ABSTRACT

A Philosophical Guide to Practicing Medicine: Analyzing Phenomenological, Evolutionary, and Barthian/Thomist Approaches to Medical Practice

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U.S. medical students generally graduate with the same collective knowledge of medicine. Each student goes through a block of textbook basic sciences and then a block of clinical education. What separates doctors is not necessarily their knowledge of medicine, but how they use this knowledge in clinical practice. Within the field of philosophy of medicine there are countless perspectives on how to properly practice medicine. This thesis focuses on phenomenological, evolutionary, and Barthian/Thomist approaches to medicine each with their own definition of health as well as a set of advantages and disadvantages. The first three chapters explain each approach and the benefits or drawbacks each imposes on the doctor-patient relationship. The final chapter evaluates all three approaches on consistency, the ability to sort cases well, simplicity, and comprehensiveness. Through this evaluation, it is clear that a Christian Barthian/Thomist theological approach to practicing medicine is the best option for providing high quality healthcare to the patient.

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A PHILOSOPHICAL GUIDE TO PRACTICING MEDICINE: ANALYZING PHENOMENOLOGICAL, EVOLUTIONARY, AND BARTHIAN/THOMIST APPROACHES TO MEDICAL PRACTICE

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CHAPTER ONE

Introduction

How should we understand the goal of medicine as expressed through a definition of health? This is one of the most basic questions of medicine, yet we struggle to answer it even today. It appears to be so simple that many physicians and healthcare providers tend to give it little thought. Many assume that they inherently know the answer or think it to be so obvious that it is a silly question. They are too busy with the day to day tasks of their profession to "waste" time going over such pointless philosophical concerns. They need to get back to "real" medicine and save lives rather than quarrel over what appears to be a useless topic compared to seeing patients. In fact, many physicians accept the definition and goals of medicine that are given to them by society acting merely as artisans or technicians.

In Plato's Apology, Socrates talks to the many artisans that he admires for their skills in craftsmanship and services. He hopes to learn from them knowledge and its meaning, but realizes that they do not have knowledge outside their set of skills. While they know how to make and do things, they do not know how best to use the things they make. Some are humble relying on society to know best how to use their expertise, while others think that they have knowledge of other important pursuits when it is clear that they are ignorant instead (Plato 21b – 22e). Healthcare providers who disregard the importance of understanding the best approach to medicine and assume they know what health is without proper investigation are making a similar mistake as the artisans. These

mistakes are dangerous, because the attitude subjects the physician and their skills to being abused.

Little do they realize, every provider lives out a philosophical stance on the proper goals of medicine and health through these very same day to day actions. Whether it be a general wish for another's well-being or a more deeply rooted system of ethical beliefs, every doctor fulfills their view of medicine through the care they provide to the patient. Additionally, it is not just the doctor's actions that represent a particular view of medicine, but the institutions that are made up by these same healthcare providers. One's definition of health extends far beyond the self and filters down to a person's clinical practice, the hospital or institution they work at, and even national policy on healthcare. When the government passes laws that permit certain treatments or pays for specific types of care, it is practically consistent with several underlying understandings of medicine and a definition of health. Every hospital has a set of beliefs expressed in their mission statement and core values, which stem from a set approach to medicine and health whether publicly stated or not. This integration throughout society stresses the need for a clear well-defined stance on health and medicine, as it will be reflected in the actions and policies of nations, hospitals, and doctors.

It is important to determine the best approach to medicine through a definition of health, because such an understanding can greatly assist the physician in discerning the proper medical care and treatment options that have the patient's human flourishing in mind. With a vague general concept of health not well defined, the physician can get by when treating common illnesses or when placed in basic ethical situations. However, in much more stressful and puzzling ethical dilemmas, an unclear understanding of health

that is not well defined will make it impossible to consistently choose the best option for the patient in a timely manner. A clear cut well thought out approach to medicine that focuses on the well-being of all patients will give the physician a method to sort out the right choices to make in these tough situations. Thus, the difficult cases will often distinguish the proper approach to medicine from the rest.

Take for example a case where a patient with long term chronic suffering, which can include psychological suffering, seeks assisted suicide. A life without some level of suffering is not possible for this patient unless some sudden medical breakthrough occurs. What should the physician do? This is an incredibly difficult decision as the fate of another's life lies in your hands. Without a clear correct definition of health and understanding of one's own approach to medicine, it is almost impossible to make a well thought out decision in a timely manner. Taking it one step further, without investigating the best approach to medicine in terms of the well-being of the patient's life, it is very easy to make the wrong decision. We see all the time that governments make poor laws in medicine which stem from a poor definition of health. A recent law passed by the Canadian Parliament and upheld by the Supreme Court of Canada has made it an *enforceable* legal right for a patient with "irremediable suffering" to have the physician perform assisted suicide regardless of any objections of conscience the physician may have (Smith). It no longer matters whether the physician agrees with the patient or not. As long as the patient feels that something is causing them irremediable suffering and they want to die for whatever reason, then the physician must comply or face some enforceable consequence. Not only does this disregard the religious beliefs of the physician, but it places medical care solely in the hands of the patient, which can easily

be abused for the wrong reasons. It is unclear whether the physician is promoting the health of the patient by always following such requests. The patient or governing society would not be able to discern the difference between promoting and destroying health without a clear definition.

This horrible law stems from a very bad definition of health or lack thereof. It is clear that understanding different approaches to medicine and their views on health is very important to preventing such laws from existing or doctors complying with them. This understanding can also provide an alternative approach so that society may defend itself against medical abuse. Most people would agree that placing the clinical decision making in the hands of solely the patient is a recipe for disaster through abuse of the law. Regardless of an individual's stance on assisted suicide, most would also agree that the religious beliefs and ethical conscience of the physician and all healthcare providers must not be violated. It is wrong to violate one's conscience through force and passing laws that hinder an individual's free practice of their faith, whether employed by the state or not, goes against everything that a free western nation claims to stand for. There should be no doubt about the importance of addressing this growing issue facing the medical community. Health providers ought to be well-informed and know the best approaches to medicine or at least understand and be able to articulate their own views.

In this thesis, I will address the question how should we understand the goal of medicine as expressed through a definition of health. I will cover in detail three major approaches to medicine: the phenomenological, evolutionary, and Barthian/Thomist approaches. The basic format is an adaptation of the pattern used by Neil Messer in his book *Flourishing*, which was a major source for my work. The first three chapters will

each be assigned to a specific approach. Each of these chapters will follow a basic format of explaining the necessary terms or ideas for understanding a view, presenting the view itself, and then discussing the advantages/disadvantages in medicine. These chapters may raise questions or concerns that I will address later, but the main goal is to clearly explain what each view is so that one has a better understanding of health. In the fourth chapter, I will give an evaluation of all three approaches by assessing their consistency, ability to sort cases well, simplicity, and comprehensiveness. In doing this, I will clearly separate the three perspectives, distinguishing each on its own traits. I will argue that the best definition of health and subsequent approach to medicine that follows is a Barthian/Thomist theological perspective. Unlike the other two views, this approach contains all of the traits being assessed and maintains what is in the best interest of the patient's well-being, allowing the patient to flourish. My hope is that this thesis will add to the discussion of philosophy of medicine and contribute to society's knowledge of health. Through this continued discussion, we can come closer to better knowing the truth and flourish as a society by living a happy life oriented toward the good.

CHAPTER TWO

A Phenomenological Approach

In this chapter, I will first explain the different perspectives of illness by the patient and physician, shedding light on the differences between the two. Next, I will present the four different stages of illness that a phenomenological approach uses to describe the patient's and physician's understanding of the illness so that a shared experience may be formed. From these different stages, it will become clear that phenomenology uses this shared experience as the solution to the conflicting perspectives of the patient and physician. Finally, I will explain the advantages and disadvantages that phenomenology brings to medicine in assessing the approach.

The term phenomenology refers to the study of consciousness according to the first person point of view of direct experience (Smith). When applied to medicine, phenomenology looks at health and illness from the first person perspectives or the lived experiences of the patient and physician. One way of understanding the goal of medicine is by looking at the lived experience of illness. According to the ideas within the phenomenological approach described by Kay Toombs, I have defined health as the ability of an individual to carry out their daily activities through their lived experience without the suffering and obstacles that illness brings. The two perspectives of the physician and patient create a shared experience so that the best possible care can be provided to each specific individual. I will be using Toombs's *The Meaning of Illness* as the major source for understanding a phenomenological approach, not only because of her expertise on the subject, but also because she provides a unique first hand

understanding as a sufferer of multiple sclerosis. Much of my explanation of phenomenology will stem from her work.

Phenomenology of illness focuses on the experiences and consciousness of both the patient and physician. A healthy individual is one who can carry out their day to day activities through a painless lived experience of the body without the distractions that come with disease. Illness is seen by the patient as a disruption of everyday life activities, while the doctor views illness as a biological disruption in function or form that can be remedied with scientific knowledge. These different perspectives can create a divide within the doctor-patient relationship, thus preventing the delivery of the best quality of care available to the patient. A major benefit of the phenomenological account of medicine is that it seeks to bring the two perspectives of the patient and physician together by making the physician recognize the lived experience of the illness by the patient. Phenomenology pushes the physician towards a more person-centered approach to healing, rather than solely focusing on the science behind the disease. The aim is a shared world in which the illness is understood by both the physician and patient, rather than two separate worlds with completely different contexts (Toombs 10). From this shared experience the physician can proceed to offer valuable medical insight specific to each patient's condition providing the highest quality of care.

The Different Perspectives of Physician and Patient

The first step in understanding a phenomenological account of health and illness is to know the different worlds in which the physician and patient are experiencing illness. One can analyze experience according to the activity of consciousness. In each experience our consciousness has directionality as it is directly focused on a certain

object which changes with each experience. Each conscious experience is connected together by time creating a stream of consciousness of different experiences in the past, present, and future. There is also a background or "horizon" present in each experience made up of everything around the object of focus. This background is perceived as a whole and is not *actually* perceived in the same way as the object being focused upon. The horizon is not only made up of the objects in the physical background, but also consists in a "social, historical, economic, [and] political" context (Toombs 5). Anything that relates to the object of focus according to the individual makes up this background. Finally, each experience occurs within a "biographical situation" specific to each individual. This is made up of not only social and cultural typifications, but also the individual's unique set of past experiences which has given them a certain knowledge by which they can interpret future events (Toombs 6).

Although all of these parts of experience contribute to a specific knowledge within each individual that is inaccessible from the outside world, there is also a shared aspect in every experience that comes from the culture and society to which a group of individuals belong. Within these contexts are agreed upon actions or behaviors that every individual within that society understands. Additionally, through bodily gestures and actions people can have an indirect knowledge of another's experience. Both individuals make assumptions when attempting to communicate amongst one another about the same object in order to form a shared experience. The first assumption is that if both people switch places then the distance from the object and typicality with which it is seen will be the same. The second assumption is that the object has been interpreted in the same way

and any differences in perception based on each person's biographical situation are irrelevant (Toombs 9).

Using these different aspects of conscious experience, the physician and patient form their own perspective of the patient's illness and attempt to create a shared experience. The focus of both the physician and patient is the first feature where the experiences differ. The physician focuses on the illness as a set of symptoms that make up a certain disease which can be diagnosed. The patient, however, focuses on the illness as it relates to their everyday life activities and how it can negatively affect them. There is no emphasis on the illness as a specific scientific disease, but rather on what the illness means to the patient's ability to complete their daily tasks. The physician is attempting to "categorize the patient's illness" using scientific jargon that allows the illness to be objectively quantified, but the patient focuses on the illness as lived (Toombs 12). The doctor is solely focused on the diagnosis, while the patient is trying to understand the effects of the illness on their lives. Thus, the doctor takes on a "naturalistic attitude" in order to state the patient's condition as a fact based on the pathology and physiology of the disease. This difference in focus can lead to detrimental effects upon the relationship between physician and patient. The physician attempts to reach an understanding of the illness as a "pure disease state" where the patient's subjective experience is now irrelevant and their body acts as a transparent film by which to study the disease objectively (Toombs 14). This difference in focus is unsustainable as it completely removes compassion and dignity of the person in favor of an objective scientific view.

There is also a difference in experience regarding time. The physician experiences a patient's illness in objective time which is the time we experience in using a clock or

calendar. The patient, however, experiences illness according to "lived" time. This is the time we perceive when experiencing music or pain for example. When experiencing music, time seems to go by much faster and we are not consciously aware of objective time during that experience (Toombs 4). Likewise, when a patient experiences pain or an illness, the lived time will be perceived as significantly longer than the objective time of the illness experienced by the physician.

Additionally, the goals and importance of data are different between the two. The physician regards any scientific and clinical data as the most important while the patient sees any effects upon their daily life as vital. Due to the difference in perspective the physician is often taking in clinical data as "knowledge," while the patient is taking it as "news" (Toombs 17). The physician seeks to find a diagnosis, treatment, and prognosis of the disease state. The patient wants to receive an explanation, cure, and prediction from the doctor (Toombs 18). They seek confirmation that this new lived experience is in fact an illness. The patient wants their life to be restored to them as it was before the illness occurred. Finally, they want to be told what will happen to them in the future. The patient's and physician's goals are very similar, but they differ according to each of their perspectives.

All of these differences between the doctor and patient show that it can be very difficult for the patient to communicate their lived experience of illness to the physician. The illness that the patient experiences is very much a personal struggle and realization of their own weakness. There are many things regarding daily life that the individual takes for granted, but is reminded of once they get a certain illness. By interfering and possibly preventing daily activities, the illness forces the individual to look within themselves and

see these different things about everyday life that they are taking for granted. This struggle is unique to each patient based on their own biographical situation and context, making it very difficult to communicate this new lived illness to the physician. To make the situation even worse, often times there is a whole host of knowledge that the physician has regarding the illness, which the patient does not have. Many times the patient will fail to understand the knowledge that the physician has to share, let alone the vocabulary about the patient's condition, only complicating the matter further.

In communicating with the physician about the illness, "the patient attempts to describe the atypicality of his or her experience in terms of its deviation from typical ways of being and the physician attempts to grasp this atypicality in a 'naïve' way prior to interpreting it in light of scientific knowledge" (Toombs 22). This is an extremely complicated process and does not account for the different understandings behind each word that the patient and doctor use. In attempting to form a shared experience, the patient and physician are assuming that the meaning behind their words is identical. They are also assuming that there is a shared understanding between the two individuals, but this is a false assumption being made due to the gap in knowledge between the two persons. This is a violation of the first assumption used to form a shared experience as explained earlier. If the doctor and patient were to switch places they would not see the illness in the same way. Additionally, illness, pain, and suffering are very subjective experiences unique to every individual, thus there will always be an aspect of the patient's illness that will not be sharable with the physician (Toombs 23). This presents a problem of attempting to find a shared experience between the two individuals, which a

phenomenological perspective tries to solve. Both are trying to form a shared experience based on false assumptions regarding the experience of illness.

The Four Stages of Illness

A phenomenological account seeks to develop a shared experience between patient and physician through four stages of illness, solving the dichotomy explained above. It changes the physician's primary focus from the final "disease state" to the patient's conscious experience of the illness. The first stage of illness is a pre-reflective sensory experience that lacks any conscious reflection (Toombs 33). This is when the patient first feels a sensation such as pain or has some abnormal disfigurement regarding a part of one's body. This disfigurement can include things such as an absence of a limb or the beginning of a new abnormality such as inflammation or itchiness. Different sensory experiences can constitute a "pre-reflective" understanding of illness, but the main point is that the patient has not consciously processed this sensory experience yet. This stage of illness is the first instance of sensory experience, the pain is the broken arm itself or the disfigurement itself. The patient has not separated this sensory experience from the particular part of the body.

This leads to the second stage of illness which is the patient's reflective apprehension of the pain or disfigurement as a "suffered illness" (Toombs 33). Now the patient has focused on the sensory experience or lost function and separated it from the particular part of their body as an illness. Although there can be acute exceptions to this reflective part due to cognitive inhibitions such as drugs or alcohol, generally an abnormal sensory experience triggers a reflective stage of illness. The abnormality of the sensation or feeling associated with the illness reaches a minimal threshold that grabs the

attention of the patient. Only then does such an experience demand the proper level of attention needed to attribute the sensation as a separate idea to a particular part of the body. This relates back to the healthy person taking life's daily tasks for granted until they experience "suffered illness." Under healthy conditions, the mind is able to ignore the body and focus on its tasks at hand. When the body breaks down and becomes ill, the person is forced to pay attention to the sensory experience and assign it some meaning. The person separates the sensory experience from the body and then assigns this symptom to the proper part of the body (Toombs 34). Eventually, the illness is made up of multiple pre-reflective sensory experiences attributed to a part of the body making up the illness as a distinct entity. One's lived experience is now disrupted and the patient becomes increasingly distracted by and focused on the "suffered illness."

Once the illness is conceived as distinct from the body, the patient can then look to understand their "suffered illness" as a "disease." This is the third stage of illness and occurs when the patient looks to other people's ideas of the illness through an objective lens (Toombs 35). Different influences from the outside world can affect the patient's understanding of the illness as a "disease." One of these is the theoretical knowledge present in the society and environment with which the patient's lived world is surrounded. The patient then takes this knowledge and applies it to their specific experience to assign meaning to their illness. For example, in a highly technological western society an enlarged mass in the front of one's throat would be apprehended as possible Hashimoto's thyroiditis. This assigning of an explanation would differ for those with the same symptoms in a different lived world. Another factor of influence is the important people that surround the patient such as family. This can lead to attributing

diseases that other family members have to yourself when you present similar symptoms. Finally, cultural influences and biographical context can influence the patient's apprehension of "disease" (Toombs 37). An example of this would be the adverse effects of traditional foot binding to force one's feet to be small. The chronic pain and disfigurement would be associated with "disease" by western cultures, but be accepted as normal by traditional Asian cultures. Thus, there are many influences that shape the patient's understanding of their "suffered illness" transitioned to a "disease" stage.

The final stage of illness is the "disease state" which is unique in that it is the view of the patient's illness from the perspective of the physician (Toombs 39). The physician views illness through the lens of objective science in their current day. Doctors today use a mechanistic methodology to explain the physiology of the illness. Symptoms that cannot be explained by today's science may not fully be considered illnesses. The physician needs objective data to support the patient's complaints in order to diagnose and treat the "illness". Without this data, the modern day physician often times casts doubts on the patient. This leads to the translation of symptoms into quantifiable measurements that can be studied independently without the patient (Toombs 40). The basic sciences form the foundation, creating graphs, charts, and objective studies, leaving the patient's experience of illness lost in the background. The doctor will focus more on the medical scientific problems and less on the painful lived experience of illness by the patient.

Advantages and Disadvantages

The advantages of the phenomenological account lie in its constant attempts to shift the physician's view of illness from the "disease state" to the patient's perspective of

"suffered illness" or "disease." There are several aspects of the patient's experience that can be made clear and apparent through this shift. The physician can now use the patient's apprehension of the illness to aid them in appropriating the amount of attention that needs to be given to treating the resulting symptoms (Toombs 43). An example of this would be something as simple as daily soreness in the knees. For a middle aged person with a normal 8-5 job in an office, this would be something fairly minor and dealt with by advising specific stretches once a day. However, for a starting catcher on the Texas Rangers this is very serious and needs to be handled completely different with a full routine of medication and physical therapy. The first patient would apprehend this illness as an annoyance, but the catcher would apprehend this as a threat to his career and suffering.

Another aspect of the patient's experience of illness that is brought to light is the cultural meaning of illness of which the physician is made aware (Toombs 43). When dealing with disabilities and many deformations, simply fixing or managing the scientific biological aspects of illness does not bring complete healing to the patient. Depending on the society and culture that the patient is living in, the negative effects of disability that the person must deal with change. Therefore, moving the physician's focus from the "disease state" to the lived experience of the patient is critical. There are many social stigmas both in and out of the workplace that the disabled constantly fight in addition to the simple daily tasks that can become a sort of hurdle that must be overcome each day. In less developed countries this can become extreme to where there is a devaluing of the individual who becomes an unwanted outcast to society. Simply alleviating the anatomical or physiological issues such as providing a prosthetic leg or arm does not stop

the suffering that the patient may experience in their lived world. Therefore, the physician has some level of responsibility for treating this suffering or at least referring the patient to another physician, such as a psychiatrist, if the suffering is due to an unusual or irrational fear.

Understanding the patients lived experience of illness can help the physician gauge the proper recommendations to make when given different options for treatment. Certain medications or advised treatment plans will be acceptable to some, but an unacceptable hindrance to others. Everyone has their own unique lived experience and this means that different treatments and diagnoses may negatively affect their daily lives creating more suffering than healing depending on the patient (Toombs 44). Understanding the patient's interpretation and view of the illness can help the physician more clearly explain to the individual their condition or illness. They can use more informative clearer language that the specific patient understands regarding the value and force of the words. Although the patient and physician may be talking about the same symptom, they may be using different words that hold different levels of meaning. Using the same lived experience of the illness can clear the confusion and prevent unnecessary suffering. Additionally, not making a diagnoses or ignoring the patient's concerns as delusional can also destroy the confidence and trust that a patient has in a physician. Therefore, a proper explanation and diagnosis stems from knowing the patient's "suffered illness" and "disease" instead of their "disease state."

The doctor can now place more focus on the patient as a person and the specific daily struggles that they face. There is a level of customized personal care as the phenomenological account opens the physician to a more person-centered medicine. With

improved communication and knowledge of the patient's personal struggle with illness, a higher level of trust can be formed within the doctor-patient relationship. Developing stronger personal connections with the patient increases the happiness and quality of care provided. The patient and physician develop a bond where they combat illness together, rather than the physician fighting illness independently and using the patient's body as a transparent battlefield. The physician is more likely to retain the patient's goals and wishes throughout the healthcare plan and not just look to fight the scientific "disease state" at all costs. This is the goal of the phenomenological account seen in its definition of health where the patient is able to perform their daily life activities again. A more inclusive set of care regarding the cultural, social, and mental aspects of health can be pursued in addition to a biological plan. For those with incurable diseases and chronic conditions, moving the physician away from the "disease state" can be a very positive step in providing a happier lifestyle for the patient. If the physician continues to focus only on the treating of the disease scientifically for an incurable disease, the suffering that the patient experiences will be ignored. Rather than spending valuable effort towards the management of the illness, constantly focusing on a cure can be a myth that creates more pain for the patient.

Despite the many positives there are also some disadvantages that this account can lead to. It is clear that knowledge of the patient's lived experience can open the eyes of the physician, but this requires the patient to have the ability to share their experience of illness. There are many disabilities that hinder the patient's communication skills, thus the physician cannot get a clear shared experience with the patient. For those patients in a coma, communication is impossible and the physician knows very little of what the

patient is experiencing or had experienced before the coma. This forces the physician to find the closest person to the patient and try to grasp any knowledge they can. However, this may cause more harm than good because the introduction of a third party can cause ethical dilemmas and bias, thus raising questions about the quality of care. For example, a mother at the age of 60 is in a coma and has a son and a daughter. The physician would then go to both of them to understand the patient's experience and decide what the patient would want in terms of care. However, while the daughter wants to continue life support treatment, the son believes it is too expensive and wants to start end of life care. With the introduction of third parties, an ethical dilemma has now been created. This is assuming that there is another person to talk to who has had experience with the patient during their illness. How can a physician ensure the same quality of care for a patient who can only partially communicate their experience of illness compared to a patient who can fully communicate it? It seems that the quality of care for the patient would rely on the patient's ability to express and develop a shared experience of illness with the doctor.

Another issue is the ability to form a shared experience. The phenomenological account suggests that a shared experience is to start with physicians having a similar lived world experience through shared culture and society. It also suggests that it would be better if the physician had the same illness as the patients he or she is treating. This seems incredibly difficult to accomplish as there are many illnesses that physicians have never experienced. There are also new illnesses constantly being discovered, which raises questions regarding the ability to create a shared experience for new illnesses. Additionally, there are many physicians and global health charities that send doctors to areas in medical need. Often these doctors come from countries and backgrounds

separated from the cultures and struggles that the patients experience daily. It seems that these physicians would also have trouble establishing a shared world of illness with their patient. These obstacles do not rule out phenomenology of medicine as an invaluable approach, but certainly show the issues that must be overcome.

The final major issue that lies at the heart of a phenomenological account is the emphasis on moving one's focus away from the evidence and science behind the disease. Although it is good for the patient that the doctor not solely focus on the physiology and anatomy of the disease, we cannot ignore that the scientific evidence is a major part of the foundation of medicine. Phenomenology does not focus on the mechanisms of disease or finding the best scientific evidence, but rather the art of medicine. It relies on the physician's clinical expertise and ability to form human connections with the patient. The art of medicine is important, but that does not mean we cannot forget the science of medicine either. There is a proper balance that needs to be achieved and phenomenology may push the physician too far in the artistic direction. In a society that consistently looks to find the proof, data, and evidence behind a theory, it is very difficult for many to see phenomenology as a balanced approach to medicine.

Conclusion

Phenomenology of medicine views health as the ability to experience a lived world where the tasks of one's daily life are not hindered by the suffering or pain that is caused by disease and illness. It makes the distinction of the different viewpoints of the physician and the patient. While the physician holds a naturalistic perspective rooted in the basic sciences and mechanistic explanations, the patient has the unique lived experience of the illness. There is a gap between the two views that can disrupt the

relationship between doctor and patient. The goal of the phenomenological approach is to help the physician and patient come together in their experiences of the illness to better help or remove the suffering of the patient. By explaining the four stages of illness, it can be seen that the physician moves from the "disease state" of illness to the patient's understanding expressed as a "suffered illness" or "disease." This is accomplished through a shared lived experience of the illness. There are many benefits of this approach which can be seen in the physician's improved understanding of the patient's struggles and interpretations of illness. However, there are also some issues with the implementation of this approach regarding the physician's struggle of establishing a shared experience with the patient and its tendency to forget about the science of medicine. In the fourth chapter, I will discuss further limitations of the understanding of health that guides a phenomenological approach.

CHAPTER THREE

Evolutionary Medicine

The use of evolution in medicine has been a relatively new and limited phenomena within the medical community, but that has not stopped its recent growth in the modern era. Part of the appeal for evolutionary medicine is that it seems to provide a definition of health that grows out of the medical sciences themselves. This approach known as Darwinian Medicine seeks to use specifically two of tenets of Darwin's Theory of Evolution, fitness and natural selection, to explain the cause of clinical cases and inform the physician on their decision making. Here, I define health as the ability to survive to the age of reproduction and successfully reproduce, thus passing on one's genetic material to the next generation. Rather than focus on the doctor-patient relationship, evolutionary medicine focuses more on the scientific explanation and causal background of clinical cases. Therefore, the focus among the literature in establishing evolutionary medicine as a valuable asset to medical practice deals with case examples. However, not much emphasis is placed on the ethical foundation or possible consequences of taking such an approach. In explaining this new approach, I will first explain the two major pillars of evolution – fitness and natural selection – as I give a general overview of evolution. Next, I will present how evolution is used to explain examples of clinical cases. Following these examples of evolutionary explanation, I will discuss the ethical implications of using evolution to inform our approach to medicine. Finally, I will put forth several advantages and disadvantages assessing the overall approach.

Fitness and Natural Selection

In order to better see how evolution directs the explanation of clinical cases, one must first understand the roots which this theory relies on to make causal statements about medical conditions. Two of the major principles of evolution that we will focus on are natural selection and fitness. Both are deeply intertwined throughout everything that stems from this approach and are at the heart of each explanatory claim. Many of the other ideas found within evolution in general contain some level of interaction with these two principles. In a way they work together to support each other as we shall see. At the same time there is an underlying fundamental idea that many of the genetic traits of an organism are passed down from one offspring to the next. There is randomness in how the genes of the parents are passed to each individual offspring. This randomness creates a mixture of diverse offspring each with a different set of genes that come from their ancestors. Additionally, mutations and alterations within the gene sequence occur at random, which only increases the diversity of an organism's gene pool. These changes in the gene sequence, along with environmental influences, allow individuals of a species to exhibit different traits both physically and mentally. Both fitness and natural selection rely on this general evolutionary belief in the passing of genetic material between parents and offspring as well as the role that randomness plays in determining the traits of an individual.

One of the principles that Darwinian medicine uses is the idea of fitness. Although there is some debate over what exactly is meant by fitness, the most commonly accepted definition is an organism's ability to survive and pass on its genes to its progeny through reproduction. Organisms that have a high level of fitness contain genetic traits

that better equip them with adaptations compared to their competitors, thus allowing them to better survive in a particular environment and produce more offspring (Brandon). This does not mean that they are more likely to survive than other organisms in any environment, but rather in a specific habitat where there adaptation gives them an advantage over others. Over time species with the higher fitness will continue to exist and possibly flourish within their own environment. Species with lower fitness will fail to live long enough or be healthy enough to reproduce and continue in an environment. Fitness can be applied to a broad range of categories such as different species, populations, geographically isolated groups, or even individuals. When looking at how evolutionary theory plays a role within a specific species such as humans, fitness is applied to an individual or group of people who contain genetic traits that allow them to better survive and reproduce than their counterparts.

The second and more complex principle of Darwinian medicine is natural selection. A common definition is differential reproduction due to differential fitness within a common selective environment (Brandon). It is evident that fitness plays a large part in this process as it accounts for the difference in the ability to reproduce and the different adaptations that can be found among members of a certain species. Those with higher rates of reproduction attributed to a unique advantageous trait found within their genetic makeup will outlast members of the same species with lower rates of reproduction caused by a lack of that same trait. Fitness is the dominant force behind natural selection. Additionally, the organisms that are being compared must share the same selective environment (Brandon). They must have access to the same resources and habitat with the exception of limitations or advantages grounded in their own adaptations

that stem from their genes. The process of natural selection does not apply to the predominant survival of a group of individuals within the same species that do not share the same environment. This process is also dependent on time as a resource because it can take anywhere from decades to millions of years for natural selection to run its course regarding a specific trait. Any interruptions either from the environment or other third party species can shift this process in an entirely different direction. At the same time natural selection is always occurring as the presence of new mutations bringing about different adaptations continues. Natural selection and evolution are processes that occur throughout generations of species. This is why the necessary time required to see change varies according to the lifespan of the organism and the generational turnover of each species.

There is, however, a question over whether a difference in the ability to reproduce is necessary for natural selection to occur. The alternative is that some argue the persistence of a species is the most important factor and reproduction is merely another means to establishing that persistence (Brandon). The example used is a hypothetical where one species is able to reproduce often, but has a short life span. The other species does not reproduce often, but has a very long lifespan over 1000 years. After one lifespan of the second species, it could be the case that the first species that reproduces often could be extinct (Brandon). Thus, it seems that reproduction is not necessary. However, this hypothetical fails to take into account the effect of reproduction on genetic variation which is necessary to evolve a species over time. With more reproduction, greater genetic variation is introduced into the gene pool which increases the survivability of the species when exposed to outside forces. Those with generally long life spans and low

reproduction often have a much more homogenous gene pool and are greater exposed to diseases that arise from rapidly mutating organisms. Thus, a species that never reproduced would have the same genes and it would only take one lethal illness to wipeout the entire population.

It is important to keep in mind that while many studies measure fitness during a specific time in an organism's lifespan, reproduction consists in reproducing the whole lifespan of the individual (Brandon). For natural selection to be present, one must encompass the entirety of the organism's life to see the full effect of a trait on a population's ability to reproduce. Many scientists focus on a specific time period of an organism's life when establishing their ability to reproduce, because this time period is where the ability is most likely to be affected (Brandon). However, that does not mean that they have not considered the ability to reproduce during the other parts of the organism's life. They most likely have taken the entire life into consideration, but have found little pertinent variation during those other times among the groups of individuals they are studying.

Clinical Case Examples

The following clinical examples will illustrate how the evolutionary view of health applies to medical research. Proponents of evolutionary medicine use clinical examples to prove the application of an evolutionary approach and show its usefulness in medical explanation. They seek to affirm evolution's importance through examples. It will become clear that evolution does provide some use within the fields of medical research with these cases. It is important to keep in mind that these examples are only a very limited number of the many applications evolution offers medicine, and that I have

only chosen some of the more basic cases to make clear its contribution to the understanding of different processes and conditions.

The first example is the evolutionary explanation for the rampant growth of obesity in America and cases of eating disorders. Our bodies have been naturally selected to withstand threats of famine and intermittent periods of not eating (Nesse 358). This is due to our ancestors in ancient times having to burn many more calories just to obtain their food and experiencing periods of famine causing a very limited overall net gain once the food was consumed. Thus, any intermittent length of time where no food was being consumed would cause a response by the body to increase one's appetite and basal weight (Nesse 358). Similarly, when someone tries to diet or goes a long time without eating, they set off this body response and experience a sudden event of eating disproportionate amounts. This event can then make the person feel guilty and attempt to go even longer without eating only to cause a stronger body response and more disproportionate consumption (Nesse 358). This evolutionary behavior helps explain the struggle many of those who diet and succumb to eating disorders face.

With regards to obesity, many of the causes (fats, salts, and sugars) were in short supply for our ancestors and important for survival, so it was good to consume them whenever possible and limit exercise (Nesse 358). However, modern society in America has made these once-limited foods easily available in mass quantities. Thus, individuals have a natural inclination to consume these fats and sugars in excess, but their unlimited availability no longer limits the amount of consumption possible. This behavior, along with a sedentary lifestyle, ultimately leads to obesity and the associated health risks such as heart disease (Nesse 358).

Another example that exemplifies the application of evolutionary medicine are the health problems associated with aging. Natural selection does not emphasize promoting the lifespan of an individual past their prime ability to easily survive and reproduce. Thus, during eons of human development, genes that give benefits to humans throughout their youth and prime lifetime of reproduction will be selected for despite any abnormalities it may cause to the same individual when they age past viable reproduction. A famous hypothetical example is a gene that promotes fast bone regeneration for young children, but then causes calcium deposits to build up in the arteries at old age (Nesse and Stearns 35). According to natural selection, this gene would be highly selected for because it ensures the organism's survival so that it can reproduce. Once the age of reproduction is reached, natural selection would not prevent the negative consequences of the same gene which would have adverse effects on the elderly. This same thinking can be applied to real life illnesses found disproportionately among older populations such as cancer, and it has revolutionized aging research (Nesse and Stearns 35).

An example closely tied to heart disease that is correlated with aging is a common chemical toxin found within the liver: bilirubin. This toxic product of metabolic activity within the cell must pass through the liver before it can be excreted as waste in bile (Nesse and Stearns 31). Buildup of bilirubin is the common cause of jaundice which can indicate liver failure. The evolutionary question is why does the body allow such a toxic byproduct? Although high amounts can kill you, bilirubin protects against oxidative damage that would otherwise lead to aging and atherosclerosis (Nesse and Stearns 31). People with Gilbert's disease, which causes higher levels of bilirubin, experience heart disease at a rate 6x lower than people with normal bilirubin levels (Nesse and Stearns

31). This is because bilirubin helps prevent the buildup of plaque in arteries which can be caused by higher cholesterol levels. Darwinian medicine would take this a step further and look at the lifespans of those with higher bilirubin versus those with lower bilirubin concentrations to see if any advantage in survival could be found. Regardless, an evolutionary approach shows that bilirubin is not all bad and finding a proper level can lead to future health benefits.

The final example that I will give to show evolution's explanatory utility is increasing antibiotic resistance in bacteria. Rather than simply viewing antibiotics as forms of treatment, Darwinian medicine sees them as agents of natural selection that only proliferate the bacteria which are resistant to them even more (Nesse and Stearns 36). Bacteria that are not resistant simply die off, leaving the most threatening bacteria left to grow in number. This is no small consequence as more people die from one antibiotic resistant organism such as *Staphylococcus aureus* per year than those that die from AIDS (Nesse and Stearns 36). However, this does not necessarily mean that antibiotic resistance is a man-made occurrence. Co-evolution of bacteria alongside fungal defense mechanisms has been going on for millions of years in nature and this has led to naturally occurring antibiotic resistance in pathogens (Nesse and Stearns 36). Antibiotic resistance is a natural evolutionary occurrence that was independent of human influence, however, our wide spread use of antibiotics has exponentially sped up the process of natural selection. Knowing this we can develop other antibiotic drugs that do not speed up the natural evolutionary process of bacteria through the use of antibiotic polypeptides or proteins.

Ethical Implications

From this limited number of the countless examples where evolution can be applied to medicine, it is clear that there are scientific benefits to this approach. All that has been shown so far is that these clinical examples can help us with medical research and knowledge. Although supporters of this approach focus on the medical applications, they rarely discuss the ethical implications of accepting a complete evolutionary approach to medicine. Evolutionary medicine can be understood not only as a framework for medical knowledge, but also as a framework for thinking about the goals of medicine. As stated before, natural selection is focused on enhancing an organism's survival to the extent that it can successfully reproduce. Evolution considers health to be an organism's ability to survive to the age of reproduction and then reproduce in order to further the existence of the species. Fitness and natural selection do not pay attention to well-being as the primary metric by which things are ordered. Rather, evolution uses fitness to order the importance of certain genes to an organism's development.

This is particularly dangerous as there are many consequences that can result from a reproduction-focused approach to medicine. Without a strong universal moral code to support the science of evolution, this approach leaves the practitioner and society free to utilize the principles of evolution as they see fit. There are no inherent constraints on the pursuit of fitness as seen within transhumanism and eugenics movements. This absence blurs the boundary between right and wrong, lending itself to an overall subjective relativist practice of medicine that varies from physician to physician or society to society. Evolution does not view humans as particular rational creatures of a certain kind worthy of some higher level of respect and dignity. Instead, humanity is just another

species on this earth equally effected by evolution as any other living organism. The sanctity of life is replaced with a lowered sense of importance to human life which only goes so far as the physician or society responsible for the patient's life. This is very different from a theological perspective, which I will discuss in a later chapter, where strong ethical lines are put in place that hold greater authority over the present physician or society in control. Thus, there are far weaker deterrents and smaller gaps preventing someone from making the leap to abusing this approach.

Evolutionary medicine is very closely tied to genetic medicine and uses much of the knowledge found from genetic research as a basis of support. Movements seen throughout history such as the eugenics movement and the genocide perpetrated by Nazi Germany are examples where abuse has occurred due to a lack of morality placed above society and physicians. Another example is the transhumanist movement, which seeks to use technology to select specific genetic traits in offspring until we become so advanced that we are no longer human (Juengst). These movements decided for themselves what the constraints of fitness consisted in, or lack thereof, and sought to select for themselves those who matched their new definition by eliminating everyone else. The society and physicians of the time decided what was best for a person and there was no sense of a higher morality that questioned their conscience. They were able to change the definition of fitness for themselves and use a type of evolutionary thought for their evil immoral interests.

When this same abuse is applied to modern day and the future of medicine such as transhumanism, similar questions arise. Has western society taken it upon itself to determine its own ethical rules that conveniently allow and support actions that violate

the sanctity of life? Is there a lack of an ethical code that is actively followed which transcends generations and societies? How are the lives of the elderly, the sterile, the same-sex attracted, or the disabled persons protected from a systemic societal abuse of evolutionary medicine? Has ethics in medicine become a relativist pool of beliefs that fluctuates based on the patient, physician, institution, and society? These are just some of the questions that stem from a concern regarding the open door to abuse which evolutionary medicine seems to lend itself. Also, there are no resources found within the approach that allow this same open door to abuse to be closed without outside help.

Additionally, when looking at what a Darwinian approach contributes to medicine, it becomes clear that much of the explanations deal with why something has come about. Evolution can explain why some are predisposed to become obese or why antibiotic resistance in pathogens exists. However, there appears to be a gap in terms of what it offers in providing direct practical treatments to the majority of diseases (Nesse and Stearns 31). When looking at the application of Darwinian medicine it seems that there is always a significant amount of research that is done in other fields such as genetic molecular research, cancer research, or public health research. Evolutionary medicine was not the primary basis of these discoveries and innovations, but takes these advancements and then places them in its own framework in which to organize the ideas (Nesse and Stearns 31-32). Therefore, it seems that evolution has its place within the medical sciences, but that place is not the clinical treatment and decision making of physicians and patients. Rather, it offers another way of shaping medical research and gives valuable explanations or questions for new conclusions and findings. By keeping

the principles of evolutionary medicine within its proper role of medical research and not direct clinical treatment, one can better prevent many potential abuses.

Advantages and Disadvantages

Now that the medical contributions and philosophical concerns of evolutionary medicine have been presented, I will explain the advantages and disadvantages of such an approach. One of the biggest advantages is that evolutionary medicine not only embraces, but provides deeper insight into the science of medicine by asking different questions and directing research in a new direction. It builds upon the many discoveries and findings of other fields and takes the conversation that much deeper. Overall it contributes to the understanding and organization of knowledge that would otherwise be hard to categorize (Nesse and Stearns 31). There is a level of importance in understanding the background of why certain things exist in a particular way. Evolution plays a part in the big picture of medicine with regards to the processes and conditions of the body. It can scientifically explain the origin/reason for a certain illness and this can better inform a researcher's pursuit in trying to cure the illness or manage the symptoms. For example, microevolution seen in public health trends and infectious disease can also contribute different preventative measures in stopping an outbreak or epidemic. A researcher might be able to push a pathogenic bacteria in another direction by providing advantages to fitness that are paired with non-pathogenic activity. Thus, they would be selecting a safer alternate mutant of the pathogen. Although this could take a long time to accomplish, starting research programs now through government labs and institutions would make it available to future generations.

Another advantage is the diverse breadth of different fields which this approach can be applied to. From infectious disease to immunology to genetic research to aging to nutrition, evolutionary medicine is applicable to any field that deals with living organisms and the scientific method such as those above to name a few. From this breadth comes the ability to make new connections between different fields of thought which expands the significance of the findings of each specific field. By connecting many different fields together, each one is able to grow in its own knowledge and push the scientific community to more rapid advancements. The scientific ideas of evolutionary medicine provide one example of universal ideas transcending fields of thought. At the same time it offers its own field as a source of knowledge which has the potential to contribute to medical progress.

With obvious advantages regarding the science of medicine, Darwinian medicine is not without its disadvantages that largely stem from a poor ethical foundation or lack thereof. In some ways the principles of evolution take a consequentialist approach where the good of the entire species is placed above the good of the individual minorities. With no strong ethical foundation, evolution leaves itself to be adopted by those who seek to enact injustice upon the individual for the good of the whole. One must always remember that natural selection and fitness do not care about the health of the individual, but rather the ability to survive and reproduce. After the prime ages of reproduction, the individual is left to deal with any struggles for survival on their own. Selection even favors the benefits of a gene at young ages, so that the individual may reach the age of reproduction, over the possible negative consequences of the same gene for an individual much older.

This reasoning if not kept in check by morality can be used to disregard many individuals that would not contribute to society in terms of reproduction.

The elderly and much of the disabled are put at risk by the principles of evolution. They rarely are able to reproduce, if they can even survive, and exhibit a lowered fitness compared to other individuals. What prevents a society, which holds reproduction and survivability above the health of the individual, from disregarding this at risk population? In certain western countries healthcare for an elderly patient with cancer is withdrawn or suspended because the cost of care is too high for the benefits that the elderly person can contribute back to society. Thus, the care is allocated to a young individual with the same cancer, because they can offer contributions to furthering the existence of society. This is very similar to evolutionary thought where the health of the individual is disregarded for a younger person's ability to reproduce and further the existence of the species. The same can be said for those clinical minorities with special conditions that require greater healthcare costs and resources than those who are "normal." In some societies these individuals are disregarded as burdens to society and healthcare is much harder to attain. Here, society allows for the evolutionary degradation of the sanctity of life and upholds a lesser level of the importance of life. Without a moral code that transcends society and generations where all human life is held sacred regardless of age, functionality, or the ability to reproduce, these systemic societal issues arise. Thus, an evolutionary approach does not seem to offer the best outcome to those who cannot reproduce or are economic burdens to society.

The greatest disadvantage is that evolutionary medicine brings with it a negative worldview prone to the abuse of its scientific principles at the cost of the lives of the

weak that influences the science of medicine. Evolution can be misapplied and overextended in its use. There is a large difference between using it as a tool of research and making it the defining goal of medical practice. The overextension of evolutionary medicine is similar to a man with a military background who extends the use of military rules past the military and into the family household. This misapplication ignores the rules of a certain framework that have long been in place prior to this man's life. The question is can the evolution worldview be separated from its scientific view? It is possible, but extremely difficult and requires a major ethical component that seems to be missing. The answer may not be found directly within an evolutionary approach, but lies in the pairing of its scientific principles within another perspective which will be explained later.

Conclusion

Evolutionary medicine is a fairly new approach to medicine that has grown alongside our increasing understanding of genetic medicine. Evolution is strictly focused on the individual's ability to survive and reproduce and defines health as such. At its core are the principles of fitness and natural selection which help explain the existence of many medical conditions and diseases. Natural selection acts over many generations to enhance these abilities to reproduce so that the species may continue to thrive. By looking at examples such as one's predisposition towards obesity in western society or the problem of antibiotic resistant pathogens, it is evident that evolutionary medicine has a lot to offer in terms of the science of medicine. Working with the numerous fields of science, this approach offers greater insight into the findings of medical research and can help broaden our understanding of certain cases. It pushes the individual to new questions

and considerations that add to the overall knowledge of medicine. However, with all of the advantages it brings, there are also a host of disadvantages that come from these principles of evolution. With a lack in morality, evolutionary thought can easily be abused to allow for dangerous risks to the lives of the elderly, disabled, and other medical minorities. By disregarding health for the ability to reproduce, there is an unavoidable risk to those who need care and struggle to survive or cannot reproduce. There are many great things that evolutionary medicine has to offer in terms of the science of medicine, but accepting this view will require some help from another approach that holds a strong ethical code in favor of all human life.

CHAPTER FOUR

A Barthian/Thomist Perspective

This theological perspective is very unique and typically is not discussed in the medical community because of its infusion of religious views. However, any account of health is broadly philosophical and warrants discussion. Every medical provider has a philosophy of medicine based on their philosophical view. Thus, this approach should be given the same consideration that any other approach to providing medical care is given. Additionally, Christian religious views have historically influenced the development of medical practice in the west (Beal-Preston). One of the primary proponents of this approach is a professor of theology at the University of Winchester, Neil Messer. His book, *Flourishing*, has guided this entire research project. According to this perspective, I defined health as a functioning human being who engages in the "doings and beings" of this life for the sake of the ultimate good which is God. By reconciling the views of two seemingly conflicting individuals, Karl Barth and Thomas Aquinas, Messer develops a Christian theological perspective to medicine. First, I will explain the ideas found in Barth and Aquinas that are used for this view. Second, I will present the four major aspects found within Messer's theological approach. Finally, I will discuss the advantages and disadvantages of such an approach. This perspective and worldview can provide an overarching foundation from which the physician can provide ethical and quality healthcare aimed at maintaining the dignity of the person as a creature of a special kind created by God.

Barth and Aquinas

In order to understand the approach, one must first know the main ideas that Messer is using from Barth and Aquinas to formulate his viewpoint. Messer looks to Barth's thoughts on health found in the Doctrine of the Creation, particularly the tenet of freedom for life. Within this freedom we are set free by God to live a life that was intended for us with respect to others and ourselves. Health allows us to follow this command and by "willing to be healthy" we are living the life that is rightfully ours as given to us by God (Messer 136). Thus, we are to respect life as creatures of a certain human kind by considering it to be something sacred and not to be violated. We can know this idea of "freedom for life" to be true by looking to Scripture and Jesus Christ. Barth looks to Scripture because it bears human witness to the life of Jesus. Jesus, who is both God and man, sets forth the prime example of what it means to be human. His actions in Scripture can inform us as to what it means to be healthy (Messer 136).

Another important aspect of health that Barth finds in Scripture is the redemption through Jesus' resurrection. Through his actions and sacrifice for mankind, Jesus has ensured everlasting life for humanity with God. His overcoming death and saving of sinners means that the end of life on earth is not the end of our life as Christians. This is a very radical shift from any secular approach to medicine, specifically an evolutionary approach, because it changes the priority from focusing on survival and reproduction to attaining communion with God and others. No longer is health limited to the ability to reproduce or who has the greatest chance to survive. At the same time these aspects of life are still valued by the Christian tradition; thus, having a family is considered a vocation in this life, but not a requirement to be considered healthy (Messer 137). It is a

good and can help a person pursue the ultimate goal of a life with God, but is not required in order to flourish as a human being. This idea opens the door for the disabled, elderly, and unborn to be considered fully functioning creatures of a certain kind that deserve the same dignity and respect as someone who is the prime age to reproduce.

Barth also makes an important point of including bodily organs as a necessary entity for physical functions. This does not mean that those without a certain organ or body part are not to be given the same dignity, but clarifies wholeness to include both the body and soul together as one unit not separate things. Both are needed to be healthy in the fullest sense. “Health is wholeness” and it is a part of what constitutes being a human, but at the same time only a part (Messer 138). This health or quality is something that cannot be given by doctors or anybody else, but it is a gift that humans have through the freedom given by God. However, doctors are a vital important part in helping us overcome obstacles to living out this gift by curing disease and helping us cope with suffering (Messer 138).

The final main point that Barth argues is that disease is both evil in its actions against health, but also potentially good in that it can turn our hearts and minds toward God (Messer 139). Jesus Christ has shown us that health is good and is something to be pursued as mentioned earlier. He has conquered death so that we may be set free of sin and also have eternal life with God. However, disease and death can also be good in that they reveal to us our mortal existence on this earth. They usher in a whole set of weaknesses that we in this mortal life cannot overcome. By being forced to face this suffering and reality in our lives, we can recognize the gift of eternal life that God gives us in communion with him and answer his call to holiness. Disease acts as a way to show

us the light at the end of the tunnel and what God has done for us outside this earthly existence.

This final point can be interpreted as regarding health as a "penultimate" good rather than an ultimate good. Dietrich Bonhoeffer explains that the ultimate good is God's salvation and judgment at the end of this life and our pursuit of a life with God. Health is a "penultimate" good in that it is a secondary goal that we can pursue in order to get closer to the ultimate good (Messer 141). It is a means by which we can realize the ultimate good and obtain God's salvation. Health is appropriated to being a good, but secondary to the ultimate good which should be our final goal. It brings a kind of humility to healthcare which can easily spend countless dollars on trying to make us immortal or "perfect" in this earthly life, whether through technology, medication, or cosmetic surgery. This humility can give us a proper appreciation for maintaining health, but not lose sight of the next life beyond this one.

The second aspect of Messer's approach relies on the teleology of St. Thomas Aquinas. This is a surprising choice, because Barth would strongly disagree with Aquinas over many points of theology, but Messer uses both to develop his theological approach to medicine (McCormack). These disagreements are not an issue for this view, because the particular ideas taken from both do not conflict in this approach. Aquinas argues that we as humans are creatures of a particular kind with intrinsic ends that we naturally pursue. This is based in the idea of God as the unmoved mover, the first cause in the creation of the universe (Messer 146). Everything was created by God including humans and so all things that were created by him have a natural ultimate end that they pursue which is God as their creator. Humans as rational beings are creatures of a certain kind in

that we are capable of knowing and loving God (Messer 147). We can love God as our ultimate end and appreciate him unlike irrational organisms and inanimate objects. Everything has an intrinsic ultimate end, but we as rational creatures can comprehend this ultimate end and so maintain a special dignity within each of us for being such creatures.

The ultimate good is life with God and contemplating God brings happiness by uniting our most unique capacity, the intellect, with God. The "beatific vision" is the final end that we pursue as creatures of God and our will naturally pushes us in this direction (Messer 147). However, there are many secondary goods that can help us reach our final end and we decide on certain goods to pursue to get us to this final end. Only the final end is good entirely in all circumstances, but these lower goods are only good in part. Our decision making on what secondary goods to pursue can form habits of the mind within us if we consistently choose these goods, and these habits that are aimed towards the good are what Aquinas refers to as virtues (Messer 147). Some of these virtues can be accomplished on our own, but others must be infused in us by God. This is the difference between acquired and infused virtues. While acquired virtues help us pursue goods in this life, infused virtues can help us achieve our ultimate good which is eternal life with God. Among the infused virtues are the theological virtues of faith, hope, and charity, which are graces given to us by God in order to pursue the ultimate good. God's grace is the necessary help that we can use to reach eternal life and happiness, but without it the goods of this life and eternal goods would not be possible due to our human condition as sinners (Messer 148). We could participate in the good imperfectly in this life, but to achieve perfect beatitude would require grace.

Through Aquinas, we can understand human beings as rational creatures of a certain kind different from the rest of the creatures in this world. With that comes the opportunity to pursue both secondary and ultimate goods through the use of formed habits of the mind, or virtues. With God's grace we can use these virtues to overcome the hindrances to our natural inclination to be with God. Both the body and mind are necessary components to achieving these goods through divine virtuous activity. Thus, illness or disease can be considered as conditions that prevent the achievement of some good which is the proper end of the creature in question (Messer 150). Disease, in a different way than an immoral habit, is also an obstacle to our flourishing. Similarly, health is the ability to pursue the "doings and beings" of this life as a functioning human being in order to reach the highest good which is God.

Messer's Four Aspects

Now that the views of both Barth and Aquinas have been explained, Messer's approach to combining these two can be presented. There are four major aspects of Messer's theological perspective with the first explaining what it means to be human as a creature. We are creatures of a certain kind and Jesus Christ stands as the example of what it means to be this creature (Messer 165). This is a position taken from Barth who argues that we cannot know for certain our own human nature due to our state of sin and can only observe the "phenomena" of our existence rather than reality. Due to our limited ability to know for certain, Jesus Christ is the example we must look to because he is free from sin. Similarly, Aquinas may agree that we cannot understand human nature without reason in accordance with God's will. Furthermore, the knowledge we gain of nature and ourselves is through the grace of God (Messer 166). Both Barth and Aquinas point to

God as the source of our understanding regarding our human nature and what ends we are to pursue. Whether it is the need for grace (Aquinas) or the reality of our human condition in sin (Barth), both agree that we cannot know ourselves on our own and must look to God for the truth. Our flourishing depends on accomplishing these certain ends directed by God, which are given to us through his grace (Messer 167).

The ultimate end is communion and life with God and others according to Aquinas and we can know and love God as creatures of a certain kind with rational capabilities. Additionally, there are penultimate ends that are objective and universal among humans because we are all creatures of a certain kind (Messer 170). Messer agrees with this claim, but appropriates it with the humility presented by Barth and Aquinas's theological virtue of faith. Not all ends can be determined simply based on empirical evidence or reason alone, but require some source of revelation to know with confidence what these ends are (Messer 171). Our understanding is always clouded by sin through ignorance and bias toward ideologies, therefore we must always be aware of our inherent weakness when making claims about the good. Thus, Messer adds Barth's view of determining the goods and ends of human life in light of the example of Jesus Christ (Messer 171). This Christocentric view must always be at the foundation of the claims made about our ends. Despite this highly religious foundation, the knowledge gained from science and many other fields of study are not to be ignored. They offer valuable insight into filling this path toward the ultimate good. Scientific knowledge understood and appropriated with a Christocentric perspective only strengthens our understanding of the good.

Reaching these proximate goods can be different for every individual and there are many paths to achieving the ultimate end which is the same for all. Each of us has our own vocation or calling to pursue certain proximate ends. Due to our different culture, context, and background we each have a unique journey to take which can lead us to life with God. In order to discern the right choices and pursuits when determining this path, Messer points to Aquinas for the answer. The virtue of prudence or practical wisdom is necessary to decide what goods and ends are required to reach God in each of our particular lives (Messer 173). There needs to be an "attentiveness to God's command" through the virtue of prudence, which will enable everyone to come to the same goal.

The second aspect of Messer's theological approach deals with health and creaturely flourishing. Health is a penultimate good and not to be taken or pursued as the ultimate end. It allows us to accomplish many other proximate ends in this finite embodied existence. It is an instrumental good to reach the ultimate good. When we try to elevate health as the sole pursuit above all else by extending it indefinitely then it becomes idolatrous and corrupts the goods of health and a mortal life (Messer 182). Messer argues that eternal life as mentioned in Revelations (and by St. Paul in 1 Corinthians 15) is not the continuation of our concept of worldly health, but a transformation by God of this concept (Messer 181). No technology or medical intervention can accomplish this transformation of life and health. It can only continue the human worldly concept of health we have in this life. Thus, health is not the whole entirety of human well-being, but a good that allows us to flourish.

Messer seems to embrace Barth's definition of health which is "strength for human life" (Messer 175). Health is a gift from God and brings with it the command to

respect all life. This command lies within the foundation of Christian medicine. Barth's concept of health includes the ability to be a functioning "integrated human being" made up of different organs and tissues (Messer 176). It also includes the capability to perform the "doings and beings" of this human life (Messer 176). Messer does not define the doings and beings due to each individual having a unique distinct life which requires different things at different times. We are each living within our own biographical context. At the same time, he still feels that we have some basic actions in common in order to live a flourishing life as humans.

It is important to maintain a level of humility when deciphering the proper "doings and beings" for a specific person. Barth reminds us of our human condition and our inability to have complete knowledge of the right "doings and beings" to be considered human and healthy. Although Messer never develops a direct explanation, he leaves the door open for those who have disabilities to be as equally human as someone without disabilities. Although a disability may inhibit one's flourishing, it does not remove their identity as "human" worthy of a certain dignity and respect (Messer 179). In being part man and part God, Jesus symbolically dignified the human race in general. God also continues to love each of us including the disabled as part of the human race. Therefore, the handicapped can enjoy God's love regardless of their disability and hold the same level of dignity as you or I due to being loved by God. Additionally, we cannot know for sure that the disability permanently stops one's flourishing in this life, but only that it *may* do such a thing. Nevertheless, the person can still attain the ultimate sense of human flourishing after death in communion with God and others. Disease can limit the proximate goods that we can attain in this life, but it cannot prevent us from reaching the

ultimate end. Those with a mental illness still love the good naturally and take delight in it. Therefore, their condition may be worse than another's, but the potential to attain the ultimate end still exists through being human.

Messer also recognizes that we can gain knowledge about what it means to flourish as a creature of a particular human kind from other fields such as the basic sciences and evolution (Messer 180). These other views, though they are thought to be in conflict with a theological perspective by some, are actually not in conflict and can be very useful to helping us understand what it is to be human. However, they must be appropriated before falling under the umbrella of Messer's theological approach. There are great ideas found within these fields, but not everything would agree with the Christian theological tradition that grounds Messer's view.

The third aspect of Messer's perspective deals with how to interpret disease, suffering, and evil through the lens of this Barthian/Thomist approach. Messer argues that disease is an "internal state, condition, or process, which tends to disrupt a mental or physical function such that the fulfillment of a proximate end of embodied creaturely human life is hindered or threatened" (Messer 184). It is something within or pertaining to the body or mind that prohibits proper functioning so that the individual has difficulty completing their goals and flourishing. Although this definition of disease may seem strong to some, Messer does not argue that this definition is complete, but that it is an approximation. Different perspectives of health can be used to better determine exactly what disease consists of as long as they stay within the confines of a theological view. No view has a perfect definition as there seems to be a buffer zone of grayness between what is disease and not disease. In order to better navigate this gray zone, which grows or

disappears depending on the case, one must invoke the use of prudence or practical wisdom (Messer 185). This connects back to the humility with which Barth suggests we approach everything. We must be humble and be willing to listen to the word of God, receiving his grace in diagnosing disease. Messer also suggests that participation in divine activity such as "the life of the church" can transform one's perspective on what constitutes health (Messer 186). This is particularly seen in the Christian tradition's pattern of upholding the sanctity of all life, which informs one's ethical decisions and perspective on the handicapped and other cases.

Messer also explains the relationship between sin and disease. Disease is not to be understood as punishment for sinful acts, but rather sin is part of the human condition and can bring with it negative effects such as disease (Messer 188). Messer uses the stories found within the New Testament about the healing miracles Jesus performed. He sacrificed himself to save sinners from sin and healed sinners who were mortally ill out of love. Therefore, it would not follow that God would punish sinners through illness, because that would contradict the very nature of God's mercy, love, and actions of his only son. At the same time, sinful acts such as doing drugs, drinking excessive alcohol, and being gluttonous can bring with it adverse consequences through illnesses and even death (Messer 189). Sin is connected with illness in some cases, not through a moral lens as punishment for immoral acts, but as a natural consequence of evil actions and the human condition.

When considering those with disabilities, they are not to be viewed as punished by God. Even viewing a disability as a disease or illness is something that a theological perspective questions. In many societies there is a negative social stigma revolving

disability, and individuals often make assumptions or opinions about something they have no knowledge about. Often times it is the social, political, and economic ramifications that society places on the disabled individual that are a greater hindrance to their flourishing than the disability itself (Messer 190). Messer makes a valid point about the influence of societal views on those with illness or disease. When addressing the illness of a patient, the physician should always consider the effects and harm that society places on the patient for having the illness versus the actual biological effects that the illness itself causes. Messer also suggests that there are other ways to achieve certain proximate ends and flourish as a human being than the methods we deem as normal. It could be possible that we can wrongly consider something a hindrance to human flourishing when it is simply just another path towards the same goal (Messer 190).

Additionally, a theological perspective allows the individual to embrace suffering in this world whether it is in the form of disease or not. Through Barth, Messer considers disease to be evil and does not doubt that God fights a war on illness as seen in the gospels (Messer 192). However, the Christian tradition also provides a positive perspective to suffering and Messer embraces this as well. The suffering that one experiences can turn our hearts to God. It reminds us of the temporal limited life that we cannot escape in this world. Our weak human condition is part of our nature and the very fabric of our being. Disease can remind us of the eternal life promised to us by God and redirect the way we live our life instead of placing all of our hope in this life (Messer 192). Similar to suffering, death is something that the theological perspective addresses briefly as well. One should not fear death as to avoid it by any technological means possible. On the other hand, one should not go running towards death looking to find it

wherever you go. Jesus overcame our spiritual death with his death and resurrection. By doing so, Messer argues that he transformed our death in this life into a gateway to the next, thus, we should be ready to face it when the time comes (Messer 196).

The fourth and final aspect of Messer's approach is the practical implication that a Christian perspective has on the view of medicine and suffering. Messer believes that the healing provided by the medical community and the healing of prayer through the Christian healing ministry are not in conflict with each other (Messer 198). God can heal through modern medicine or physicians and through prayer, which can offer a therapeutic healing as well. Either way, health is a gift from God and it is important to realize that doctors cannot prevent someone from eventually dying. They cannot replace God and ultimately have a limited knowledge of disease regardless of how vast it may appear. This life is finite and temporal with death being inevitable. The theological perspective provides a responsibility to maintain care when an illness is incurable (Messer 199). In today's society that is filled with assisted dying, people see it as a way to maintain control over their death and fear of dying. This perspective calls Christians to transform the way death and suffering are experienced by giving the patient the courage, hope, and fortitude to overcome this fear and pain of death (Messer 200).

Advantages and Disadvantages

There are several advantages that the Barthian/Thomist theological understanding of health offers to the practice of medicine. This approach offers a strong ethical foundation, which holds all human life to be guaranteed a particular level of dignity as creatures of a certain kind. Life is a gift from God and deserves respect regardless of race, age, socioeconomic status, and religion. By believing in this universal sanctity of life, this

approach would act as a strong barrier to any unethical movements corrupting the healthcare system. Ideologies seen in the Holocaust, Eugenics movement, and social caste systems would not be allowed to flourish under such an approach to medicine. The threat of only allowing healthcare to a select few human beings – whether the selection was based on genetic makeup, economic status, or age – would not exist as this would violate God's command for everyone to will to be healthy. Additionally, unethical experiments on human life for the sake of scientific knowledge or technological advancement would not be tolerated. Although health is not the ultimate end in this life, it is a basic good and holds a more vital position over science and money. Morality and ethics would be a major emphasis of this approach striving to do what is in the best interest of the patient, rather than what is in the best interest of the hospital or pharmaceutical company from a profit perspective. Often times these two interests would coincide, but for some select ethical cases, such as forced assisted suicide, the patient's life and well-being would be placed above any financial interests of the hospital.

Another advantage would be the improvement seen in the clinical art of medicine. This approach offers the proper compassion and empathy necessary to better connect with the patient in both fighting and managing illness. The physician is aligned to God's call to pursue him in this life as the ultimate end through love and humility. The patient is valued as a human person with the ability to attain this ultimate goal. Therefore, the physician does not view the patient as a transparent field from which to study the illness, but truly cares about their flourishing and well-being to maintain healthy activity. The patient comes first and the physician attempts to understand the illness in light of the patient's suffering and hindered daily activity. The physician accounts for the

biographical and cultural context of the patient, which affects how they approach and attempt to heal the patient. The focus is on the patient as a person and not necessarily the science of medicine. This approach assumes that the physician has the proper medical knowledge needed and concentrates on how to utilize that knowledge in accordance with pursuing the ultimate end in communion with God.

Similarly, a theological perspective not only protects the elderly and those with disabilities or incurable illness, but aims to provide a quality level of care that upholds the innate human dignity of each individual. The physician tries to gain an appreciation of the patient's perspective of their disability or non-curable disease. While the physician will attempt to provide a cure or solution to the illness, finding a cure will not be the only goal. Managing the symptoms and helping the patient cope with their illness or disability so that they may be able to function in this life will be a primary focus. The physician will strive to always uphold the patient's rights and treat them no differently than someone without a disability. A theological approach offers all patients a heightened source of strength and comfort that they can rely upon for unending aid. Disease and illness can adversely test the patient's positive outlook on life and will to live. However, through a Barthian/Thomist perspective death does not hold the same suffocating grip that it might among other views. Through faith in God's redemption, the patient can gain courage and strength in their fight against illness and find peace in the idea of communion with God after death in this life.

While this approach has many advantages, there are also some disadvantages. The biggest and most clear concern that some people would have with this approach is its religious emphasis. It seems that there is a necessary belief in God and one must accept a

specific teleology for this approach to work. There are a whole host of issues and questions that arise when a particular individual does not hold this same teleology. Is it problematic in terms of the healthcare provided for a physician to not hold the same views? Is it possible for a physician of different beliefs to properly uphold the views of an institution with a Christian teleology? How does a physician connect with a patient who also has different views? Can this difference affect the trust between a physician and patient? Is religion a proper basis to build an approach to medicine? Does religion have a role in medicine at all? These are just a few of the many questions that come to mind when a Christian ethic is a major part of the foundation of medical practice. I will address this issue and others in the next chapter as I give my take on the situation presented thus far.

Another disadvantage is the lack of focus on the science of medicine and the assumption that the physician already has the proper knowledge necessary to practice medicine. With the immense number of journals and research available in the world today, it can be very dangerous to assume that the physician already has the proper medical knowledge to enact this view of practicing medicine. Approaches such as evidence based medicine focus on organizing and ordering the vast amounts of medical knowledge into a hierarchy of what may be more trustworthy or correct. A theological perspective does not address this issue very much and tends to ignore it as something that doctors can figure out on their own. However, if the physician wants to offer the best quality of care, then they need a way of getting or knowing the latest information on whatever illness they are attempting to treat. Thus, this approach makes the assumption that the physician would be properly trained to promote health.

Finally, the theological approach appears to be very difficult to implement in the world today with so many competing religions and ethical perspectives. It is not difficult to see how this approach would be applied to healthcare and policy making, as there are clear ethical lines drawn and a particular worldview embraced. However, it seems very difficult to get everyone on board with this approach due to the billions of people who may not accept such a telos. Even if this view is the best way to practice medicine, there is still the challenge of implementing it into the healthcare system universally. Is it plausible to convince someone who does not believe in a Thomist teleology to embrace this approach to medicine? If so, how can this be done? What is the best way of going about it? These questions are very complex and rely upon an entire societal understanding and embracing of the underlying beliefs that hold up this approach. Implementation is an issue and needs an education system that is open to the idea of religion influencing our ways of life.

Conclusion

A Barthian/Thomist theological approach to medicine focuses on the inherent dignity that every individual holds in being a particular creature of a certain kind created by God and pursuing the ultimate end in this life which is communion with God and others. This approach takes the Christian humility of Karl Barth and pairs it with the teleological foundation of St. Thomas Aquinas. Health is the "strength for human life" whereby the individual is a functioning human being that may pursue the "doings and beings" of life in order to pursue the ultimate good which is God. It is a penultimate good that allows humanity to reach its ultimate goal. Through this understanding of medicine in light of a Christian ethic, illness and suffering are viewed differently than most

approaches. While there is the constant battle to fight and prevent disease in the world, there is also a unique source of strength found in a belief in God's redemption which allows both the patient and physician to embrace suffering and death. The elderly, disabled, and incurable individuals have the same rights to healthcare as anyone else and managing care to return them to a functioning level in life is just as important as attempting to cure them completely. There are many advantages for the physician and patient relationship as well as society as a whole. However, there are also some disadvantages in terms of implementation and the nature of having underlying religious premises that support this view. Overall, there is a lot of potential for a theological approach to be successful and I will expand upon this in the next chapter.

CHAPTER FIVE

The Merits of a Theological Approach

I have given a detailed account of the goals of medical practice for three perspectives. The importance of having a good approach can be seen through some of the various advantages/disadvantages. This, however, is not the only thing one should consider when determining the best approach to follow. In fact, there are several key theoretical virtues that can separate good philosophical theories from the bad such as consistency, an ability to sort out clinical cases, simplicity, and comprehensiveness. First, I will briefly review the various approaches that I have covered and highlight their biggest flaws and strengths. I will then evaluate the three different approaches according to the four key aspects listed above as well as respond to remaining concerns. From this analysis, it will become clear that a Christian theological perspective is the best approach to medicine, because it contains all of these necessary traits whereas others may be lacking.

A Brief Review

Beginning with phenomenology, this approach argues that health is the ability to perform one's daily activities through a lived experience that is normal for the specific individual absent of the suffering and struggle that stems from illness. Phenomenology focuses on the direct first person experience by the patient and physician of the illness and seeks to create a shared perspective so that better healthcare can be provided. This improved healthcare consists in better communication, more customized care, patient centered medicine, and a more practical goal for the physician to pursue. The physician

and patient have drastically different perspectives when it comes to illness. The patient views illness through their daily struggles to complete the tasks of everyday life and the different effects illness brings. The illness is perceived through "lived" time where suffering seems to be prolonged and extended, while relief is relatively short. Illness is seen by the patient as news with an entire book of new vocabulary they have never heard. They seek to get back to the life they had before the illness, which may or may not be possible. The physician views illness entirely different through objective medical jargon that categorizes the illness into a diagnosis, treatment, and prognosis. The patient's body is merely a physical stage on which the physician can view the illness. The hindrances on everyday life are not the primary concern of the physician who is more focused on the scientific knowledge and cures related to the illness. When communicating about the illness everything must be filtered and reconstructed in language that each side can understand due to the widened gap of communication and perspective.

The physician can better understand the patient's experience of their illness and address the concerns specific to each individual knowing what may be more important for one and not the other. This is the biggest strength of the approach and can be extended to incorporate many different aspects of the patient such as the daily struggles, cultural influences, proper treatment, improved communication, and a higher level of trust. Aligning yourself with the patient's perspective of their illness creates a stronger relationship between each other so that the proper empathy and compassion that every patient seeks can be provided in the healing process. Ironically, this idea of creating a shared experience is also the biggest weakness, because it is dependent on the patient's ability to communicate their lived experience to the physician. There are many

individuals that are unable to communicate and rely on others to do it on their behalf. This makes it incredibly difficult to form the proper shared experience that phenomenology aims for and can lead to only the patients with the best communication skills receiving the best healthcare. Quality of care appears to be primarily dependent on the patient's ability to express their experience of illness which is not a consistent metric to rely on.

Evolutionary medicine focuses more heavily on the basic science and research of medicine. Health is at its core the ability to survive to the age of reproduction and reproduce to further the existence of the human species. The two major ideas that are found at the heart of everything within this approach are fitness and natural selection. Fitness measures the ability of an individual to survive and pass its gene pool to the next generation. Natural selection uses a difference in fitness to determine the difference in reproduction found among different organisms in the same environment. Different traits found within certain species allow them to better reproduce with a higher fitness and continue the existence of their race compared to others who lack the advantageous trait. These major tenets of evolutionary medicine can help explain the existence of certain medical illnesses or conditions. The greatest strength found within this approach is that it offers new medical knowledge that can drive research into a different direction. It adds new questions and helps categorize the vast amounts of medical knowledge into smaller pieces of information. In this way, the science of evolutionary medicine is a beneficial addition to the world of medical research.

However, a great danger lies in the extension of evolutionary medicine from medical research into becoming the goal of medical practice. Natural selection and fitness

redefine health entirely and only focus on the ability to pass on one's genes to their offspring. This puts many groups of patients who could be considered clinical minorities such as the elderly, unborn, disabled, mentally ill, homosexuals, and sterile individuals in grave danger of losing access to healthcare and even being protected from social movements that seek to perfect the human race in some way. There is a lack of an ethical code that allows for the corruption of scientific knowledge in order to further potentially dangerous worldviews of society. Within evolutionary medicine there is nothing in place to stop a societal movement of thought that puts individuals who do not have a high level of fitness at risk. The sanctity of life has been replaced with a lowered sense of importance within evolutionary medicine and no longer is every human individual life valued above all else. Evolutionary medicine allows for the sacrifice of the weak as long as the good of the entire race of the species is promoted.

Finally, a theological perspective of medicine that combines the teleology of Aquinas with the humility of Barth emphasizes the importance of human life and sets down a moral framework from which the physician can practice medicine. Health is the ability of a functioning human being to pursue the "doings and beings" of life so that God as the ultimate end can be pursued. These two seemingly conflicting individuals over natural theology offer many ideas that can place them within the same camp when it comes to practicing medicine. Barth looks to Jesus as the example from which one's views of health should stem and always maintains the idea of a weak human condition which requires us to rely on God for guidance in all matters of life. Aquinas's teleology emphasizes God as the ultimate end of humanity with health as a proximate good that can bring us closer to our goal. We as human beings are rational creatures of a particular kind

created by God and different from the rest of the creatures in this life. There is a certain level of dignity and respect that all humans have as a natural born right, which must be upheld at all times. These ideas flow throughout Messer's approach that offers an alternate response to the suffering and death that stems from illness which other secular approaches cannot offer.

This perspective offers a solid ethical foundation from which to practice medicine and gains its authority not from society, but from God which transcends time, generations, and societal changes. It is a moral ethic which embraces all clinical minorities and does not put the elderly or disabled in danger, but rather protects them under the respect and dignity that they deserve as part of the human race. The connection between the patient and physician is strengthened as the physician actively aids the patient in the flourishing of their own self through healing. There is an inherent love for one's fellow man and the patient is not simply a body from which the physician views the illness. No longer is life limited to one's existence on this earth, but one part of the journey to reach eternal happiness. The biggest concern that surrounds this approach are the questions about the seemingly necessary acceptance of certain religious beliefs in order to fully embrace such a perspective. Additionally, such an ethical approach becomes hard to implement in a society made largely of different religions and secular institutions.

Evaluation

There are several important traits that can help determine a correct approach to take regarding any philosophical propositions. The first property is whether or not an approach maintains an inner consistency within its own position and beliefs. This looks

for any conflicting lines of thought established among the approach. All three approaches successfully pass this test as there are no conflicting ideas within each approach. Another form of consistency looks for conflicts with background knowledge of things we already know. Again, all three views pass this consistency test as there is nothing known that raises conflict. The Christian view is at a small disadvantage, however, as it depends on certain facts not known or requires beliefs that are not completely known themselves. This raises the issue of the way in which a Christian perspective depends on the belief in God, which I will address at the end.

The next trait is the ability of the approach to correctly sort cases as right or wrong according to common sense. Every approach classifies medical practices and conditions as healthy or not, but not every approach does it well. Certain approaches do a better job and this is an area that easily differentiates the evolutionary approach from the other two in a negative way.

One example is a man in his forties who is suffering from abnormal cell growth in his pancreas causing the formation of a tumor along with a systemic failure of his major organs (Baddour). It is unclear when he will die, but what is clear is that with properly sustained life support he is able to communicate effectively, move parts of his body, and maintain clear consciousness. He is far too weak to reproduce, let alone be transferred to another facility. His condition will not improve, but he will not currently die unless the hospital removes life support. When asked whether he wants to be given all possible care to stay alive, he adamantly pleads for continued care along with his family members. The hospital views his medical case as hopeless and actively seeks to remove life support and start end of life care. How would this case be sorted among the different approaches?

A Christian theological approach would value his life as a particular human rational creature created by God deserving of a special level of dignity that all human beings are born with. This man would be given access to the necessary healthcare he needed until his time of death came regardless of his current condition. Additionally, a certain level of strength and courage would be possible for the patient through faith in God and the next life to come. Similarly, a phenomenological approach would also provide the necessary care as the physician and patient would have a shared experience of the illness, and through this experience the physician would understand the patient's desire to live and to be restored as much as possible to normal function. Rather than focus on a cure for this patient, the physician would look at other treatments that would help manage the symptoms of the disease such as life support.

An evolutionary approach, however, would support the hospital going against both the patient's and family's wishes by advocating for end of life care and the removal of life support due to natural selection and fitness. This man would be viewed as having a lowered fitness and reproductive dead-end. Thus, according to natural selection, this person should be weeded out as his genes were not able to promote survival and reproduction of the species. Even if this man had a genetic trait that was highly valued by society and evolution might strive to save his life, this is not the case for every person and there would still be those put at risk. When applied to allocating medical resources, the evolutionary approach would withhold treatment and use these resources for a different patient who still had the ability to reproduce and survive. It is clear that the dignity and respect given to human life changes under this approach when applied to medical minorities.

Pre-theoretical common sense tells us to uphold the wishes of the patient and family and not prematurely end the life of a weakened individual who clearly communicates his will to live. Many people would agree that it would be wrong to remove life support in this situation and keeping him alive would be promoting health. A Christian theological perspective and phenomenological approach both seem to give the patient the dignity and respect he deserves through continued treatment and removes the possibility of no life support. An evolutionary approach would sort this case on the other side and leave open, if not support, the possibility of end of life care. According to an evolutionary approach, extending life support would not promote health unlike the other views. When an evolutionary approach is extended beyond medical research and becomes the primary goal of medical practice, then injustices can occur such as prematurely removing life support to effectively end a life. Without any ethical foundation, this is a real possibility that should not be ignored for the sake of the patient.

Another example would be an individual who contracts a unique debilitating disease such as cryptococcal meningitis. Imagine a person who was born a normal fully functioning individual who then contracted this disease. They quickly lose all motor function including the ability to speak and move their eyes or limbs. Eventually they go into a coma and doctors declare them to be vegetative (Miller). The family wants to continue care in the hopes of one day seeing their loved one recover. The doctors on the other hand think that the best decision is to remove care and let the patient die peacefully. What course of action would these approaches take? The Christian theological approach would again recognize the dignity of the human being as a creature of God created in his image. This dignity and respect for human life would demand that care be provided for

the individual in the hope that they would someday wake from their coma and return to a fully functioning life to pursue the ultimate end. The phenomenological approach, through a shared world experience, would respect the wishes of the individual, or family as a third party, to provide care and attempt to treat the suffering of the patient. The evolutionary approach, however, would again look through its lens of natural selection and fitness. This would lend itself to supporting the physician's decision to terminate care or at best remain silent on the matter allowing the physician to take control according to their own view. The individual would be unable to reproduce and pass on their genes. This attention and care could be given to someone else who could still contribute to furthering our species. Thus, an evolutionary approach would again separate itself from the other two positions in sorting cases.

Continuing with the scenario, it turns out that this patient described above actually came out of their vegetative state twelve years later and was able to return to "normal" levels of activity such as starting a family and working a job (Miller). Had the evolutionary approach and doctors gotten their way, then this outcome would have never been possible. This example also separates the phenomenological and Christian perspectives as well. Twelve years is a long time to wait for the minuscule chance that your loved one wakes from their vegetative state. The respect that a Christian perspective calls us to have for all humans is powerful and can lead to a special extraordinary devotion to proper care. According to the phenomenological approach, however, one ought to try and respect the wishes of the individual. But what motivation is there to keep going after years of care or when the case gets harder? The phenomenological perspective also calls for a restoration to normal function, but it is not clear whether this

normal function level is pre-disease state or when the physician first sees the patient. Further, phenomenology depends on the lived experience, but what if there is no lived experience? These questions leave holes within the phenomenological approach, which does not protect the patient's life like a Christian perspective. In this situation, the theological and phenomenological positions gave the patient the opportunity to recover and led to a beautiful flourishing of the individual. Both seem to agree, but the verdict of the Christian perspective is stronger and clearer, while the phenomenological approach becomes ambiguous. Both hypothetical scenarios are very similar to clinical cases that actually occurred and represent many others that were not touched upon. Thus, through a sorting of cases, it becomes clear that an evolutionary approach and phenomenological approach do not do as good of a job at reaching the proper conclusion as the Christian perspective.

A third trait that differentiates the phenomenological approach from the Christian theological view is simplicity. The phenomenological approach relies on the communication of the patient's direct experience of illness to the physician and the physician's correct interpretation according to the patient's specific biographical context. When a shared experience is achieved, the improvements in quality of care are drastic. The relationship is strengthened and the patient receives a high level of customized care. However, this shared experience is not an easy thing to accomplish and every patient has a different direct experience. There is very little standardization across the field and treatment is left to the shifting views of each patient and physician. There are many variables at play and somehow both parties are expected to constantly consider every aspect of the experience when developing a system of care. This is highly unrealistic

considering that the approach mainly focuses on the benefits of a shared experience without giving a standard method of achieving such an experience for all patients.

Additionally, the situation becomes even more complicated with every additional layer of input. Many patients who have trouble communicating alone, rely on a close friend or relative to assist them. Now the physician has to understand the patient's perspective through the lens of their own view and the assistant's view. It is easy to see how this approach quickly becomes more and more blurred with each additional person contributing to the shared experience. Thus, simplicity is sacrificed for an increase in customization. Both are valuable characteristics to an approach, but there needs to be a healthy balance between the two. The phenomenological approach appears to go too far in the direction of person-centered medicine and removes much of the structure that standardization brings. The phenomenological approach says that treatment is dependent on the patient. Thus, what would happen if the patient with the pancreas cancer said "no" to treatment? The phenomenological approach would differ from theological perspective and allow for their death.

A Christian theological perspective keeps the physician on a specific ethical path that still leaves a lot of room for customized treatment. It better defines the goal of clinical medicine to allow the individual the ability to flourish as a human being aimed at the ultimate end of communion with God and others. There is a set of boundaries in place which transcend a changing society so as to always keep the physician and patient aimed towards the ultimate end. This adds simplicity to the approach as medicine is to follow reason according to the law of God and helps prevent any misleading diversion off the path brought about by other ethical approaches. The evolutionary and phenomenological

approaches complicate the relationship because they leave medicine to the specific interpretation of the patient and physician. There is no set ethical guideline to direct the goal of medicine. Thus, these approaches will differ according to the individual or society and lack a universal code connecting medicine on a global scale.

A fourth theoretical virtue of comprehensiveness is the ability for an approach to incorporate other perspectives within its own view. A Christian theological perspective has the ability to incorporate other approaches by appropriating them. A criticism of a theological approach is that it forgets the science of medicine and focuses too much on an ethical foundation. One way around this is appropriating science within the bounds of Christian ethics. An evolutionary approach can be appropriated to include its scientific insights into medical research, while excluding the worldview which accompanies it. The science of evolution does not conflict with Christian beliefs; rather, some scientists project their own evolutionary worldview that conflicts with Christianity onto their studies and vice versa (Plantinga). By replacing natural selection and fitness with Christian values such as the sanctity of life as the ruling authority over clinical decision making, evolution can be a useful tool under a Christian perspective without altering or denying its scientific facts. Similarly, a phenomenological perspective can be appropriated to a theological view as the options for clinical treatment would be filtered through a Christian ethic. The ideas surrounding the development of a shared experience of illness between the patient and physician would not change. A theological perspective could also add more compassion and empathy to the physician which a phenomenological approach already stresses.

When evolution attempts to appropriate a Barthian/Thomist approach, it does not seem viable. This is due to the nature of the Christian theological perspective being so deeply rooted in ethics. To appropriate the ethics of a theological view is to change the ethics into something entirely different. Any modification of the sanctity of life for example would be something other than the sanctity of life. When an evolutionary approach is appropriated, the scientific ideas of natural selection and fitness are upheld. This removes their authority in influencing decision making within clinical practice, but the science is not changed. Evolutionary medicine does not hold definite ethical boundaries such as a Barthian/Thomist approach and leaves the door open for any ethical system to take root. However, changing a theological approach would require changing certain ethics established within the approach. This change would not be an appropriation, but an extermination of the Christian perspective. Thus, it appears while a Christian approach can incorporate the insights of an evolutionary approach, the evolutionary approach cannot do the same with respect to the Christian approach.

Remaining Concerns

After evaluating the three approaches on consistency, the ability to sort cases, simplicity, and comprehensiveness, it appears that a Barthian/Thomist theological approach is the best approach to practicing medicine. However, this still leaves those questions concerning the seemingly necessary religious beliefs that must be accepted. Additionally, some may be alarmed at the religious undertones of such a view. However, the majority of a Barthian/Thomist approach can be accepted and practiced as a philosophical way of life without maintaining a religious belief in God. There are atheists who believe in the sanctity of life for example and much of the ethical boundaries in

place can be adopted without believing in God. One can still hold a sense of humility and be weary of the errors that we as humans can make without pointing to Jesus as an exemplar or sin as an explanation. There are non-Christians who work for Catholic hospitals and Catholics who work at secular hospitals. One can still practice this approach to medicine without following a Christian religion. There would be minor things lost such as the strength and courage that can come in the face of illness from faith and a belief in life after death. However, in terms of the clinical decision making, a religious Christian belief is not necessarily required to be able to practice a Barthian/Thomist approach. A Christian ethic that maintains the humility of Karl Barth and the majority of Aquinas's teleology is required. This is seen in respecting the sanctity of life for all human beings due to an inherent dignity of being part of the human race.

Additionally, every approach to medicine must take a teleological stand and hold a specific end result as its goal whether stated or not. A Barthian/Thomist approach holds a Thomist teleology for a human to flourish in this life so that they can reach communion with God and others in perfect beatitude. The basic modern teleology focuses on putting people in a position to do what they want. The lack of Christian ethics focuses on autonomy and self-determination where the self becomes the master of their care. There is no option to not take a stand and so the theological approach cannot be faulted for taking a stand and being open about it. At the very least, there is some level of transparency involved compared to those who try to claim that there is no right view to practicing medicine and that it is strictly up to the patient or physician. This in itself is a view of autonomy. This stance on autonomy is arguably far more dangerous, as it leads to similar results that an evolutionary approach with a lack of ethics would have. There

would be nothing in place to stop a society of individuals who believe in eugenics from abusing the clinical minorities that we have continually discussed. In a Barthian/Thomist perspective there are ethical rules in place to counter such a movement even if it were to arise amongst individuals within a society following the theological view. Placing autonomy as the central goal of clinical decision making blurs the line differentiating good from bad and can lead to poor results such as doctors being forced to do whatever the patient wants done to them, regardless of whether it leads to greater harm. I recognize that answering these remaining concerns opens up discussion and other topics for a separate thesis entirely such as a defense of a no-neutrality thesis.

Conclusion

I performed an evaluation to test different aspects of a philosophical approach to medicine. Each approach was carefully detailed along with their benefits and drawbacks. Their consistency, sorting ability, simplicity, and comprehensiveness were all analyzed. The Barthian/Thomist theological approach successfully contained all four traits. It maintained an inner consistency where no conflicts arise. It had the ability to sort cases correctly in doing what was best for the patient's life from the point of view of common sense. It held a level of simplicity by holding clinical practice within the bounds of its ethical foundation unlike other approaches. It also was comprehensive with the ability to appropriate other views into its approach without completely changing both itself and the other view. Additionally, it does not seem to require the individual to hold a particular Christian religious belief in order to practice the majority of the approach. The other views do not contain every trait and are lacking in one or another. Thus, this evaluation shows that a Barthian/Thomist approach to medicine is the best between the three views.

CHAPTER SIX

Final Conclusion

I began this investigation with the recognition that the definition of health is something to be given serious thought as it determines one's goal of medical practice. There are many approaches to medicine, but understanding the best approach can help distinguish the proper medical decisions in difficult cases that a general concept of medicine cannot. Having a good definition of health can prevent poor laws that put the patient or physician at risk. Realizing this importance, I set out to answer the question how should we understand the goal of medicine as expressed through a definition of health?

I looked at three different major approaches to medicine: a phenomenological, evolutionary and Barthian/Thomist approach. The goal was to gain a better understanding of each perspective and analyze their characteristics to determine which view maintains what is in the best interest of the patient's life. Such an approach would be aimed towards the good in allowing the patient and physician to flourish as human beings deserving of a universal respect and dignity. The first three chapters explained each particular view respectively laying out the necessary terms and ideas, the approach itself, and its advantages/disadvantages. The last chapter analyzed the three different approaches in order to identify the best approach to practicing medicine based on its consistency, ability to sort cases well, simplicity, and comprehensiveness.

A phenomenological approach focuses on the direct lived experience of illness according to the patient and physician. According to its ideas, health is the ability to

perform the activities of daily life through a normal lived experience specific to the individual relieved of the suffering and struggle of illness. Through the four stages of illness, a shared experience between the physician and patient can be developed so that the best customized care can be provided. However, such a goal only brings new problems with its practice and interpretation. An evolutionary definition of health consists in the ability to survive to the age of reproduction and successfully reproduce, passing one's genes to the next. Evolutionary medicine focuses on explaining the why of certain medical conditions and illnesses, producing great benefits to medical research. Its lack of a strong ethical foundation lends itself to irreversible abuse from within its own ideals. It fails to sort the more difficult cases correctly and cannot be placed as the goal of medical practice.

A Barthian/Thomist theological perspective is the best approach to practicing medicine according to its definition of health. Based on the different ideas embedded in this approach, I determined the definition of health to be a functioning human being who seeks to do the "doings and beings" of this life for the sake of the ultimate good which is God. This approach focuses on the ethical consequences of the physician's medical decision making, maintaining the highest respect for the dignity and life of every patient regardless of condition. It maintains an inner consistency, sorts out difficult cases better than the other two approaches studied, provides simplicity in practice through the boundaries of a strong ethical foundation, and can adopt the other two approaches making it comprehensive. Only a Barthian/Thomist perspective contains all four attributes among the three approaches, making it the best.

Although I have made a strong case arguing for a Christian theological approach to medicine, there are still many questions that need future study. Such topics could include comparing other approaches not mentioned to a Barthian/Thomist approach such as evidence based medicine, genomic medicine, or gender medicine to name a few. Even comparing different Christian theological perspectives to medicine would help refine such an approach to a clearer and improved form. The biggest question that remains is how to implement such an approach. This topic and others cannot be answered here let alone in one thesis and presents opportunity for others to contribute to the conversation. My hope is that I have added to such a discussion within the field of philosophy of medicine so that we may come closer to the truth with further knowledge of health. That people will consider an approach that might not have otherwise crossed their mind as a possibility. And that the life of every human being is granted the dignity and respect that they deserve as being creatures of a certain kind created in His image.

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