Committee on Philosophy and Medicine

2017–2018 Membership

Jennifer S. Hawkins, chair (2019)
  Moti Gorin (2018)
  J. P. Kelleher (2018)
  S. Matthew Liao (2019)
  Kristin Voigt (2019)
  Anna Gotlib (2020)
  Laura Specker Sullivan (2020)
  Mary Rorty, newsletter editor
  Mark Sheldon, newsletter editor
This was my second year as chair. Our primary activity, as usual, was putting together Committee-sponsored sessions. This year we also learned that our committee is to be phased out ending summer 2020. More about that at the end.

We were quite ambitious this year. We organized six sessions, two for each of the divisional meetings.

The Eastern APA was in Savannah, Georgia in 2018. Unfortunately, there was a big snow and ice storm that caused havoc with the meetings. The first of our two sessions was entitled, “Folk Race Concepts and the Pursuit of Medical Knowledge: Epistemic and Ethical Considerations.”

In the process of generating ideas for potential sessions, our committee generated this description of our idea for the panel and we included this in our invitation messages to potential speakers:

“There have been debates for some time among philosophers of medicine and biology about whether we can (or should) try to do without the concept of ‘race’ in medicine, particularly medical research. The ultimate goals of this session are both epistemic and ethical. We want to understand what the pros and cons are from the standpoint of accurate knowledge acquisition of relying on folk race concepts in medical research. We also want to understand what the ethical implications might be of continuing to rely on folk race concepts. Ideally we hope to recruit speakers with different views about the relationship between folk races and the significant biological groupings that interest contemporary medical geneticists. Each speaker could then choose how to address questions about whether to use such concepts: the focus could be either epistemic or ethical or both. The audience would begin to gain a better understanding of how our answer to the first question (about the relationship between the folk concept and biological groupings) shapes our sense of both the scientific usefulness of these concepts and the ethical appropriateness of employing them.”

Session Participants

(1) Speaker:
Sophia Efsthathiou (Norwegian University of Science and Technology)
Talk title: "Big Data, Medicine and Race: Suffering the Tension Between Classification and Effacement."

(2) Speaker:
Shelbi Nahwilet Meissner (Michigan State University)
Talk title: "Complications in Tracking Folk Racial Categories in Public Health"
Research: American Indian Identities."

(3) Speaker:
Quayshawn Spencer (University of Pennsylvania)
Talk title: "Moving Beyond the Verbal Dispute: Are Human Continental Populations Useful in Medical Genetics?"

(4) Speaker:
Sean Valles (Michigan State University)
Talk title: "Race Concepts Are a Cause of, and Solution to, the Health Effects of Racism."

Sadly, this panel, which was to have occurred on Saturday, was cancelled because the speakers could not get to Savannah, Georgia because of the storm. However, the panel was then submitted by the group to Association for the Philosophy of Science and was accepted. So in the end, the four speakers did have a chance to come-together and present their four papers. We just wish it could have been at the APA.

Our second session was entitled:
"Mental Illness and Treatment Futility: The Case of Anorexia Nervosa"

Again, the committee generated a description of our idea for the panel and we included this in our invitation messages to potential speakers:

“Some forms of mental illness do not respond to treatment. Could this be the basis for saying that in some cases further treatment is futile? The patients we have in mind are chronically ill, and in many cases they resist treatment and are resentful of it. Their quality of life is extremely low. If we have good reason to believe that further treatment has little or no chance of curing the patient or even of significantly improving her life, should we continue? Or is it instead permissible to say, at some point, enough is enough? If the patient will almost certainly die without treatment, does that make a difference? If we stop treatment that is aimed at cure, what else do we do? Offer hospice and palliative care? Must the patient be competent, or might we decide to stop further curative treatment for an incompetent patient who has been ill for a long time?

The primary illness we have in mind is anorexia nervosa. A couple of years ago an article in American Journal of Bioethics addressed these questions and argued that we should never stop treatment for such patients. But we think the presentation of the issues there was not very balanced. At any rate, we are interested in further discussion. And we think there are similar types of issues that arise in the case of treatment resistant depression or treatment resistant addiction.”

For this panel we had three speakers. This panel was able to convene and although their audience was somewhat smaller than usual, they all reported that it was an excellent session. The speakers and their talk titles were:
Session Participants

(1) Speaker:
Louis Charland (University of Western Ontario, now called Western University)
Talk title: “Decision-Making Capacity in Anorexia Nervosa”

(2) Speaker:
Nicole Hamilton  (University of Minnesota)
Talk title: “Epistemic Injustice and Using Civil Commitment to Treat Eating Disorders”

(3) Speaker:
Robyn Bluhm  (Michigan State University)
Talk title: “Futility and Competence”

II.
The Central APA was in Chicago Illinois Feb 21-24, 2018. We had two sessions as well, both of which came off successfully.

The first was entitled:
“*The Political Philosophy of Health Insurance.*”

The committee thought something along these lines would be a good topic, but not having any experts on this in our group, we reached out to Jonathan Herington, inviting him to speak but also to suggest other panelists. Jonathan helped us put together a great panel based on the following description (again, this was the description we sent to all invited speakers):

“A public debate has arisen over how we should insure individuals against the need to utilize healthcare. This debate is often framed in terms of what scheme would most efficiently promote population health, but at the heart of these debates are more basic questions about the duties of citizens, the value of health and the role of the state in promoting autonomy, solidarity and equality. This panel addresses these deeper philosophical questions surrounding the health insurance debate, including: Is there a human right to healthcare? Is there something “special” about healthcare which means that it ought to be provided or subsidized directly by the state rather than through general social insurance schemes (e.g. social security)? Do individuals have a duty to buy health insurance, if they are able? If individuals fail to maintain coverage (when able) what are our obligations to them? Are there values, other than efficiently improving population health, that support universal access to healthcare?”

Session Participants

(1) Speaker:
The second panel for the Central APA was entitled:
“Epistemic Injustice and Health”

The Committee wanted to do something related to the topic of epistemic injustice and health. Kristin Voigt agreed to take charge of drafting a description, and once that was done, the Committee agreed that Kristin herself would be a good speaker for that panel (in other words, she did not appoint herself to a panel she organized, rather the committee as a group voted to have her take part). The description she generated for us (and that was ultimately included in all letters to potential speakers) was:

“Miranda Fricker’s work has drawn attention to the epistemic aspects of justice: how individuals are perceived as ‘knowers’ (testimonial justice) and how language affects our capacity to recognise and describe various forms of injustice (hermeneutical justice) (Fricker 2007). This work has important implications for different health contexts. In primary care contexts, health professionals have particular knowledge that should ground epistemic expertise in relation to their patients. At the same time, epistemic justice would require that patients be given appropriate credibility, for example when they describe their symptoms. Previous work on this topic has emphasised that patients are often subject to an unfair credibility deficit in these encounters; such credibility deficits can have different sources, such as particular features of the primary care setting, the conditions with which patients are diagnosed, or the symptoms with which they present (Blease et al. 2016; Carel and Györffy 2014; Carel and Kidd 2014; Kidd and Carel 2016). While much of the debate focuses on face-to-face interactions between individuals, there may also be concerns of testimonial injustice arising in relation to population health concerns. In particular, debates about public health issues can both reflect and maintain testimonial injustice, for example when the contributions of researchers to
the obesity debate are often considered (or dismissed) on the basis of individual researchers’ weight (Saguy 2013).

*Possible questions to be addressed:*
- How can we distinguish between legitimate epistemic authority of health care professionals and problematic credibility excess?
- What makes patients susceptible to credibility deflation in different health care contexts? How could such concerns be addressed?
- How might these concerns play out in relation to patients with conditions that could be argued to undermine patients’ credibility in certain respects (e.g. patients with dementia; patients with delusions)?
- How can testimonial injustice shape public debates, e.g. about particular public health issues? What, if anything, should those who contribute to such debates do to prevent epistemic injustice?”

**Session Participants**

(1) Speaker:  
Havi Carel (Bristol University)  
Talk title: "Epistemic Injustice Amplified: The Case of Children as Patients”  
(Havi participated by Skype)

(2) Speaker:  
Elianna Fetterolf (CUNY and Groningen)  
Talk title: “Epistemic Injustice and the Role of Humility in Medicine”

(3) Speaker:  
Miranda Fricker (CUNY)  
Talk title: “Towards Professional Medical Virtues of Epistemic Justice”

(4) Speaker:  
Kristin Voigt (McGill University)  
Talk title: “Epistemic Injustice and Public Health”

III.

For the Pacific APA in San Diego we also had two panels. One was devoted to the concept of nudging, and the other to defining disability. Both panels occurred, but we had a lot of bad luck with illness for this meeting. At the very last minute Moti Gorin was unable to attend the nudging panel because of a family health emergency, and for similar family health emergency reasons, Joseph Stramondo was also unable to participate in the panel on “Defining Disability.” Just bad luck.

"Defining Disability." The panel on defining disability was co-sponsored with the Society for Philosophy and Disability. Our description of the panel read as follows
“Theorists of disability are often eager to find a better definition of disability—one that is truer to their experience than the traditional medical definitions (which typically define disability in terms of deviations from normal species function). However, most of the proposed definitions are quite controversial. In her recent book, *The Minority Body*, Elizabeth Barnes offers a definition based on the practices of the disability rights movement. While intriguing, it has a number of problems. Anita Silvers has also offered an account, which has some difficulties. Julian Savulescu and Guy Kahane offered a highly revisionary welfarist account of disability a few years back that has been strongly rejected by the disability community. It is rejected because it defines disability as something that lowers welfare. Admittedly this sounds bad, but in fairness to them they leave it open whether or not particular things that we currently think of as disabilities really are disabilities. It might be, for all they say in that article, that most things we currently label disability aren’t really disabilities. These various approaches and the disputes around them raise some interesting questions: When a term has negative connotations, how should we deal with that? Should we embrace the negative connotations and then argue that the term has no referents and should be replaced? Or should we instead insist on rehabilitating the term and teaching people to discount the old associations? Can we come up with a neutral definition of disability that works, and that satisfies all parties? What work do we need the concept of disability to do? And how does that place constraints on the development of new, alternative accounts?”

**Session Participants**

(1) Joseph Stramondo  
San Diego State University  
Paper Title: "Prioritizing the Pragmatic When Choosing a Theory of Disability"

(2) Adam Cureton  
University of Tennessee Knoxville  
Paper title: “Disability and the Importance of Personal Aims and Projects”

(3) David Wasserman  
NIH (National Institutes of Health)  
Paper title: “Should We Try to Define Disability Non-Normatively? Lessons from the 40-Year Debate on the Value-Neutrality of Health and Disease"

The final panel of the year was entitled  
**“Health Care Nudges and Moral Responsibility.”**

The Committee description for this panel was:
“Some philosophers have recently turned their attention to the question of whether agents are morally responsible for actions arising out of their implicit biases (Holroyd, Levy). Because implicit biases are often conceived as (perhaps by definition) operating unconsciously, it is at least plausible—though some philosophers disagree—that agents do not exert a degree of control over them sufficient to make the actions to which they give rise genuinely free in a way that makes the agents appropriate targets of praise or blame. Because nudges also operate via unconscious mechanisms (e.g., cognitive biases), similar questions can be raised about the relationship between nudges and moral responsibility. Are nudged agents responsible for their actions? If it turns out that agents are not morally responsible for their nudged actions, how might this affect our judgments regarding the permissibility of health care nudges? If a patient is not responsible for choosing treatment X, might she nevertheless have chosen X autonomously? If not, is this a decisive objection to making use of nudges in health care or public health contexts?"

**Session Participants**

(1) Anne Barnhill,  
Johns Hopkins Berman Institute of Ethics  
Title: “Nudges and Manipulation”

(2) Mark Alfano,  
Delft University of Technology and Australian Catholic University  
Title: "Strawsonian reactive attitudes in a context of power: Taking responsibility, holding responsible, and assigning responsibility"

(3) Moti Gorin,  
Colorado State University  
Title: “Nudges, Preferences, and Responsibility”

IV.

The Committee was also very sad to learn this year that we are to be phased out. The basic reasons for being phased out have to do with the lack of fit between what the Committee has been doing for some time now and what the Committee was originally designed to do and what APA Committees in general do. The Committee had become a group that simply organized interesting scholarly sessions pertaining to various aspects of philosophy and medicine, but the original mandate was quite different, focused on helping to support bioethicists and philosophers of medicine professionally. Given that APA Committees are not intended to focus on scholarly content in the way this committee has of late, it was decided by the Executive Committee to phase it out.

The reaction among philosophers associated with the committee was quite mixed. My own reaction as Chair was to feel sad about the decision, but (once informed of
the background) to see it as an understandable decision. However, many people were much more upset about it than that, and so I made a point of seeking broad feedback from the philosophical bioethics community and philosophy of medicine community. I then communicated that feedback to the Executive Committee. In hindsight, it now seems as if some of the negative reactions were based on a misunderstanding of the reasoning behind the decision. But certainly this was not true of all cases. Some philosophers just felt that the Committee for Philosophy and Medicine had become something unique and special, serving an important role for those interested in these topics—a role nothing else currently fills. They thus wanted to see it preserved even if it didn’t do what it was originally charged with doing. The response from the APA was that it is not feasible to maintain a Committee for those kinds of reasons, both because Committees use APA resources, and because no other topic area has a Committee of this sort (besides Philosophy and Law which is also being dismantled). After some back and forth most people seemed to accept the decision.

However, there is one last point that many members of the Committee both past and present were agreed upon (And I agree with this point personally). We strongly feel that independently of the wisdom of the decision, it would have been better and would have reduced the amount of hard feelings, if the Executive Committee had, before voting, approached us, told us of the plan to eliminate Philosophy and Medicine as well as the reasons why, and then given us a short period of time in which to see whether we had a new, different vision for the Committee that would fit better with APA practices. In the end, because of the unhappiness expressed by many members, this was pretty much exactly what happened (we were given the opportunity to come up with a new vision for the Committee and new defense for why such a Committee is needed). When pushed to articulate a different vision for the Committee on Philosophy and Medicine, no one came forward with anything. The end result was thus the same. But had we been approached first, there might not have been such hard feelings, because people would not have felt that something of significance was done without warning and without consultation. This is really just a point about handling perceptions. It would have been so easy to explain it all ahead of time, and let it sink in a bit. Under those circumstances, people would most likely have just accepted it without complaint.

In closing, it is worth noting that some of us are now working to create a new independent group that, once formed, will apply to be an affiliated group of the APA. We hope that the good work of the Committee in the past can be carried forward in this new way.

Best,
Jennifer Hawkins
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Associate Research Professor
Department of Philosophy
Duke University