HPSC0109 Philosophy of Medicine

Course Syllabus

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:

- Health and Disease
- Health and Wellbeing
- Disease Causation
- Evidence in Medicine
- Classification and Diagnosis
- Reductionism and Holism
- Epistemic Injustice
- Social Determinants of Health

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:	HPSC0109: Philosophy of Medicine 24/25
Assessment:	100% Essay (3000 words)
Timetable:	UCL Timetable
Prerequisites:	None.
Required texts:	Readinglists@UCL
Course tutor(s):	Erman Sözüdoğru
Contact:	erman.sozudogru@ucl.ac.uk
Office location:	22 Gordon Square, Room 2.1
Office hours:	see Moodle

Schedule

	Topic	Essential Reading
Week 1	Introduction: What is philosophy of medicine	Caplan (1992)
Week 2	Definitions of Health and Disease	Ereshefsky (2009)
Week 3	Health and Wellbeing	Carel (2007)
Week 4	Causation in Medicine	Evans (1976) Ilari and Russo (2014)
Week 5	Evidence in Medicine	Clarke et al (2013)
Week 6	Reading week: no seminar this week. Prepare your essay plan for the essay workshop	
Week 7	Essay Workshop	Bring your essay plan
Week 8	Classification and Diagnosis	Basso (2021)
Week 9	Reductionism and Holism	Roache (2019), Schaffer (2013)
Week 10	Epistemic Injustice in Medicine	Kidd and Carel (2017) Pohlhaus Jr, G (2017)
Week 11	Social Determinants of Health	Venkatapuram (2017) Donkin et al. (2017)

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

Overview

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 step 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.

Summary

	Description	Deadline	Word limit
0%	Paper Plan	15/11/2024 (Week 7) Bring it to the Essay Workshop	~1000 words
100%	Essay	17/12/2024 5pm Submit via Turnitin on Moodle	3000 words

Paper Plan

This is a formative assessment designed to help you develop your own philosophical argument before you begin writing your essay. Often, students start writing essays without a well-planned argument, but an academic essay requires careful thought and planning. To assist with this process, you will have the opportunity to submit your essay plans a month in advance and receive detailed feedback.

You will write a 1,000-word essay plan and bring it to the Essay Writing Workshop scheduled for 15/11/2024, which falls in week 7. During this workshop, you will present your plan and receive verbal feedback from both me and your peers. You are also encouraged to share your plan with me after the session for further feedback during office hours. Please note, it is your responsibility to take advantage of this workshop and arrange a meeting with me to obtain as much feedback as possible on your plan.

Your plan should include the following components:

- A condensed summary of your working argument (200-300 words).
- An outline of your argument, as you intend to develop it in your essay (400-500 words). This will help you think about both the content and structure of your argument.
- A list of key texts you will use to build your argument, along with a brief description of how you will use them (200-300 words).

The goal is to develop analytical techniques that will be essential for your essay. Your argument should be grounded in existing philosophical literature and relevant medical case studies. A good approach is to structure your argument in response to an existing philosophical position. You should start by reviewing another philosopher's paper, providing a description and analysis of their argument. Once you have completed this literature review, you can begin formulating your own position, indicating how it relates to the broader literature. These are crucial skills and components for your essay, so it's beneficial to seek feedback early.

You must agree on an essay topic with me before the Essay Workshop. If you have any questions, please feel free to visit me during office hours or email me about the topic you want to pursue.

As you work on your plan, I encourage you to share drafts with your classmates who are open to offering feedback. Peer review is valuable, and incorporating feedback from your peers can be helpful. If you have any concerns, please discuss them with me as early as possible.

The essay

This is a standard scholarly essay of 3,000 words, due at the end of Term 1. You may notice that I haven't provided any sample essay titles. This is intentional, as an important part of this assignment is for you to develop your own essay topic. While this may seem daunting, rest assured that we will spend significant time during the term discussing how to approach this.

In our seminars, we will examine examples of successful essay topics and review the departmental marking criteria to guide you. The detailed marking rubric is available on the Moodle page, and it is essential that you review it thoroughly to understand how your essay will be assessed.

You can also refer to the topic guides, which include sample dissections of arguments. I've highlighted the key points from these arguments to make them easier to follow.

We will also cover the finer details of essay writing during our dedicated Essay Workshop, where you will have the opportunity to refine your approach and clarify any questions you may have.

Criteria for assessment

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

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.

Reading list

Week 1 What is Philosophy of Medicine?

Our first seminar will focus on Caplan's 1992 controversial "*Does philosophy of medicine exists?*". It is controversial because Caplan concludes that philosophy of medicine "…fails to exist as a field of enquiry." (Caplan 1992: 67). His argument for this conclusion takes two parts. First, a process of defining what philosophy of medicine is, and how it might be distinguished from other kinds of philosophical activity. Second, by showing that nothing exists that satisfies this definition. I think Caplan's paper is a good place to start for this module because we can think about what philosophy of medicine is and situate the intellectual content and methods of the module within philosophy as a subject. After reading Caplan's paper I want you to consider the question:

1) What kind of definition is Caplan's definition of philosophy of medicine?
2) Do you think it is a good one? Why?

Essential reading:

- Caplan, A.L., 1992. Does the philosophy of medicine exist? *Theoretical Medicine* 13, 67–77.

Week 2 Definitions of Health and Disease

Every discipline has canonical questions. For philosophy of medicine, probably the most discussed example is that of the definition of health and disease. It has certainly been the most frequent topic of publications. This week we will pick out some of the themes from this extensive (and often esoteric) literature. One worry that I have about this question is its seeming irrelevance to the mainstream of clinical practice. In this section, I develop some of the themes from this body of work with the intention of connecting them to the question of showing how (and why) disease might be defined in practice.

Essential Reading:

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

Additional readings:

- Boorse, C. 1977. Health as a Theoretical Concept. *Philosophy of Science*. **44**(4): 542-73.
- Cooper, R. 2004. What is Wrong with the DSM?. *History of Psychiatry*. 15 (1): 5-25

Week 3: Health and Wellbeing

In this week's topic we are going to start thinking about a crucial aspect of medicine which is to promote wellbeing and health. However, as we have discussed in previous weeks these concepts are not easy to define. This week we will look at

phenomenological concepts of health, which considers health as a lived experience as opposed to a bodily function reduced to abstract biological systems. The phenomenological concept of health allows us to have a better understanding of patients' lived experience and their first-hand knowledge. Phenomenological approach also allows us to think beyond biomedical functions in defining wellbeing. The main question we are going to ask this well is can one be ill and happy?

Essential Reading:

- Carel, H., 2007, "Can I Be Ill and Happy?" *Philosophia*, 35: 95–110.
- Kennedy, A.G., 2013. Differential diagnosis and the suspension of judgment. *Journal of Medicine and Philosophy*, *38*(5), pp.487-500.

Week 4: Causation in Medicine

So far, we discussed different definitions of disease. In this week's topic, we will explore some of the ideas about causation that have prevailed in medical practice. Specifically, we will investigate two important transformations that have taken place in our way of understanding causation in medicine in the last 150 years or so. These are a) the development of a monocausal model of disease aetiology by Koch in the late nineteenth century and b) the development of multicausal models of disease in the mid-twentieth century.

In a similar way to the change in medical thinking about causes discussed above, there have been enormous shifts in the way that causes have been understood in philosophy in the last century or so. The dominant philosophical position for most of the nineteenth and twentieth centuries comes from Hume and is essentially one of scepticism regarding causes. This might seem rather anti-intuitive, because most of our daily activities appear to assume that causes are real. When we operate the light switch, for example, we honestly believe that our actions cause the lamp to come on. For a variety of compelling reasons most philosophers before about 1970, while admitting the power of our everyday intuitions about causes, tended to deny that these intuitions were sufficient reason to believe in causes in any more fundamental sense. We'll explore the roots of this stance in this this lecture.

Essential reading:

- Illari, P., Russo, F., 2014. "Causality: Philosophical Theory Meets Scientific Practice" Oxford: Oxford University Press (Chapters 1, 2, 3, & 15)
- Evans, A.S. 1976. Causation and Disease: The Henle-Koch Postulates Revisited. The Yale Journal of Biology and Medicine, 49(2): 175-95

Additional reading:

- 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
- 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.

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

Week 5: Evidence in Medicine

Evidence-Based Medicine (EBM) is a decision-making approach for selecting treatments in patient care that has profoundly shaped modern medical practice. However, it also raises several philosophical issues. This session will focus on the major epistemological challenges within EBM. We'll begin by outlining the fundamentals of EBM and its practical application. Following this, we will introduce some potential challenges in EBM practice that will be explored in greater depth in the following session, particularly the critiques of EBM's methodology.

The core focus will be on philosophical critiques of the evidence hierarchy in EBM, examining its methodological and epistemic limitations. These critiques have sparked the rise of various philosophical theories, most notably evidential pluralism. This lecture will focus on one branch of these theories: mechanisms. We will explore how mechanistic views of causation complement statistical evidence of causation, followed by a detailed discussion on the broader use of evidence in medicine

(We will explore these difficulties in the context of a recent research project in which UCL STS were a major partner - the EBMplus project.)

Essential reading:

- 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 (online, via the reading list service)
- 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.

Additional reading:

- Greenhalgh, T. (2020) Will COVID-19 be evidence-based medicine's nemesis? PLoS medicine. [Online] 17 (6), e1003266–e1003266.
- Martin, G. P. et al. (2020)Urgency and uncertainty: covid-19, face masks, and evidence informed policy. BMJ (Online). [Online] 369m2017–m2017.
- Greenhalgh, T. (2020) Laying straw men to rest: author's reply to 'Urgency and uncertainty: covid-19, face masks, and evidence informed policy'. BMJ (Online). [Online] 369m2240–m2240.

Week 6: Reading week

This week you need to write your paper plan in preparation for the in class essay workshop. This will take place on week 7. If you haven't written a paper plan before see the instructions above under the assessment heading.

Week 7: Essay Workshop

Week 8: Classification and Diagnosis in Medicine

Disease classification and diagnosis are two interrelated issues in medical practice, raising significant philosophical questions. This session explores the complexities of medical classification systems, such as the ICD and DSM, and examines whether diseases are best classified in terms of their causes or if they can be classified based on their symptoms. Building on this debate we will analyse the epistemic challenges of diagnostic reasoning, focusing on how evidence is used to support diagnoses and the limitations inherent in this process.

Essential reading:

- Basso, A. (2021). From measurement to classificatory practice: improving psychiatric classification independently of the opposition between symptom-based and causal approaches. *European Journal for Philosophy of Science*, *11*(4).
- Aronowitz, R. A. (2001). When do symptoms become a disease? *Annals of Internal Medicine*, *134*(9), 803–808.

Additional Reading

- Cooper, R. 2004. What is Wrong with the DSM? *History of Psychiatry*. **15**(1): 5-25.
- Clarke, B. (2011). Causation and melanoma classification. *Theoretical Medicine and Bioethics, 32*(1), 19-32.
- Dupré, J. 2001. In defence of classification. *Studies in History and Philosophy of Science Part C*. **32**(2): 203-19.
- Henry, SG. 2006. Recognizing Tacit Knowledge in Medical Epistemology. *Theoretical Medicine and Bioethics*. **27**:187–213 Clarke, B. (2011). Causation and melanoma classification. *Theoretical Medicine and Bioethics, 32*(1), 19-32.

Week 9: Reductionism and Holism in Medicine

Building on the case of Evidence-Based Medicine (EBM), this week's topic will delve into the nature of scientific and medical knowledge, focusing on the tension between reductionism and holism in medicine. We will explore whether scientific knowledge and practice should be viewed as a unified whole, progressing towards a coherent and complete account of diseases, or if the diversity of methods, theories, and models in science reflects an ineliminable plurality in inquiry. Drawing from the philosophy of science, we will examine how pluralism can be applied to medical knowledge.

The session will begin with an analysis of reductionist approaches that seek to explain diseases by identifying fundamental biomedical mechanisms, often at the molecular or genetic level. These approaches aim to reduce complex conditions to specific biological causes. However, we will critically assess the limitations of reductionism, particularly its tendency to overlook broader contributing factors, such as social determinants of health. Psychiatric conditions will serve as a key example, allowing us to investigate

reductionist arguments that attempt to explain mental disorders solely in genetic or neurobiological terms. By examining these debates, we will consider whether such explanations provide sufficient understanding or if a more holistic view, incorporating social, psychological, and environmental factors, is necessary. Throughout the session, we will highlight how philosophy can bring conceptual clarity to these debates, helping us navigate the complex landscape of medical knowledge and practice.

Essential reading:

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

Additional reading:

- 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.
- 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.
- Kaiser, M. I. (2011). The Limits of Reductionism in the Life Sciences. *History and Philosophy of the Life Sciences*, *33*(4), 453–476.

Week 10: Epistemic Injustice and Medicine

This session explores epistemic injustice and illness, focusing on how patients’ lived experiences and first-hand knowledge of their own bodies are often marginalized in medical practice. We will examine cases where patients are dismissed as legitimate knowers, leading to social injustice and unequal power dynamics between doctors and patients. Drawing on philosophical insights like Fricker’s concept of epistemic injustice, we’ll discuss how healthcare professionals sometimes overlook or undermine the knowledge patients bring to clinical encounters, particularly affecting marginalized groups. The goal is to critically assess how these dynamics shape misdiagnosis, inadequate treatment, and patient disempowerment, while highlighting ways philosophy can help promote more inclusive and equitable healthcare practices.

Essential Reading

- Kidd, Ian James, & Carel, Havi. (2017). Epistemic Injustice and Illness. Journal of Applied Philosophy, 34(2), 172-190.
- Pohlhaus Jr, G. (2017). Varieties of Epistemic Injustice. In I. J. Kidd, J. Medina, & G. Pohlhaus Jr, *The Routledge Handbook of Epistemic Injustice* (pp. 13-26). London: Routledge.

Additional Reading

- Abel, T. (2008) Cultural capital and social inequality in health. *Journal of epidemiology and community health* (1979). [Online] 62 (7), e13–e13.
- del Pozo, B., & Rich, J. D. (2021). Addressing Racism in Medicine Requires Tackling the Broader Problem of Epistemic Injustice. *American Journal of Bioethics*, *21*(2), 90–93.
- Pot, M. (2022). Epistemic solidarity in medicine and healthcare. *Medicine, Health Care, and Philosophy*, *25*(4), 681–692.

Week 11: Social Determinants of Health

This week, we will explore the critical role of social determinants of health in shaping health outcomes. We will examine how social, economic, and political factors—such as income, education, and housing—influence individual and population health. Through case studies, we will analyse how these determinants contribute to health disparities and consider their implications for health research and policy. Many epidemiologist and public health researchers have argued the importance of targeting social determinants of health for addressing the root causes of illness and developing effective public health interventions. However, this position met with strong opposition classifying social social determinants as ‘causes of causes. We will focus on philosophical questions that araise about disease causation and complexity: How do we conceptualize the interplay between social and biological factors in understanding illness? What does it mean to account for the multifaceted nature of disease causation?

Essential Reading

- Venkatapuram, S. (2017). Social Determinants of Health. In *Handbook of the Philosophy of Medicine*(pp. 1077–1088).
- 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).

Additional Reading:

- Alexandrova, A. (2016). Can the Science of Well-Being Be Objective? British Journal for the Philosophy of Science, 69(2), 421-445.
- 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
- Clark, J. (2014) Medicalization of global health 1: has the global health agenda become too medicalized? Global health action. [Online] 7 (1), 1–6.
- 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

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