The Routledge Companion to Philosophy of Medicine

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Introduction

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INTRODUCTION

Miriam Solomon, Jeremy R. Simon, and Harold Kincaid

Philosophy of medicine is an emerging field. Although medical ethics established itself as a discipline in the 1970s, the epistemology and metaphysics of medicine—the central topics of this volume—have come to the fore more recently. In the United States, we look back to 2005 and 2008, when Harold Kincaid organized conferences at the University of Alabama at Birmingham that are now regarded as the first and second conferences of the International Philosophy of Medicine Roundtable (https://philosmed.wordpress.com/). Since then, four conferences were held: Rotterdam 2009, San Sebastian 2011, New York City 2013, and Bristol 2015; the seventh Roundtable is being planned for 2017 in Toronto.

Many of the members of the International Philosophy of Medicine Roundtable (now over 250) teach courses on the philosophy of medicine to undergraduates, graduate students, and medical students. Although the field began with such topics as the definition of disease and the epistemology of evidence-based medicine (with classic papers such as Christopher Boorse’s “Health as a Theoretical Concept” [1977] and John Worrall’s “What Evidence in Evidence-Based Medicine” [2002]), it has now expanded to include a wide range of topics reflecting the latest initiatives in medical science, medical humanities, public health, nursing, and decision sciences. There is a need for a teaching resource that will encourage the next generation of students and scholars to use philosophical tools in these areas.

We intentionally took on a wide and comprehensive range of topics, some of which have little prior mention in the philosophical literature. This is because we wanted to emphasize the continuity between philosophical and other literatures and stimulate more interdisciplinary work. As a result, some of the entries represent first attempts at defining the issues and do not report on well-developed debates. We aimed to err on the side of being maximally inclusive of both topics and philosophical traditions. We have also emphasized topics that have practical implications for medical research and clinical practice. We intend this book to be useful to the medical community, not only the philosophy community.

Philosophy of psychiatry has been partially covered with two articles addressing core questions of ontology: “Psychiatric Classification” and “Models of Mental Illness.” We included the ways in which philosophy of psychiatry is continuous with the more general philosophy of medicine literature, rather than address questions more particular to the domain of psychiatry, such as the nature of delusion. Philosophy of psychiatry, like medical ethics, has a much longer history than the rest of philosophy of medicine, and several excellent volumes are available for pedagogical use, such as The Philosophy of Psychiatry: A Companion (Radden 2004) and The Oxford Handbook of Philosophy and Psychiatry (Davies 2013), to which we refer the interested reader.

In our choices of topics and authors, we were guided by an Advisory Committee of prominent researchers in the fields of philosophy of science, medical ethics, and medical humanities, as well as philosophy of medicine, some of whom also contributed chapters: Rachel Ankeny,
Alexander Bird, Alexander Broadbent, Arthur Caplan, Havi Carel, Tod Chambers, Alice Dreger, Fred Gifford, Trisha Greenhalgh, Brian Hurwitz, Rebeca Kukla, Hilde Lindemann, Kathryn Montgomery, Julian Reiss, David Teira, and John Worrall. We thank the Advisory Committee for their advice about topics and authors to include.

We asked authors to write a general overview piece for their topic and—for pedagogical reasons—to feature centrally when possible a specific case exemplifying the conceptual or epistemological issues in the topic. Apart from these instructions, we gave authors leeway in structuring their chapters, in writing style, and in points of view. The result is considerable variety, which we think adds liveliness to the text. We have managed the contents so that there is minimum overlap among chapters but many cross-references and interconnections. Authors were also asked to provide up to five recommendations for further reading; these should guide students and instructors who want to pursue a topic in more depth.

We have attempted to include a variety of philosophical methodologies—from conceptual analysis (e.g., “Death”) to naturalistic inquiry (e.g., “Pain and Suffering”) to phenomenological exploration (e.g., “Birth”), though the predominant thread is the philosophy of medicine treated as part of the Anglophone philosophy of science tradition. In some cases—for example “Death” and “Birth”—this means that apparently complementary topics are not treated symmetrically. We had room for more than one philosophical approach, but not room to include more than one essay on each topic. We hope that this stimulates readers to develop the philosophical approaches further, and perhaps to combine them when appropriate.

Even with almost 50 chapters, some topics have had to be omitted or treated indirectly. For example, we do not have a chapter on translational medicine, a research initiative that emerged in the early 2000s (for an account of translational medicine, see Solomon (2015), Chapter 7). And we do not have a chapter on the “art of medicine,” instead exploring that elusive concept in several chapters, including “Clinical Judgment,” “Narrative Medicine,” “Medical Decision Making,” “The Biomedical Model and the Biopsychosocial Model,” and “Phenomenology and Hermeneutics.” A chapter on “Social Determinants of Health” did not materialize at the last minute; we refer the reader to other texts for treatment of this popular topic.

Our division of the text into six parts—General Concepts, Specific Concepts, Research Methods, Clinical Methods, Variability and Diversity, and Perspectives—is an attempt to group the chapters in a meaningful way. The chapters are all self-contained and do not presuppose any philosophy or medicine, so they may be used in any order.

We thank the contributors for working with us, sometimes through several drafts and rounds of editing, to produce accessible yet scholarly chapters. It has been a pleasure to bring together our authors’ talents to produce this volume.

Finally, we thank Andy Beck of Routledge Press for conceiving the project and encouraging us throughout the process, Elizabeth Vogt of Routledge Press for working with us on the editorial processes, and Jennifer Bonnar of Apex CoVantage for her project management.

References