Philosophy of Medicine, Broadly Construed

Abstracts

Laurenz Casser: "'Illusory Pain' in the Thermal Grill Illusion"

In 1896, the Swedish physiologist Torsten Thunberg reported a curious discovery: when he touched a grid of alternating warm and cold brass pipes, the sensations of warmth and cold on his hand somehow 'fused together' into a 'special sensation of heat' — a heat that many experimental subjects since then have described as 'painful'. Since the 1990s, this so-called 'thermal grill illusion' has become the primary method of investigating 'illusory pain' in the biomedical sciences, and is said to hold important insights for our understanding of clinical pain pathologies. However, I argue that the thermal grill illusion shouldn't be interpreted as a pain illusion at all. One reason for this is that it fails to reliably elicit pain; another, that the pain elicited is not illusory. I suggest an alternative explanation of the effect and discuss the methodological limitations of the thermal grill illusion for pain medicine.

Sara Purinton: "Socializing Impairment"

Both impairment and disability are shaped by social factors but in importantly different ways. I will argue that impairment is less socially-dependent than disability, but still more dependent on social factors than is generally acknowledged.

Impairments are often characterized as atypical bodily features that restrict capabilities relative to some environment, though theorists differ on how explicitly they acknowledge and theorize this environmental dependence. On my view, impairments are atypical bodily features that restrict capabilities in the typical environment. The typical environment incorporates social elements (e.g., choices about built infrastructure) but impairment remains anchored to atypical bodily features. For instance, someone lacking feet is impaired because they lack certain typical capabilities (e.g., the ability to navigate stairs unassisted) in environments typically structured around stairs. In contrast, disability on my view is more thoroughly social: it depends not only on typical infrastructure but also on social practices, attitudes, and institutional arrangements.

My view positions impairment at an intermediate point: not purely biological, but less dependent on social norms than disability. This difference matters because impairment's necessary connection to atypical bodily features remains relatively uncontroversial even when we recognize its environment-relativity, whereas disability's relationship to bodily features is far more theoretically and practically contested; some philosophical accounts and activists treat disability as purely a matter of social response or treatment, bearing no necessary connection to the body. My account parallels recent debates about sex and gender: just as some theorists have argued that sex itself is partially socially-constructed (while remaining more biologically-anchored than gender), I show how impairment can incorporate social dependence through my notion of the typical environment while remaining more biologically-anchored than disability.

Tiina Rosenqvist: "Chronic Pain, Etiology, and Medical Gaslighting"

Barnes (2023) argues that, whereas patients have legitimate authority regarding their subjective experiences (e.g., pain), they generally do not have legitimate authority about objective causal facts (e.g., pathology), since authority about such matters requires clinical expertise. Therefore, in Barnes' view, the dismissal of patient perspectives regarding the causes of their symptoms usually doesn't constitute medical gaslighting. While I agree with Barnes that many patients might misinterpret the precise causes of their symptoms, I believe they nonetheless possess relevant information that is often too easily discounted in clinical contexts, with medical practitioners unjustifiably imposing their own interpretation onto the patient. For example, when a medical professional attributes the patient's physical symptoms to stress, depression, or anxiety, the patient may have important information challenging the plausibility of that explanation. This might include knowledge of the symptom onset, relevant life circumstances, or the absence of prior psychological stressors or psychiatric conditions. I argue that when such testimony is dismissed, it can—and often does—constitute a form of medical gaslighting.

Ian Peebles: "Race, well-being, and (enhancements of) cognition"

Many proponents of human enhancement appeal to well-being in favor of such interventions. But are arguments that prioritize well-being adequately equipped to adjudicate the use and distribution of human enhancements of the cognitive sort? I argue that well-being theories that cannot accommodate considerations of corrective justice are inadequate for adjudicating the use and distribution of neurointerventions for cognitive enhancement (CE). I demonstrate how the racialization of human cognition has generated injustices that, if left neglected, jeopardize the just distribution of neurointerventions for CE. I, then, survey the set of well-being theories currently predominant in the CE discourse, highlighting their inability to adequately accommodate considerations of corrective justice. Finally, I offer an alternative – perfectionism – capable of acknowledging both well-being and corrective justice. Ultimately, I aim, first, to encourage a shift in the CE dialogue, and second, to demonstrate that in the context of CE corrective justice is necessary for distributive justice.

Jada Wiggleton-Little: “Too Much Desert: Judgments about Deservingness and Pain”

Pain dismissal can occur when a person's pain is unfairly dismissed as a *desert* pain. I define desert pain as pains that are perceived as a just punishment for a blameworthy lifestyle or behavior. Such blameworthy lifestyle or behaviors include but are not limited to a sedentary lifestyle, overeating, substance use, and promiscuity. Historically, these behaviors have fallen under the category of moral vices or sins (e.g., sloth, gluttony, fornication), but now, get captured under the broad label of ‘medical risk factors’ . Desert pains are perceived as being a *deserved consequence* for the person-in-pain's assumed moral failing while simultaneously being perceived as being undeserving of social welfare and care. I will argue that certain ideologies, like fatphobia, can cause others to unfairly respond to a marginalized person's pain as a desert pain. Moreover, I argue that such ideas are intrinsically harmful in that interfere with others' ability to recognize expressed pain as a *bodily imperative*, an unpleasant state that has the authority alone to make a moral claim to care.

Clarissa Busch: “Making Evidence: Epistemic Issues with Synthetic Data in Medicine”

“[It] is expected that in the next 2-3 years, >60% of data used in research and development […] across different domains (including life sciences) will be synthetically generated” (D’Amico, 2023, p. 2; estimate attributed to Castellanos, 2021). This oft cited but poorly supported prediction about the future of synthetic data in research and development captures the current hype around technologically enhanced and accelerated research methods. The term “synthetic data”, broadly speaking, refers to datasets in which the overall statistical patterns

(or other relevant but non-identifying information) contained in the data are preserved, while the identities of the human data subjects from whom the data were initially collected are obscured. In recent years, synthetic data have gained popularity in machine learning, where they are increasingly being used to train large language models. The methods used in machine learning to generate synthetic datasets, so-called generative adversarial networks or GANs, have also been met with enthusiasm in a variety of scientific disciplines outside of computer science, especially in biomedical science, where synthetic promise to alleviate privacy and other ethical concerns surrounding the use of “real” patient data. In this paper, I explore the tension between the ethical motivations and the epistemic aims of the use of synthetic data in science, focusing on recent evidential uses of synthetic data in biomedical science and their epistemic implications. I argue that the use of synthetic data for evidential purposes, such as inference or justification, in the context of translational and clinical research may, perhaps paradoxically, undermine the epistemic aims of basic research in biomedical science by slowing down new scientific discoveries that deviate from established paradigms.