

# HPSC0109 Philosophy of Medicine

## Course Syllabus

2023-24 session | Erman Sözüdoğru | erman.sozudogru@ucl.ac.uk

### Course Information

This module provides students with an overview of philosophy of medicine. The course material is based on contemporary philosophical literature and case-studies drawn from contemporary clinical practices, biomedical research, and public health practices. The main topics covered in this module are:

1. Health and Disease
2. Disease Causation
3. Evidence Based Medicine
4. Pluralism in Medicine
5. Reductionism and Psychiatry
6. Health and Wellbeing
7. Medicalisation
8. Models in Medicine

Course material will be delivered in two-hour face to face seminars where students will be introduced to each topic. Seminars are designed for students to develop their analytical skills and engage with cutting edge research in medicine and philosophy.

### Basic course information

Moodle Web site:	see moodle
Assessment:	100% Essay (3000 words)
	0% Essay Plan (1000 words)
Timetable:	<a href="http://www.ucl.ac.uk/sts/hpsc">www.ucl.ac.uk/sts/hpsc</a>
Prerequisites:	None. Note that students previously enrolled on HPSC2020 (Philosophy of Medicine) are not eligible to enroll on this module.
Required texts:	Readings listed below. All readings are available through the <a href="#">UCL reading list service</a> (search for HPSC3028)
Course tutor(s):	Erman Sözüdoğru
Contact:	<a href="mailto:erman.sozudogru@ucl.ac.uk">erman.sozudogru@ucl.ac.uk</a>
Office location:	22 Gordon Square, Room 3.3
Office hours:	see Moodle

## Schedule

Lecture	Key Concepts and Case Studies	Reading
<b>Introduction</b>	What is Philosophy of Medicine?	Caplan (1992) & familiarise yourself with the syllabus.
<b>Health and Disease</b>	Concepts of Health and Disease	Ereshefsky (2009), CFS topic guide (available on Moodle) Optional: Boorse (1977), Cooper (2004)
<b>Causation</b>	Case Study: changing concepts in disease aetiology Concept: Problem with Causation	Evans (1976) Ilari and Russo (2014) (chapters 1,2,3,15)
<b>Evidence Based Medicine + Essay plan workshop</b>	Case Study: What is EBM?	Guyatt et al. (1992)
<b>Evidence in medicine</b>	Concept: Philosophical problems with EBM Concept: Pluralism about evidence	Clarke et al (2013) Russo and Williamson (2007)
<b>Reading week – no lectures</b>		
<b>Essay writing session</b>		
<b>Reductionism and Holism</b>	Case Study: Reductionism in psychiatry Concept: Pluralism in medicine	Roache 2019, Schaffer 2013, Longino 2013
<b>Defining Wellbeing</b>	Concept: Phenomenological notion health Concept: Epistemic injustice in medicine	Carel 2007 Kidd and Carel 2017
<b>Beyond the Biomedical Model</b>	Case Study: Medicalisation of global health Concept: The Biomedical Model	Clarke (2014)
<b>Models in Medicine</b>	Concept: How do we use models in medicine? Case Study: Animal models	Morgan and Morrison 1999 Ankeny 2007

## Aims & objectives

The aim of this module is to introduce student to key topics in philosophy of medicine. While the majority of topics covered here are within the analytic tradition, our discussion will be informed and guided by other philosophical traditions, like the continental tradition and pragmatism. Overall aims and objectives can be summarised as:

1. To understand the continuity between philosophy of medicine and general philosophy of science.
2. To recognise the role historical, social and cultural factors play in shaping our understanding of medical concepts (like health and disease) and appreciate the role of historical and pragmatic factors in shaping philosophical discourse.
3. To understand the major issues at stake in the philosophical topics covered in the course to prepare students for further study of this subject.
4. Develop appropriate critical, reading, writing, and presentation skills. Most importantly, by the end of this module, you will be expected to be capable of engaging with philosophical arguments drawn from the philosophy of medicine literature. You will also be expected to be capable of producing your own argument as part of your assessment.

## Seminars

Each week we will meet for two-hour long seminars. In these two hours, you will receive an introduction to the main topic, and you will be given key questions to help you engage with the material and facilitate seminar discussions. Before attending each seminar, you are expected to read all the required material and look at the seminar questions in advance. This preparation will help you actively participate in discussions, which is a crucial part of this module. For more information, please refer to Moodle page.

## Assessments

The main objective of this module is to help you develop appropriate critical, reading, writing, and presentation skills. Most importantly, by the end of this module, you will be expected to be capable of engaging with philosophical arguments drawn from the philosophy of medicine literature. You will also be expected to be capable of producing your own argument as part of your assessment.

To facilitate this the assessment is divided into two steps. First step is to write a formative essay plan, where you get to start developing your ideas. At this stage you are expected to formulate a research question based on your readings of the relevant material. A good place to start is the syllabus. You are expected to produce a 1000 word document where you state your research question, provide a short review of the relevant literature and start developing your own argument. This is a good opportunity for you to get feedback on your research question and your argument.

The second part is the summative, 3000-word essay. In this essay you are expected to demonstrate a detailed understanding of the topic material, informed by current research. You

need to present a convincing and strong argument, that is linked to relevant evidence, and structured in a logical and clear manner. Detailed criteria of assessment are in the marking rubric. We will discuss essay writing in detail in week 4 and week 6.

### Important information on the use of AI

The assessments for this module falls under category 1 [of UCL's three-tiered categorisation of AI use in an assessment](#). This means you are not allowed to use AI tools in developing your essay plan or writing your essay. The aim of this module is to teach you how to construct a philosophical argument. The key point is to find connections between different ideas, theories, concepts in philosophy and medicine, engage with existing literature, build your own argument, and write a convincing essay. You can only learn that by engaging with the process in full.

### Summary

	Description	Deadline	Word limit
100%	Essay	20/12/2023 5pm	3000 words
0%	Essay Plan	06/11/2023 5pm	1000 words

While you are planning for your essay you must keep in mind that the most important objective of this module (and hence its assessment) is concerned with ways of engaging with philosophical *arguments*. Particularly if you haven't done much philosophy before, the idea of arguing can be a bit daunting, but really, it's not too complicated. Briefly, for this module, I would expect you to be able to engage with arguments in the following ways:

**Describe:** ('x's argument here is as follows...')

To **analyse** and **critique:** ('I do not, however, think that this argument is successful, because....')

**Improve:** ('I would instead argue that....because....')

This means that assessment for this module is designed to help you become comfortable with these three forms of engagement with arguing. In more detail...

### The essay

This is a standard scholarly essay of 3000 words, which is due end of term 1. You'll notice that I haven't provided any sample titles here. This is because an integral part of this assignment is for **you to develop your own essay topic**. Again, I know that this might feel a bit daunting. However, we will spend lots of time during the term discussing how you might go about doing this. We will spend some time in our seminars, looking at some examples and the departmental marking criteria. You can also have a look at the sample dissections of arguments that can be found in the topic guides. I've done my best to simplify, and to pick out the relevant bits of these arguments. We will discuss details of essay writing in our dedicated essay plan workshop and the essay writing session in week 4 and 6.

## Paper Plan

This is a formative assessment, designed to help you develop your own philosophical argument before you start writing your essay. Very often students start writing their essays without an argument planned in advance. An academic essay is not something that you can make up as you go — it needs careful thinking and planning. To help with this process, you will be able to submit your essay plans a month in advance and get some detailed feedback.

The aim here is to work on some of the analytical techniques that will become very useful for your essay. Your argument should be grounded in existing philosophical literature and medical case studies. As I described above your argument should be structured as a response to an existing philosophical position. Therefore, you should start by reviewing another philosophers' paper, providing a description and analysis of their argument. Once you have done your literature review you can start formulating your own position. While developing your position, you should also indicate how it relates to the wider literature. These are all the some of the crucial skills and components that you need for your essay, so better to get some feedback in advance.

You must agree an essay topic with me well in advance of the deadline. If you have any questions, please come talk to me during my office hours or drop me an email on what topic you want to work on.

Once you start working on your plan, I encourage you to share your drafts with your peers in the class who are willing to offer feedback and comments. I encourage you to share and take account of peer review comments. Again, you should discuss this with me as early as possible if you have any concerns.

## Criteria for assessment

The departmental marking guidelines for individual items of assessment can be found in the STS Student Handbook.

## Reading list

Readings are indicated in the schedule above and are made available on the module in Moodle.

Alexandrova, A. (2016). Can the Science of Well-Being Be Objective? *British Journal for the Philosophy of Science*, 69(2), 421-445.

Ankeny, R. 2007. "Wormy Logic: Model Organisms as Case-Based Reasoning." in Creager, Lunbeck and Wise (eds.) *Science without Laws: Model Systems, Cases, Exemplary Narratives*. Chapel Hill, NC: Duke University Press.

Braveman, P., & Gottlieb, L. (2014). The Social Determinants of Health: It's Time to Consider the Causes of the Causes. *Public Health Reports*, 129(1\_suppl2), 19-31.  
doi:10.1177/00333549141291s206

Caplan, A.L., 1992. [Does the philosophy of medicine exist?](#) *Theoretical Medicine* 13, 67–77.

Carel, H., 2007, "Can I Be Ill and Happy?" *Philosophia*, 35: 95–110.

Carter, K.C. 2003. *The Rise of Causal Concepts of Disease: Case Histories*. Aldershot UK: Ashgate Publishing. Chapter 8 – The etiological standpoint. pp. 129-146.

Chang, H. 2012. *Is Water H<sub>2</sub>O? Evidence, Realism and Pluralism*. Springer. Chapter 5, pp. 253-98. Available as an ebook via UCL library.

Clarke, B. (2011). Causation and melanoma classification. *Theoretical Medicine and Bioethics*, 32(1), 19-32.

Clarke, B., Gillies, D., Illari, P., Russo, F. and Williamson, J. 2013. [The evidence that evidence-based medicine omits](#). *Preventive Medicine*. **57**(6): 745-7.

Clark, J. (2014) Medicalization of global health 1: has the global health agenda become too medicalized? *Global health action*. [Online] 7 (1), 1–6.

Cooper, R. 2004. [What is Wrong with the DSM?](#) *History of Psychiatry*. **15**(1): 5-25.

Donkin, AJM, Goldblatt, P, Allen, J, & Marmot, M. (2017). Global action on the social determinants of health. *BMJ Global Health*, 2, Article E000603. (2017), *BMJ Global Health*, 2, Article e000603. (2017).

Douglas, H. (2000). Inductive Risk and Values in Science. *Philosophy of Science*, 67(4), 559-579.

Dupré, J. 2001. [In defence of classification](#). *Studies in History and Philosophy of Science Part C*. **32**(2): 203-19.

Engelhardt, H.T., 1974, "The Disease of Masturbation: Values and the Concept of Disease", *Bulletin of the History of Medicine*, 48: 234–48.

Ereshefsky, M. 2009 [Defining 'health' and 'disease'](#). *Studies in History and Philosophy of Science Part C* **40**: 221–227

Evans, A.S. 1976. [Causation and Disease: The Henle-Koch Postulates Revisited](#). *The Yale Journal of Biology and Medicine*, **49**(2): 175-95.

Forrester, J., 1996. [If p, then what? Thinking in cases](#). *History of the Human Sciences*, **9**(3), pp.1-25.

Giere, R. 2006. Perspectival Pluralism. In Kellert, S.H., Longino, H.E. and Waters, C.K. (eds) *Scientific Pluralism*. Minneapolis: University of Minnesota Press.

Griesemer, J. 2004. "Three-Dimensional Models in Philosophical Perspective" in de Chadarevian, S. and Hopwood, N. (eds) 2004. *Models: The Third Dimension of Science*, Stanford University Press. 433-442.

Guyatt, G. et al. 1992. Evidence-Based Medicine. a New Approach to Teaching the Practice of Medicine. *Journal of the American Medical Association*, **268**(17): 2420-5. (moodle)

Haack, S. 2008. [Warrant, Causation, and the Atomism of Evidence Law](#). *Episteme*, **5**: 253-66.

Hájek, A. 2007. [The reference class problem is your problem too](#). *Synthese*. **156**(3): 563-85.

Hanson, N.R., 1960. [Is there a logic of scientific discovery?](#) *Australasian Journal of Philosophy*. **38**: 91–106.

Henry, SG. 2006. [Recognizing Tacit Knowledge in Medical Epistemology](#). *Theoretical Medicine and Bioethics*. **27**:187–213.

Hume, D. 1975 (1777). *Enquiry concerning Human Understanding*, in *Enquiries concerning Human Understanding and concerning the Principles of Morals*, edited by L. A. Selby-Bigge, 3rd edition, revised by P. H. Nidditch. Oxford: Clarendon Press. Please read sections IV--VI quickly, and section VII carefully. Many alternative editions are available: you can also [find it online](#). The section numbers should be the same in all cases.

Illari, P., 2011, “Mechanistic evidence: Disambiguating the Russo-Williamson Thesis”, *International Studies in the Philosophy of Science*, **25**(2):139-157.

Illari, P., Russo, F., 2014. “Causality: Philosophical Theory Meets Scientific Practice” Oxford: Oxford University Press

Kellert, S.H., Longino, H.E. and Waters, C.K. 2006. “[Introduction: The Pluralist Stance](#),” in Kellert, S.H., Longino, H.E. and Waters, C.K. (eds) *Scientific Pluralism*. Minneapolis: University of Minnesota Press.

Kuhn, T.S. 1962. [Historical Structure of Scientific Discovery](#). *Science*, **136**(3518): 760-4.

Lane, C. 2006. [How shyness became an illness: a brief history of social phobia](#). *Common Knowledge*, **12**(3): 388-409.

Lloyd, E.A., 2002, “Reductionism in Medicine: Social Aspects of Health”, in M.H.V. Van Regenmortel and D.L. Hull (eds.), *Promises and Limits of Reductionism in the Biomedical Sciences*, New York: John Wiley & Sons, 67–82.

Leonelli, S. 2008. [Circulating evidence across research contexts: The locality of data and claims in model organism research](#). Working papers on the nature of evidence: how well do 'facts' travel?, 25/08. Department of Economic History, LSE.

Longino, H. E. 2012. "Knowledge for What? Monist, Pluralist, Pragmatist Approaches to the Sciences of Behavior." In *Philosophy of Behavioral Biology*, edited by K.S. Plaisance and T. Reydon. Springer Netherlands.

Machamer, P., Darden, L. and Craver, C. 2000. [Thinking about Mechanisms](#). *Philosophy of Science*. **67**(1): 1-25.

Morgan, Mary S., Morrison, Margaret, 1999. "Models as mediating instruments". in Morrison , M. and Morgan M. 1999. *Models as mediators: perspectives on natural and social sciences*. Cambridge University Press. Chapter 2.

Mackie, J.L. 1965. [Causes and conditions](#). *American Philosophical Quarterly*. 2(4): 245-64.

Nye, J. 2013. [Review: Is Water H2O? Evidence, Realism and Pluralism - by Hasok Chang](#). *Centaurus*. 55(4): 433-4.

Plutynski, A. (2017). Safe or Sorry? Cancer Screening and Inductive Risk. In Exploring Inductive Risk (pp. Exploring Inductive Risk, 2017-08-31). New York: Oxford University Press.

Roache, R. (2019). Psychiatry's Problem with Reductionism. *Philosophy, Psychiatry, & Psychology* 26(3), 219-229.

Russo, F. and Williamson, J. 2007. [Interpreting Causality in the Health Sciences](#). *International Studies in the Philosophy of Science*, 21(2): 157-70.

Schaffner, K. F. (2013). Reduction and Reductionism in Psychiatry. In The Oxford Handbook of Philosophy and Psychiatry (Vol. 1, Oxford Handbooks in Philosophy, pp. The Oxford Handbook of Philosophy and Psychiatry, 2013-06-01, Vol.1). Oxford University Press.

Wilson, J. (2009). Justice and the Social Determinants of Health: An Overview. *Public Health Ethics* , 2 (3) 210 - 213. (2009), *Public Health Ethics* , 2 (3) 210 - 213. (2009).

## **Important Policy Information**

Details of college and departmental policies relating to modules and assessments can be found in the STS Student Handbook [www.ucl.ac.uk/sts/handbook](http://www.ucl.ac.uk/sts/handbook)

All students taking modules in the STS department are expected to read these policies.