Book reviews

Talking about Health: A Philosophical Dialogue

Lennart Nordenfelt, Amsterdam, Rodopi, 1997, 162 pages, £28.50, US\$28.50, Hb\$55.

Discussions of medical ethics often centre around the issue of the conditions under which a patient is entitled to, or legitimately receives, medical treatment. It is often claimed that these conditions must give due weight to the extent of the patient's medical need and her autonomous desire for such treatment. In the book under review, Nordenfelt offers a characterisation of health which explains why an understanding of the patient's point of view matters in the medical context and integrates this into an account of wellbeing from which health needs can be assessed.

The book takes the form of a series of conversations between a philosopher (aka Nordenfelt) and an inquirer whose principal interest is to clarify the nature of health. Later conversations take up issues left unresolved, or raised by, previous ones. This dialogue form is valuable in as much as it effectively conveys the depth of the position Nordenfelt is defending and allows the reader to consider many objections that may be raised against his view.

Nordenfelt criticises characterisations of health in terms of either wellbeing in general or the absence of disease: the former wrongly renders it unintelligible to describe someone as healthy though unhappy; the latter, he argues, is defective because ill-health can be the product of conditions other than disease. Working on the basis that health can be viewed as normal mental and physical functioning, Nordenfelt analyses the notion of normality and offers various sound arguments against treating normal functioning as equivalent to the most

frequent level of functioning. Normal functioning, he contends, consists in one's physical and mental processes being as they should be. Through a diagnosis of various kinds of conditions widely regarded as constitutive of ill-health, he develops a characterisation of health in terms of being constituted (biologically and psychologically) such that one is able, given reasonable circumstances, to realise all of one's vital goals (page 72). By "vital goals" he understands prerequisites to one's long term minimum happiness which, in turn, is construed as informed preference-satisfaction. So, for example, a person is unhealthy if, because of her painful knees, she can no longer perform her job which greatly matters to her.

The central worry about this characterisation of health relates to the fact that differently situated individuals have different vital goals and, therefore, whether a person is more or less healthy will depend on the nature and demandingness of her goals. The worry is that some who have few ambitions in life and are, therefore, content with less by way of physical or mental functioning will be regarded as less urgent medical cases than others, even when their modest ambitions are an effect of their low level of functioning in the first place. At the other end of the spectrum, the implication of Nordenfelt's view is that disability becomes a more serious threat to health the greater the requirements one places on one's body. A back problem, though painful for every sufferer, reduces one's health more if one is a weightlifter than if one has goals not requiring the lifting of heavy weights. Many would regard it as counterintuitive to prioritise the interests of those whose need for medical treatment is a consequence of their adoption of a lifestyle which is more demanding from the point of view of the mental and physical resources required to pursue it.

These problems of sour grapes and the injustice of financing expensive tastes are familiar objections to characterisations of health which include the satisfaction of preferences. In Nordenfelt's defence, it should be stressed that these objections are most forceful if we assume that there exists a close relationship between the extent of ill-health and entitlement to medical treatment. However, since he does not discuss this relationship in any detail, Nordenfelt might rebut the above problems by offering further arguments concerning the basis on which medical care should be offered. In addition, he seeks to supplement his account of health through the idea of "goal care": improving people's health through getting them to change their vital goals. A way of improving the weightlifter's health, for example, might be to persuade her to abandon her job in favour of one which can accommodate her bad back. Plainly, goal care which encourages the patient to adapt her goals to fit with the environment that can reasonably be expected to obtain is part of the response to the problem of expensive tastes. However, without further elucidation of goal care and how reasonable living conditions should be characterised, the worries raised by the inclusion of preference-satisfaction in an account of health will persist.

Despite these misgivings, *Talking about Health* offers a set of conversations that contribute significantly to our understanding of how to characterise health and related notions. Nordenfelt combines subtle philosophical argument with a secure understanding of medicine to provide a book that will be of value to anyone with an interest in health care.

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