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WILHELMS-UNIVERSITÄT
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Norms for Health and Welfare

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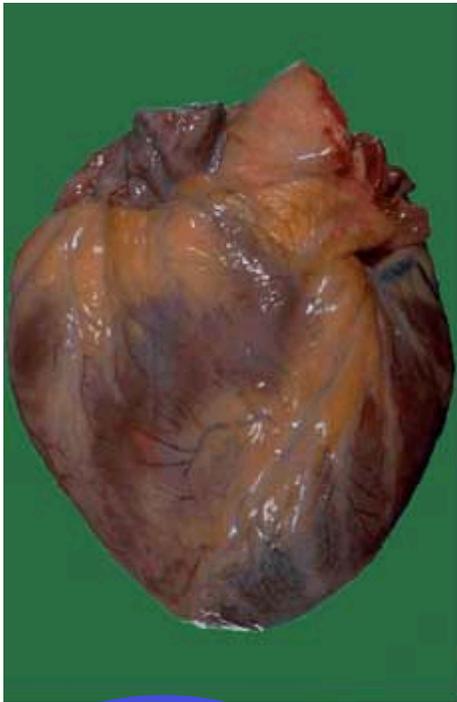
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Outline

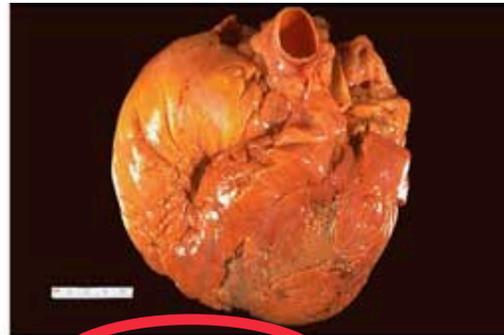
- Introduction: The normativity of “health”, “disease”, and “welfare”
- Objectivity of norms: Naturalism and Essentialism
- Subjectivity of norms: Subjectivism and Normativism
- Differentiating approach
- The approach of epistemic and normative tools
- Summary



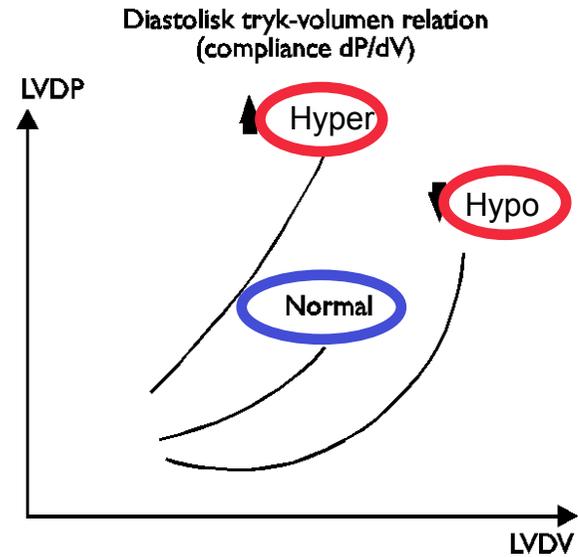
Introduction: health/disease



normal heart



diseased heart



Objectivism

Ontological claim:

There is an objective state of health (of well-being etc.)

- Absence of disease (*define “disease” first!*)
- Full instantiation of essential properties
- Ideal functioning and adequate social embedding
- Highest fitness (*relational!*)
- ...

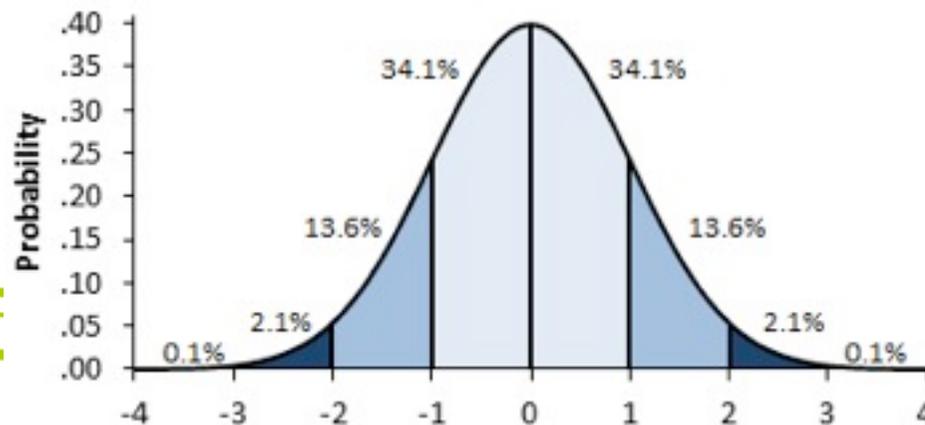
Epistemic problem: how to identify this state

Normative problem: why should this state be preferred, and not any other
(*compare: equilibrium state in physics*)

The Epistemic problem: how to identify this state

- Species average
- Average of wild type/under natural conditions
(*“natural” is normative itself! – and disease is natural as well...*)
- The state adapted to/the state that allowed survival (e.g.: paleolithic)
- The state in with life expectancy is highest, greatest number of offspring, ...

Those might be proxies; they nether define health, nor are they reliable indicators



The Normative problem: why should this state be preferred, and not any other

- Because it is the most abundant state (*circular*)
- Because it was selected (*is-ought fallacy*)
- Because it supports survival of the individual (*why is this an ought?*)
- Because it supports survival of the species (*i.e., because it will be selected*
- why is this an ought?)

- Because the individual **feels well** in this state
Subjective! Objective version: Because the individual necessarily feels well in this state (*-> another epistemic problem!*)

- Because the individual desires it
Subjective! ... necessarily desires it??

The problem of changing standards

- (A) Medieval farmer A. was healthy. He was even healthier than his contemporary non-farmers and died at the age of 65.
- (B) Modern worker B. was unhealthy. Though eating balanced food and doing workouts regularly, he is less healthy than contemporary biologists. After retirement, he lived quite well for only another 10 years.
- (C) B. (the unhealthy one) was healthier than A (the healthy one).

⇒ contradiction/conceptual inconsistency

⇒ **Standard needs to be made explicit**

no essence, no stable objective norm

Normativism_s

The subjectivist claim: Health is a positively experienced state or the absence of negative experienced illness (bodily, psychic, social)

Advantage: - cannot be contested

- captures intuitions about well-being (or even the meaning of well-being!)

Restriction: directly applicable to humans only

Problem: unreliable (cancer; individual tolerance; hypochondria)

classification as unreliable shows that we presuppose objectivity

The normativist claim: Health is what, in a culture, counts as the desirable state (bodily, psychic, social)

Relies on language use rather than on scientific findings or metaphysical presuppositions

Advantage: can deal with the problem of changing standards

Problem: strong cultural relativism

(*drapetomania: escape-attempt-disease in slaves: Samuel A. Cartwright 1851: Diseases and peculiarities of the negro race*)

(*homosexuality*)

(*deafness*)



The differentiating approach (Ereshevsky)

Discern two kinds of statements:

- State descriptions
- Normative claims (about desirability of a certain state)

State descriptions do not need to refer to “health” or “disease”.
Nothing is gained, on the level of description, by adding such a classification.
Nevertheless, may descriptions will unavoidably have normative connotations.
(thick concepts involved??)

Value claims make explicit the normative judgments about a state or situation
This is, again, independent of whether classified as healthy or diseased.
(what does this help, cf. homosexuality, deafness)

The approach of epistemic and normative tools

Biological descriptions of standard/normal/functional states are idealized models
⇒ They capture many different pieces of knowledge about an organism and conceptualize it in a particular way.

- They model, e.g., physiological capacities of an organism
- They are refineable/improvable and revisable

Standardized models **serve as epistemic tools**: they help isolating

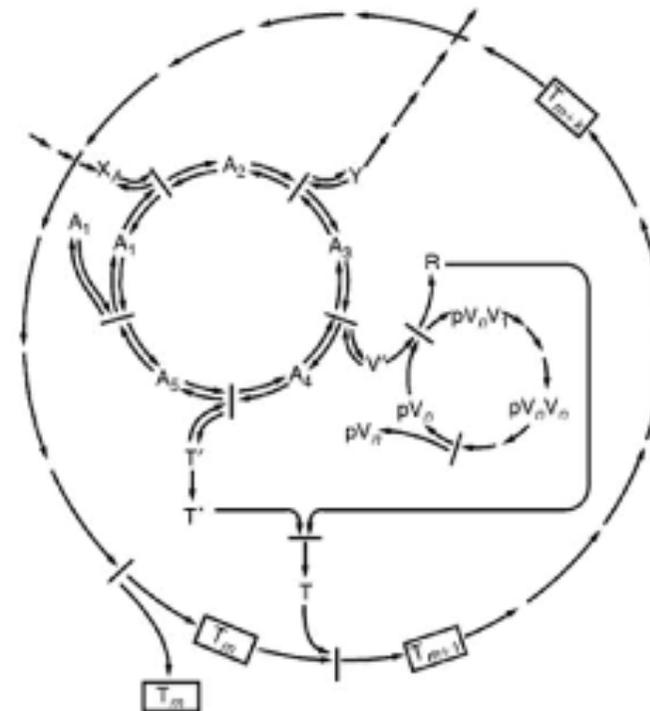
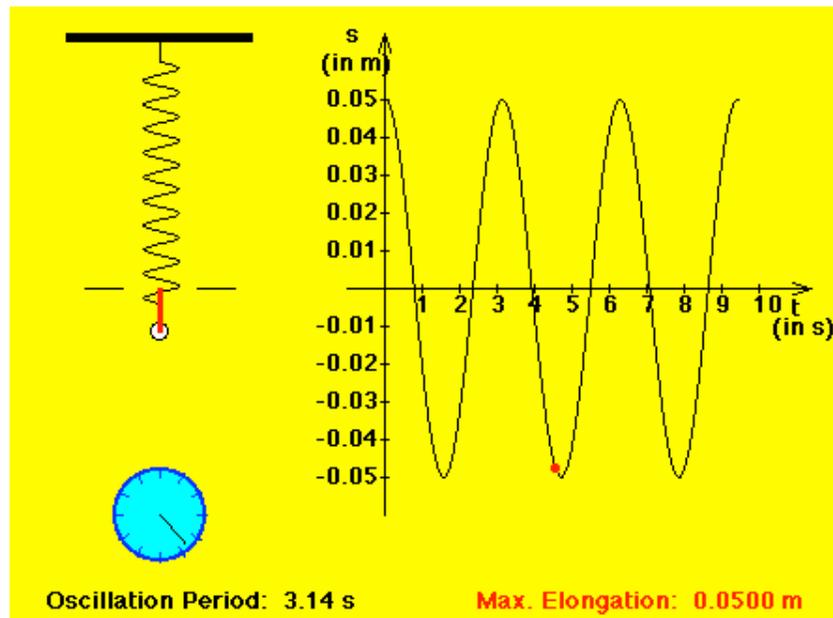
- interesting deviations
- deviations impairing physiological capacities of an organism

Standardized models **serve as normative tools**: they help

- spotting deviations that are worth curing or alleviating
- identifying possible ways to regain the standard state (to cure)

The approach of epistemic and normative tools

Concepts/models as epistemic tools



The model of a healthy organism is **a hybrid of a state description and a set of normative claims.**

The normative component comprises

- biological knowledge about the system (incl. about well-being!)
- idealization assumptions, fed from
 - experience with this and other systems
 - biological background assumptions (e.g., about fitness, evolutionary success,)
 - non-epistemic background assumptions (e.g., about what counts as desirable – deafness combined with more sensitive other senses?)
- Assumptions about subjective states (proxies: behavior; physiological parameters)

(“thick models”)

Mutual influence: biological idealization ↔ social appraisal

Summary and two strong claims

- Objectivist approaches suffer from epistemic and normative problems (Ereshevsky: naturalisms fails to be naturalistic)
- Subjectivist approaches are not reliable
- Normativist approaches suffer from strong cultural relativism
- Combined approaches buy the problems of objectivism/naturalism
- The differentiating approach (Ereshevsky) buys the problems of the normative approach (strong cultural relativism, though not *wrt* health/disease as such)

- The idealized-model-approach allows for a moderate cultural realism, with mutual leveling out of biological idealization and social appraisal
- **This is empirically adequate** (i.e., this is how it works in science and in medicine)
- **This is the best we can get.**

Thank you for your attention!