

## Meaning in Medicine

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### ABSTRACT

This is an Opinion article which reflect and recall the function of clinical ethics as oriented to the retrieval of 'meaning.' In a somewhat Platonic vein, I will term such a task always poised between forgetfulness and remembrance, the anamnesis of meaning.

The task calls for preliminary clarifications. On account of its closeness to the professionals and their practice, clinical ethics can be seen as a form of mindfulness that impels the practice of medicine towards its own telos, i.e., the ends proper to medicine. At the same time, because it articulates the ends of medicine in the context of a communal ethos, with its needs, values, and priorities, clinical ethics may be better understood as a function of critical analysis that borrows from the anthropological milieu in which it operates. The telos of medical action cannot be found independently of the context it is supposed to serve.

The mind-set created by modern scientific medicine has required for medicine to be inattentive, i.e., not to hear the sick person's experience of illness. The stethoscope metaphor, symbolizes also the mind-set of the moral philosophy that has dominated and shaped much of our ethical inquiry in medical ethics. In the critical judgment of many, the field has concentrated on a very restricted version of moral language, the language of biomedical quandaries, as well as principles and rules that sustain the rational argumentation for the "solution" of concrete cases.

Such a normative preoccupation with problem solving, however, strongly fosters an attitude of inattentiveness and voices that do not communicate in the language of quandary, do not create a challenge for ethical argument, or do not speak with the precision and articulation required in our intellectual culture to attract the attention of serious ethical argumentation. In addition to a critical integration of positivistic attitudes in medicine and the reduction of moral discourse to the normative, one must mention the basic presumption of a cultural situation, which, in the name of modernity, raises serious doubts about the possibility of engaging in questions of meaning across moral boundaries.

Influenced by a positivist framework, 19<sup>th</sup> century medical scientists popularized the notion that practical clinical medicine should be viewed as a form of applied theoretical medicine. In the United States, the reformation of medical

studies introduced by the medical educator Abraham Flexner, in the first part of the 20<sup>th</sup> century, completed the picture. Moreover, this happened as a result of modernity's understanding of scientific knowledge which Hans Georg Gadamer poignantly describes as a capacity to produce effects. In the modern version of scientific knowledge, the mathematical-quantitative isolation of laws of the natural order provides human action with the identification of specific contexts of cause and effects, together with new possibilities for intervention. In relation to clinical medicine, with its matrix of subjective components and contextual features, to the detached "objectivity" of theoretical knowledge, and to interpret the healing process itself as a production of effects.

Of course, one cannot in principle question the application of scientific reasoning to medicine. In trying to identify and explain the cause of symptoms, medicine employs probabilistic laws and rules, theories and principles, of the biomedical sciences. Concepts of normal and abnormal, for an example, are statistically derived concepts, based on scientifically validated norms of human biological functioning. In the attempt to classify symptoms as the manifestation of particular disease entities, medicine relies upon hypothetic-deductive and inductive reasoning. Moreover, in order to determine what can be done to remove or alleviate the cause of particular diseases, medicine appeals to prognostic knowledge about the course of the diagnosed disease, as well as efficacy and toxicity of relevant therapeutic possibilities.

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And yet, in spite of its indisputable scientific basis, medicine cannot be entirely equated with science. The goal of medicine is not to reduce different segments of scientific explanations into a unified theory; rather, the specific goal of medicine consists of bringing together, in a synthetic action, which is theoretical and practical at the same time, an understanding of illness with a specific medical decision on behalf of the patient. Unlike the pathophysiology of disease, the phenomenon of illness cannot be observed, analyzed and explained numerically, i.e., in itself. As Gadamer suggests, it can be fully understood only hermeneutically, i.e. through an act of interpretation that takes place within the sociological, cultural, and ideological matrix of a defined life-world. For this reason, medicine represents a peculiar unity of theoretical and practical knowledge within the domain of the modern sciences, “a peculiar kind of practical science for which modern thought no longer possesses an adequate concept.”

My point here should not be misconstrued. Careful scientific attention to the pathophysiology of disease, together with ever more extensive biotechnological applications, has certainly yielded marvelous advances in modern medicine. Yet, its positivist reduction has also created a mind-set that brackets questions of ‘meaning,’ themselves highly significant to human well-being and to the ethical aspects of medicine.

So obviously, it is to understand that never underestimate the ability of the body to heal by self. Human beings and other animals have rich and complex repertoires of healing processes. This is the result of tens of millions of years of evolution. Many of the highly effective treatments augment or enhance autonomous healing processes. It is understood about medicine that what one experience about healing and what healing processes mean enhance both autonomous and behavioral healing processes. Meaning can make the immune system work better and it can make the aspirin work better, too. The processes autonomous responses as things heal by themselves, specific responses as things are helped to heal by the application of the healing process and meaningful responses all work together to help us through illness. Whatever else this “Meaning in Medicine”, it is evident that healing processes are complicated ones. Many things are going on at the same time while most of them invisible.