

Philosophy *of* Medicine

Editorial

Philosophy of Medicine: A Dedicated Journal for an Emerging Field

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For many years, the philosophy of medicine has been described as an emerging field, an energetic new area of interest in philosophy. It has also remained modest in size, at least compared to other areas of philosophy that examine a particular discipline or topic, such as the philosophy of physics or the philosophy of language. This is despite the fact that medicine (or something importantly similar) is a significant feature of all societies, contemporary and previous.

There are growing numbers of books, conferences and other contributions in the philosophy of medicine, but the size and breadth of the field nonetheless neither reflects the size and breadth of medicine nor does justice to its philosophical interest. A dedicated journal will, we believe, help to advance the philosophy of medicine through the next stage of its maturity: from small, bubbly, and developing to weighty, influential, and established. It is time for this emerging field to fully emerge.

1. Mission

The mission of *Philosophy of Medicine* is to serve as the flagship journal for the field by

- advancing research in philosophy of medicine,
- engaging widely with medicine, health sciences and the public,
- providing open-access content for all, and
- remaining free for authors to publish in (no “page fees” or publication fee).

2. Scope

The scope of the journal is broad, welcoming philosophical research using any methodology to study any aspect of medicine. We conceive of medicine broadly as including

- all the world’s medical traditions and trends, both past and present,
- all health sciences, from epidemiology to molecular biology,
- the profession of medicine as well as all other health professions, such as nursing, psychotherapy, and pharmacy,
- theory and methods in medical research and practice,
- medical practices, both mainstream and alternative,
- healthcare, public health and other spheres that influence the health of individuals and populations, and
- the fundamental concerns of medicine itself, such as health and disease.

There are no limits to the kinds of philosophical question that can be explored in the journal. Ethics and political philosophy are welcome alongside metaphysics and epistemology.

3. A dedicated venue for exceptional philosophy of medicine research

In establishing this journal, we have four principal objectives. The first is to provide a dedicated venue for the publication of philosophy of medicine research of the highest quality, one that does not share journal pages with research in other disciplines. While a number of existing journals have supported this field through its recent burgeoning, very few are devoted specifically to the philosophy of medicine in all its potential breadth. Given the growth in the volume of philosophy of medicine publication, there should be at least one journal that the contemporary field can be said to own, reflecting the field as it is now and evolving along with it.

This journal will serve to consolidate the field, create space for its growth, and provide a place for philosophers of medicine to send their best work. The journal aspires to be the best possible home for such work. It will group together exceptional research that belongs together as part of a field of scholarship so that others in that field can notice, read and engage with it. It would be extraordinary for any serious field to do without a dedicated home of this kind for its research.

4. Open access and open exchange of ideas

Our second objective is to reimagine academic publishing in philosophy so as to support the sharing of ideas across their development and not only the finished products, and to provide open access to this process. Journals first emerged to disseminate new ideas and information but have since tended to become warehouses for research (whether empirical or conceptual) that has been vetted, checked, and in some sense finalized. We naturally want *Philosophy of Medicine* to retain this important function by publishing original research in familiar forms. But we also want to recapture some of the original functions that journals served, which have now migrated to emails, seminar discussions, side conversations at conferences, blogs and social media debates. This means accepting submissions of many kinds, including, for example, letters that introduce early objections or perspectives that inspire new research, as well as formal papers that present the polished final version of a project.

This objective implies that the journal should be published online only. Print used to be the fastest method of disseminating information; it is now the slowest. If journals want to recapture their role as platforms for fast circulation of ideas and rejoinders, they must fully utilize the information-exchange modalities of our age. Thus, most articles will be made available as soon as they are ready for publication.

We will also contribute to the open-access movement in journal publishing by making *all* journal content freely available for everyone from the moment of publication. Given the advent of online publishing, we see no reason for the ownership and management of academic journals to reside with publishers. Just as academics run their own departments and medical professions manage their own membership, philosophy of medicine will own and run this journal. Formally, *Philosophy of Medicine's* Governing Board, made up of philosophers of medicine, will own the rights to the journal and authors will retain copyright for their work.

5. Connect philosophy, medicine, and the wider public

Our third objective is to connect philosophy, medicine and the wider public. Philosophy of medicine will be intellectually (and perhaps also financially) poorer if it fails to connect with medicine—which after all is its object of study—and with public discussions about medicine. We intend for *Philosophy of Medicine* to attract the attention and participation of those in medical practice, science and policy, and that it will be a place for philosophers and medical people to learn from and collaborate with each other. Two sections of the journal are specifically dedicated to enabling philosophers and medical people to bring philosophical discussions into the public arena. The Examination Room, the journal's public philosophy forum, provides a platform for philosophers of medicine to share their ideas with a wider audience. The Perspectives section is intended for medical researchers or scientists (as well as philosophers) to address the journal's philosophical audience, for instance, to

communicate about problems or topics in their disciplines that require philosophical investigation.

6. Imagine the field inclusively

Our fourth objective is to create a space for the field that is comprehensive rather than exclusive. A journal inevitably plays a role in shaping the scope of a field by deciding the areas in which it will accept submissions. We do not presume to say what philosophers of medicine must write about, but we do hope to enable those active in the field to define it through the questions and problems they choose to address.

Contemporary mainstream philosophy of medicine has inherited some peculiarities of definition, e.g. the notion that some areas of medicine are outside of its ambit, or that it is a subdiscipline of philosophy of science. This definitional strategy may have served a purpose, but we feel the field has outgrown it. Our inclusive stance means that we consider ethics and philosophy of psychiatry—two areas have sometimes been excluded from philosophy of medicine—to fall within our scope. This restriction previously created space for metaphysical and epistemological topics whose development was much less advanced, and which would otherwise have been crowded out by philosophical research in bioethics and research in philosophy of psychiatry. We feel that metaphysics and epistemology are now better established in philosophy of medicine, and indeed that the greater risk might now be of their crowding out other topics. An exclusionary approach may have been necessary for a new discipline finding a foothold, but the time has come to undo the restraints and create a freer environment for research. Philosophy of medicine should be defined with reference to what it is rather than what it is not.

Philosophy of medicine has also sometimes been conceived of as a subdiscipline of philosophy of science. This is not, in our view, wise, either in terms of its implication that medicine is a science (which should be a research question rather than a presupposition) or, strategically, for the development of the field. Medical research includes sciences like epidemiology and genetics, but the philosophical problems of medicine go beyond this. Consider, for example, the metaphysics of pregnancy or the epistemology of diagnosis. The convention of locating philosophy of medicine within philosophy of science arose because many philosophers of medicine had trained in philosophy of science and, armed with this hammer, saw the field as blooming with nails rather than a thousand flowers. But there is good reason to add more tools to the kit if the field is to flourish as it might.

We understand philosophy of medicine to include all philosophical thinking about any medical topic, regardless of the kind of philosophical thinking, or of the medical discipline or tradition. A number of obvious questions remain inadequately explored. What is medicine? What are its goals, scope and limits? How do/should physicians reason and make decisions? What are the aims, methods and theoretical underpinnings of the health sciences? There are many more. We encourage submissions that attempt to tame new or underdeveloped topics in addition to established ones.

We also encourage submissions dealing with medical traditions besides the contemporary tradition that originated in the West. There are *philosophies*—theoretical frameworks, worldviews—associated with all medical traditions, including the Western one, and they merit investigation.

7. What next?

Our four objectives, then, are to provide a dedicated venue for exceptional philosophy of medicine scholarship, to reimagine publishing in this field, to connect the field more deeply with medicine and with a wider public, and to positively imagine the field in an inclusive way. What happens next—whether the journal is a success, and what shape it takes—is up to the philosophical community, both those who already consider themselves to be philosophers of medicine and others who might, we hope, take an interest in contributing to this maturing field.