

Abstract for panel: [title: ?Practical Impacts of Classifications]
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Finding a satisfactory way of classifying instances of malignant melanoma has become something of a sore point in current medical practice. A full taxonomy of classification-related difficulties is beyond this abstract, but by means of illustration, I suggest the following six aspects of the problem are of significant clinical importance: first, no single scheme of classification presents a really satisfactory means of classifying all cases for all purposes. Second, this difficulty has given rise to the development of a great many distinct schemes of classification. Third, the actual properties used to effect meaningful divisions are often themselves troublingly vague. Fourth, the evidence base for just how well these classifications function is sorely lacking – a critical failure given the rise and rise of evidence-based medicine (EBM). Fifth, the multiplicity of extant classifications has produced tangible terminological confusion in melanoma description. This has made the production of standard EBM-type descriptions of evidence, such as meta-analyses, increasingly problematic. Finally, deciding which classification should be employed tends to produce rather acrimonious and unhelpful arguments. In short, the classification of melanoma is a mess.

Given the conflict and confusion that has resulted from the use of so many different schemes, I begin this paper by making a rather counterintuitive suggestion. Rather than, say, outlining methods of standardising melanoma classification, I instead suggest that the resolution of this debate would be most efficiently achieved by adopting a pluralistic stance about melanoma classifications. In this paper, I'll attempt to defend this stance in a way that is primarily empirical. I'll make the case in the following way. I'll begin by outlining what I regard as the current state of melanoma classification. I will then give a brief statement of the problems outlined above. I'll then move on to examine a subclass of melanoma classifications where a certain degree of pluralism is already practiced. These are the specialist schemes of classification - staging and grading – which seek to draw rather different boundaries between types of melanoma from those drawn in the classificatory main-stream. The existence – and fruitful employment - of such alternative schemes of classification seems to open a pluralist chink in the armour of the monistic mainstream for melanoma. As these (different) types of classification are already willingly accepted for the different light their use can shed on an instance of melanoma, does this not suggest too that a pluralist approach to classifying melanoma *tout court* is at least a viable and valuable alternative to the current monistic approach?