Chapter 1.4.3: Concepts of Disease and Health

Intended Learning Outcomes:

- Explain the relation between concepts of disease and concepts of health?
- Describe the philosophical views about disease.
- Define the objectivist view about disease
- Describe the constructivism view about disease?
- Explain the philosophical views about Health?

Learning questions.

1. Are concepts of disease connected with concepts of health?
2. What are the philosophical views about disease?
3. What is the objectivist view about disease?
4. What is the constructivism view about disease?
5. What are the philosophical views about Health?

Health and disease are critical concepts in bioethics with far-reaching social and political implications. For instance, any attempt to educate physicians or regulate health insurance must employ some standards that can be used to assess whether people are ill or not. Concepts of health and disease also connect in interesting ways with issues about function and explanation in philosophy of the biomedical sciences, and theories of well-being in ethics.

1. Introduction.

Doctors are called on to deal with many states of affairs. Not all of them, on any theory, are diseases. A doctor who prescribes contraceptives or performs an abortion is not treating a disease. Although some women cannot risk pregnancy or childbirth for health reasons, women typically use contraception or abortion in the service of autonomy and control over their lives. In addition, it is very difficult to find a philosophically or scientifically interesting cleavage between diseases and other complaints.

One dominant strand in modern medicine sees a disease as essentially a process that recurs across individuals in slightly different forms: a disease is an abstract kind that is realized in different ways. But since a disease is a biological insult, distinguishing it from injury is very difficult. Perhaps injuries are not processes in the relevant sense but events.

This essay assumes that the conceptual issues raised by illnesses, injuries and other medical conditions are similar enough to let us put this demarcation problem aside. Disability
is another important and neglected topic in health and well-being. It will be addressed here only slightly, since it would take us too far afield. Health has received less philosophical attention than disease, and this essay will correspondingly have less to say about it. The conceptual terrain in the case of health is a little more complex than that of disease; one way of thinking about health says that it is just the absence of disease, so if disease is biological malfunction or abnormality, it follows that a healthy person is someone whose biological systems are all in order. But another way of looking at health insists that it is not just the absence of disease but the presence of something more; a positive state.

The constitution of the World Health Organization (WHO) defines health “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1948). According to views like this, we should think in terms not of health and disease alone, but in terms of health, disease and normality. This essay will look at theories of health after first discussing disease.

2. Naturalism and Constructivism

The tendency in recent philosophy has been to see disease concepts as involving empirical judgments about human physiology and normative judgments about human behavior or well-being. First, we have beliefs about the natural functioning of humans—both our common sense expectations about the body and scientific theories of human biology. Second, we make judgments about whether some particular condition or way of life is or is not undesirable, in some relevant way. This second set of concerns obviously involves normative criteria, to do with the extent to which a life is unnatural, undesirable or failing to flourish in some way. (There is not a clear consensus among writers here.) One important and controversial question is whether the judgments we make concerning our biology are also normative in some way. A further large question concerns the relationship between the two types of judgments, in both medicine and common sense.

Kitcher's objectivism is more often called naturalism: I will provide a slightly more elaborate taxonomy of analyses of disease, starting with forms of constructivism and the difficulties they face will be discussed. Then naturalism will be similarly treated, before the discussion moves to health. Kitcher's claim that an objectivist analysis, as he puts it, is "grounded" on facts about the human body is perhaps not as clear as it might be. Before arriving at some qualifications, then, we should have straightforward statements of naturalism and constructivism in hand.

Health and disease, like many other concepts, are neither purely scientific nor exclusively a part of common sense. They have a home in both scientific theories and everyday thought. Furthermore, the concept of disease that is currently employed in most areas of medicine has undergone a process of development. For much of the modern era there has been a
dialectic between two concepts of disease. Medicine recognizes illnesses like hypertension and Cushing's disease that are the outcome of systems in a poorly regulated state that is stable, albeit suboptimal. The idea of a specific pathogenic process in medicine includes dysregulation, but this may not accord with folk thought. Constructivists tend to say that concepts of health and disease medicalize behavior that breaks norms or fails in some way to accord with our values; we don't like pain, so painful states count as diseases: we don't like fat people or drunks, so obesity and alcoholism count as diseases. Constructivists will often make this case with special vigor when it comes to mental disorder.

One could be a constructivist about some diseases, and a naturalist objectivist about others. For example, one could be a naturalist about bodily disease but a constructivist about psychiatry. Thomas Szasz (1960, 1973, 1987), for instance, is usually read as a constructivist who denies that mental illness exists. But in fact Szasz has a very strict objectivist concept of disease as no more than damage to bodily structures.

5. Health

5.1 Health and Biology

As noted above, conceptions of health, like conceptions of disease, tend to go beyond the simple condition that one is biologically in some state. In the case of health, one view is that a healthy individual is just someone whose biology works as our theories say it should. This is the counterpart, in theories of health, to simple objectivism about disease. As with disease, however, most scholars who write about health and add further conditions having to do with quality of life.

5.2 Embedded Instrumentalism

Gadamer's view is reminiscent of what Richman (2003) calls “embedded instrumentalist” theories, which claim that health is indexed to goals: how healthy you are depends on how well you can fulfill your goals. Such theories are very popular. Nordenfelt (1995) considered two versions of this approach. One version defines the goals relevant to health as needs, which are understood as having a biological basis. Another view defines goals in terms of the ambitions and desires of the individual. Nordenfelt (1995, 90) argues that a healthy person is one who can satisfy her “vital goals”, which are those that are necessary and sufficient for her to be minimally happy.

Embedded instrumentalist theories of health have an obvious appeal. Once we argue that health involves judgments about how well a person’s life is going, we need a way to evaluate that, and an immediately attractive idea is that someone’s life goes well if they can achieve their ambitions or satisfy their goals. An apparent difficulty, however, is that much the same terrain is covered by theories of well-being, and while people think that being healthy is
important to their well-being (Eid and Larsen 2007), they do not identify the two. Rather, they think of health as a component of well-being.

6. Conclusions

Naturalism and constructivism have been distinguished for analytic purposes in this essay but they are not always easy to tell apart in practice. The difficulty comes from the fact that there is widespread agreement that our thinking about disease pays attention to both human values and biological phenomena, and it is not always easy to tell how a theorist explains the interactions of these factors, nor whether a given analysis is descriptive or prescriptive. For naturalists the relevant biological processes are departures from good human functioning, to be determined by the relevant science. These biological problems result in what we judge to be difficulties in living. For a constructivist, it is the problems people face in their lives that take priority. Their biological underpinnings are ones we count as abnormal because we have judged them to be both relevant to the conditions we disvalue and also the subject matter of a specific, medical, class of interventions, therapies and other practices. The obstacle to a successful development of naturalism is the problem of establishing a satisfactory, science-based, distinction between normal and abnormal human functioning. Overcoming this difficulty will require a closer engagement by theorists of disease with the relevant debates in the philosophy of biology.

For constructivists, the big problem is to say why we judge some human phenomena to be symptoms of disease whereas others are taken as evidence that someone is criminal or ugly or possessed by demons or something else we do not admire. It is not generally true that we think that if someone’s life goes badly it is because he or she is unhealthy, so constructivists owe us an account of what makes a certain class of judgments distinctively medicalized. Many theorists have traced the changes in medicalization over time, but a satisfactory constructivist concept of disease requires an analysis of how medical thinking comes to play a role in human societies to begin with.

Reference and Further Reading

- http://plato.stanford.edu/: concepts of disease and health