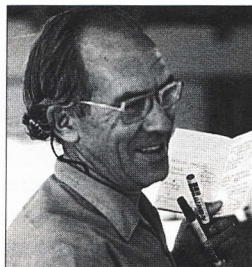


How medicine lost consciousness — Part II



Curriculum Vitae

Jacques studied philosophy at Stellenbosch, medicine at Wits, internal medicine at the University of the Free State and public health at UP. His career has included health and university administration, as well as medical education and a stint as academic principal of a high school. Presently he is a consultant physician in the Department of Medicine, Medunsa and a post-graduate student at RAU.

A GLOSSARY CAN BE FOUND IN PART I

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1. The research on which this paper is based was done as part of a Masters programme in the Department of Philosophy, Rand Afrikaans University. A longer version was presented at the 1996 annual conference of the SA Science and Religion Forum at the University of South Africa.

Summary

Since the beginning of the 19th century western medicine has identified itself with the natural sciences and therefore with the worldview of the natural sciences. This natural science turn led to great technical insight into and control of body processes and technical advances in diagnosis and management of diseases. However, it has also fundamentally influenced the understanding of the basic concepts of medicine such as patient, disease and therapy and in this manner has had a decisive influence on the nature of clinical practice and medical research. It has specifically failed to give the clinician the tools to understand the meaning of the illness for the patient and the role that these subjective meanings plays in diagnosis, therapy and healing. This loss of consciousness is a major limiting factor of the model. The regaining of consciousness is a central requirement for a transformed clinical method. The theoretical requirements which are necessary before a transformed clinical method will be accepted by the profession for medical practice and research are defined as a new model of the nature of science and a new understanding of the structure of reality which can recognise consciousness as real.

Introduction

According to McWhinney¹ an analysis of the medical curriculum indicates that '... medical knowledge is defined as that which is verifiable empirically by the scientific method. In this medicine has embraced positivism.' In this embrace, medicine gained power over the objective world of anatomical pathology, but lost its mind, because in the world so understood there is no scientific role for the characteristic

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Philosophy, medical;
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Physician-patient
relations;
Worldview;
Science.

NOTE: Read this article
(Part II) with the glossary
at the end of Part I at
hand.

Editor

contents of the human consciousness. The real object of clinical care and of scientific study became the non-conscious, broken down biological mechanism.

The limitations of the classical clinical method

The traditional clinical method that was born from the embracing of positivism has proven to be tremendously powerful in understanding and controlling certain aspects of biological function and malfunction. McWhinney¹ identifies two major strengths of the traditional, positivist-based clinical method. *Firstly, it tells the clinicians precisely what they have to do to get the required results:* 'Take the patient's history and conduct the examination in the prescribed way, and you will either arrive at the pathological diagnosis or be able to exclude organic disease.' The 'prescribed way' focuses on objectively verifiable complaints, physical signs and abnormalities found on special investigations (blood tests, biopsies, imaging techniques such as X-rays, CAT scans etc). The second strength is that it provides precise criteria for validation. The pathologist tells the clinicians whether they are right or wrong.

McWhinney then lists four major limitations: Firstly, the method is *strictly objective*. In the whole process the subjective world of the patient, the doctor and their interaction is meticulously excluded. The aim of the process is to diagnose disease, not to understand the patient and his or her experience of the illness. The patient's agenda is overwhelmed by the doctor's objectively orientated agenda. In spite of its power, patients claim that they feel dehumanised in the clinical process, whether it takes place in a hospital setting or in the consulting rooms of the profession. The scientific strength of the method becomes, in the eyes of the patient, its Achilles' heel.

Secondly, the method concentrates on the *technical aspects of care*. This has led to the tremendous escalation of the costs

of health care.³ Quality of care becomes assessed in terms of the amount of technology thrown at the clinical problem. But it has also decreased the patient's experience of the quality of care.

From what was said above the method cannot deal at all with the *meaning of the problems of patients* – or with that of the doctor. Illness represents a crisis in the self-understanding of every patient. This is an inherent part of the meaning of the illness. Illness happens to the whole person, and healing consists in a restoration of wholeness. Suffering can be endured if it can be understood. But this whole dimension of being human is excluded in principle from the clinical method.

Lastly, the objectivism and technological bias of the traditional clinical method leads to a *poor doctor-patient relationship*. This has been shown to be related to patient dissatisfaction with modern scientific medicine, with the move towards alternative medicine and with the increase in litigation of medical professionals by patients. It has also clearly been shown that a good doctor-patient relationship leads to improved diagnosis and response to therapy, which cannot be explained on purely mechanistic terms. Here is an anomaly (the placebo phenomenon is another) which signals the end of a paradigm!

How can medicine regain consciousness?

In the discipline of Family Medicine a strong attempt is being made to formulate a transformed clinical method, generally referred to as 'the patient-centred method' (see eg Levenstein et al,¹⁰ Henbest and Fehrsen,¹¹ Fehrsen and Henbest¹²). McWhinney believes that in order to transform medicine's clinical method, it must be recognised that the scientific method is only one of several routes to knowledge.

Although I support this statement completely, the problem is what to call these alternative routes to knowledge. McWhinney refers to the three routes

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to wisdom recognised by 'the perennial philosophy' namely the sensory, the mental and the transcendental, but such concepts will not cut ice in the hard world of the clinical sciences. Because of the tremendous emotional commitment to the term '*scientific medicine*', any attempt to bring in anything that is not considered to be *scientific* will be bound to fail. In attempting to transform the clinical method, we must keep in mind the tremendous controlling power of the concept of the unity of science.

My suggestion is therefore that it is necessary to demonstrate convincingly that the term *science* cannot, in any manner that qualifies as scientific, be limited to the specific methodology of the natural sciences. It must be a view of science that creates a legitimate space for the social and human sciences as scientific, which then opens the door for their methodologies (and principles of verification) to become a legitimate part of the armamentarium of scientific medicine. For the transformation of the clinical method, medicine therefore requires a new understanding of science or, as McWhinney put it more broadly, a new epistemology. (For attempts to do this see Engel;¹³ Schwartz and Wiggin;¹⁴ Foss and Rothenberg).⁴

But a transformed view of methodology is not enough. Because of the intimate link between method (epistemology) and research domain (ontology), for a transformed clinical method to be acceptable, a new way of understanding reality, a new model of reality is a fundamental requirement. McWhinney¹ signalled this when he argued that the linear (mechanistic and deterministic) understanding of causality (the metaphor of the chain of causality) must be replaced with the metaphor of a causal web or network. However, in a difficult but incisive article Krieger¹⁵ has, for example, argued that replacing the metaphor of a linear chain of causality with the metaphor of a web of causality (multiple causation)

does not help us to overcome the limitations of biomedicine. We require, I believe, an understanding of reality (an ontology) that is capable of including the so-called *subjective world of consciousness as real* (not as an epiphenomenon of matter), or as Perry has formulated it, it must be able to include consciousness as a causal reality.⁵

There is experimental evidence of this in clinical research and in the field of psychoneuroimmunology, but the problem is that these findings are formulated against the conceptual backdrop of the classical mechanistic materialist ontology which sanctions an objectivistic and reductionistic consciousness-free clinical method. We therefore need a new ontology.

I believe that such an ontology is emerging from the late 20th century sciences, from certain interpretations of quantum physics, chaos theory and a radical form of systems theory (organicism).¹⁶ I believe we are on the way to a paradigm revolution in the ontology of science which will enable a new understanding of life (a new biology) and a new understanding of conscious life which will not negate what can be said from a materialist viewpoint, but will transcend the limitations of that point of view.¹⁷

The emerging systems view of reality is that of a hierarchy of levels of complexity and meaning (physical, biological, personal, social etc), each operating in terms of appropriate meanings and laws with interconnecting laws of action between adjacent levels in the form of bottom-up *and* top-down causation, but in which higher levels cannot be reduced to the meanings and laws of lower levels.^{17,18} *There is therefore not only one scientific method.* A method is scientific if it is relevant to the structure of its research domain and therefore generates valid knowledge. The human person requires different method(s) of knowing than the physical world.

I therefore propose that in order to over-

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come the limitations of the traditional clinical method and to develop a transformed clinical method which will not simply be an add-on to biomedicine but will transform biomedicine, we need to overcome:

- i) the epistemological reductionism with a new understanding of science and the scientific method which will enable us to incorporate the methods of the human and social sciences as a legitimate part of scientific medicine necessarily and directly applicable in the clinical consultation;
- ii) the mechanistic materialistic ontology with a new metaphor of reality which will enable us to overcome the reductionistic, mechanistic materialist understanding (and elimination) of consciousness and will enable us to formulate
- iii) an understanding of consciousness which recognises it not only as real, but as a *causal reality*.

We have to regain an ancient understanding of the body as a conscious body and of consciousness as embodied consciousness, that is, of the unity of the person. If this is done in conjunction with a broader understanding of science and a systems view of the world, then we have the theoretical foundations for the application of the evolving comprehensive person-centred approach not only in Family Medicine, but across all disciplines of our professions.

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