# How to Teach Philosophy in Medical School

Harindra Karunatilake

A patient could be described as an "outlier" when he is not fitting to the usual patient profile of the service. An outlier is in the wrong place and often receives low priority.

A paper that appeared in BMC Medical ethics in 2004 discusses key ethical considerations physicians grapple with when treating patients who are "outliers." These are the patients who present to medical practices either with serious co-morbidities or without any health insurance. These uninsured and critically ill with multiple co-morbidities will take up significant amount of time and resources of the health institution.

While knowing the futility of care for them and the likelihood of poor outcomes, even after use of expensive technology and therapeutic modalities, physicians are in an ethical dilemma to provide care to these outliers within the economic framework of the heath institution.

Paper discusses the ethical and moral obligations of treating physician in the backdrop of philosophical teachings of Immanuel Kant and GFW Hegel.[1] The works of Kant and Hegel uniquely contribute to issues involving medical ethics. Kant's use of reason, and his view on the good will, responsibility, duty, morality, acting on principle, justice, and persons as ends in themselves are very appealing to the idealistic physician. At the same time the paper argues Hegel's teaching on sublimation of the individual to the family, civil society and the state, and his views on self, personality, capacity for rights, right and wrong, morality, welfare and the conscience help physicians to make an ethically right decisions without neglecting the patients without insurance or with serious comorbidities.

Does this mean learning philosophy help physicians to better themselves in their ethical moral outlook? Not everyone agrees.

The Oxford Companion to Philosophy defines "Philosophy is thinking about thinking."[2] In thinking in same vein Martyn Evans, a British philosopher of medicine, suggested "philosophy of medicine is asking questions about the questions medicine asks."[3] Common questions that come to our mind in day to day medicine include "what is health?" "what is the connection between mind and body?". Does Reading philosophy give answers to those questions? Probably it does. Does knowing those answers make you a better physician? Probably not.

Certainly it would make you better equipped to face the difficult ethical decisions. Most literature on medical philosophy consists of literature on medical ethics. Reflection on matters is not considered to belong uniquely to medicine. A brief survey of the literature on medical philosophy supports this view. Of the 625 articles surveyed for the years 1997-2006, nearly three-quarters dealt with matters of ethics, and of the 36 books surveyed, nearly 60% were primarily on ethics.[4]

A Polish medical school claimed that the learning history of medicine and philosophy of medicine are necessary for future doctors. The historical and philosophical approach makes it possible to recognize the subject of medicine (health, disease, and the sick) and its aim (treatment, restoration of health or just alleviation of suffering) better. Ethics teach what values are pursued by medicine, what moral duties a doctor has, and what role model to follow to become a good physician.[5]

One would think philosophy and psychiatry has few things in common than other subjects taught in medical school. When it comes to psychiatry or psychology two post-modern philosophers stand out; in Jacques Lacan and Michel Foucault.

Michel Foucault had a background a clinical psychology and in simplified terms his teaching is "to understand what we can learn from history to sort out the problems we have at present times". He claims patients with psychiatric illnesses were treated far better and humanely in the past before asylums and hospitals for mentally ill were built. According to Foucault mentally ill were considered "different" than "crazy" then and allowed to roam free among circles of sane. Sometimes they were treated as they possessed some wisdom as they seem to cross the edge of reason. Foucault coined the term"medical gaze". It is how

Consultant Physician
National Hospital, Sri Lanka
Email:sunrat21@gmail.com
https://orcid.org/0000-0002-8306-2594

doctors modify the patient's story, fitting it into a biomedical paradigm, filtering out rest. Foucault says "facilitated by the medical technologies, physicians' medical gaze abstracts the suffering person from her sociological context and reframes her as a "case" or a "condition"." Then patient becomes a faceless case- for the doctors and there is no more an intimate and personal relationship between the doctor and the pa- tient. Doctors do not identify the names or faces of their patients but, rather, recognize them from their test results. Here Foucault was talking about empathy and compassion among medical practitioners for the first time. Understanding what he meant by medical gaze and what it encompasses would help doctors to treat a patient humanely not just as a diseased organ.

It is fascinating to note that Jacques Lacan who pio- neered his own form of  psychoanalysis was a psychi- atrist, and a clinician first. Lacan initially worked with- proponents of organic psychiatry, but later adhered to psychoanalysis as the most helpful theoretical model to understand and treat the complex patients he was dealing with. Most of his concepts were derived from clinical experience that he had by dealing with real pa- tients.

The study of philosophy in medical school has been proposed to foster critical thinking about one's as- sumptions, perspectives and biases, encourage great- er tolerance toward the ideas of others, and cultivate empathy.[6] However experience from medical schools suggest that the study of ethics and philosophy by medical students has failed to produce the humane physicians.[6] The reason is philosophy, when taught in medical school, is seen by students as just one subject to be mastered along with many other more import- ant ones, and not as a way to improve critical thinking and empathy. Student make lists, remember them and reproduce them at the exams and it stops there. This pattern do not  foster critical thinking or encourage empathy.

Then, should we consider teaching philosophy in the medical school at all? Dr Pekka Louhiala has an answer. Dr Louhiala is  unique in that he has studied medicine and philosophy simultaneously in two different facul- ties in Finland. He has qualified as a pediatrician but currently teaches philosophy at Centre for Philosophy and Health Care at the University of Wales. He claims that his medical practice was a rich source of philo- sophical questions.[7] In his experience as a student of both medicine and philosophy, a medical practitioner, a teacher of medicine and, lately, a teacher of phi- losophy in a medical faculty he admits that teaching mainstream philosophy to medical students is futile. Academic philosophy of medicine is too theoretical to be included into already tightly packed compulsory

curriculum. It is highly probable that students do not find complex discussions on the concepts of health and disease very motivating.

He suggests that whatever the form of philosophy taught, the content must be linked to medicine and the students should be encouraged to notice the phil- osophical questions that their daily medical practice produces. He also adds that problem-based learning is also a very natural way to locate the philosophical questions that medical cases create.

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