

The role of philosophy and philosophers in modern healthcare

Geoffrey Hunt

“The choice facing the government and media is stark: either engage in meaningful debate over the scope of the NHS or the organisation will crumple. It will crumple gradually and painfully.” *Words of a British NHS medical consultant, UK.*¹⁾

1 Philosophy – Metaphysical and Indicative

Philosophy and ethics can find no fixed ground that can act as a point of departure, a pivot from which to evaluate other disciplines such as medicine. Philosophical assumptions are not independent of the general intellectual framework that a society works with. In fact philosophy generally shares some of the very same assumptions as other branches of knowledge within a cultural discourse, so that it is not surprising if philosophy generally confirms and serves to consolidate the ruling set of ideas.

Many philosophers make the mistake of pretending to have a detached evaluative apparatus that they cannot possibly have, and in making their supposed evaluations only really reinforce the dominant ideology. Philosophers, we have to remember, do not begin from the findings of experience. They begin instead from general intellectual assumptions. Even if they claim to have ‘discovered’ these assumptions, the question arises of *where* they were waiting to be discovered. In truth they are embedded in the culture in which philosophers work and are manifestations of the practices and institutions of that culture. Throughout the history of philosophy we have seen two kinds of philosophers. Those that have recognised this, and those who have failed to do so. I shall call these the Metaphysical Philosophers and the Indicative Philosophers.

The Metaphysical philosophers think that philosophy has something distinctive of its own, something it can positively contribute to the debates of the age – a philosophical contribution. Paradoxically, the apparent positivity of this philosophy is wholly negative, for it conserves what needs to be transcended. On the fringes of modern medicine and biotechnology there are the bioethicists.²⁾

The Indicative Philosophers think that philosophy itself has nothing positive to contribute, that its role is the negative one of showing us where we

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are going wrong in our thinking, and if it has a contribution it is in indicating the limits of knowledge, of understanding, of science and technology. This philosophy is critical in style and brings us back to ourselves, but not by *telling* us what these limits are, for to do so would already be to try and begin to transcend them. This philosophy is indicative – it points, it *shows*, it does not *say* (to use a distinction from Wittgenstein). Paradoxically then, its positivity lies in its negativity.

The Indicative approach is to be found both in a well – developed tradition in the East, and in an aborted tradition in the West. Socrates is one of the fathers of Indicative philosophy in the West, and Wittgenstein more recently. In Japan there is the work of the unsurpassed 13th century master Dogen, and Nishida more recently. This is not to ignore the great differences between the two traditions. The tradition faced historically insurmountable difficulties in the West because of the ascendancy of science, technology and industry. This gave rise to a rationalist – utilitarian – dualistic ideology in which successful models of social practice were generalised as the very foundation of knowledge and reality. Descartes' philosophy is of central influence, of course, and he is still held up as the champion of human thought (rather than merely the champion of Western thought in the technological-industrial era, which is now, I believe, coming to a close). Let me say at once, that I fit into the Indicative tradition and my work has largely been about showing the nature of the wrongness in the technocratic healthcare system – a system of rule by technical expertise – its ideology, its institutions, practices and plans.

2 Bioethicists: the new Sophists

Although I have no strong objection to being called an 'ethicist' I am not a 'bio-ethicist' in the sense in which this is used in the mainstream literature. I do not think ethics as 'bio-ethics' can live up to its claim of making a truly positive contribution to our fundamental problems in the area of health and medicine. It is certainly trying its best to make a positive contribution, but I maintain that this contribution serves to consolidate and justify modern healthcare and thus supports its problem – generating assumptions. It only clouds our thinking further. Indeed, Hegel spoke of philosophy as the 'Owl of Minerva' that *always* arrives late on the historical cultural scene, as its sun is setting. I believe the sun is setting on industrial-technological medicine, and that bioethics is arising precisely in a vain effort to resuscitate it.

Indeed, bioethicists have joined the doctors and biotechnologists in the same way that in Ancient Greek times the Sophists joined the new burgeoning ruling class of politicians, doctors, lawyers and technicians (as those pro-

fessions were understood at that time). Socrates was a 'gadfly', who relentlessly exposed their false claims to knowledge, and in so doing he was indirectly attacking the ruling class and their gods, and this is why ultimately he was killed. You might say (rather anachronistically) that he was a 'whistleblower' two and a half millennia ago.

3 The Crisis of industrial healthcare

Modern healthcare is in crisis. This crisis is manifested as a pincer movement of increasing cost with increasing public dissatisfaction. The cost of public healthcare in the West is at a level that nearly every government regards as intolerable. The outcomes of this healthcare system are very disappointing. There is little or no gain in health improvements, and in some cases a decline. It was recently officially announced in the UK that hospital infections kill about 5,000 people every year.⁴⁾ This compares with about 3,400 or so killed in road traffic accidents per year. Many more than this are hurt, disabled or killed by medical errors or so-called 'adverse events' in hospitals. According to some preliminary research⁵⁾ the rate of adverse events for Australia is 16.6% of admissions, for the UK 10.8% and for the USA 3.7%. The mortality rates in adverse events are in the reverse order, with the US at 13.6% (of adverse events), the UK 8% and Australia 4.9%. (Perhaps because more stringent definition of 'adverse event' gives smaller numbers but more deaths.) At the same time, litigation from complaining patients is costing the UK's National Health Service (i.e. the taxpaying citizen) about 2.8 billion pounds per year.

However, the causes of this unacceptable and discouraging situation are generally misunderstood. One common explanation is that demand is exceeding supply, and another is that the 'developed countries' have a disproportionately large elderly population and that this proportion is increasing. On this premise one response has been to allow the private sector to take over large areas of healthcare provision. This does not strike at the root of the problem but only transfers it. The USA already has a mainly private healthcare system. That country spends 42% of the world's health budget (WHO report, 2000) yet falls behind all other rich countries in ranking by life expectancy. Very few are willing to admit that modern healthcare is based on completely false assumptions. Understanding these assumptions is a role for a philosopher. But one can take two paths - the metaphysical or the indicative.

Another assumption is that healthcare can be delivered by the profit motive. A case in point is that this year thirteen of the world's leading medical journals took the unprecedented step of collectively criticising major transnational pharmaceutical companies for distorting the results of scientific research for the sake of profits.⁶⁾ But I will not pursue that theme here, ex-

cept to point out that here is a role for an Indicative political and economic philosophy. That is, a clarification of the wrongness in thinking that the limits of the capitalist social formation (including its inability to further address health needs) can be transcended by even more capitalism, albeit of a more technologically advanced, globalised and efficient kind. What is needed is a new vision of social relations.

4 The Status of Medicine's Limits

What is the true nature of the impasse, the blockage, of modern healthcare? What is the nature of the limits that it has reached? This is where the Metaphysical philosopher and the Indicative philosopher would disagree. The former says that we need to get clearer about the limits, define them rationally and precisely, and then find procedures by which we can efficiently and rationally extend or adjust to these limits. What are needed are clear thinking (rationality), and decisions, procedures and systems based on it. The mathematical rationalism of a Descartes, the moral rationalism of the utilitarian J. S. Mill, the principled approach of Immanuel Kant are still regarded as our basic framework and it is thought that we shall benefit if we apply them more rigorously. Philosophers, then, are conceived as having a new and important role: saving the Western world by keeping it as it is with greater rationality, precision and utility. So those who are struggling to maintain the healthcare and biotechnology system, and who know little about philosophy or its history, are quite willing to accept their help. In the vulgar rationalist-utilitarian era of decline at the end of the 20th century, which had come to expect *utility* from philosophy as from all things, support for academic philosophy was gradually being withdrawn and many philosophy departments closed. And so a new practical role had to be found by philosophers if they were to survive, and thus the modern Sophists emerged.

At a deeper level the crisis of modern healthcare is the historical exhaustion of medical science and research. They have run their historical course and are finished. In his recent book, *The Rise & Fall of Modern Medicine*, James Le Fanu gives a convincing account of how clinical research has run out of ideas, has made very few breakthroughs in recent years, and has achieved very little in terms of unifying theories and hypotheses and now devotes nearly all its efforts to drug company - sponsored clinical trials of variations on existing medications. The medical fraternity cannot accept the reaching of this limit, and is willing to be persuaded by bioethicists that it is all a matter of greater rationality. Paul Feyerabend has persuasively argued that science has no single method that we must regard as 'rational' but in reality it has developed anarchically. He points out that one consequence of his thesis is that:

“... scientific successes cannot be explained in a simple way ... Another consequence is that the success of ‘science’ cannot be used as an argument for treating as yet unsolved problems in a standardised way ... Referring to the success of ‘science’ in order to justify, say, quantifying human behaviour is therefore an argument without substance.”¹⁰⁾

Medical science is now turning to genetics and cell research as its great hopes for a continuation of its power and influence. Even though it is well recognised that the vast majority of human health problems have nothing to do with genetics (for example, malaria, TB, gastrointestinal infections, HIV, diseases of ageing) genetic engineering is held up as the promise of an end to mankind’s illhealth. Meanwhile stem cell research, which makes use of increasing numbers of human embryos with little ethical concern,¹¹⁾ apparently promises to repair (and enhance!) our broken bodies, even though most of the breakage is in one way or another due to our own folly rather than unavoidable pathology. “But if scientific achievements can only be judged after the event and if there is no abstract way of ensuring success beforehand,” warns Feyerabend, “then there exists no special way of weighing scientific promises either.”¹²⁾ As I have argued elsewhere, biotechnology’s profit - driven endeavours continue in the tradition of trial and error experimentation, disposing of its failures without acknowledgement or understanding, even though it is now tampering with core life processes.¹³⁾

This may be the first time in human history that pushing upon the limits of our technological abilities without a willingness or preparedness to reassess patiently our understanding of these limits may result in catastrophe of a global kind. But what then is the real nature of these limits?

5 Exposing Bioethics

Besides revealing the falsity of biotechnology’s, indeed modern science’s, promises Indicative philosophy has a role in giving a critique of bioethics. Let me give some examples. In a 1999 paper on ‘Abortion: Why bioethics can have no answer’¹⁴⁾ I tried to show what a typical bioethical method consists in and the futility of applying such a method in perennial ethical questions such as that of abortion. Is there a rational procedure by which this great moral debate, one which still divides America, can be resolved? If we had such a method then we would be justified in deeming as ‘irrational’ anyone who does not accept the bioethicists’ conclusions about abortion’s rightness or wrongness. By means of two Indicative scenarios I show that there can be no such philosophically grounded method. In this case, as in so many other ethical issues, bioethicists (such as Tooley, Rachels, Singer, Glover and Harris) think that we can find a moral decision - making tool if we first establish with precision and rationality what the moral status of an embryo (or

whatever) is. It is thought that we can do this if (to quote myself) “we can suspend, or put aside, all our reactions and attitudes that are our only basis for the moral positions we take, and then start afresh with some morally neutral findings on which to contract a perfectly rational moral position, one that every rational person must accept.¹⁵⁾ This does not mean that it is in fact impossible for people to reach agreement about abortion or other ethical issues. It simply means there is no incontrovertible rational means by which they must do so.

In my 1994 paper, ‘Death, Medicine and Bioethics’, I present a similar critique of the bioethicists’ treatment of ‘death’ as (in Thomas Nagels’ words) “an abrupt cancellation of indefinitely extensive possible goods”. In this treatment we find them discussing such questions as the definition of death, of whether it is a bad thing, and when it ought to occur. It is on the face of it curious that ordinary people should need help from ‘moral experts’ to find answers to such questions. The answers given are in truth metaphysically concealed ideological ones that assume that death is an ending in just one sense – it is an ending of any possibility of experiencing more harms and benefits. This only expresses one attitude to life among others which are possible. Indeed it betrays a Western consumerist attitude.

6 The role of indicative philosophy

As we have seen, one role for Indicative philosophy is to expose biotechnological illusions, bioethics and related misconceived approaches to understanding. But, it may be asked, what can its critical stance helpfully reveal to us?

I may give some indications by posing a series of questions that demand not immediate answers but sustained reappraisal of our way of thinking. Can the technological approach achieve any of the following:

- Can it overcome death?
- Can it overcome old age?
- Can it overcome grief and suffering?
- Can it completely eradicate disease and illness?
- Can it improve on life itself?
- Can it improve human relations?
- Can it give us the meaning of our lives?
- Can it tell us why anything should exist at all?
- Can it bring us peace and happiness?
- Can it put an end to war?
- Can it produce the perfect baby?
- Can it produce the perfect human being?
- Can it produce the perfect human society?

- Can it help humans understand each other?
- Can it produce a great work of art?

I believe that anyone who follows through these questions absolutely seriously and with complete honesty will not only see that the answer must be No in each case, but will also understand why the answer could not *possibly* be Yes. It is the impossibility of a Yes that shows us a limit, a limit that cannot be technologically transcended. These are the limits that technocracy not only ignores, but its very continuance depends on ignoring them.

Conclusion

I will take the liberty of adapting some prescient words of Inazo Nitobe in 1905. He was speaking of the rise of national chauvinism and where that would lead, but his words now ring true of consumer production. He said, "The hoary sages of ancient China are being supplanted by the intellectual parvenu of the type of Bentham and Mill. Moral theories of a comfortable kind, flattering to the Chauvinistic [now read: Consumeristic] tendencies of the time, and therefore thought well adapted to the need of this day, have been invented and propounded...". He lamented that the old order "is fast falling into the hands of quibbling lawyers [read: bioethicists and patents lawyers] and gibbering politicians armed with logic-chopping engines of war [now read: consumerism]¹⁶⁾".

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- 1) Letter in *Brit. Med. J.*, 2001, 322:1369.
- 2) My most concerted effort to expose the wrongness of bioethics is: Hunt, G. 'Death, Medicine and Bioethics', *Theoretical Medicine*, (1994) 15: 431-447.

- 3) Dogen (1200-1253), founder of Soto-shu Zen. In the West we are now fortunate to have an English translation of Dogen's monumental *Shobogenzo* : Gudo Nishijima & Chodo Cross (trans.) *Master Dogen's Shobogenzo* , four volumes, Windbell Publications, Woking, Surrey, UK, 1994.
- 4) National Audit Office (UK), *The Management and Control of Hospital Acquired Infection in Acute NHS Trusts in England*, National Audit Office, London, 2001.
- 5) Charles Vincent, Graham Neale, and Maria Woloshynowych, 'Adverse events in British hospitals: preliminary retrospective record review', *Brit. Med. J.* (2001) 322: 517-519.
- 6) Sarah Boseley, 'Drug firms accused of distorting research', *The Guardian* (UK), 10th September, 2001. The transnational drug corporations are accused of using their money - or the threat of its removal - to tie up academic researchers with legal contracts so that they are unable to report freely and fairly on the results of drug trials. The accusers include *The Lancet*, *the New England Journal of Medicine*, and *the Journal of the American Medical Association*.
- 7) See my chapter 'Is There a Conflict between Environmental Protection and the Development of the Third World', in Attfield, R. & Wilkins, B. (Eds), *International Justice & the Third World: Studies in the Philosophy of Development*, Routledge, London, 1992.
- 8) It is an amusing irony perhaps that the mainly technological University of Surrey, which had closed its 'metaphysically' oriented philosophy department to save money, has let in through the back door one anti-metaphysical and 'indicative' philosopher in the guise of 'ethicist'.
- 9) James Le Fanu, *The Rise & Fall of Modern Medicine*, Abacus, 1999.
- 10) Paul Feyerabend, *Against Method*, 3rd edn., Verso, London, 1993 (1st ed. 1975), pp. 1-2.
- 11) In Japan it has just been announced that Kyoto University is the first in the country to study the creation of stem cells from fertilised human eggs, which will be provided by three hospitals. *Japan Times*, 5th November 2001.
- 12) Feyerabend, *op. cit.*, p. 2.
- 13) Hunt, G. 'Clones, Stem Cells & Human Survival: The Ethical Question', paper presented at Seizon & Life Sciences Institute, Tokyo on 16th November 2001.
- 14) Hunt, G. (1999) 'Abortion: Why bioethics can have no answer', *Nursing Ethics* 6(1) 47-57.
- 15) *Ibid*, p. 52.
- 16) Inazo Nitobe, *Bushido: the Soul of Japan*, Tuttle, Boston / Tokyo, 1969 (1st ed. 1905), pp. 183-185.

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