The concepts of medicine and health are becoming conflated. This can be seen in the language of medicine and health: medicine is discussed in terms of health and health in terms of medicine. A review of literature by medicine and health scholars gives evidence of the conflation and of its effects. The collapse of two concepts into one constrains the development and utilization of medicine and the meaning and pursuit of health. The conflation also obscures the distinction and separate relevance of disease and illness to both medicine and health.

The claim is that medicine and health are distinct concepts and that a recognition of them as separate is beneficial. Medicine is a means for humans. Health is an end of humans and is the prototypical condition of "how life ought to be." An understanding of medicine and health as separate concepts is beneficial to the development and utilization of medicine and to the meaning and pursuit of health. Furthermore, the separation of medicine and health clarifies the importance of medicine to disease and the significance of illness to health.
On the Conflation of the Concepts of Medicine and Health

by
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ON THE CONFLATION OF THE CONCEPTS OF MEDICINE AND HEALTH

CHAPTER ONE: THE CONFLATION OF MEDICINE AND HEALTH

The concepts of medicine and health are becoming conflated. This can be seen in the language of medicine and health: medicine is discussed in terms of health and health in terms of medicine. As the languages of medicine and health are interchanged, the concepts collapse into one. The conflation of the concepts of medicine and health confounds the work of medicine and constrains the realization of health. My claim is that medicine and health are distinct concepts and that a recognition of them as separate would allow both medicine and health to thrive.

THE LANGUAGE OF MEDICINE AND HEALTH

Medicine and health are abstract concepts as well as concrete entities, i.e., they have physical manifestations. By abstract concepts, I mean that “medicine” and “health” are words in our lexicon and we use the words to communicate ideas with one another. The words work as a means of communication because we share a common understanding of what the words mean. In other words, when we say or hear the word “medicine” we form an image of what that word represents. The word “medicine” is an abstract, verbal representation of a concrete, tangible reality. We use the word “medicine” in the abstract; we perceive and experience medicine as an actual entity.
This thesis is about the conflation of the abstractions of “medicine” and “health.” It is a conflation of language: a melding of words and, as such, a fusion of meanings. I claim that the meanings of the words “medicine” and “health” are coming together. As such, we are imagining medicine and health as having a paired existence in real life, and this is a significant alteration of our traditional understanding of their relationship.

Medicine is called healthcare. Medical clinics and hospitals are called health facilities, medical doctors and nurses are called health professionals, and medical employees are called healthcare workers. The term “healthcare,” in turn, refers to medical care. A “healthcare facility” is a medical clinic or hospital, a “health professional” is a doctor or nurse, and “health workers” are employed in the field of medicine. “Health insurance” provides for medical care. “Health advocates” negotiate for the services of medicine. “Health maintenance programs” involve regular checks by medicine to determine the need for medical intervention.

The interchange of terminology — medicine defined in terms of health; health in terms of medicine — collapses the ideas of medicine and health into a single medicine-health concept. When medicine is called healthcare, it indicates that medicine is in the profession of caring for health. These words express a unidirectional relationship that medicine has with health. In other words, medicine is a means for health. This might cause problems for medicine but not for health. However, when the reverse occurs, where “healthcare” refers to medicine, the additional implication is that health is the work of medicine. In other words, it
suggests that medicine is the means for health and health is the purpose of medicine. The relationship between medicine and health is now conflated. Not only does health have significance for medicine but the very meaning of health implicates and thus concerns medicine.

The conflation of the concepts of medicine and health is evident in the responses of medicine to the World Health Organization definition of health. In 1946, the World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (Constitution of the World Health Organization, 83). Despite the fact that WHO does not mention medicine in this declaration of health, many of the criticisms of the definition are based on its unfair demands on medicine. Daniel Callahan says that "the most basic problem with the definition is that, by including the notion of 'social well-being,' it turns the enduring problem of human happiness and well-being into one more medical problem, to be dealt with by scientific means" (36, 37). Leon Kass states that "by gerrymandering the definition of health to comprise 'a state of complete physical, mental, and social well-being,' the World Health Organization has in effect maintained that happiness is the doctor's business" (5). Elsie L. and Bertram Bandman write that the WHO definition is "too broad" and that "a result of excessive broadening of the concept of health is that responsibilities are imputed to health professionals which they could not possibly perform" (683).

The medicine-health conflation is also noticeable in the "right to health" movement. The World Health Organization followed their definition of health with
the declaration that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being” (83). Today, however, the idea that every human being has a right to health is put forth as the concept that “everyone has a right to health care” (Health Care For All – About Us) or, more specifically, the right to “all medically necessary health services” (Health Care for All – Oregon). Those who want health seek medicine. The fundamental right to complete physical, mental, and social well-being is translated as the right to the services of medicine.

HISTORICAL PERSPECTIVE

The conflation of the concepts of medicine and health is a fairly recent, and still ongoing, mutation of the normal relationship that we envision between medicine and health. In the evolving conflation of the concepts of medicine and health, medicine is put forward as being for the purpose of health, not sickness. The conventional understanding, however, is that medicine and health are related by way of unhealth. Twenty five centuries ago, the Hippocratic Oath asserted that the physician comes “for the benefit of the sick” (261), not the healthy. Caroline Whitbeck claims that “until recently, the term “health” was barely mentioned in medical circles” (613). In current real-life practice, we continue to seek the services of medicine because of sickness, not health. When the sickness is resolved, so too is the concrete relationship of medicine with health.

Historically, health was primarily the concern of philosophers, not physicians. Health was regarded more as an abstract, philosophical ideal of what it was to be
human rather than as a concrete, physical condition of the human being. Four
centuries BCE, Aristotle discussed eudaimonia, often translated as “well-being” or
“happiness,” as a virtue. As such, health did not refer to a physical condition or even a
state of being. Rather, it was an activity of the soul in pursuit of the good. Aristotle
explained that we acquire virtues by first exercising them, e.g., “we become just by
doing just acts, temperate by doing temperate acts, brave by doing brave acts” (29).
By inference, then, we achieve well-being by being well.

Traditionally, the discipline of medicine primarily addressed the matter of
human sickness, that which interfered with physical well-being. Sickness, however,
was not clearly separated from such things as sinfulness, immorality, insanity, and
wickedness. Just as health had to do with the excellence of being human, sickness had
do to do with the degradation of the human being. As such, religion, philosophy, and
government, among other human associations, joined with medicine in trying to
understand and amend the related human afflications of sickness, sin, and deviancy.
Thus, it was not an oddity that Plato, a philosopher, pondered “the causation of
disorders of body” (52) while Paracelsus, a physician, explained that “sickness comes
from God as you know” (31). As summed up by von Engelhardt, “philosophy and
medicine mutually influenced one another in antiquity” (1087).

The Cartesian mind-body and the scientific real-abstract dichotomies account
for the separation of physicians as scientists attending to afflications of the body from
speculative thinkers concerned with the ends of humanity. The 17th century René
Descartes developed the idea that the physical body of a human could be conceived of
as being distinct from that person’s mind and/or soul. As such, it became possible to comprehend a bodily disease as being disconnected from a personal weakness, for instance. The 18th century Enlightenment advanced science as another source of truth – apart from the tenets of philosophy and religion. This opened the way for physicians of medicine to develop into scientists of the physical body and for philosophers and priests to remain arbiters of the metaphysical person and the spiritual soul.

It is not clear, however, how rational medicine began to align itself more with the idealized concepts of human health rather than with the physical properties of disease. In the 19th century, F.J.V. Broussais declared that medicine no longer had need for the “senseless jargon” of philosophers (359). He explained that “it is not the abstraction, Life, which is to be studied, but the living organs” (355). Broussais seemed minimally concerned with the philosophical nuances of health. “Man is only half understood,” he said, “if he is observed only in health; sickness constitutes part of his moral, as well as his physical existence” (359).

Today, there is an evolving connection of medicine to such abstract concepts as “life” and “health” despite the steadily increasing detachment of medicine from other humanist disciplines. Modern medical scholars continue to assert, similarly to Broussais, that physicians do not need the musings of philosophers. Pelligrino and Thomasma, for instance, explain that “the historical susceptibility [of medicine] to the tyranny of philosophical systems derived from a lack of a scientifically verifiable base of knowledge” (16). They add that medicine is now able “to engage philosophy as an equal and is quite capable of resisting domination” (Pelligrino and Thomasma 17).
Contrary to their predecessor Broussais, however, Pelligrino and Thomasma dismiss the notion that medicine is primarily concerned with living organs. They explain that "to seek health and virtue is . . . a creative interference in the given, a taunting of fate and nature. In our day medicine is asked increasingly to do the taunting" (vii). Descartes and science notwithstanding, modern medical scholars are embracing the idea that medicine is as involved, if not more so, with the ideal of health as it is with the essence of disease. In effect, we have come full circle without, however, the input of philosophy and religion. Today, medicine alone is assuming responsibility for health. The dichotomy that once split physicians from philosophers no longer separates medicine from health.

DEFINITION OF TERMS

The meanings of "medicine," "health," "disease," and "illness" are integral to my thesis. In this section, I define these terms according to the way I use them in this thesis. The explanations of medicine, health, disease, and illness that follow are in my own words. I contend, however, that I am using and explaining these concepts consistent with common usage and understandings of the words.

Medicine

Medicine is a means to perform a function. It takes form as a complex human system of knowledge, beliefs, traditions, values, products, practices, and practitioners organized to ameliorate the deformities, disabilities, injuries, and diseases that afflict
humans. Systems of medicine evolve and co-exist, differing from one another in composition and capabilities. Multiple medicines co-exist. All medicines, however, are structured to perform a function relative to the deformities, disabilities, injuries, and diseases that disturb humans.

Medical anthropologists and other social scientist distinguish and name medical systems according to criteria such as beliefs about the causes of diseases, types of practices or practitioners, and geographic or cultural endorsers. "Naturalistic" systems of medicine, for example, differ from "personalistic" systems by their respective beliefs about the origin of disease. The former believe that disease is a result of natural forces, such as germs; the latter understand sickness to be the result of supernatural forces, such as angry deities.

An individual, society, or culture sanctions a particular system to be predominant. The term "medicine," if not otherwise qualified, refers to the dominant system of medicine in a given context. The term "alternative medicine" or "complementary medicine" is medicine that is not dominant. The dominant medicine accepted by officials in the United States, as well as by the authorities in many other societies, is labeled "biomedicine." Biomedicine is otherwise called "western medicine," "modern medicine," "scientific medicine," "regular medicine," "allopathic medicine," and "cosmopolitan medicine." Biomedicine is grounded in reason and science and seeks to understand and amend biological abnormalities of the human body. The knowledge, beliefs, values, products, and practices of biomedicine derive
from science, the scientific methods, and technology. The practitioners are scientists and technicians.

I will use "medicine" to refer particularly, but not exclusively, to biomedicine. My observations about the consequences of the conflation of the concepts of medicine and health come from biomedicine in particular. The problem of conflating the concepts of medicine and health, however, is not specific to biomedicine. Should spiritual medicine, for example, be conflated with health, the conflation would still have detrimental consequences. My thesis, thus, applies to the idea of medicine in general, as well as to the system of biomedicine in particular. The idea of medicine, in general, is that of a human system formed so as to ameliorate the deformities, disabilities, injuries, and diseases that afflict human beings. The system of biomedicine is a medicine that is particularized by its rational, scientific, and technological composition and capabilities.

Health

In one sense, health is the condition of a living organism. The only prerequisite of health is life. Humans, animals, and plants, while alive, are in a state of health. A person, a bird, or even an oak tree, while living, has health. We can even attribute the property of health to organic systems that contain non-living beings and inanimate elements. As such, we can discuss the health of a society, a forest, or even an ecosystem. We do not normally attribute health to either dead beings or inanimate objects. A corpse, a piece of wood cut from a tree, and a rock are without health. The
idea of health, understood as the condition of a living organism, is a declaration of "how life is." As such, this notion of health carries no value apart from whatever value might be associated with life itself. A person suffering and dying is in a state of health as is a bird singing. A statement such as "at least she has her health" is equivalent to saying "at least she is alive." In order for "health" to mean more than "she is alive," a descriptor, such as "good" or "bad" must be added to the word "health." In other words, if we wanted to distinguish the state of distress from that of thriving, we might describe the distressed life as being in a condition of "bad health" and the thriving life as being in a state of "good health." The range of health conditions as well as of health valuations are innumerable. What it is that constitutes the "adequate health" of a young parakeet or the "ill health" of an old maple tree, for example, is a matter of definition and determination. The one certainty that can be assumed by their common "health" designation, however, is that both the parakeet and the poplar tree are alive.

However, the word "health" also refers to the prototypical condition of a living organism, i.e., the condition that serves as the criterion against which all other conditions of health are measured. In common usage as well as in scholarly definitions, the word "health," if not otherwise qualified, is translated to mean, "how life ought to be." A classic example of this understanding of health can be found in the World Health Organization's definition of health as "a state of complete physical, mental, and social well-being." The World Health Organization (WHO) did not define "good health" but rather "health." They did, however, define "health" as
something good, a model of “how life ought to be.” The interpretation of health as “how life ought to be” is not a negation of the idea that health is also the condition of “how life is” – inclusive of even undesirable states of life. Rather, the idea that health is “how life ought to be” is a common, if not universal, default understanding of “health” when the word is not otherwise qualified. Thus, “bad health” and “good health” are valuations of the condition of health based on an implicit or defined prototype of “how life ought to be.” “Health,” in this second sense, is the standard against which all conditions of “how life is” are measured and, as such, this understanding of health is not value-neutral. Instead, in this default sense of “health,” health is valued as something over and above the estimation of life itself.

“Health,” then, is both a neutral term, to be assigned value, and a positive term, implicitly “good” in value. As a value neutral term, “health” refers to all conditions of “how life is.” As such, “bad health” is a state of “health.” “Health,” though, because it also refers to the prototypical condition of “how life ought to be” can never, in itself, be “bad.” In fact, having “bad health” is often equated with having “lost one’s health.” This is because it is widely understood that to “lose health” is not to lose a condition of being alive but rather to lose a prototypical condition of “how life ought to be.” Similarly, to be “unhealthy” is not to have lost a condition of “how life is” but rather to have lost a condition of “how life ought to be.” In contrast, to be “healthy” is not only to have the condition of life but also to have met or exceeded the condition of “how life ought to be.” To seek or achieve “health” is to anticipate or gain a condition of health that meets or exceeds the prototype of “how life ought to be.” The idea of
"health" as something of value, something that is desirable to have, is rarely, if ever, a matter of controversy.

For my purposes, "health," unless otherwise specified, refers to the prototype of "how life ought to be." Thus, when the word "health" is modified with an adjective such as "good" or "bad," the condition of health is good or bad relative to "how life ought to be." The notion of health as the prototypical condition of "how life ought to be" applies to all living organisms. A healthy oak tree, for example, is a tree that is alive and that meets or exceeds the standards for what a living oak tree ought to be. However, here, I use "health" to refer only to human health.

The idea of health as the prototypical condition of "how life ought to be" is universal, general, and abstract. By universal, I mean that "health" is everywhere and always understood to refer to the prototypical condition of "how life ought to be." By general, I mean that the universal idea of "health" is inclusive of numerous and diverse ideas that characterize the prototypical condition of "how life ought to be." By abstract, I mean that the universal and general idea that "health" is the prototypical condition of "how life ought to be" is an idea without concrete definition or specific relevance.

The abstract idea of "health" is given meaning and relevance in the form of definitions and declarations about health. Definitions of health, such as that of the World Health Organization (WHO), specify the prototype of "how life ought to be." The definitions are often broad in implication and application. For example, WHO defines health as "a state of complete physical, mental, and social well-being and not
merely the absence of disease or infirmity” (83). This definition gives a concrete meaning to the abstract idea of “how life ought to be.” It is diffuse and impersonal enough, however, to encompass the diverse interpretations of many people. Definitions of health tend to function as ideals of “how life ought to be” that are apropos for people in general rather than as models against which to measure the “how life is” status of a particular person.

Declarations about health, such as “her health is bad,” clarify “how life is” for a particular person. In contrast to definitions of health, declarations rarely specify “how life ought to be.” They do, however, allude to a definite notion of “how life ought to be.” A declaration of health might be followed by a clarification, such as, “she has no home” or “she has cancer.” The actual meaning of “how life ought to be,” however, must be still be inferred. The prototypical condition of “how life ought to be” may be as particular and individual as “having a home” or “not having cancer” or as general and ubiquitous “the well-working of the organism as a whole” (Kass 18). Either way, however, a declaration of health uses a definite concept of “how life ought to be” as a relevant model for the status of a particular person. The goals alluded to in declarations of health are apt to be pragmatic and parochial – perhaps even individual – rather than idyllic and ubiquitous.

By way of definition or declaration, then, the abstract idea of health as the prototypical condition of “how life ought to be” appears as a concrete notion of “how life ought to be.” The conversion of the abstract to the concrete is an everyday occurrence. In so doing, that which is undefined gains both definition and relevance.
A statement such as "diabetes is destroying his health" is an example of a concrete case relying on an abstract concept of "how life ought to be" that is imbued with particular meaning and relevance. Though such a declaration neglects to specify the meaning of health, it suggests that the prototype for "how his life ought to be" entails not having diabetes. Furthermore, because of the presence of diabetes, his health is being destroyed. The declaration may even entail that "not having a disease, such as diabetes" is "how human life, everywhere and always, ought to be." As such, "not having a disease such as diabetes" would be a relevant measure of everyone's condition. To be "healthy" or to have "good health," then, would mean that one's life would have met or exceeded the criteria of "not having a disease such as diabetes." To be "unhealthy" or to have a condition of "poor health" would mean one's life had not met the criteria of "not having a disease, such as diabetes."

Regardless of definition or declaration, however, health remains an abstract concept of all people, inclusive of every idea of what the prototypical condition of "how life ought to be" is. In other words, people share a common awareness that "health" is "how life ought to be" yet people hold disparate views about what this means in particular and how this applies to specific persons. The common understanding of health as the prototype is evidenced in the statement that "a piece of cherry pie for dinner would be good for my health" as well as in the declaration that "cancer is robbing me of my health." Both statements delineate a particular idea of "how life ought to be," whether such a life entails having cherry pie for dinner or not having cancer. Though all concrete notions of health give health substantial meaning
and relevance, no concrete notion of health delineates the full meaning and relevance of health for all people. Instead, concrete notions of health are of and about some people, not all, and are exclusive of contrary ideas of “how life ought to be.”

Health, as an abstract concept, has real definitions. However, I contend that it has no real meaning. No concrete notion of health is sufficient to be the universally-understood idea of health as the prototype of “how life ought to be,” inclusive of every idea of “how life ought to be.” Instead, real people give the abstract concept of health both general definition through scholarly contemplation and particular meaning in the processes of everyday life.

The concern in this thesis is not with the meaning and relevance of any particular concrete notion of health. Rather, my concern is with the appropriation of the abstract concept of health into any concrete notion of health. A concrete notion of health is someone’s particular answer to the question, “how ought life to be?” An understanding of “health” begins with a question, not with an answer. It matters who it is, in particular, who answers the question. It makes a difference whether the person who decides the meaning of health is an ordinary person with a hope of how an individual life ought to be, an expert with a statistical measurement of how an average life ought to be, a politician with a decision about how the public’s life ought to be, or a philosopher with an ideal of how human life ought to be.

The concept of health that is being conflated with that of medicine is the abstract idea of health as the prototypical condition of “how life ought to be.” As
such, what constitutes health is an open question. It carries with it no definitive answer. It is, however, amenable to multiple concrete answers.

Disease and Illness

Disease and illness are significant to the work of medicine as well as to the achievement of health. Disease and illness are related in that they are both regarded as antitheses of health. Disease and illness are distinguished from one another in that disease is an officially designated adversary of health and illness is a personal experience of inadequate health. It is important to understand the meanings of disease and illness in order to appreciate the significance of the relationship of, and distinction between, medicine and health. Because of disease and illness, medicine and health are related. On account of disease and illness, however, the concepts of medicine and health must not be conflated.

Disease

"Disease" is a category name for a particular kind of adversary of health. "Disease" also identifies the entities that make up the category of "disease." Thus, there is disease generally and there are specific diseases, the general category and particulars in it.

In this thesis, I claim that the category of "disease" has no identifying nature of its own. Rather, the category of "disease" is, by default, the collective nature of all those conditions that are officially-designated as adversaries of health and placed in
the category "disease." In other words, as "lymphoma" and "narcolepsy" are deemed
to be, individually, diseases, they add to the nature of what constitutes the category of
"disease." The source that officially designates an entity as a "disease" thereby
defines the nature of "disease." The defining characteristic of "disease," thus, is its
official designation as "disease."

Something is a disease because an official source determines and/or deems that
it is one. Though an ordinary person may think that "falling asleep at work" is
adversarial to health, "falling asleep at work" only becomes a "disease" when an
authoritative source declares it to be so. Who it is that is authorized to designate
disease is variable. Medicine, however, is always regarded as having the authority to
designate a disease. Throughout time and across cultures, diverse other sources have
also been regarded as having the knowledge and power to designate diseases. The
types of authorities that designate "disease" range from philosophers and priests to
physicians and politicians. For my purposes, who it is that designates something to be
"disease" is less relevant than that it is always an official, authoritative source; it is
never one's ordinary neighbor. The most a typical next door neighbor can do is
suspect that "falling asleep at work" is a disease – or indicative of a disease.

When something is officially designated as a disease, it acquires a name and
description. Though the designations of disease, as well as their names and
descriptions, change from place to place and time to time, all diseases have definite
names and explanations. "Multiple Sclerosis" is an example of a disease that is
designated, named, and described by biomedicine; "Susto" is an instance of disease.
designated, named, and described by Hispanic American folk medicine. A compilation of internationally recognized diseases is published every ten years, since 1948, by the World Health Organization (WHO). By having a name and description, a disease has a discernable definition. The difference between “feeling lousy” and having “cancer” is that “feeling lousy,” unlike “cancer,” has no authenticity, name, or description; cancer has all three.

It is important to note that disease is officially-designated as adversarial to health. This means that disease is a threat to (in ontological terms) or a deviation from (in physiological terms) the prototypical condition of “how life ought to be.” The elimination or correction of disease is thus conducive to the preservation or restoration of health. Disease is not, however, the only adversary of health. Injury, pollution, and poverty are but a few examples of things adversarial to the prototypical condition of “how life ought to be.” Because there are other adversaries of health, the presence of disease is not the antithesis of health nor is the absence of disease synonymous with health.

**Illness:**

“Illness” is a bodily manifestation that “how life is” is not “how life ought to be.” As such, illness is physical evidence of inadequate health. Similar to the word “disease,” the term “illness” refers to the category that contains all illnesses as well as to the particular illnesses within that category. Those who manifest illness are said to be “ill.” In other words, an “ill” person is one who has an illness.
Illness is a non-controlled bodily response that is experienced as, or perceived to be, inadequate health. By non-controlled, I mean that the person whose body is manifesting illness is not in command of the illness itself. This is consistent with the statement of Talcott Parsons that "the state of illness is involuntary" (67). A person might, with full intent, drink too much alcohol and get a hangover. The illness is the non-controlled response, which, in this example, is the hangover. It is important to note that a particular illness may be dismissed as "not an illness" because the bodily expression appears to be controlled. In other words, drinking too much alcohol may appear to be a self-controlled behavior and, thus, not an illness. Upon closer inspection, however, a particular person’s "drinking too much alcohol" may be seen as an unchecked bodily response to, for instance, an aberrant gene or a broken dream. Either way, drinking too much alcohol may, itself, be an illness: a bodily manifestation that "how life is" is not "how life ought to be."

Illness is a response to a stimulus. As such, illness always has a cause. Illness, then, is evidence of whatever it is that elicited the bodily response. When an illness precedes, accompanies, or follows a disease, for example, the illness is often thought to be a sign or symptom of that disease, and the disease, in turn, the cause of the illness. For instance, the unrelenting fussing and crying of a baby may be perceived as an illness. If the child’s fussing and crying occur at the time that baby is diagnosed with otitis media, the fussing and crying may be considered a symptom of otitis media and otitis media the explanation for the fussing and crying.
Illness, however, need not be affiliated with a disease. Something other than, or in addition to, disease can elicit a bodily response interpreted as illness. Losing one’s job can precipitate a stomachache either alone or in conjunction with an official disease such as ulcerative colitis. In fact, should ulcerative colitis be present, it may obscure the significance of the job loss to the stomachache. It is important to note that, though illness is physical, the cause need not be.

The physical manifestation of illness is a uniquely personal response. A given stimulus can elicit a different response in different people and a particular bodily reaction can be symptomatic of diverse precipitating factors. For example, one person might respond to a job loss by vomiting, a physical reaction commonly perceived as an illness; another person might respond to the same job loss by driving recklessly, a behavior rarely perceived as an illness response. Neither the vomiting nor the reckless driving, however, are symptoms peculiar to losing a job. The vomiting response may elicit a search for some physical organism, the reckless driving may simply bring about a reprimand. Furthermore, a particular body often reacts to a given aggravation or threat in compound ways. Thus, a disease, such as cellulitis, might set off a cluster of reactions, including localized pain and redness, a rise in body temperature, and generalized malaise; all or some may be present in any given individual, all or some may be indicative of offenses other than cellulitis.

Neither the cause nor the appearance of illness is sufficient to define illness. Illness has no characteristic form nor singular cause. Rather, the definitive criteria for illness is that the non-controlled bodily reaction is presumed to be inadequate health.
The claim of anyone, about anyone, that “I am ill” or that “she is ill” is sufficient to diagnose “illness.” Ordinary people in everyday life decide the presence of illness. The determination is personal and subjective, even if it is declared by an expert or accompanied by physical evidence. The judgment of illness establishes that there is physical manifestation, beyond the control of the ill person, of inadequate health.

THE PROBLEM OF CONFLATION

In chapter two, through a review of literature by eminent theorists, I will show that the concepts of medicine and health are becoming conflated and that this is detrimental to both medicine and health. A conflated relationship means that the ideas of medicine and health are so blended together that medicine cannot be imagined apart from health and health cannot be envisioned as a concept independent of medicine. I will show that the conflation of the concepts of medicine and health is harmful to the development and utilization of medicine and to the meaning and pursuit of health. I will further show that the conflation of the concepts of medicine and health discounts or disregards the role of medicine in disease and the significance of illness to health. As such, both the work of medicine and the realization of health are impeded.

The conflation of medicine and health in the literature

I will use selected writings of Leon Kass; Daniel Callahan; Critical Medical Anthropology (CMA), as represented by Hans A. Baer, Merrill Singer, and Ida Susser; and Lennart Nordenfelt to give evidence of the conflation of medicine and health as
well as of the effects of this conflation. In the literature, these medicine and health scholars argue for diverse constraints on the work of medicine for the sake of health and/or on the meaning of health for the sake of medicine. I contend that the tacit assumption underlying their respective theories is that medicine and health are inextricably entwined.

Kass, on the basis that medicine is a rational activity towards the end of health, argues for a finite definition of health. Callahan, in recognition of the public demand for health and the concomitant responsibility of medicine to deliver it, reasons that both the meaning of health and the practice of medicine must be constrained if health is to be achieved and if medicine is to be successful. CMA argues that health is contingent upon access to and control over resources necessary for the sustenance and promotion of a satisfactory life. Medicine, on the basis that it is integral to health, is considered by critical medical anthropology to be adequate only if it is within the availability and control of all persons and if it addresses the "historically located sociopolitical processes" that produce disease (Singer 230). Nordenfelt formulates a holistic understanding of health that is more connected with human happiness than with the absence of disease. On the basis, however, that medicine has a duty to bring about health, he declares that health must be an evaluative concept and "what is to be counted as 'real' minimal happiness has to be decided upon" (xvi).
The negative effects of conflation

The conflation of the concept of medicine with that of health hinders the advancement of medicine by limiting the plurality of medical systems and by restraining the functions of any given system. In the first place, the conflation of the concept of medicine with that health suggests that there is a "correct" medicine, i.e., one that brings about "real" health. Such an emphasis on a correct system of medicine suppresses the development of plural systems of medicine. This inclination is most evident in the arguments of CMA that biomedicine must be overthrown because it does not fit with the meaning of health. In the second place, the conflation of the concept of medicine with that of health implies that the activities of medicine are to produce health. The effect of this proposition is to limit the development of medical knowledge and practices not fitting a particular notion of health. The writings of Callahan, in particular, indicate a response to such pressures on biomedicine. Callahan calls upon medicine to moderate its attempts to cure new and/or rare diseases of some persons so as to attend to an idea of health that involves equitable care for all.

The conflation of the concept of medicine with that of health leads to the inappropriate utilization of medicine. People demand and expect medicine to bring about health. As Kass points out, this means that people turn primarily to medicine, rather than to other means, for such things as happiness and social adjustment. Furthermore, the more people regard health as a right, the more they likewise demand that all medicine be everywhere and always available. Both Kass and Callahan point
out that attempts to limit the provision of medical services are often seen as affronts to the fundamental right of human beings to health.

As the expectations of medicine expand, the abilities of people to evaluate and/or achieve the outcomes of medicine diminish. The abstract nature of health means that people can not understand what it is that medicine is actually to do. Boundless ideas of what constitutes health means that medicine can never satisfy the desires for health. As pointed out by Callahan, more medicine does not equate with more health and, in fact, may be associated with a perception of less health. Callahan states that “there is little, if any, reason to believe that the quest for endless medical progress will deliver correspondingly endless improvement in our sense of personal satisfaction with our health” (55).

By contrast, the conflation of the concept of health with that of medicine constrains the meaning and limits the definitions of health. This is evident in the arguments of Kass, Callahan, and Nordenfelt that the meaning of health must be concordant with the practicalities of medicine. They would, for instance, discard certain ideas of health because they are irrational, unreasonable, or immeasurable. However, because health is universally understood as the prototypical condition of “how life ought to be,” attempts to limit the meaning of health merely suppress and/or ignore the on-going discourse of everyone about “how life ought to be.” Furthermore, because definitions of health are always particular person’s ideas of “how a particular life ought to be,” a definition of health for the purpose of medicine is unlikely to be an adequate definition for the purpose of a philosopher, for example. The more
authoritative or comprehensive a given definition of health appears to be, moreover, the more likely it is that other definitions of health will be discarded as inadequate. This further limits the diverse ideas of “how life ought to be.”

As we suppress universal discourse on the abstract meaning of health and limit the particular definitions that specify “how life ought to be,” we also obstruct the pursuit of health. We cannot seek what we cannot imagine. And we are unlikely to pursue what we are told is just an illusion. In other words, the more we believe in a reasonable and achievable notion of health, the less likely it is we will chase an improbable hope for health. Callahan and CMA, in particular, articulate the harms that have resulted from individual, and even societal, quests in pursuit of an extraordinary understanding of “how life ought to be.” In response, they call for a redefinition of health so as to moderate particular decisions regarding what a society, for instance, ought to pursue relative to the goal of health. However, even if a re-conception of health as something just, for example, would lead to a prevalent pursuit of equitable health, it would also curtail those efforts to achieve something extraordinary.

In the conflation of the concepts of medicine and health, the relevance of disease and illness to both medicine and health is obscure and inconsistent. Nordenfelt, alone, discusses the concepts of disease and illness as ties that explain the affiliation of health with medicine. The idea of illness is not delineated by Kass, Callahan, or CMA. Neither Kass nor Callahan address the importance of disease for either the work of medicine or the meaning of health.
In the writings of Kass and CMA, however, it is possible to see that the conflation of medicine and health has a tendency to discount the duty of medicine to directly ameliorate diseases yet esteem the position of medicine relative to the overall situation of disease. Kass says that the primary objective of medicine is not disease, but health. Nevertheless, he calls upon medicine to control and clarify lines of responsibility for disease management. CMA admonishes medicine for its myopic focus on diseases, then holds medicine accountable for the presence of disease.

THE BENEFITS OF SEPARATION

In chapter three, I argue that it is important to avoid conflating the concepts of medicine and health and, instead, to understand that medicine and health are distinct, albeit related, concepts. I will contend that understanding medicine and health as separate concepts is beneficial to the development and utilization of medicine and to the meaning and pursuit of health. I will also argue that an understanding of the relationship of medicine and health affirms the importance of medicine to disease and the significance of illness to health. The separation of medicine and health promotes the development and utilization of medicine, advances the meaning and pursuit of health, and values the relationship of medicine and health.

The distinction of medicine and health

I contend that medicine is a means for humans. By this I mean that medicine is used for the purposes of particular persons and powers, not for any purposes intrinsic
to medicine itself. Medicine has a function. The “end” of medicine is found in its function relative to the amelioration of deformity, disability, injury, and disease. The tools of any medicine can be used for various purposes. The skills of biomedicine, for instance, can be used to cure rare diseases or to prevent the common flu. Furthermore, the tools of diverse medicines can be used for common purposes. Both biomedicine and naturopathy, for instance, can be used for the purpose of changing eating patterns in a community.

Health is an end of humans, a good to be sought because it is good. Health is both a goal for humans and a goal of humans. By goal for humans, I mean that health, as an abstract concept, is universally regarded as a good. By goal of humans, I mean that particular humans define health and thereby identify what is good for humans to seek.

The benefits of separation

The separation of the concept of medicine from that of health means that medicine can develop in accord with multiple particular and concrete means rather than in agreement with one general and abstract end. This encourages the mutual development of plural medicines as well as the separate development of each medicine. The rational and scientific medicine of Kass, the reasonable and just medicine of Callahan, and the political and social medicine of CMA are different means for the same end. In other words, the difference between the medicine of Kass and that of CMA is not that one is intended for health and the other not; the difference
lies in their particular functions relative to health. Thus, rather than being competitive means to health, they can be considered as potentially complimentary. This also means that each medicine can advance its specific composition of knowledge, beliefs, traditions, values, products, and practitioners and its capabilities relative to the amelioration of deformity, disability, injury, and disease. No medicine need attempt to be the provider of health though all medicines may seek to be a means to health.

The understanding of medicine as having a distinct composition and capability relative to deformities, disabilities, injuries, and diseases would enable people to understand the differences between systems of medicine. It would be possible, for example, to clearly differentiate that the medicine envisioned by Kass might excel at curing particular diseases of individuals while the medicine advocated by CMA might triumph at preventing prevalent diseases of society. An understanding of these differences would empower people to choose medicines in accordance with their own objectives. It would also enable people to understand the choices made by some on behalf of others. It is possible that an individual might choose a highly scientific and technical medicine to cure his or her own cancer while a society might select a reasonable and just medicine to provide care for everyone who has cancer.

The idea that medicine is defined by its capabilities relative to adversities of health, not by health itself, means that the expectations of medicine can be reasonable and the outcomes achievable and measurable. This is good for both medicine and for the people who use medicine. Medicine can be held accountable for its ability to meet goals that are important to health, whether that involves cleaning the environment or
fixing broken bones. Furthermore, medicine can be valued for what it does rather than rejected for what it does not do. Individuals, as well as societies, in turn, can be held accountable for their utilization of medicine as well as for the purposes they enable and/or direct medicine to accomplish.

The discernment that health is separate from medicine allows the meaning of health to be enlarged and the definitions of health to be clarified. Health is the prototypical condition of "how life ought to be." As the aspiration of humans rather than the goal of medicine, the meaning of health is open to the on-going ideas of all people about how life ought to be. It need not be limited by the practicalities or realities of medicine. As such, the meaning of health can benefit from a multi-cultural discourse on how human life ought to be. Definitions of health, however, are some person's or persons' specifications of "how a particular life ought to be." As the concept of health is separated from that of medicine, those definitions of health for purposes of medicine can be clearly identified as such. Other definitions of health can co-exist.

A broader understanding of health and clearer definitions of particular health goals enable people to pursue health by means other than medicine. As our perceptions of how human life ought to be expand, we can choose how it is we wish to achieve that which we envision. As our concrete health goals are clarified, we can, as individuals or as a society, seek to achieve particular conditions of health for ourselves or our community. We can thus decide to what extent medicine, or any particular
system of medicine, is to be the means by which we strive to bring about the particular conditions to which we aspire.

We value medicine as a means to ameliorate disease because disease is a recognized threat to our health and medicine is the means by which we recognize that threat. In other words, we value medicine in large part because medicine is able to designate an adversary of health as "disease." The identification of the adversary as a disease lets us know, among other things, that the adversary is "not something else," such as an injury or a sin, for instance. The disease diagnosis also tells us that the adversary is "not all in my head." In other words, by having a disease, we have something with an identity, a name, and a description. It becomes real for us and it becomes something knowable for medicine.

We also value medicine as a means to ameliorate disease because disease is a cause of illness. Medicine has a significant role in the evaluation of illness for the presence of disease. Medicine both designates and diagnoses disease from illness. By designating disease from illness, I mean that medicine observes physical aberrations of "how life ought to be," identifies a singular nature, and names it a disease. In so doing, the mysterious threat becomes a knowable adversary. By diagnosing disease from illness, I mean that medicine is able to interpret illness as a sign or symptom of a known disease. As a known disease, the illness is amenable to the skills of medicine.

Illness is always relevant to health. It is the personal, physical declaration that "how life is" is not "how life ought to be." The relevance of illness to medicine is by
way of disease. Illness, however, is not the same as disease. Thus, illness is sometimes of relevance to medicine, but not always.

An awareness of the distinction between illness and disease challenges us to moderate the functions of medicine relative to illness. The according of disease status to illness is not conducive to understanding either the illness or the ill person. The diagnosis of disease can serve to suppress the communication of illness, simplify the message of illness, and ignore the person of illness. We thereby risk silencing the patient, misinterpreting the illness, and overlooking the reality of the person.

THE CHALLENGE

In chapter four, I summarize my argument that conflation of the concepts of medicine and health is neither necessary nor beneficial. It is not a critique of the propositions of Kass, Callahan, CMA, or Nordenfelt; rather, I show how the writings of these health and medicine scholars give evidence of the conflation and its effects. As I argue in chapter two, the conflation of the concepts of medicine and health constrains the significance and utilization of medicine as well as the meaning and pursuit of health. Furthermore, it obscures the distinction and relevance of disease and illness to both medicine and health.

The challenge remains for us to understand the separate meanings of medicine, health, disease, and illness as well as to explore the alternatives to conflation. In chapter three, I claim that medicine and health are actually distinct and that an understanding of them as distinct is beneficial to the thriving of both medicine and
health. This is just a beginning. We now need to encourage an intense exploration and open discourse on the meanings of medicine, health, disease, and illness. We also need to understand the extent to which medicine and health are, or should be, related. Our greatest challenge is to evaluate our responsibilities relative to medicine, disease, illness, and health.
CHAPTER TWO: THE EVIDENCE OF CONFLATION AND ITS EFFECTS

The nature of the relationship between medicine and health affects the concepts and accomplishments of both medicine and health. A conflated relationship means that the ideas of medicine and health are so blended together that medicine is not imagined apart from health and health is not envisioned independent of medicine. “Medicine” refers to a human system of knowledge, beliefs, traditions, values, products, practices, and practitioners organized so as to ameliorate the deformities, disabilities, injuries, and diseases that afflict life. “Health” refers to the prototypical condition of “how life ought to be.” The conflation of the concepts of medicine and health is a conflation of means and end. Medicine, as a means for humans, is inextricably linked with health, as an end of humans.

In this chapter, I will review writings by distinguished medicine and health scholars to show that the concepts of medicine and health are becoming conflated and that this is detrimental to both medicine and health. I will show that the conflation of medicine and health constrains the development and utilization of medicine and the meaning and pursuit of health. I will also show that the conflation of the concepts of medicine and health discounts or disregards the significance of disease and illness relative to medicine and health.
EVIDENCE OF CONFLATION IN THE LITERATURE

Leon Kass

The blending of the concepts of medicine and health is evident in an essay by Leon Kass entitled, "Regarding the End of Medicine and the Pursuit of Health." In this article, Kass asserts that medicine is defined by health and that health is identified by medicine.

Kass prefaces his remarks by saying that there is widespread confusion about what medicine is supposed to do. He explains that medicine is a rational activity in pursuit of an objective and that the confusion about medicine lies in both "medicine as well as the community which supports it" losing sight of "a clear and identifiable end" for medicine (4). He then clarifies that "health" is the purpose, or end, of medicine. Kass seems to suggest here that the idea of health must be clear and identifiable, at least to medicine, because it is the end to which the rational activities of medicine are directed.

Kass says that he is first going to examine "some of the false goals that tempt today's physicians," the pursuits of which Kass considers to be "perversions of the art [of medicine]" (5). As he identifies these false goals, however, he rejects them because they are each errant understandings of what health really is rather than because they are something other than health. For example, Kass argues that such things as happiness and social adjustment are inappropriate ends for the rational activity of medicine because "health is different from pleasure, happiness, civil peace and order, virtue, wisdom, and truth" (9). He likewise dismisses the prolongation of
life as a suitable goal for medicine on the basis that “to be alive and to be healthy are not the same” (emphasis in original, 8). Kass does not discuss the idea that sickness or disease, for instance, might direct the purposes of medicine.

In identifying “health” as the objective of medicine, Kass admits that he is “rather inclined to the old-fashioned view that health . . . is the end of the physician’s art” (emphasis added, 4). The issue of concern for Kass, thus, is not whether health or something else is the goal of medicine. On this matter, he concludes as though the matter is already settled: “health and only health is the doctor’s proper business” (22). Kass’ depiction is of health and how this depiction affects the delineation of what medicine is to do. His particular concern is the tendency to expand the notion of health such that the meaning of health embraces matters that are “none of the doctor’s business, except as the doctor is also a human being and a citizen” (6).

Kass acknowledges that it is difficult, if not impossible, to precisely define health in words. He examines the current uses of health terminology, as well as the English and Greek etymologies of the word “health,” to describe health as “‘the well-working of the organism as a whole,’ or again, ‘an activity of the living body in accordance with its specific excellences’” (18). Kass asserts, however, that it is easier to recognize health than to define health. And he says that the person best qualified to know health is the doctor because “medicine is an art which aims at health, and an art implies knowledge of ends and means” (11). He says that “the doctor as a knower should know what health and healthy functioning are, and how to restore and preserve them” (emphasis in original 12).
Kass suggests that medicine should also concern itself with the meaning of "well-working wholeness" "if the medical profession wants to retain the right to set its own limits" (24). The focus of Kass here seems to be on medicine taking charge of its own destiny by taking control of the meaning of health. In other words, he urges medicine to identify the meaning of health because the meaning of health defines medicine. This is because medicine, according to Kass, is a rational activity whose powers are directed to the end of health.

Daniel Callahan

The melding of the concepts of medicine and health is conspicuous in a book by Daniel Callahan titled, What Kind of Life: The Limits of Medical Progress. According to Callahan, the meaning of health needs to be changed so as to bring about a better medicine, a medicine that is just and achievable. The notion of medicine, in turn, needs to be reformed so as to comprehend a better notion of health, a health that is societal and reasonable.

Callahan seeks to change medicine by changing the way we think about health. He asserts that the view of health directs the course of medicine. Any attempt, therefore, to reform the concept of medicine must begin with the idea of health. As stated by Callahan, "it is our ends we must examine" (22). He says that his "aim is to set forth an alternative way of thinking about health that will lead into the devising of a reasonable and just healthcare system" (12). By "healthcare system," Callahan indicates that he means medicine and, in particular, biomedicine. In his call for a new
healthcare system, he says that "the present system . . . must now turn inward" and "we must try to determine appropriate goals and ends for the biomedical enterprise in the context of an examination of what constitutes the human good" (29, 30). In other words, medicine should be formed in accordance with the meaning of health. Thus, in order to achieve the reasonable and just healthcare system that Callahan envisions, the idea of health must be reasonable and just.

Callahan reasons that the meaning of health, in turn, is formed by medicine. He contends that the success of medicine in curing diseases and extending lives has distorted the idea of what health is and has created the expectation that one can demand, and get, perfect health. He calls upon medicine to be just, so as to shape the notion that health has more to do with the status of our life together than with the condition of any individual life. The primary goal of the healthcare system should be "that of fostering the common good and collective health of society, not the particularized good of individuals" (110). In order to do this, medicine needs to constrain ideas of health that are about individual ends. As summarized by Callahan:

"The dominant future policy bias in our system, I contend, should be that of cultivating a sense of boundaries, finding ways of dampening our unbounded hopes and enthusiasms, trying in particular to keep our health aspirations firmly set within a broad perspective on the entire ranges of individual and social needs (161)."

Callahan merges the ideas of medicine and health such that each is dependent upon the other. The meaning of health shapes medicine. Medicine, in turn, defines health.
Critical Medical Anthropology

The fusion of the concepts of medicine and health is evident in the philosophies of Critical Medical Anthropology (CMA) as delineated by Hans A Baer, Merrill Singer, and Ida Susser in Medical Anthropology and the World System: A Critical Perspective. Baer, Singer, and Susser explain that CMA strives to bring the system of medicine in agreement with the meaning of health.

Baer, Singer, and Susser state that, “from the perspective of CMA, health can be defined as access to and control over the basic material and nonmaterial resources that sustain and promote life at a high level of satisfaction” (emphasis in original, 5). In other words, in the eyes of CMA, health is not contingent upon such things as antibiotics, pacemakers, liver transplants, or clinic facilities, all of which attend to diseases of the body. Instead, health comes from the political, social, environmental, and economic factors that enable a person to live a satisfactory life. As such, the powers that control such things as the clean air and water necessary for biological life and the social justice requisite to accessing such resources are more significant for health than are the knowledge and skills of biomedicine.

According to Baer, Singer, and Susser, “all medical systems consist of beliefs and practices that are consciously directed at promoting health and alleviating disease” (7). CMA recognizes that, in any given society, one medical system dominates over all others. They believe that biomedicine has achieved its widespread preeminence because it has served, and continues to serve, the interests of capitalism. In the eyes of CMA, therefore, the practices of biomedicine do not promote health and do not
alleviate disease. In fact biomedicine’s support of capitalism perpetuates the inability of all to access the resources necessary for a satisfactory life. CMA also believes that biomedicine fails to address the social origins of disease and treats diseases according to whether it is profitable to do so. CMA, thus, regards biomedicine as contrary to health and conducive to disease.

According to Baer, Singer, and Susser, CMA strives to replace biomedicine with “a new health system that will ‘serve the people’” (33). The goal of medicine should be the promotion of health. Health, according to CMA, is based in socio-economic access to and control over the resources necessary for the sustenance and promotion of a satisfactory life. As such, medicine, if it is to be medicine, must consist of beliefs and practices that bring about an environment with clean air and water and a social structure that meets both the personal and public needs of persons in a community. For CMA, medicine and health come together in a political-social milieu.

Lennart Nordenfelt

In “On the Nature of Health. An Action-Theoretical Approach,” Lennart Nordenfelt couples the concept of health with that of medicine. His intent is to define the concept of health. He does so, however, on the premise that health is an important concept for medicine. Furthermore, on the basis that medicine has a duty to bring about health, he declares that health must be an evaluative concept. Nordenfelt’s concept of health, thus, is bound with that of medicine.
Nordenfelt develops a holistic concept of health. By holistic, he means that health should refer to the status of the person as a whole being, not to the condition of particular parts of that person. As such, he describes the nature of health in humanistic terms, not biochemical measurements. He identifies the needs of health in social as well as physical circumstances. Nordenfelt says a holistic perspective of health will use "concepts borrowed from ordinary language, psychology, anthropology, or sociology" (12). He contrasts the holistic perspective of health against an alternative analytic perspective of health that would use "mainly biological, chemical, and statistical concepts" (12).

For Nordenfelt, health has to do with happiness, which he otherwise calls "welfare." It is not, however, a condition of happiness that describes health but rather an ability to achieve happiness. He explains that a person is healthy if he or she has the capacity to achieve a minimal degree of happiness. Happiness, in turn, is the subjective realization that one is able to reach a set of important goals that are, altogether, necessary for an overall satisfactory life. Nordenfelt emphasizes that the happiness he is talking about is not a contingent emotion nor is happiness a transient mood. Happiness is, rather, a prevalent perception that one can fulfill the composite needs requisite to one's total life situation. In summary, Nordenfelt says that health is "the ability to fulfill those goals which are necessary and jointly sufficient for a minimal degree of happiness" (78). Since health is an ability to be happy, not a state of being happy, a person can be healthy but not happy.
Nordenfelt believes that “health” has a single core meaning even though the notion of health is used in a different sense by medicine than it is by philosophers or common folk. He regards the holistic theory of health as a “family of concepts” (55), to be as apropos to medicine as it is to scholars and to ordinary people.

Nordenfelt, thus, rejects the idea that the technical, analytical, and narrow use of the word “health” in clinical medical settings is indicative of a different understanding of what health is. Instead, he says that the clinical medical use of health terminology is one member of the family, a particular application of the unifying holistic idea that refers to health as the capacity of the whole organism to function. Nordenfelt, thereby, regards the use of health terminology by medicine to be informative for the meaning of health; when medicine uses the word “health” to describe the work of medicine, the work becomes an instance of health-work. He points out, for example, that medicine routinely conducts programs to detect the presence of disease in people who otherwise think they are healthy. The terminology of this activity is “health screening” and it is done by “health authorities” to determine whether, indeed, someone is “healthy.” Because, for Nordenfelt, this use of health terminology is part of the single health theory, the medical program to detect pathology is a particular and confirming instance of the idea of health as the ability of a person to fulfil the goals necessary for a minimal level of happiness. As such, it is one of the family of interrelated concepts of health.

Not only does medicine form, in part, the idea of health but the meaning of health also informs medicine. Nordenfelt says that the meaning of health is important
to the everyday work of clinical medicine as well as to the role of medicine in establishing health policies. Medicine uses the idea of health to determine whether a person is healthy or not and, on that basis, whether that person needs the services of medicine. According to Nordenfelt, it is the responsibility of medicine to maintain and promote health. As such, he says, “there seems to be urgent practical needs – in addition to the general philosophical and scientific ones – for correctly characterizing health and disease” (4).

The coupling of the concept of health with that of medicine means that the idea of health absorbs the meaning imposed by medical use of the word and is ultimately limited by the purposes and practicalities of medicine. Thus, Nordenfelt claims that even a holistic theory of health must have “fairly clear boundaries” (9). What counts as a minimal level of happiness is a societal decision made, in consultation with medical policy makers, for the purposes of evaluation and action. He explains that “by legislating on social and medical matters a government declares what it considers to be desirable and what minimal levels of welfare it would tolerate without intervention” (80).

THE NEGATIVE EFFECTS OF CONFLATION

The attempts within the medicine-health literature to reorder health for the purposes of medicine and medicine for reasons of health not only give evidence of the conflation of the concepts of medicine and health but also of the negative effects of the conflation. The conflation of the concepts of medicine and health into a medicine-
health aggregate constrains the development and utilization of medicine, restricts the meaning and pursuit of health, confuses the importance of disease relative to medicine and health, and conceals the distinction of illness. I am not critiquing the theories of Kass, Callahan, CMA, and Nordenfelt in this thesis. I will, however, use evidence from their writings to show the detrimental effects of the conflation of the concepts of medicine and health.

The constraint of medicine

The conflation of the concepts of medicine and health curbs the potential plurality of medicine by suggesting that some systems of medicine are unsuitable because they do not promote or achieve health. This inclination is particularly evident in the complaints of CMA against biomedicine. CMA defines health as access to resources and implies, though does not explicitly state, that health increases as the number of people who have access to basic resources increases. In other words, health is not proportionate to the number of resources any given person has access to but rather according to the number of persons who have access to those resources. For this reason, CMA looks with disdain at the inclination of biomedicine to focus on biological diseases of particular individuals and to seek new cures rather than new clients that need cure. CMA, thus, seeks to overthrow biomedicine and replace it with a better medicine, one that promotes real health, according to their own definition.

The problem with limiting plural medicines, however, is that it limits the means by which health can be achieved. This is true even if health has a limited
meaning. In other words, even if all would agree that health is defined as access to basic resources, the more systems of medicine that would enable people to access those resources, the more health would increase. It is reasonable, for example, to assume that a physiological disease like tuberculosis, for example, might impede a person's access to breathing clean air as much as would pollution. As such, the system of biomedicine need not compete with a pollution control program, for instance, as the "correct" medicine. Rather, biomedicine and pollution control can, conjointly, enable more people to have access to the same basic resource, such as air, than either biomedicine or pollution control alone.

The suppression of any medicine on the basis that its capacities are insufficient to bring about health fails to address the human powers that control and use medicine as a means. In saying this, I part with the idea of Kass that medicine is a rational activity in pursuit of health. Instead, as I argue more thoroughly in chapter three, medicine is a means of humans. As such, the purpose for which medicine is used is found in the rationality of particular persons; it is not intrinsic to particular systems of medicine. Rather, the tools of any given medicine can be used for various ends. For instance, the expertise of biomedicine to cure a rare genetic disorder may be equally amenable as a means to eradicate a common plague. In other words, it is the purposes of actual human beings, not those of medicine, that determine whether biomedicine, or other medicine for that matter, is used for the care of many or the cure of a few. As noted by Paul Farmer, a physician and anthropologist, there is "nothing wrong with high-tech medicine, except that there isn't enough of it to go around" (14). If indeed,
as Farmer says, the problem with biomedicine is that there is not enough of it to go around or that it is not equitably distributed, the solution lies in altering the goals and directives of those who control the use of biomedicine, not in replacing biomedicine with another medicine or a social action programs. The problem with blaming a capacity of medicine for not achieving health is that it directs attention away from the persons and purposes for which we use medicine. We would do better by looking at how and why particular humans use medicine in diverse ways and for various ends.

The conflation of the concepts of medicine and health constrains any given system of medicine by implying that the functions of that medicine are to produce a particular notion of health. The effect of this proposition is to limit the development of medical knowledge and practices not fitting this particular notion of health. The writings of Callahan attest to this inclination. Though Callahan never explicitly defines health, he calls his reader to consider health as a means to the excellence of being a human society, not as an ideal of an individual human being. Health, then, is that which enables a person to live within society and to meet the needs of society. As stated by Callahan, the goal of the healthcare system “should be that of helping us to meet our occupational and social roles and duties while, at the same time, helping us to live effectively within the interpersonal sphere of our lives within communities” (115). This means that the biomedicine that dominates Callahan’s healthcare system must be restrained from “meeting all individual curative medical needs” (142). Instead, biomedicine should focus on adequate care for all and curative medicine in accordance with the needs and resources of a society.
The problem, however, is that the pressure on medicine to produce health diverts medicine from what it does best. The function of medicine is to ameliorate deformity, disability, injury, and/or disease. The proximate summons for medicine is sickness, not health. As stated in the Hippocratic oath, the physician comes “for the benefit of the sick.” (261). As noted even by Kass, “it is the sick, and not the well, who seek our medical advice” (11).

The call for medicine to bring about health has the tendency to suppress the very means by which medicine can best facilitate health. In an editorial published in a 1976 issue of The New England Journal of Medicine, F.J. Ingelfinger, MD expresses the frustration and confusion caused by the idea that “the doctor should be a factotum of health” and, as such, “be not only a paragon who has kept up with the intricacies of modern medical science, but also a philosopher, psychiatrist, sociologist, economist and an expert in public health” (565). He goes on to complain: “if the doctor is not the factotum of health that many demand that he be, he is derided for his parochialism; if he is unaware of the specifics of medical scientific knowledge, he is sued” (565). Ingelfinger is speaking from the perspective of biomedicine and thus emphasizes the frustration that results from asking a scientist to resolve homelessness, for example. The same frustration, however, would be felt by a naturopathic practitioner called upon to remove a ruptured spleen rather than apply natural remedies to correct imbalances of nature.

The conflation of the concepts of medicine and health leads to inappropriate utilization of medicine. People demand and expect medicine, not society and not
themselves, for instance, to bring about health. As pointed out by Kass, this means that people turn to medicine for such things as happiness and social adjustment. This also means that people turn away from other sources of health and absolve those other agencies from any responsibility for health. The CMA of Baer, Singer, and Susser, for instance, charge that biomedicine spends more money on such things as hospitals, clinics, and drugs than it does on such things as “cleaning the environment and eliminating the stress associated with modern life” (11). The presumption in this statement is that biomedicine, or perhaps any medicine, should be cleaning the environment and eliminating stress. This suggests that the issue at contention is whether a hospital or a clean environment, for example, is more conducive to health. I maintain, however, that the concern we should address is whether biomedicine, or any other medicine for that matter, is the appropriate authority to which people should turn for a cleaner environment. Perhaps it is to environmental scientists, governments, industries, or even ourselves, to whom we should turn for clean air.

The “right to health” movement illustrates how the conflation of the concept of medicine and health translates into increased expectations from medicine. The World Health Organization (WHO) followed their 1946 definition of health with the declaration that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being” (83). Today, however, the idea that every human being has a right to health is put forth as the concept that “everyone has a right to health care” (Health Care for All – About Us) or, more specifically, the right to “all medically necessary health services” (Health Care for All – Oregon). In other
words, those who want health, seek medicine. The fundamental right to complete physical, mental, and social well-being is translated as the right to the services of medicine.

As the expectations of medicine expand, the ability of people to evaluate medicine diminishes. The abstract nature of health means that people cannot understand concretely, nor can they come to a consensus on, what it is that medicine is actually supposed to do. Kass states that medicine is responsible for the limited amelioration of physiological problems in particular individuals. Callahan suggests that medicine is responsible for the basic care of all the sick within a community as well as for the aggregate functioning of the society. CMA indicates that medicine is to rectify the sociopolitical conditions and processes that cause disease and that prevent all the sick from accessing care and treatment. And the public, if Callahan is right, “has come to expect medicine to improve not only health but life more generally” (21). The diversity of objectives for medicine, all of which are labeled “health,” means that medicine is simultaneously responsible for all notions of the abstract concept of “health” yet culpable for no particular concrete objective.

The high expectations for medicine to produce health lead to high levels of dissatisfaction with medicine for not bringing about the health that is diversely envisioned. CMA, Kass, and Callahan admit to this dissatisfaction. Each proposes a solution. CMA expresses its dissatisfaction directly and calls, thus, for the dissolution of biomedicine based on its disappointing achievements. Kass writes his article as a response to the displeasure people have with medicine. He acknowledges bluntly that
“some people are seriously asking whether the so-called health care delivery system really does – or can – deliver or foster improved health” (Kass 4). His solution is to reorder people’s expectations of medicine. Callahan admits that people are unhappy with medicine and considers the reasons for this widespread displeasure with medicine. He proposes that biomedicine keep its objectives reasonable so that the populace will likewise restrain their unreasonable hopes. None of these experts – CMA, Kass, or Callahan – suggest that a dissociation of medicine and health might enable people to evaluate and value medicine separately from health.

The restraint of health

The conflation of the concepts of medicine and health constrains the meaning of health both as an abstract concept and as concrete notions of what health means in particular. As an abstract concept, “health” refers to the prototypical condition of “how life ought to be.” It is inclusive of all ideas of “how life ought to be.” As such, health is an “end” for all humans, a good to be sought because it is a human good.

Concrete notions of health, in contrast, are particular specifications of “how life ought to be.” Any given concrete notion of health is of and for some persons. As a concrete notion, health is the “end” for particular persons and purposes, a good to be sought for its specific significance and value.

As the idea of health as an abstract concept is melded with the concept of medicine, we lose the idea that health is inclusive of every idea of “how life ought to be.” As a result, we lose sight of the possibility that something is lost when the
meaning of health is constrained. Furthermore, as any given concrete notion of health is conflated with the concept of medicine, we lose the idea that this particular notion of health is, indeed, of and for certain persons and purposes.

In the conflation of the concepts of medicine and health, thus, we envision health as an end of medicine, not an abstract end for all humans nor a concrete end for particular persons. As an end of medicine, the idea of health is constrained by the practicalities of medicine. Kass asserts that health must be something clear and identifiable because medicine is a rational enterprise that needs its purpose to be clear and identifiable. For Callahan, health must be reasonable if medicine is to be just. Nordenfelt argues that health must be an evaluative concept if medicine is to detect the presence and absence of health. For Kass, Callahan, and Nordenfelt, ideas of health that are judged to be, respectively, irrational, unreasonable, or immeasurable, are thus discarded as insufficient to be the meaning of health.

As some ideas of health are discarded, the idea that health is an abstract end of humans is disregarded. As a result, the diverse notions of all people on the prototypical condition of "how human life ought to be" are suppressed or ignored. Kass and Callahan repress esoteric and personal health aspirations on the basis that biomedical practices need to be constrained. Nordenfelt keeps out individual characterizations of what counts as minimal happiness because such characterizations would be too inconsistent for society and medicine to evaluate. CMA fails to contemplate notions of health other than that of access to resources.
The suppression of an expansive human discourse on the meaning of health is a suppression of a discourse on what it means to be human. Health was once a matter for philosophers as well as physicians. Twenty-five centuries ago, Aristotle, for instance, discussed health in terms of the excellence of being human. He even suggested that health, like virtue, was an activity of the soul in pursuit of the good. Dietrich von Engelhardt notes that health has long been a theme in “art, philosophy, theology, sociology, and psychology” and that these disciplines remind medicine of its “distinctly ‘anthropological’ character” (1085).

As the concept of health becomes conflated with medicine, however, this multi-cultural, multi-disciplinary, and multi-generational dialogue on what health means for all humans is reduced to a parochial decision on what health means for medicine. What is lost by this is hard to say and, thus, it is hard to weigh the harms that might result from suppressing an on-going dialogue on the meaning of health against the benefits. Mervyn Susser, writing apart from his contribution to the textbook on critical medical anthropology, observes how extensions of the definition of health have often been done historically for good purposes but need to be regarded with caution. I argue that this caution applies equally to the constraining of the concept of health for purposes of medicine. As stated by Susser:

They [definitions of health] have nearly always been justified by altruistic appeals to health needs. The altruism is genuine enough, but has often harnessed forces that are far from altruistic with regard to health. It is well for the lamb to know that it has lain down with the lion (103).
Whatever benefits to medicine that come from a particular definition of health also involve the risks associated with the suppression of an open discourse on what it means to be healthy and human. I contend that the risks are greater than the benefits. In other words, we are better off with an open discourse on health than with a particular definition of health.

I consider it significant that the separation of health from philosophy, for instance, seems to be part of a conscious effort by medicine to exclude the intrusions of philosophy. In 1831, F.J.V. Broussais declared that medicine no longer had need for the "senseless jargon" of philosophers (359). He aimed to prove undoubtedly, to every man who has consecrated the most valuable years of his life to anatomical, physiological, and pathological investigations, that the science which he has so laboriously acquired, neither is, nor ought to be, tributary to metaphysics, from which it can draw nothing useful (359, 360).

A century and a half later, Pelligrino and Thomasma suggested that Broussais' objective had been accomplished. They affirmed that "it took the methodological potency of modern science to fortify medicine against overspeculation and philosophical domination" (16). Furthermore, they claim that "philosophy must learn to turn to medicine even to understand some of the issues with which it is itself concerned" (14). As more and more voices are silenced on the issue of health, however, the danger increases that we will cease to imagine health as other than that which fits with medicine.

As we envision health to be the end of medicine, we also lose sight of the idea that the particular notions of health are, indeed, particular. In other words, in the
conflation of the concepts of medicine and health, we not only lose the idea that
health, as an abstract concept, is an end for all humans, but also that health, as a
particular, concrete notion, always pertains to particular persons and purposes.

The idea of health as an end for medicine blurs the identity and intent of who it
is that defines health. The fog that shrouds those persons who define health as a
concrete notion is not always a result of the failure of scholars to disclose the basis of
a particular health definition. Callahan and Nordenfelt state explicitly that what
constitutes health must be a decision of society. Callahan explains that society defines
health because health is of society. Nordenfelt justifies the need for society to
delineate the parameters for health on the basis that society is responsible to ensure the
health of its citizens. Kass also explores the origins of the idea of health. Kass is less
explicit about how his idea of health as something that is as impossible to define as
"livingness‘ or ‘light’ or ‘knowledge’ or ‘human excellence’" (14) can become an
identifiable end for the purposes of medicine. Kass is definite, however, that the
reason health needs to be a limited idea is because medicine needs a clear purpose.

The identity of those who define health is difficult to see once a particular idea
of health is established as being the goal for which medicine strives. The
consequence, however, is that once we lose sight of who it is that defines health and
why, the persons and purposes remain out of sight and the result is that the particular
and concrete appear general and abstract. Particular definitions of health, thus, appear
to be in competition for the real meaning of health. Furthermore, medicine becomes
the authority on health because it is medicine that is conflated with health, not
government officials or political policies or philosophers or even health and medicine scholars. As such, we look to medicine for the real meaning of health.

The conflation of medicine and health not only confuses the meaning of health, it also constrains the pursuit of health. As the pursuit of health is constrained, so too is the achievement of health. We seek the good that we imagine and we do not seek what we cannot imagine. Furthermore, we look for “goods” only where we believe them to lie.

We seek what we imagine to be the good. If our idea of the prototypical condition of “how life ought to be” is a biostatistical norm for a human body, that is what we will hope for and strive to achieve. For example, if medicine tells us that health entails having a serum cholesterol value of 140-200 mg./dl., it is likely we will aspire and work to have such a value. Callahan and CMA, in particular, understand that we seek what we imagine to be the good. It is for this reason that Callahan and CMA call for medicine to delineate health in terms of the good of society (Callahan) or the good of all (CMA). As we understand what is good, we are likely to pursue it.

The danger exists, however, that medicine will define health in terms of the knowledge, beliefs, traditions, values, or benefits of medicine rather than of those of diverse human beings. In 1851, for instance, Dr. Samuel Cartwright laid out the meaning of health for “the negro race” by saying that “the negro is a slave by nature, and can never be happy, industrious, moral, or religious, in any condition than the one he was intended to fill” (311). Cartwright said that a knowledge of this “great primary truth . . . is of great importance to the theologian, the statesman, and to all those who
are at heart seeking to promote his [the negro’s] temporal and future welfare” (311). The point I am making by this example is that we need to be careful about imagining and pursuing an idea of health that is presented as if it were the “great primary truth” when it is a particular notion of that “truth.”

We do not seek what we do not imagine. Furthermore, it is unlikely that we will pursue that which we are told is an illusion, the pursuit of which will be a futile, if not a harmful, use of resources. For these reasons, Callahan, for instance, stresses the need to subdue the reveries we have about the meaning of health. Callahan says he is “looking for a way of cooling down, or dampening, our enthusiasm and hope” (161) and that we must “watch out for proffered bargains that conceal insupportable costs” (162). This suppression of health aspirations is also a common practice in everyday clinical medicine whereby physicians feel obliged to eradicate “false hopes” that their patients have so that patients will not seek what the physician believes cannot be achieved. The problem, however, is that the pursuit of the excellence of human life is part of being fully human. Furthermore, we diminish the possibility of an exceptional health so as minimize the disappointment of not getting it. This seems a decision best left to people to decide on behalf of themselves, not others.

The pursuit of health is suppressed by suggesting that people look for health in medicine. The prime reason Callahan, Kass, and others seek to suppress the pursuit of health has little to do with diverse human ideas about health or pursuits of excellence. Rather, it has everything to do with human campaigns for more medicine. In the conflation of the concepts of medicine and health, those who want health, seek
medicine. And the more we want health, the more medicine we seek. Callahan, especially, talks about the drift from health “wants” to health “needs” and from health needs to medical demands. Yet, as pointed out by Callahan, more medicine does not equate with more health and, in fact, may be associated with a perception of less health. He observes that “there is little, if any, reason to believe that the quest for endless medical progress will deliver correspondingly endless improvement in our sense of personal satisfaction with our health” (55). I think that Callahan and Kass are correct in observing that people will not find their ideal of health in medicine. I contend, however, that the reason people do not find their ideal of health in medicine is because their hopes are misplaced, not because their aspirations are too high. The conflation of the concepts of medicine and health means people seek health only in medicine. What they get is only what medicine can give. Medicine can satisfy ideals for health only as long as those ideals stay low.

The confusion of disease, the absence of illness

People use medicine as a means to ameliorate disease and disease is an adversary of health. Disease, thus, is a link that brings medicine and health into relationship. Illness is a physical manifestation that health is inadequate. Illness, thus, is always connected with health. As stated by Nordenfelt, illness is “the complement of health” (145). Illness may be a reaction to the presence of disease and, thus, by way of disease, is sometimes connected to medicine as well as health.
In the conflation of the concepts of medicine and health, the place of disease and illness is neither prominent nor definite. The relevance of disease as a connection between medicine and disease is not critically examined nor clearly delineated. The significance of illness in the relationship of medicine and health is almost undetectable. Kass, Callahan, and CMA, for example, do not discuss the idea of illness at all. Callahan barely mentions disease except to assert that medicine’s success with curing disease has distorted the public’s ideas and expectations about health. Only Nordenfelt traces a connection between health and medicine by way of both disease and illness. He indicates that disease always causes illness (though not vice versa) and that, for this reason, medicine and health are coupled. Nordenfelt asserts that “if a certain ‘disease’ had no consequences for anybody’s health, we would stop calling it a disease” (13).

In the writings of CMA and Kass, however, it is possible to see that the conflation of medicine and health, as a matter of course, discounts the function of medicine to ameliorate disease and uncritically accepts the role of medicine in disease management. If the function of medicine relative to disease is discounted, we conclude that the expertise and responsibility of medicine should be directed to the promotion of health, not the eradication of disease. We thus compel the capabilities of medicine to attend less to disease and more to health. In so doing, we restrain the capacity of medicine to ameliorate disease.

If we uncritically esteem the role of medicine in disease management, we fail to examine and challenge the extent to which medicine is responsible for the
occurrence and control of disease. This means that we also fail to critically examine or challenge the role of individuals and societies in the management of both medicine and disease. By default rather than deliberation, we exaggerate the influence of medicine over disease and minimize the responsibility of ourselves both to use medicine and to control disease.

Ironically, the conflation of medicine and health discounts the means of medicine to ameliorate disease at the same time it uncritically esteems the part that medicine plays in disease management. This dynamic is most evident in the critical perspective of CMA. Kass is less direct about the function and role of medicine relative to disease. Nevertheless, he gives evidence of his views.

Disease and medicine are central to the concerns and analyses of CMA. Their focus is on the ways in which disease is brought about and nurtured and on the responsibilities of medicine relative to the cause and persistence of disease. CMA regards the inability of persons to access necessary resources to be the prime cause of disease as well as the prime reason that disease remains. Baer, Singer, and Susser explain that, for this reason, “disease must be understood as being as much social as it is biological” (6). The idea that disease is very much biological in manifestation is not rejected. However, it is the sociological origin and persistence of physical diseases that is of prime concern. CMA would note, for example that the incidence of tuberculosis “has historically been associated with poor housing and poor nutrition” (Baer, Singer, and Susser 65).
CMA discounts the functions of biomedicine in regard to the physical aspects of disease, asserting that "biomedicine focuses primarily on human physiology and even more specifically on human pathophysiology" (11). They regard this as indicative of biomedicine's tendency to "reduce disease to biology" (11) and of biomedicine's inclination, thus, to fix only the bodily manifestations of disease. CMA suggests that biomedicine's expertise to cure the pathology of disease is of minimal significance to the eradication of the disease. The problem, however, is that the manifestations of disease are often biological even if the cause is other. In other words, tuberculosis affects the physiology of the lungs even if crowded living conditions are responsible for its flourishing.

CMA accepts without question, however, the controlling part that medicine plays in overall disease management. In other words, though this perspective discounts the function of biomedicine to cure disease, it uncritically respects the responsibility of medicine to control the occurrence of disease and to direct the actions of others relative to disease. For this reason, they consider the focus of biomedicine on biology alone to be an abrogation of the responsibility of medicine to address the social aspects of disease. Biomedicine effectively usurped the role that medicine should play relative to the social factors that nurture disease. Biomedicine achieved its dominant position because it "focused attention on discrete, external agents rather than on social, structural or environmental factors" (Baer, Singer, and Susser 13). In other words, biomedicine hinders the amelioration of disease by downplaying, or even supporting, the social forces that contribute to disease.
CMA, thus, ascribes significant power and influence to the role of medicine relative to disease. Though CMA focuses on the misuse of biomedical power and influence, the implication is that medicine, albeit, not biomedicine, is responsible for all aspects of disease. The role of medicine in disease management should be social and political because the causes of disease are, for example, “poverty, political domination (e.g., across genders, classes, and nations), and other expressions of social inequality” (Baer, Singer, and Susser 178). As such, the ability of medicine to rectify physiological disturbances is of secondary importance to the control of disease.

In contrast, disease is not a central concern of Kass. In his article on medicine and health, Kass, similarly to Callahan, rarely mentions disease and focuses on medicine in an informative, rather than analytical, manner. Although Kass is less explicit than is CMA about the function and role of medicine relative to disease, he is quite clear that he considers medicine to be a purposeful endeavor and that health, not disease, is what medicine aims to achieve. He claims, moreover, that disease “is not a notion symmetrical with, or opposite to, health. Health and unhealth – i.e., health and the falling short of health – are true contraries, not health and disease” (emphasis in original, 11). In other words, Kass specifies that the duty of medicine is to pursue health and that this pursuit of health does not necessitate a responsibility of medicine relative to disease.

Kass seems to suggest that the role of medicine in disease management is to clarify lines of responsibility. He emphasizes the need for medicine, in particular, to set its own parameters. There is a need “to articulate and delimit the physician’s
domain and responsibilities" so as to "protect the boundaries of the medical domain against unreasonable external demands for expansion" (emphasis in original, Kass 22). In direct contrast to CMA, Kass suggests that the prevention of disease, for instance, is an obligation relative to disease that is not the business of medicine. He explains that "one has an obligation to preserve one's own health" (27).

Unnecessary compromises

In the next chapter, I will argue that medicine and health are distinct concepts and that the separation of medicine and health is beneficial to both. Unconstrained by ideas of health, medicine can develop its structure and function as a means to ameliorate deformity, disability, injury and disease. An understanding of medicine as separate from health allows people to use the means of medicine as appropriate to the accomplishment of the ends of humans.

Unrestrained by medicine, the ideals of health need not be limited by the practicalities of medicine. Furthermore, definitions of health can be understood as being of and for particular persons and purposes. An expansive discourse on what health means in general and clear definitions of what health means in particular facilitates the pursuit of both hopes and expectations of health.

By separating medicine and health, we can clearly see the importance of medicine for disease and of illness for health. As such, we can value and promote the means of medicine for the amelioration of disease and moderate the influence of medicine over illness.
CHAPTER THREE: THE DISTINCTION AND ITS BENEFITS

In this chapter, I will maintain that medicine and health are distinct concepts and that, as such, they should not be conflated. I will contend that separating medicine and health is beneficial to the development and utilization of medicine and to the meaning and pursuit of health. I will further argue that the distinction of the concepts of medicine and health allows us to value, as well as evaluate, the significance of medicine to disease as well as the significance of illness to health. As a result, the effectiveness of medicine as a means to health is improved and the pursuit of health as an end of humans is advanced. In short, an understanding medicine and health in distinction allows to value the relationship of medicine and health. Moreover, it allows us to acknowledge and evaluate our responsibilities relative to the use of medicine, the occurrence of disease and illness, and the furtherance of health.

THE DISTINCTION OF MEDICINE AND HEALTH

Medicine as a means for humans

Medicine is a complex human system of knowledge, beliefs, traditions, values, products, practices, and practitioners formed to ameliorate deformity, disability, injury, and disease. Medicine, thus, has a structure and function. The structure of medicine is primarily nonmaterial. By this I mean that medicine is composed of such things as knowledge, beliefs, and values, not devices and buildings. The structure of biomedicine, for instance, consists of its knowledge of the human body, its belief in science, and its valuation of reason. The function of medicine is to amend human
maladies, such as injury or disease. As such, the structure of biomedicine is formed so as to cure disease, for example, as well as other objective adversaries to physiological health.

The structures and functions of medicine are the tools by which medicine ameliorates certain adversities of health. The goal of medicine is the amelioration of those health adversities. Kanpo medicine, for example, is a system of medicine that uses herbs, acupuncture, body manipulation, and moxibustion therapy to relieve such maladies as tiredness or headaches. The tools of Kanpo medicine are the herbs and acupuncture, as well as the practitioners, that actualize the beliefs and capabilities of Kanpo medicine. The goal of medicine, in this case, is the relief of tiredness or headaches.

Medicine is a means for human purposes. Thus, though the structure and function of medicine comes to an end, the end for which medicine is used is not intrinsic to the tools, or the goals, of medicine itself. Rather, human beings use medicine as a means for particular human purposes. Thus, though the goal of Kanpo medicine, as exemplified earlier, is the relief of tiredness or headaches, the end for which humans use Kanpo medicine may be something else. A society, for example, might use Kanpo medicine for the purpose, as suggested by Callahan, of enabling all members of society to be productive citizens. Another society, in contrast, might employ Kanpo medicine for the purpose of enabling persons in society to meet the goals necessary for individual happiness, as Nordenfelt says.
Because medicine is a means for humans, we can talk about the purposes for which medicine is used but not the purposes of medicine. Medicine has a structure and function that enable it to bring about proximate ends, or goals, relative to certain adversities of health. The purpose for which medicine is used, however, is determined by the persons who use medicine.

Health as an end of humans

Health is the prototypical condition of “how life ought to be” and applies to all living organisms, although, in this thesis, I will refer to human health, unless specified otherwise.

Health is universally understood in the abstract to be a singular goal for humans because it is good. Furthermore, the abstract is all the time made definite by particular persons according to their ideal of what is good for humans to seek. As such, health is not only a general and universal human good but also a particular and personal ideal of what is good for humans. Health is both a universal abstract goal for humans as well as the particular concrete goals of humans.

THE BENEFITS OF SEPARATION

Understanding medicine as a means for human purposes is beneficial to both the development and utilization of medicine. Diverse medicines can be regarded as complimentary means by which we understand and seek to ameliorate deformity, disability, injury, and disease. As a result, we can encourage the development of
multiple medicines as well as the improvement of any particular medicine. Furthermore, we can use and evaluate medicine in accordance with our own perspectives of sickness and health.

Understanding health as an end of humans, rather than as a goal of medicine, allows us to seek expanded ideas of the meaning and realization of health. We can strive to comprehend health as a human good, to define health as good for humans, and to recognize the difference. We may understand that what is determined by medicine to be a desirable or reasonable health for humans may be other than that which is the prototype of what human health is to be. As such, we can choose to pursue health in accordance with both expectations and hopes and with the appropriate means.

The separation of medicine and health allows us to understand the importance of medicine for disease. We value medicine as a means to ameliorate disease because disease is a recognized threat to health and because disease causes illness. The valuation of medicine as a means to ameliorate disease inclines us to respect diverse means of medicine and to advance the capabilities of each medicine.

It also becomes possible to see the meaning of illness relative to health. This will show us that the significance of illness to health is more encompassing than the tools of medicine can address. As such, we are challenged to moderate the expectations of medicine regarding illness; we are then challenged to evaluate our own obligations relative to illness and health.
Development and utilization of medicine

The understanding of medicine as a means for humans summons us to serve and advance the structures and functions of medicine so that medicine can better serve and advance our causes. By this I mean we understand that we have a role in developing medicine so that medicine can be, indeed, a means for our health goals.

The structure of medicine is integral to its function. In other words, the knowledge, beliefs, traditions, and values of a medicine are determinants of what medicine does. As we get multiple and diverse structures of medicine, we get multiple and diverse ways to amend human maladies.

It is important to emphasize that an expansion in the plurality of medicines is not the same as either a replication or an improvement of the capabilities of any given medicine. By this I mean that the proliferation of diverse medicines does not necessarily give us more ways to fix a broken leg or cure a cancer, for example, nor does it necessarily give us better ways to fix that broken leg or cure that cancer. Instead, plural medicines enable us to fix deformities other than broken legs and to cure diseases other than cancers. Furthermore, plural medicines equip us to respond to deformity and disease, for instance, by means other than fixing and curing.

Plural medicines give us diverse understandings, beliefs, traditions, and values about the significance of the broken leg or the cancer. For instance, biomedicine might regard the broken leg as indicative of the structural inability of the leg bone to
withstand the forces that are involved in a fall from a two story building. Likewise, biomedicine might determine that the cancer is a result of the carcinogenic properties of coal dust. In contrast, another medicine, such as one patterned after the recommendations of CMA, for example, might see the broken leg as indicative of the poverty that prohibits getting the railing fixed, and might find that the cancer says less about the characteristics of coal dust and more about those of employment practices.

One benefit, thus, of multiple and diverse medicines is that we get multiple and diverse perspectives on the meaning of deformity, disability, injury, and disease. Different perspectives can be complimentary and not necessarily competitive. A broken leg, for instance, may have as much to do with the forces of impact as it does with the forces of poverty. The point, however, is that structure of a given medicine will incline it to attend to one or the other. If, indeed, both the leg and the poverty need attention, two medicines are better than one. It seems safe to presume that the rational and scientific medicine of Kass, for instance, would do much better at fixing the leg whereas the social-political medicine of CMA would do better at fixing the poverty and, perhaps, preventing the broken leg in the first place.

Diverse medicines also “ameliorate” differently. In other words, even if two medicines regard cancer to be the result of a rogue gene, for instance, the knowledge and values of one medicine might incline it to amend the cancer by destroying the rogue gene and, thereby, curing the cancer. Another medicine, in contrast, might ameliorate the cancer by attending to the effects of the cancer in the person. The medicine that cures the cancer and that which cares for the person with cancer are
complimentary, not contrasting, ways to respond to the cancer. The processes and goals of healing can take many forms.

It is beneficial, then, to encourage each medicine to develop its particular structure and functions. This not only honors the differences that distinguish diverse medicines, it also enables each medicine to promote and develop its own methods to counteract adversities to health. As each medicine develops its particular knowledge and skills, we can use medicine in accordance with that medicine's expertise. We can also excuse that medicine from doing what is incongruous with it. In other words, we can ask biomedicine to advance its expertise in curing AIDS, for example, but absolve biomedicine, perhaps, from advising governments on what counts as happiness.

Medicine is a means for humans. It is desirable to understand different medicines so as to choose one in accordance with our own needs and desires. This means that our objectives for medicine are obligations for ourselves. If we, as a society, for instance, want all people to have access to medicine, it is we, as a society, who need to furnish medicine to all. If we want medicine to cure prevalent diseases rather than exotic ones, we have a duty to use medicine for such purposes. In other words, it is our particular decisions that are to direct medicine.

Our obligation to use medicine as a means for our purposes requires that we understand the limits of medicine. This means that we fail our responsibilities for medicine and for health by asking medicine to bring about health. It is important that our expectations of medicine are concordant with reasonable understandings of medicine rather than with ideas of health. We are responsible to direct medicine to
accomplish, and to hold medicine accountable, for our specified goals. This implies that we cannot expect medicine to do what is outside its competency. We also must not put medicine in charge of health.

The meaning and pursuit of health

The idea of health as an end of humans, rather than as an end of medicine, means that we must first understand what the human good of health is. The idea of health as a human good connotes a ubiquitous, general, and abstract idea of “how life ought to be” as well as a parochial, particular, and concrete notion of “how life ought to be.” In light of this, it is important that we seek the meaning of health in order to pursue the abstract good we can imagine. It is also important to estimate what is good so as to achieve the concrete health for which we are accountable. The imagination and pursuit of health as a human good is a matter for all. The determination and achievement of health as what is good for humans is a responsibility taken up by some.

The meaning of health is found in the answer to the question, “what is the prototypical condition of “how life ought to be?” This is a question always asked and answered but it has no fixed answer. Part of being human, however, entails being attentive and responsive to this query as it regards one’s own life and perhaps the lives of others. Every human being manifests, in some manner or another, a sense of “how my life ought to be.” Even the gurgle or cry of a baby indicates whether “how life is”
is "how life ought to be" As such, we have a responsibility to open up the discourse on the meaning of health.

Expanding both the discourse on the meaning of health and its pursuit is beneficial to everyone. Even if we never find the absolute answer to how human life ought to be, we get closer the more the views and values of others are included. Thus, the ideas of philosophers and ordinary people, as well as those of politicians and physicians, contribute equally to the meaning of how human life ought to be. For our own good, we need the question of health to be open to all answers and the pursuit of health to be a quest of all.

In addition to seeking the meaning of health, for our own good, we also need a definition of health; we need more than the collective human vision and pursuit of an abstract, elusive health. Humans also have the responsibility to define a particular concrete idea of health and work to achieve it.

It is important to note that a designation of "how life ought to be" can also promote ends that are not good for all humans. For this reason, it is important to understand that a definition of health is always particular, i.e., of and for specific persons and purposes. The separation of the concepts of medicine and health does not deny that medicine is integral to the identification of what is good for humans to pursue. Rather, the separation of the concepts of medicine and health enables us to see that a definition of health by medicine is a particular idea of "how life ought to be."

When we understand that a definition of health is, indeed, particular, we are called to examine to what extent that definition delineates the human good. In other
words, we must assess whether the scripted prototype of "how life ought to be"
corresponds with either the good of being human or the human good that we desire.
This is important because often the persons who say "how life ought to be" are not necessarily the one who are subject to the definition.

That which is defined by some as the epitome of human good may not be a good for those whose lives are of concern. This was illustrated in the previous chapter when Dr. Samuel Cartwright, in the mid 1800's, defined the prototypical condition of "how life ought to be" for "the negro race" as a way of explaining why a "negro" was a "slave by nature" (311). In similar fashion and in the same era, Edward Hammond Clarke, "in the interest of the race [of woman]," explained how the "set of organs peculiar to herself" meant that education, or any activities that taxed the brain of a woman, was not consistent with "how life ought to be" for a woman (92). We recognize now that being a slave was not the epitome of "how life ought to be" for the negro and that being uneducated was not "how life ought to be" for woman.

It is also important to recognize that a definition of health is particular so that we are able to question it. Some definitions of health, however, appear more "real" than others. By this I mean that some definitions of health appear to be the answer as to the absolute and universal human good. Both Cartwright and Clarke, for instance, declare the status of the negro and woman, respectively, as a matter of fact. Cartwright actually goes a step further and emphasizes that he is relaying "a knowledge of the great primary truth" (311). We need to recognize that a definition of health is not "the great primary truth" if we are to examine it.
The extent to which a definition of health is perceived as real is related to the authority of the one who defines health rather than to the content of the definition. A man named Mr. Shaw testified that every year for the forty years that he saw the doctor in Birmingham during the Tuskegee syphilis study that he “just got a slap on the back and they said you are good for 100 years” (Hearings before the Senate Subcommittee on Health, 337). Mr. Shaw believed his health to be good based on the say-so of the doctor rather than on the content of the information he received. For this reason, the more official and authoritative a definition of health appears, the more obliged we are to remember that the definition is of particular persons and for specific purposes. By separating the concepts of medicine and health, we are more likely to see the identity and intents of medicine in any given definition of health. The awareness of who defines health and why enables us to challenge the absoluteness of any particular definition.

The awareness of who defines health and why also empowers us to see the good in any particular definition of health. Knowing the identity and purpose of those who designate “how life ought to be” is crucial to our understanding, as well as our acceptance of, the concrete good for particular persons that can be achieved by the pursuit of particular, personal, and concrete definitions of health that are good. For example, our understanding and acceptance of what counts as the prototype for our body weight will be influenced by whether that weight standard is defined by medicine or by the media.
Separated from medicine, the idea of health need not be a deputizing call for
the services of medicine. To the extent we define health as having clean air and water,
for example, we can look to society. More often than not, we can envision health as a
multi-disciplinary pursuit. In other words, ideals of “how life ought to be” are apt to
require the expertise of diverse agencies.

The value of medicine to ameliorate disease

Medicine is everywhere regarded as that which has the authority and expertise
to designate disease. This does not mean that medicine alone can designate disease.
This does mean, however, that only medicine is everywhere regarded as having this
capacity. This also means that other officials, such as priests and politicians, who
sometimes designate disease are not universally respected as having the authority or
expertise to do so. Medicine, however, is that authoritative body whose very structure
is composed around the knowledge, beliefs, traditions, and values relative to disease
and other maladies. A disease, therefore, is “disease” because medicine officially-
designates that it is so. Thus, we know that fibrocystic disease of the breast is an
actual threat to our health because it is a disease. We also know that the lumpy breast
that detracts from “how life ought to be” is really a disease when medicine designates
the lumpy breast to be “fibrocystic disease of the breast.”

We must be aware and cautious of the fact that medicine names disease and it
is then, by virtue of being disease, assumed to be a real adversary to our health. The
problem is that our idea of “how life ought to be” is shaped by authoritative
proclamations of what is adversarial to "how life ought to be." In other words, we cannot escape the idea that disease is "not how life ought to be." Rothman, Marcus, and Kiceluk summarize this observation and illustrate this concern by saying, "over time, medicine has acquired the power to demarcate the line between normal and abnormal, the biologically innate and the culturally determined, between male and female, life and death" (1). This capacity of medicine, to designate what is adversarial to health, is an inherent component of the function of medicine to name disease and is intrinsic to what we value about medicine. Our awareness and caution, thus, should prompt us regarding our responsibilities to medicine.

We value medicine in large part because medicine is able to designate an adversary of health as a disease. For one thing, the designation of disease categorizes the adversity as "not some other adversary." This means, for example, that disease is not an injury. It also means that disease is not, among other things, “a choice,” “a moral failing,” or “a deviant behavior.” Thus, when we are told our cough is actually "coccidioidomycosis," we know the cough is not an injury, not a desire, not a sin, and not a crime. The designation of a cough as “coccidioidomycosis” also tells us that the disease is “not all in our head.”

Thus, we also value the capacity of medicine to designate disease because, in so doing, that which is an unknown, unnamed, and undefined threat to our health acquires an identity, a name, and a description. As such, an illusive apparition of danger gains solid form and substance. A subjective sense of "something being not right" achieves an objective reality in its identity as "cancer." This is because a
Disease is objective, and thus substantive, but this does not mean that the designation of something as "disease" is objective. Rather, it means that when disease is designated, it becomes objective. A disease then has a classification, a name, and a description. It also has form and substance. As such, medicine can develop its knowledge and expertise to recognize a particular disease and to understand its cause(s) and its characteristics. A knowledge of the cause and character of a disease is necessary if medicine is to prevent or control it.

The nature of a disease is entangled with the nature of the person threatened by the disease. It is not enough to know a disease as if that disease had nothing to do with the life of a real person. The concern with hypothyroidism, for example, has to do with its adversarial relationship to the life of a particular person, not to the life of the generic thyroid gland. This means that the understanding of any disease entails an understanding of the persons whose lives are threatened by disease. This does not negate the idea that medicine must also understand such non-personal aspects of disease as its toxic origin and its cellular pathology, for example. Hypothyroidism involves, among other things, a person, a history, and a gland.

The nature of any disease, then, is a complex interweaving of pathology and persons, of overt causes and covert manifestations, and of physiology and sociology. As a result, the effort to know disease must also be an ongoing and cooperative one. It is also the case that the number of diseases is endless and the "knowing" of disease has no end. The effort to know disease must be cooperative because no one system of
knowledge, beliefs, traditions, and values is able to look at disease from all perspectives or to unravel the tangle of its causes and character.

We also value the function of medicine to diagnose and treat disease because disease is a cause of illness. Illness is the personal perception and physical expression of inadequate health, a personal and physical attestation that "how life is" is not "how life ought to be." Illness is the expressed deficiency of human good and can precipitate a search for health.

Illness is evidence of inadequate health, not its cause. Illness is not, itself, an adversary to health. Rather, illness is the bodily reaction to the antagonist of health. Illness is the headache, not the gunshot wound to the head, for instance. Any quest for health, thus, entails dealing with the cause of illness rather than suppressing the expression of it. It is the bullet that must be removed and the damage caused by the bullet that must be repaired. Easing the headache with pain pills is insufficient to the achievement of health.

Illness is often the physical manifestation of disease, the bodily reaction to the presence of disease or its physical effects. As a bodily reaction to the presence of disease, illness is a sign of disease. "Staying in bed all day," for example, may be a person's particular physical response to the arrival of pneumonia. Though "sleeping in bed all day" may not be the direct result of pneumonia, it can still serve as a personal sign of pneumonia. As a direct physical effect of disease, illness is said to be a symptom of disease. A cough and fever, for instance, may be the direct bodily "doings" of pneumonia rather than a personal manifestation of pneumonia.
We thus value medicine for its capacity to detect, know, and treat pneumonia as the cause of our illness. This appreciation, however, is contingent on the idea that we think that staying in bed all day or having a cough and fever is evidence of inadequate health, symptomatic of an adversary of health. We perceive illness to be a disagreeable messenger carrying bad news and want to get rid of both the messenger and the message. For this reason, we seek the services of medicine which has a significant role in the evaluation of illness for the presence of disease. Medicine designates disease from illness and illness is caused by the disease that is known by medicine; we value medicine for both these functions relative to illness.

The idea that medicine designates disease from illness suggests that medicine begins with illness. As such, the designation of disease is a process of naming and describing illness. In other words, medicine observes physical aberrations of “how life ought to be,” identifies a singular nature, and names it as disease. In so doing, medicine takes what is diffusely and mysteriously perceived to be ominous and gives it a distinct name and an explicit description. For example, the recognition that infants are dying suddenly becomes a disease called “sudden infant death syndrome.” In like manner, the experience of temperamental bowel function is named, as a disease, “irritable bowel syndrome.” The unknown illness, thus, becomes a known disease. As a known disease, “irritable bowel syndrome” is “not nothing” and “not something else.”

That illness is caused by a disease known to medicine implies that medicine begins with the knowledge of disease. Medicine knows the adverse effects of disease
in the lives of actual people. This enables medicine to recognize personal illness responses as signs or symptoms of disease. Disease can be detected by means of the evidence of illness. The earlier medicine detects the disease, the more methods medicine has to treat that disease. For instance, the early detection of an infectious disease such as syphilis may enable medicine to prevent other cases of syphilis from being contracted. And the early detection of cancer may make cancer more amenable to cure.

We value the expertise of medicine, thus, to evaluate illness for the presence of disease because the translation of an illness into a disease means that we can employ medicine to diagnose and treat the disease. We can place the illness into the hands of another and can anticipate that the illness will be relieved and the disease cured.

The significance of illness to health

Illness always tells us directly about the current status of health. The particular bodily manifestation of illness is an individual, personal response to an adversity of "how life ought to be." As such, illness gives us indirect clues to what it is that is adverse to health. The stomachache, for instance, is both a message about health and evidence of what it is that caused the stomachache.

Illness is not the same as disease. Illness is the effect of disease, but not only an effect of disease. For example, the stomachache may be the physical manifestation of a particular body's response to gastroenteritis, being late for work, or a rupture of the spleen. The categorical designations of the causes of this illness reaction are,
respectively, an official disease, a personal stress, and a traumatic injury. It is relevant to note that medicine is not a means to ameliorate illness itself but rather certain causes of illness, such as injury and disease.

The separation of the concepts of medicine and health allows us to see that illness is different from disease. An awareness of this distinction can moderate our expectations of medicine relative to illness so as to respect both the importance of medicine for disease and the meaning of illness for health.

It is important to realize that a diagnosis of disease from illness is not conducive to an understanding of either the illness or the ill person. As medicine designates or diagnosis disease from the evidence of illness, it transforms illness to disease. In other words, once the disease is diagnosed, the illness is subsumed within the disease designation. The vomiting, for instance, is no longer an illness but rather a symptom of appendicitis. However, the transformation of illness into disease, however, is always incomplete. By this I mean that something is left out when the subjective and mysterious illness is rendered as an objective and knowable disease. Thus, the seeing and understanding of the disease may actually block the seeing and the understanding of the illness. Once we know about the appendicitis, we no longer pay attention to the vomiting nor do we ponder the reason that the person waited three days before seeking help. Thus, we are unlikely to detect other reasons for the vomiting or to question the role that lack of insurance may have contributed to the illness. This is not a criticism of what medicine does relative to illness but rather a recognition of what may be lost in the process.
The diagnosis of disease reduces both the illness and the person. As the foreboding of death is designated to be a “viral upper respiratory infection,” both the apprehension of misfortune and the person who apprehends it are rendered as being relatively insignificant. We understand the commonness of the cold and the misery it brings. Therefore, we need concern ourselves no longer with the foreboding feeling or the ill person. The diagnosis of disease, thereby, can serve to suppress the portrayal of illness, simplify the message of illness, and ignore the person of illness. As an illness is translated and condensed into a disease, the physical manifestation of illness is regarded as irrelevant and perhaps even ridiculous. In other words, once we know someone has costochondritis, we would prefer he stop clutching his chest in pain and gasping to catch his next breath. We no longer need, nor welcome, this physical display of angst because we already know both the story and the ending.

The suppression of illness, however, can also be a means of preventing the person from communicating. This does not mean that we should encourage or cherish displays of pain, for instance. It does mean, however, that we need to be aware that the body is a means of expression. For some, the body is the only means. This idea is relayed by John Wiltshire in his analysis of the way illness is used by the 18th century women portrayed in Jane Austen novels. In remarking on one of the characters, Wiltshire states that “she plays out in her body . . . the distress that . . . she will not, or cannot, express in language” (43). Medicine has often been criticized for not listening to the verbal accounts of patients who seek the help of medicine. The silencing of the patient’s voice is primarily an affront to the person who is silenced, not a lost
opportunity for the doctor to get necessary information. Foucault explained how the muting of the patient causes “the absolute subject . . . to be the object of a gaze, indeed, a relative object” (378). To the extent, then, that illness is a physical rather than verbal means of communication, we need to respect the medium as well as the message of illness. In so doing, we respect the person.

In the translation of illness to disease, there is also the chance that the illness is misinterpreted as a disease rather than “not a disease” or abridged such that it is “only a disease.” The pain in the chest, for instance, may be other than costochondritis and it may be more than costochondritis. The concern here is not with a misdiagnosis by medicine. Rather, the concern is with a diagnosis only by medicine. The message of illness is about health. It is not, primarily, a message for medicine. We value and request the expertise of medicine to evaluate illness and to determine the presence of disease. However, we devalue the meaning of illness as an allegation about health if we expect medicine alone to be responsive. The probability of illness being interpreted as disease, and only disease, is a risk we incur when we give illness over to medicine for evaluation. The constriction in the chest may be due to an intense rage, an inflamed cartilage, or both. For this reason, it is important that we regard illness as a message about health, not a message for medicine.

As we attend to the illness, interpret the message of illness, and resolve the cause of illness it is possible to overlook the person who is ill. Illness calls us to attend to the person, not just the illness. By this I mean that illness is always about a particular person. Illness may be a way to show us that the person is, indeed, real.
Drew Leder talks about the invisibility of health. He calls health "the great forgotten" and remarks about our "ordinary tendency to overlook health." (1107). Illness is the physical manifestation that health is inadequate. For some, the primary message of illness may be that the invisibility of health, itself, is inadequate. Wiltshire discusses that the 18th century women portrayed by Jane Austen used illness to, among other ends, make themselves visible both to themselves and to others. Wiltshire explains that "it is only when [the body] becomes painful or dysfunctional that its workings become disclosed to consciousness" (8). He goes on to elaborate that the "unhealthy body... is the source of events, of narrative energies" (9).

The idea that illness is about a person as much as it is about a condition means that we fail the person when we seek only to analyze and remedy the illness. It is important to realize that when we turn illness over to medicine for attention, we also send to medicine the ill persons. And the expertise of medicine to discharge the illness is the same expertise requisite to the dismissal of the persons as well. In other words, we make ill persons invisible to us by sending them to medicine and medicine returns the ill persons to us healthy, i.e., restored to invisibility.
CHAPTER FOUR: THE CHALLENGE

In this thesis, I argue that scholarly works by Leon Kass, Daniel Callahan, Critical Medical Anthropology, and Lennart Nordenfelt give evidence of the conflation of medicine and health and of its effects. I do not critique the respective theses of Kass, Callahan, CMA, or Nordenfelt but rather take issue with the tacit assumption, common to all, that medicine and health are conceptually fused together.

I maintain that the conflation of the concepts of medicine and health is neither essential nor beneficial. Because medicine and health are distinct concepts, the merger breaches their respective boundaries. The encroachment by each on the other constrains the means of medicine and the meaning of health, obstructs the use of medicine and the pursuit of health, and obscures the distinction and separate relevance of disease and illness to both medicine and health. These are unnecessary losses that cause frustration, confusion, and dissatisfaction with both medicine and health.

Leaders of medicine, such as Kass and Callahan, troubled with unrealistic demands on medicine, call for constraints on the meaning of health. The constraints, however, suppress broad philosophical ideals of health and curtail a multi-cultural discourse on what health means. This leads to frustration and dissatisfaction with circumscribed definitions of health. Health advocates then, such as Nordenfelt, plead for an expansive, humanistic notion of health. The corollary to such calls, however, is that medicine is held responsible to evaluate and bring about a health that has more to do with a person’s ability to be happy than with, for instance, that person’s desire to be cured of a disease. As the meaning of health expands, critics of medicine, such as
CMA, dissatisfied with the ability of medicine to bring about health, demand more and different medicine. Leaders of medicine, then, frustrated with unrealistic demands, renew their calls to constrain the meaning of health.

This, then, is an appeal that the work of medicine not be constrained for the sake of health and that the responsibility of medicine not be directed to meet expansive notions of health. This thesis is a plea that the ideal of health not be limited by practicalities of medicine and that definitions of health not be regarded as mandates for medicine. I further urge that the distinction and importance of disease and illness not be lost in the conflation of medicine and health. I have argued that medicine and health are not, by nature, conflated and that medicine, health, disease, and illness are distinct concepts. An understanding of these distinctions is beneficial to the advancement and utilization of medicine and to the meaning and pursuit of health.

The challenge, now, is to understand the separate meanings of medicine, health, disease, and illness as well as to explore the alternatives to their conflation. In other words, we need to formulate the relationships between medicine and health in accordance with how we conceive of medicine and health and what we consider to be meaningful and beneficial about their relationships. This means, among other things, that we acknowledge our responsibilities relative to medicine, health, disease, and illness and our role in scripting how and when they interrelate. This also means that we need to reexamine the synthesis of medicine and health in the writings of Kass, Callahan, CMA, and Nordenfelt so as to discover what we desire the relationship of medicine and health to be.
We need to understand and examine whether the limitations of medicine relative to health, for example, call for our respect or our admonition or both. In other words, do we agree that medicine cannot relieve such things as poverty and racial discrimination, as asserted by Kass, or do we criticize medicine, as does CMA, for attending to pathology at the expense of persons? To what extent are both Kass and CMA correct? We need to decide, first of all, whether this is a query about medical capability or will. If the elimination of poverty or pathology is a judgement call regarding what medicine should do rather than a declaration about what medicine cannot do, whose judgement call is this? In other words, who decides what medicine can do and/or what medicine should do? If medicine is capable of curing cancer, caring for persons with terminal lung disease, and getting people to stop smoking, are these mutually exclusive options or cooperatively doable alternatives? And when we do choose, to what extent should we appeal to a definition of health to guide our decisions?

Though I have argued earlier that medicine is a means by which humans seek their own purposes, we need to question whether medicine is only a means. In other words, could Kass be correct in stating that medicine is a rational human endeavor and, therefore, not just a means for humans but also a purposeful activity? If so, how does medicine acquire a purpose? For that matter, how can medicine “have” such things as beliefs and values? If medicine is, indeed, a means for humans, who is it, in particular, that can and/or should use medicine? Is medicine a tool for individual
purposes or societal ends? And how do we both appreciate and utilize the power of medicine while controlling and containing that same power?

If health is a human good that is sought by all but defined by few, then we need to be careful to differentiate between abstract ideals of health and concrete definitions of health. As an abstract idea understood by all as "how life ought to be," it is important to openly discuss the perspectives of everyone regarding "how life ought to be." Though it is necessary to define health in concrete terms, we need to be careful to understand that a definition of health is of and for particular persons and purposes. As such, a specific definition need not compete with other concrete notions nor with a hypothetical ideal. We need to understand how we can honor, and even encourage, the improbable aspirations of an individual human being while we work to identify and achieve the reasonable and just health goals for society, such as those proposed by Callahan for instance, or the abilities necessary to achieve the vital goals of health, as suggested by Nordenfelt. We also need to explore the proposition of Callahan that individual health is, itself, a means to societal health or the claim of CMA that societal health is a means to personal health. We need to differentiate and identify what is meant by a right to health, a right to healthcare, and a right to all medically-necessary health services. The confusion between the concepts of medicine and health blurs the distinction between individual and societal rights and responsibilities.

Since, as I have argued, medicine and health are conceptually distinct, we can examine and advocate the extent to which medicine and health are, or should be,
related. This means, among other things, that we explore the ways in which such things as disease and illness link medicine and health. This necessitates not only an understanding of disease and illness as distinct concepts but also an understanding of the relationship between disease and illness. Though I have claimed that illness, for example, need not be affiliated with disease, I have not made the contrary claim – that disease need not be affiliated with illness. In other words, the question remains open: is it possible for disease not to cause illness? The answer depends somewhat on exploring who it is that is “qualified” to perceive illness. If illness is a personally perceived bodily reaction to a stimulus, does it matter whether the person of concern fails to perceive it? And does it matter whether the failure to detect illness is a result of something like a coma as opposed to a naivete regarding what the body is doing or what counts as health? We need to understand whether the link between disease and illness even matters to the relationship between medicine and health. In other words, does disease have simultaneous significance for both medicine and health, regardless of whether illness is present? Likewise, does illness have meaning for both medicine and health even if the illness is caused by anger? And what is the function of medicine relative to physical illness caused by non-physiological stimuli?

Our greatest challenge is to acknowledge and evaluate our responsibilities relative to medicine, disease, illness, and health. We need to recognize that medicine is neither responsible for health nor culpable for ill health; we are. We need to redefine ourselves and our obligations, not medicine and health and their attendant implications. We also need to acknowledge our role in the meaning and occurrence of
both disease and illness. This means that we also accept our responsibility to understand the meaning, and participate in the resolution, of both disease and illness.

The relationship between medicine and health is up for discussion. The differences between health and medicine call for dialogue, not accommodation; the voices and actions of all being in society are fitting, not intrusive. We need a comprehensive and inclusive search for the meanings of medicine, health, disease, and illness and for the nature of their relationships.
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