

ON THE NATURE OF HEALTH

PHILOSOPHY AND MEDICINE

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ON THE NATURE OF HEALTH

An Action-Theoretic Approach



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To the Memory of My Father

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Linköping, June 1987
Lennart Nordenfelt

INTRODUCTION

GENERAL INTRODUCTION

This study of the concept of health is an attempt to combine central ideas in modern philosophy of medicine with certain results from analytical action theory. What emerges from the study is a concept of health based on an action-theoretic foundation. A person's health is characterized as his *ability to achieve his vital goals*.

The general conception is not new. This study has been inspired by a number of scholars, both ancient and modern. The most important influences from the latter have been those of Georges Canguilhem, H. Tristram Engelhardt Jr., Caroline Whitbeck and Ingmar Pörn.

The novel aspect of this book consists of elaborations made to the general conception. *First*, the action-theoretic platform is analysed in some detail. The nature of the ability involved, as well as the conditions for having that ability, are specified. *Second*, the vital goals of man are given considerable attention. Some previous attempts to define such vital goals are analysed and criticized. A new characterization is proposed, in which the vital goals are conceptually linked to the notion of *happiness*. A person's vital goals are such states of affairs as are necessary and together sufficient for his minimal happiness. *Third*, a number of consequences of this conception are observed and analysed. One issue which is particularly emphasized is that of whether the concept of health is a theoretical or a normative concept.

The aim of this book is to elaborate a cogent and at the same time reasonably simple theory of a *general* concept of health. Although most of the examples employed are drawn from organic phenomena, the concept is designed to cover *both somatic and mental health*. The distinction between soma and psyche is important only when we discern different possible compromisers of health, such as diseases, impairments and defects. These compromisers can be of either a somatic or a mental kind.

An analytical project with the scope and purpose of the present study always involves risks. A conceptual structure which aims partly at simplification cannot be expected to explain all the subtleties of a complex concept

of ordinary language. This book thus reflects the extreme difficulty of analysing a concept such as health.

The book, however, is written in the belief that traditional conceptual analysis – containing tentative definitions and an exploration of their consequences – is an indispensable tool in the philosophy of health. Progress is possible in this field, as in all other academic fields, only if positions are stated clearly and their logical consequences are investigated in detail. In such a way it becomes possible to reveal the strengths, as well as the weaknesses, of the position in question.

A SUMMARY OF THE MAIN LINE OF ARGUMENT

Chapter one commences by listing a number of reasons for analysing the concept of health. It is argued that health has a central place both in general anthropology and in the theory of medicine. Moreover, it is emphasized that a well-reasoned conception of health is essential also for clinical practice and health care in general. This has become even more evident in those countries where health authorities have been entrusted with the duty not only of treating obvious cases of illness, but also with the duty of protecting and promoting health.

The analysis starts with a presentation of a set of adequacy conditions for an acceptable theory of health. It is claimed that such a theory should be able to provide a definition of the concept of health, as well as an analysis and mapping of several other concepts which are in different ways related to health. This holds, in particular, for the conceptual “opposites” of health, such as ‘illness’, ‘disease’, ‘impairment’, ‘defect’ and ‘disability’. The theory should also be able to explain the position of the concept of health in both its societal and scientific contexts.

This explication of objectives is followed by some semantic preliminaries. The philosophical nature of the project is discussed in some detail. In particular, the two following questions are considered: (1) is there only *one* concept of health? and (2) what is the procedure by which we can clarify this (or these) concept(s)?

In providing an answer to the first question this book departs both from an Aristotelian essentialistic view of concepts and from an extreme nominalism, which entails that there is no clearly definable concept of health at all. The analytic program of the book is based on the belief that there is a set of highly interrelated uses of the term “health” (and its cognates in other languages) which indicate a core sense of the term. This core sense,

which the following discussion attempts to explicate, is to be found both in exclusively medical language and in everyday language. The medical concept of health can, we believe, be understood as a technical – and more narrowly definable – version of the everyday concept.

In relation to the second question, two possible procedures are considered, one being a completely empirical sociolinguistic study, and the other a traditional philosophical conceptual analysis. A decision is made in favour of the latter procedure, where this is interpreted as entailing (a) the consideration and criticism of some prevalent abstract characterizations of health in the light of ordinary language, and (b) a well-reasoned proposal for an improved abstract characterization.

The final section of Chapter one sets the stage for the main analysis of the study. This is done by introducing the two basic perspectives from which ‘health’, ‘disease’, and other similar concepts are normally viewed. The two perspectives are here called the *holistic* and the *analytic* perspectives. From the former one focuses on the state of the human being as a whole, and judges whether he or she is healthy. From the latter one directs one’s attention to particular parts of the human organism, and considers their structure and function.

It is contended that prevalent theories of health and disease can be viewed as stemming from one or the other of the two perspectives. A theory taking the holistic perspective is one which employs mainly social and humanistic concepts; a theory employing the analytic perspective, on the other hand, uses a biological or chemical set of concepts.

Chapter two is devoted to a critical assessment of an important theory of health belonging to the analytic perspective, viz. the biostatistical theory (BST) of Christopher Boorse. The basic idea in this theory is that diseases of living organisms are internal states which interfere with the normal functioning of these organisms. (What is to be considered as normal functioning is calculated statistically with respect to an age group of a sex of a species.) Health is defined as the absence of diseases in this sense. In the basic characterization of these concepts no attention is thus paid to the performance of the organism in a larger, for instance a social, context.

In assessing this very influential theory of health our discussion pays much attention to the concept of a function, and the relation between an organism’s functional ability and its environment. Two major points are being made here: (1) The BST is not a clear theory of health and disease unless we know at what level of integration the biological functions are to be identified. We get very different results if the relevant functions are

interpreted to be, on the one hand, the functions of the microscopic parts of the body, or, on the other hand, the gross functions of the major organs. Both of these extreme alternatives can yield counterintuitive consequences. (2) The BST faces a number of difficulties when we consider more closely the dynamic interaction between an organism and environmental change pertaining to the organism.

As a consequence of this discussion it is argued that our ordinary (as well as scientifically medical) conceptions of disease cannot be entirely formed according to a biostatistical model. Considerations concerning pain and disability are obviously crucial. This conclusion provides good reasons for considering a theory where pain and disability play an essential role viz. a theory constructed from a holistic perspective.

The purpose of Chapter three is to provide and defend a holistic theory of health, which is mainly intended to apply to human beings, although some applications to non-humans are also made. The key concept in this theory is the concept of *ability*, which is therefore given a substantial analysis within the framework of modern action-theory. The main stages in this analysis are the following:

The traditional distinction between ability and opportunity for action is made. A combination of ability and opportunity constitutes what is here called *practical possibility*: it is practically possible for a person to perform an action if, and only if, he is both able and has the opportunity to perform it.

Ability is defined as that kind of possibility for action which is determined by factors internal to the agent's body or mind. The specification of an ability must, however, always presuppose a situational background. It is argued that, when this background is not explicitly stated, there is a tacit presupposition of a set of "standard circumstances".

What counts as standard circumstances will, however, vary from place to place and from society to society. As a result, a person with a particular physical and mental make-up may be able to perform a required action in one environment but not in another. This implies an important relativization in the case of the notion of ability. *A fortiori*, this also applies to the notion of health.

This relativization is in one important respect reduced by the introduction of the concept pair *first-order ability* and *second-order ability*. The idea here is the following: a person may be unable (in the immediate, first-order, sense) to perform a certain action, but still have a second-order ability to perform it. This then means that he will, given that he undergoes

adequate training and exercise, obtain the first-order ability to perform the action in question. It is argued that the ability involved in health is of the second-order kind.

After these preliminaries the fundamental task of the book is formulated in the following terms: what is the set of goals, and by whom are they set, which define the abilities that constitute health? This required set of goals is designated *the vital goals of man*. Two important proposals for defining the vital goals are given and discussed in some detail.

- (a) The vital goals of man can be deduced from his basic needs (the need-theory).
- (b) The vital goals of man are identical with the goals that he himself sets during the course of his life (the subject-goal theory).

The first proposal is found to be too weak; the second is found to be both too weak and too strong. Some improvements of the two proposals are considered.

The major suggestion of the whole essay is then introduced: the vital goals of a human being are goals whose fulfillment is necessary and jointly sufficient for the *minimal happiness* of their bearer. This is the tenet of what is here to be called *the welfare theory of health*. (In the case of humans welfare is identified with happiness.)

The concept of human health is thus connected with the concept of happiness. Health is in itself, however, neither sufficient nor necessary for happiness. Health is a person's ability, in standard circumstances, to realize his minimal happiness. It is not sufficient for happiness since, if circumstances are not standard, for instance in cases of accident or war, health need not result in happiness. Nor is health necessary for happiness, since the vital goals of an ill yet happy person can to a great extent be fulfilled by people other than the person himself, for instance relatives and others taking care of him.

The qualifying concept of *minimal happiness* is introduced and defended in the context of an analysis of happiness. Happiness is presented as a multidimensional concept ranging from a very high degree (along some dimensions one can even speak of complete happiness) to a very low degree. It is argued that the vital goals of man are conceptually connected to some *minimal* degree of happiness to be decided upon by evaluation.

The concept of health thus derived is not theoretically decidable in the following sense: the analysis of the concept is not sufficient to establish an

operational procedure for determining whether a particular person is healthy or not. The analysis leaves undetermined where exactly the level of minimal happiness in the long run is to be placed.

It is the contention of this essay that this openness mirrors the extent to which health is an *evaluative* concept. What is to be counted as “real” minimal happiness has to be decided upon, and cannot simply be the result of empirical investigation. Since the level of “real” minimal happiness determines the vital goals, it also determines health.

In Chapter four there is a discussion of the major conditions which compromise health, for instance diseases, injuries, pregnancy, and senility. Following a recent study by Culver and Gert [27] diseases, injuries and some other bodily phenomena are grouped together in a category called “maladies”. It is typical of maladies that they are entities internal to a person’s body or mind which *tend to* impair his health, but which need not do so.

This section provides a general characterization of maladies as well as a suggestion for making sharp distinctions among the various categories of maladies.

Chapter five attempts to reveal in what respects and in what senses the concept of health is relative to the society employing the concept. A fundamental distinction is made between society as a platform for action and society as a producer of values.

In the former sense society influences the concept of health by determining *the societal standard circumstances* within which the human being operates. In the latter sense society influences the concept by indicating the levels of minimal happiness.

In the same chapter the question is asked whether the welfare theory of health would have important consequences for the science or practice of medicine. It is argued that the consequences for the science and practice of *rehabilitation* are more profound than for traditional medicine in the sense of the art of curing diseases. The openness of the set of vital goals, for instance, will only marginally affect the list of accepted maladies. The main reason for this is that most acknowledged maladies strike their subjects in such a basic and general way that they so obviously disable their bearers whatever the choice of vital goals.

In a special study the welfare theory of health is used to determine the status of a “controversial” disease or illness, viz. homosexuality. The fundamental question discussed is whether a homosexual is as a rule unable to realize some of his vital goals. The conclusion drawn is that homosexual-

ity is a disease (or impairment) only given very special provisos: (i) reproduction is an indisputable vital goal, (ii) the homosexual does not merely choose not to reproduce, but is also unable – for physical or mental reasons – to reproduce. The latter proviso, obviously, is not generally true.

Finally, the welfare concept of health is applied to the realm of non-humans. It is argued that the welfare concept of health is applicable also to the non-human living world. With the higher animals both the ideas of ability and happiness can be retained. To the lower animals and the plants the concept can only be extended through analogy. It is, however, disputed that health in lower animals and plants should be identified simply with normal probability of survival and reproduction. Health, in these cases, can also be understood in terms of *usefulness*: a corn plant is healthy if it contributes, given standard circumstances, in an expected way to certain goals and ultimately to the happiness of its cultivator.