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Many presentations during the forthcoming conference in Vienna will focus on the philosophical aspects of the health sciences. Since several decades countries such as Germany, the Netherlands, the USA have specific educational programs and research centers in the area of the health sciences. Sometimes these programs and centers are incorporated within the medical school, sometimes they form separate schools or institutions, more or less independent of the medical establishment. It is however, conceptually as well as methodically not clear what the health sciences essentially are. In one setting, health sciences are regarded as having a broader scope as medicine, encompassing nursing science, medical biology, health education, and physical therapy. In other places, the health sciences are more narrowly defined as the scientific complement to medicine, not focusing on patient care but on the research needed to develop new therapies or to better understand the molecular basis of diseases.

Nonetheless, how narrow or broad the health sciences are defined, it is obvious that the health sciences movement itself is indicative of a significant trend that should be examined critically: the medicalization of society. In postmodern culture, medical jurisdiction has expanded and is now encompassing problems that hitherto were not defined as medical issues. Writers differ considerably concerning the causes of this process [1]. It has been argued that medicalization is primarily a process of increasing social control, producing "docile bodies" that could be surveilled, used, transformed and improved. Others criticize this view since it portrays the individual as essentially passive and uncritical in the face of medicine's expansionist tendencies; they argue that there are many forms of "lay resistance" to the dominance of medical instrumental rationality vis-à-vis experiential forms of knowledge. Within the framework of self-determination there is a reclaiming of control over the body; docile bodies are now turned into "reflexive" bodies, passive patients into active consumers.
A similar debate has started in the context of human genetics. It seems unavoidable that the future will bring us a society within which all potentially useful genetic information is freely available and actually applied. In principle, every member of this society will be able to foretell his individual fate from reading his genes, and to adapt his personal lifeplan in accordance with such predictive knowledge. In the opinion of critical authors this future has already begun [2]. Society is involved in a process of geneticization. As an instantiation of the more encompassing process of medicalization, this process involves a redefinition of individuals in terms of DNA codes, a new language to describe and interpret human life and behavior in a genomic vocabulary of codes, blueprints, traits, dispositions, genetic makeup, and a gentechnotological approach to disease, health and the body. Popular culture in postmodern society is indeed pervaded with genetic imagery [3]. It seems that the cultural meaning of DNA nowadays is remarkably similar to that of the immortal soul of Christian theology.

Philosophical reflection on this development towards geneticization of future human existence is urgently needed. An important question is how it will be possible to make distinctions between disease and health, normality and abnormality, given the uncontrollable wealth of information that will in the end be available. Another question concerns the normativity of medicine. Medicine regards itself ultimately as a helping and caring profession, not merely as service institution. In such a self-conception, value-neutrality is not an appropriate position to guide medical activities. Physicians in this view adhere to professional norms that go beyond value neutrality. Diagnosis, therapy, prevention are guided and motivated by specific values, viz. promotion of health, relief of suffering, elimination of disease. From this value perspective, respect for individual autonomy only is an instrumental value, necessary in order to accomplish the values intrinsic to medicine as helping and caring profession.

But also autonomous individuals will not at random use everything available; they will sooner or later start to wonder what may be the meaning and relevancy of all knowledge available and obtainable. Even within a fully free health market, individuals will not consume everything; they will attempt to make a distinction between appropriate and inappro-
appropriate, intelligible and unintelligible uses of knowledge. This will lead to a constant need of a public debate concerning the significance of medical information, the more so since powerful parties such research institutes, governments, pharmaceutical industries, and insurance companies have an obvious interest in promoting the use of such knowledge. It is hoped that the forthcoming Vienna conference will lead to a deeper understanding of the various issues and problems concerning our current preoccupation with health and its sciences.

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