical mechanisms – the patient is now an organism seen as a medical object: "My potassium of 7.2 is no-one's potassium".

Tallis' concluding remarks stated that the human body was not created with our humanity in mind; effective medicine must collude with inhumanity to achieve its super-human ends; science-based medicine may be dealing with its own wounds. Ultimately, "a super-human tact was needed to reconcile the vision of the patient as a dysfunctioning organism and an ill person; to mediate between the sentient, pre-human body, and the community of minds where we locate our common humanity." An unforgiving political climate and the continual devaluing of hands-on care, do, however, make this tact difficult.

Medical effectiveness paradox

The extraordinary effectiveness of scientific medicine depends upon treatments that see the illness as an affliction of a carnal machine, of *un*knowing animals; and yet the knowledge upon which medical science is based is itself a spectacular demonstration of the distances between ourselves and animals and ourselves.

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Madness and Literature Network (MLN) Conference Report

Over 125 MLN members, other interested clinicians, academics and service users, came together in August 2010 for the 1st International Health Humanities Conference. Over the course of 3 days, a range of fascinating papers were presented and numerous collaborations were developed. The keynote speakers – Professor Kay Redfield Jamison and Professor Elaine Showalter – were warmly received and presented fascinating addresses. Jamison focused on her own battles with Bipolar Affective Disorder and how she negotiates this personal disorder while managing her clinical practice, while Showalter focused on Capgras syndrome and the controversies between psychiatry and neuroscience about this, reflecting on how they fit into contemporary literary interests in post-modern and contemporary literature.

Panel discussions ranged from issues of the clinical use of poetry in Cognitive Behavioural Psychotherapy to schizophrenia in Samule Beckett, via madness in Chinese, Malaysian and Iranian literature and studies exploring psychopathology in literature throughout the ages.

What made these three days unique were the interactions between service users, carers and clinicians, on an equal footing. For many this was unfamiliar territory, and the results challenged preconceived ideas about this kind of collaborative working

The National College for School Leadership on the Jubilee Campus provided an impressive background to a stimulating and inspiring 3 day event – soon to be repeated in the USA in 2012.

Charley Baker, MLN Founder
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Meeting outcomes — future directions

Following the inaugural lecture, many attendees stayed behind to part-take in a 'focus-group' session to establish the future remit of the PhMHW's activities. The following information was gathered:

EVENTS: there was consensus that the group should continue to host at least one annual event, which should be a lecture-based occasion. Other suggestions were of 'book clubs', virtual reading groups, monthly lectures and a larger conference. Given the resources available to the group, at this moment in time we shall continue to focus on one annual lecture-based event, again to take place in February 2012. Full details to be confirmed. The group shall also continue to act as a virtual journal club, as originally intended.

SUBJECTS: there was excellent discussion and suggestions from the small groups about precisely which subjects fall in the remit of the group. It was obvious that there was a significant subject over-lap with sociology and ethics. Most groups agreed that the remit should be kept tight to philosophical matters. With this in mind, it was agreed that close working relations should be kept with other groups concerned with health and wellbeing, for example Hugh Middleton's Critical Perspectives on Health and Social Care group. It was clear that many PhMHW members would find the seminar series organised by this group very relevant to their interests. In short, the following subjects were highlighted for areas of philosophical interest for PhMHW members: *Placebo; Evidence; Expertise; Ethics and Consent; Communication; Critical Realism; Conceptual Analysis of Health and Wellbeing; Madness; Happiness; Neuroscience; Discourse, Language and Metaphors; Alternative Medicine; Knowledge; Death and Assisted Dying.* The group shall aim to focus on articles and events related to as many of these areas as possible.

RESOURCES: Participants were interested in what the group could offer in terms of resources. Suggestions included an archive of articles; a hub for guidance towards 'classic texts' and resource for information regarding related events of interest, e.g. conferences elsewhere etc. The group shall work towards all of these suggestions, beginning with the introduction of a group specific bibliography database (see box below).

AGENCY: Following suggestions, the group shall aim towards acting as a link with like-minded people in associated areas, e.g. biomedicine, social sciences.

RESEARCH: The group aims to act as a service to facilitate collaboration on research projects and grant applications in association with related groups, e.g. the Heath Humanities theme within the Centre for Advanced Studies.

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NEWS Bibliography Database

We have created a *Philosophy of Medicine* group on Mendeley. This is public, full access database on which members add to the archive. The address is http://www.mendeley.com/groups/1185041/philosophy-of-medicine/papers/ , or via link on our Workspace.

MENDELEY

Useful Links and Contacts:

LEIGHS —The Law and Ethics Interest Group for Health and Social Care was an initiative from the University of Nottingham and now in partnership with Browne Jacobson Solicitors. The group aims to provide three seminars per year around contemporary health and social care issues: http://www.nottingham.ac.uk/leighs/index.aspx

Causation in Science (CauSci) — CauSci (http://www.umb.no/causci) is a 4-year interdisciplinary research project, funded by the Norwegian Research Council (NFR) and hosted by the Norwegian University of Life Sciences (UMB). The aim is to investigate some unresolved issues within the sciences related to causation, while also getting a better philosophical understanding of the notion of causation. The project has a strong link with the University of Nottingham via their Visiting Professor, Professor Stephen Mumford, Department of Philosophy. The project has a 'Biology and Beyond' theme for which there is a conference in October: http://www.umb.no/causci/article/caubio .

Book Review: *The Philosophy of Evidence-Based Medicine*, Jeremy H Howick

This book is a most welcome addition to the growing philosophical discussions about the evidence-based medicine (EBM) movement. The author is philosopher of science, who holds a post at the Centre for Evidence Based Medicine, University of Oxford. Immediately this might suggest a biased argument is to follow. Although the first part of the book does indeed seem biased towards support of EBM, the rest is a well-balanced, intellectual thesis focussed around three main arguments. First, Howick claims that the current EBM position that systematic reviews of 'best' evidence should inform clinical practice is uncontroversial. His second claim is that what counts as 'best' evidence requires some modification. Third, double-blinding and placebo controls do not play their intended function reliably. The structure of the book facilitates these arguments very well.

An excellent introduction to the history of philosophical inquiry into EBM, drawing out major themes relevant to the core arguments, brings the reader swiftly to the level needed for further analysis. There is a major defence given to the role of comparative trials especially the superiority, in most cases at least, of randomised trials. The role of such methods in controlling for confounders in a superior way to alternative methods is given a fresh reframing leading to a convincing conclusion. Classic and contemporary arguments against randomisation are carefully deconstructed and maturely analysed. Equally careful attention is then given to a possible up-grading of observational studies. The emphasis is around their potential to hold equal value to randomised trials when they demonstrate that treatment effect sizes outweigh the combined effect size of all plausible confounders.

Howick then fluently attacks the seemingly mistaken view that double blinding holds some sort of universal virtue in clinical trials. He successfully deals with the paradox that double blinding rules out confounders when treatment effects are dramatic. Similarly, Howick provides his thesis on placebo controls, claiming that they violate the conditions of their own legitimacy. The idea that placebo controls provide trials with additional benefit over observational studies is successfully dismissed. Howick seems to have joined the philosophically fashionable argument calling for the abandonment of the idea of placebo. Possibly the most unsettling section for the clinician is the final section of the book providing convincing arguments on the negligible role of expert judgement in counting as evidence. As throughout the whole book, Howick's philosophy is supported by a rich and continual analysis of empirical studies which both support and refute his thesis. In the case of expert judgement, he doesn't have to try hard – the vast majority of empirical studies support the hypothesis that mechanistic reasoning consistently out-performs expert judgement.

A limitation to this book - and Howick states clearly his parameters so makes no claims to be exhaustive in his philosophy – is the avoidance of heavier analysis of logical, and even metaphysical, associated areas of evidence, especially causation. That aside, the book is fit for purpose, and it is likely that heavier analysis would alienate its intended audience. The book remains accessible to researchers, clinicians and, of course, philosophers.

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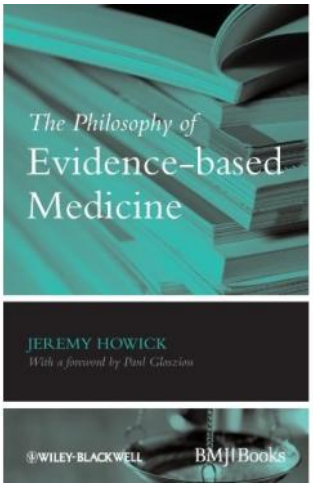

The Philosophy of Evidence-based Medicine
Jeremy H. Howick
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