Analysis: An introduction to ethical concepts

Determinism

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In this paper I shall try to formulate in a medical context the philosophical question of how far, if at all, human action is open to complete causal explanation. At the same time, I shall also try to show the practical implications of this question for the doctor-patient relationship. It will be appreciated that the discussion of this question admits of much greater complexity than is possible here.

Two commonplaces

It is a commonplace of medical practice that doctors treat patients rather than diseases. We can expand this commonplace by saying that a doctor is a person who has, among his other knowledge and beliefs, a certain amount of medical knowledge, and who chooses, as one part of his daily activities, to try to treat other persons who happen to have disorders which adversely affect some aspects of their daily lives. The point of expanding the commonplace in this way is to bring out that the doctor-patient relationship is no more than a particular example of an ordinary human relationship, such as a shopkeeper might have with his customers, a lawyer with his clients, or a teacher with his students. All these relationships differ in important respects but they are alike in that people, while in them, ask questions of each other, perform various services for each other, assign and assume responsibility, and so on. In other words, it is an essential feature of ordinary human relationships that, unless there are special circumstances, what people do and say is taken seriously, as meaning what it seems to, or as genuinely reflecting their purposes, choices, and views on the world. To say this is to spell out what philosophers mean when they maintain that it is a necessary part of our consciousness as agents acting in the world that what we ourselves and others do or say springs from our own will. This assumption is built into the doctor-patient relationship in so far as that is a particular form of ordinary human interaction.

Medical practice is founded also on a second commonplace: that it is scientific. The term 'medical science' is, of course, simply a shorthand name for a group of sciences such as biochemistry, neurology, etc, which are relevant to the understanding and treatment of disease and disorders

of many kinds in human beings. Now scientists cannot work except on the assumption that they are investigating systems governed by causal laws, or, as philosophers would say, that for any event there is a sufficient causal condition, knowledge of which would have enabled the scientist to predict the occurrence of the event. In so far as the training of medical practitioners is based on medical science, such an assumption of the universal scope of causality will be inevitable and also desirable, to the extent that it is of the essence of the scientific approach to medicine.

A science of man

So far there is no incompatibility between the two commonplaces on which medical practice is founded: to regard patients as persons with all that that implies is quite compatible with assuming that there are causal explanations for the occurrence of the diseases which affect their bodies. But an incompatibility does emerge if the medical practitioner extrapolates from the assumption that there are sciences of disease to the conclusion that there is a science of man as such, or that human actions themselves are open to complete causal explanation, just as are the events in the nervous system. For if we assume, as it seems plausible to do, that a 'cause' is 'that which makes an event happen', then it will follow that our actions, like events in our bodies, are 'made to happen', and consequently the belief that we all have in ordinary life that our actions are the extension of our will must be illusory.

Before we consider whether this view of human action is sound or not let us look briefly at its implications for the standard doctor-patient relationship. If it is the case that ordinary human actions are open to sufficient causal explanation, then presumably it is appropriate to regard them in the way in which we regard the more obvious cases of actions for which we offer causal explanation. For example, a psychiatrist treating a patient for a serious mental disorder will not regard the actions or statements of his patient in the way in which he would regard those of a colleague. If the patient shows hostility to him he will not respond in kind but will rather seek the causal explanation for the hostility. He will not take the patient's words and deeds at their face value but rather will try to see them as signs of personality disorder, as being 'made to happen' by causal forces of which the patient is unaware. Now if the causal view of normal human action is valid then this is how we all ought

to regard each other all the time. And if a medical practitioner is impressed by the scientific basis of his training he may well, without ever noticing it, assume that it is possible to regard every patient in the way in which a psychiatrist might regard certain sorts of patient: to see them not as people with various disorders, but as specimens.

Actions and events

Having looked briefly at the theoretical nature of the problem, and also how it might affect the attitudes of a doctor, let us look, even more superficially, at possible solutions to it. We might begin by asking about the nature of this grand science of human action. Is it psychology, neurology, or biochemistry? And if all these sciences offer sufficient causal accounts of the occurrence of human action can they all be compatible? A great deal of detailed argument is needed to answer such questions, but let us rather concentrate on two assumptions of the projected science of human action: that causes make events happen, and that actions are events.

It might be said against the first assumption that causes do not 'make' anything happen, that we must avoid the anthropomorphism involved in such a suggestion. Causes, it might be said, are more properly seen as implying causal laws which simply record patterns of events that in fact happen, and say nothing about why events must happen. Now whether such an account of causality is satisfactory is disputable, but even if it is satisfactory it is not clear that the dilemma is avoided, for predictions of future events are presumably based on the causal laws in question, and the problem remains as to how an action which is in principle predictable can also be freely performed.

Another approach is to dispute the assumption that actions are events. It can be argued that actions, while they are events from one point of view, are much more than mere events from another. An adequate description of an action involves concepts which belong to a different logical order from that of events. Thus it might be argued that actions can be described both in terms of the language of physical events – the language of causality – and also in terms of the language of choice, purpose, intention, reasons etc, and that there is no logical possibility of reducing one of these languages to the other; both are necessary, but neither on its own is sufficient for an adequate account of human action. For example, if a person posts a letter, a scientist, or set of scientists, could no doubt provide a detailed account of the various physical, biochemical, neurological, and other

events which are correlated with this action. But no amount of detailed description in the causal language of physical events is ever a logical equivalent to the action-description 'He posted the letter'. The two languages may be independently necessary for a complete account, but neither on its own is sufficient.

This argument makes a valid point, but it is not one which enables us to escape the dilemma. For while it is true that we logically cannot describe what is happening in, say, a puppet show without using the language of purposes, social conventions etc ('Now Punch is hitting his wife on the head, now the policeman is arresting Punch'), it is also true that this language of action-descriptions is undercut by that of the physical event-descriptions of the wire jerkings. In the case of the puppet, the latter is clearly more ultimate: the problem remains as to whether it is also more ultimate in the case of human beings. Are human actions ultimately to be explained completely in terms of the jerking of more complex wires?

Tension between scientific and humane in the medical outlook

This problem is important for the medical profession because a scientific approach to medicine, while it does not entail, certainly encourages the belief that a complete causal account of human behaviour is in principle possible. For it is easy to extrapolate from the claim that causal accounts of the origins and development of disease are possible to the very different claim that complete causal explanations of normal human behaviour are possible. Now nothing in this note has established that they are not possible, but if the claim is assumed to be true, then the other commonplace of medical practice must be false, that the doctor-patient relationship is one kind of an ordinary relationship between two people. We might call this the tension between the scientific and the humane in the medical outlook, and the philosopher's traditional problem of determinism and freedom is relevant to any sustained discussion of it.

Further reading

- Pears, D F (editor) (1963). *Freedom and the Will* Macmillan, London.
- Hampshire, S (1965). *Freedom of the Individual* Chatto and Windus, London.
- Glover, J (1970). *Responsibility* Routledge and Kegan Paul, London.
- Peters, R S (1958). *The Concept of Motivation* Routledge and Kegan Paul, London.