

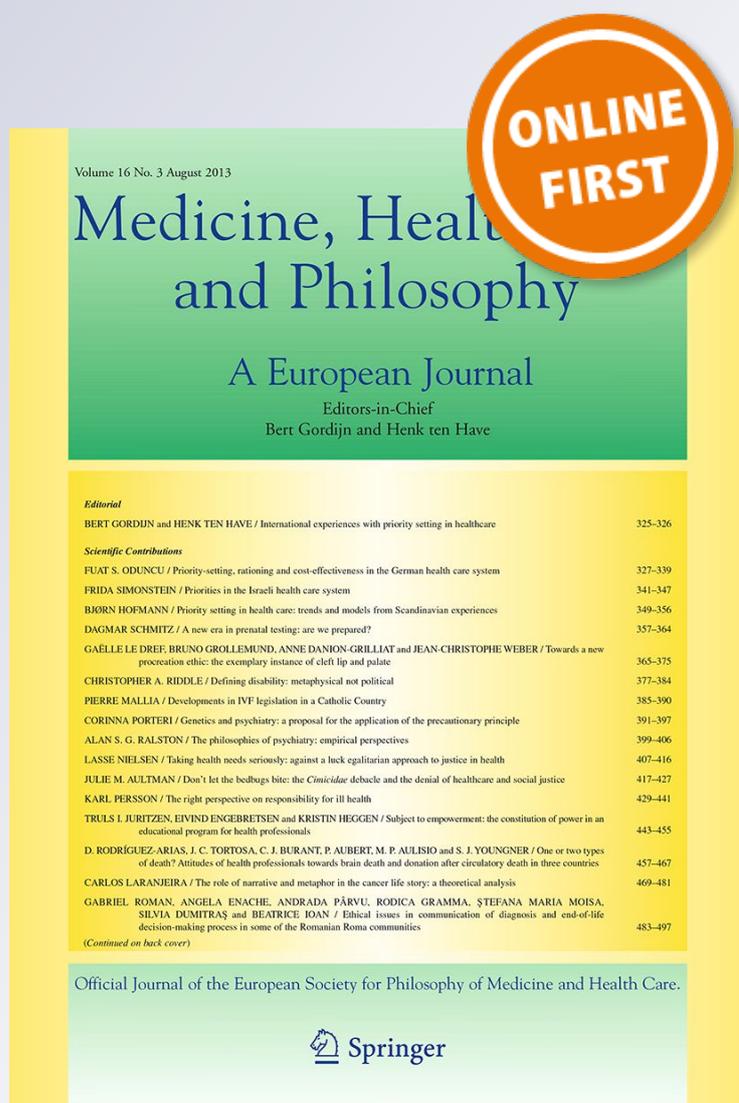
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## Medical epistemology

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The third conference of the European Society for Philosophy of Medicine and Healthcare (ESPMH) took place in 1989 in Czestochowa, Poland. Some people wondered why the newly established society would organize a conference in a little-known provincial town after the first two conferences in Maastricht (1987) and Aarhus (1988). Insiders, however, were very well aware of the reason. The ESPMH had been established in order to promote the philosophy of medicine and healthcare. Its founders knew the rich tradition of this field in several European countries. Czestochowa was an iconic place in the Polish tradition of philosophy of medicine. It was here where its most productive scholar had lived and worked. Wladyslaw Bieganski (1857–1917) was chief physician at the local hospital, factory physician and private general practitioner. He wrote 116 publications in medicine and philosophy, covering especially the logic and epistemology of medicine. He was also a member of the editorial board of the *Medical Weekly* published in Lwow. In his various books, Bieganski intended to clarify the scientific basis of medicine (Löwy 1990). For him, the purpose of scientific knowledge is not to understand the surrounding world but to predict the future. Systematic clinical methodology is therefore imperative. In order to find therapeutic indications, the physician formulates consecutive hypotheses. The first of these is a hypothetical diagnosis based on observations and tested by further investigation (with methods of exclusion, analogy and experimentation). For Bieganski, the right diagnosis (based on science) is the foundation for therapy. Like his colleagues within this epistemological tradition, he wanted to explore how medicine as a science could be

distinguished from medicine as an art. Making the distinction demanded a thorough analysis of the basic concepts of medicine, such as disease, diagnosis, prognosis, therapy and prevention (Löwy 1990). Some of his colleagues, for example Edmund Biernacki criticized the priority given to diagnosis, assuming there are disease units in reality that should be identified before therapy could be rationally justified (Löwy 1990). Most Polish philosophers of medicine, however, agreed that it is important to strengthen the epistemological subject (i.e. the physician or medical scientist) with rigorous methodologies and conceptual analysis. They did not question the status of the knowing subject itself, as was done in the later movement of anthropological medicine that emphasized the personal qualities of the physician and that created sufficient space for ethical concerns to be articulated (Ten Have 1997). However, Bieganski was an exception. He complained about the absence of ethical reflection, pointing out that for most physicians ‘medical ethics’ refers to the rules regulating professional corporate interest rather than the rules determining relationships with patients. Corporate and patient interests are often in conflict, and at that point ethics comes in.

For the young ESPMH scheduling a conference in Czestochowa was therefore an ideological statement. Many authorities in medicine did not appreciate the interconnection between medicine and philosophy. Some even argued that it was dangerous since philosophy could jeopardize the efforts to transform medicine into a natural science. The best philosophy for a medical doctor was not to have any philosophy at all. This was for example the point of view of Hermann von Helmholtz, the founder of ophthalmology (Löwy 1990). His psychiatric colleague Eugen Bleuler regarded philosophy as a cemetery of theoretical systems that philosophy scholars continuously try to revive. But they should not contaminate medicine with their vain efforts: philosophy

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is good, he argued, and natural science is good, but mixing them only produces a dish of chocolate and garlic (Ten Have 1984). The Polish tradition demonstrated that these negative views were not productive. Philosophy can contribute to the progress of medicine through conceptual analysis and epistemological clarification. In 1897 Zygmunt Kramsztyk established the first journal dedicated to philosophy of science and medicine, *Krytyka Lekarska* (Medical Critique). It existed for 11 years. Exactly 80 years later a new journal with a similar perspective saw the light: *Metamed. An International Journal for Metatheory and Methodology of Medicine*. Its purpose was ‘meta-medicine,’ the scientific study of medicine as theory and praxis, including the syntax and semantics of medical language, conceptual problems, clinical judgments, and medical hypothesis and theory. The journal published interesting studies on the concepts of disease, diagnosis, prognostics, and medical logic (Ten Have 1980). The journal was renamed in 1980 as *Metamedicine. An International Journal for Philosophy and Methodology of Medicine*, with Kazem Sadegh-Zadeh as the same editor-in-chief. The renamed journal maintained the same intention: contributing to the philosophy of medicine through epistemology, logic and philosophy of science. Its focus was primarily on the improvement of clinical judgment and decision-making. Later, the journal was again renamed as *Theoretical Medicine*, while a few years later the word “Bioethics” was added to its title.

The ESPMH conference in Czestochowa took place in the former headquarters of the Communist party, just a year before Lech Wałęsa won the presidential elections. Bieganski was still remembered as a role model for physicians and as a pioneer of social medicine. The Board members of

ESPMH were awarded the medal of the Bieganski Society. The important implication of this history is that medicine can gain significantly from epistemological analysis.

This lesson is demonstrated in the issue at hand. Björn Hofmann (2017) analyzes the concept of ‘overdiagnosis.’ Nowadays the concept of disease is expanding. Increasing diagnostic technologies discover more and more conditions (or “indicative phenomena”, as Hofmann calls them) that are considered potential precursors of diseases. An example is colonoscopy. This procedure may detect polyps. If these are diagnosed, the question arises whether there is a disease, or potential disease that requires an intervention. Hofmann argues that such cases of overdiagnosis are not cases of disease; they unwarrantedly label a disease. He comes to this conclusion on the basis of a conceptual analysis of disease, diagnosis and detection.

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