

## **Objectivity and values of the concept of health from a contextualist empiricist point of view**

**Anne-Marie Gagné-Julien**

**Université du Québec à Montréal**

In philosophy of medicine, a longstanding debate has concerned the definition of health and disease. At the heart of the controversy lays the issue of the place and role(s) of values in this definition, where the different definitions can be represented through a spectrum of “value(s)-involvement”. Extremes on the spectrum seem today as inadequate to account for the complexity of the phenomenon, leading to more nuanced views incorporating both values and scientific facts (i.e. De Vrees 2016; Ereshefsky 2009; Kingma 2013, 2014, 2017). Although this acknowledgment appears to be a promising way to a better understanding of the phenomenon of health, the exact way in which facts and values interact needs further clarifications.

The first aim of this paper is to defend an epistemological framework that could allow such clarifications. Following some suggestions made by Kincaid (2007), I will defend the contextualist empiricism approach put forth by Longino (2001, 2015) as a way that could make sense of the interaction between facts and values in the case of health. Longino’s contextualist empiricism is grounded in the idea of the underdetermination of theories by evidences: more than one theory are compatible with the available evidences, and values, both epistemic and nonepistemic, come to fill the gap between evidences and theories. It then becomes interesting to ask, in the specific case of health, where and how values come into play, but also to ask the reverse: what about the possibility of objective knowledge about health?

The second aim of this paper is to argue for an objective concept of health from the contextualist empiricist approach. While considerable attention has been paid to the way social factors intervene in health from different perspectives, I want to focus on the way we can still talk about an objective meaning of the concept of health from the point of view of contextualist empiricism. I believe this angle has been overlooked so far. Regardless of the value-ladenness of the definition, I want to argue that it is legitimate to

conceive health as an objective concept. This is where my proposition diverges from the recommendations made by Kincaid (2007). To illustrate the way contextualist empiricism can help illuminate the sense in which health can be said to be objective, I will argue that the value-free account of health defended by Boorse, the Biostatistical Theory of Health (BST), can be reinterpreted in a contextualist empiricist framework. For many authors, Boorse's BST, which states that health is the species's statistically typical functioning, is the best available reconstruction of the theoretical concept of health. I will focus on three aspects of the BST, where contextualist empiricism can be useful: (1) the notion of normal function; (2) the notion of a pathological threshold; (3) the notion of the reference class. In each case, I will show that (A) We can talk of underdetermination of theory/hypothese by evidence, where epistemic and non-epistemic values fill the gap between theory and evidence; (B) It is however legitimate to talk about an objective concept of health focusing on the process of *idealization* used by Boorse. This can be done by building on the work of Douglas (2004; 2009) about objectivity in science, using "manipulable objectivity" and "convergent objectivity", those meanings of objectivity that concerns the relationship between scientists and the world, and the epistemic value of "empirical success" defended by Longino. In this paper, I hope to open a space to think about an objective concept of health that acknowledges both the value-ladenness and the fact-ladenness of this concept using a contextualist empiricist approach.

## **Bibliography**

Daston L. and Galison P. (2007). *Objectivity*. New York : Zone Books.

De Vreese, L. (2017). How to proceed in the disease concept debate? A pragmatic approach. In *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine* 42 (4), 424-446.

Douglas, H. (2004). The irreducible complexity of objectivity. *Synthese*, 138 (3), 453-473.

Douglas, H. (2009). *Science, policy, and the value-free ideal*. University of Pittsburgh Press.

Ereshefsky, M. (2009). Defining 'health' and 'disease'. In *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 40 (3), 221-227.

Kincaid, H. (2007). Contextualist morals and science. In Kincaid, H., Dupré, J., & Wylie, A. (Eds.). *Value-Free Science: Ideals and Illusions?*. Oxford University Press, 218-238.

Kingma, E. (2013). Health and disease: Social constructivism as a combination of naturalism and normativism. In Carel, H., & Cooper, R. *Health, illness and disease: Philosophical essays*. Routledge, 37-56.

Kingma, E. (2014). Naturalism about health and disease: adding nuance for progress. In *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, 39 (6), pp. 590-608).

Kingma, E. (2017). Disease as Scientific and as Value-Laden Concept. In Schramme, T. and Edwards, S. (Eds.). *Handbook of the Philosophy of Medicine*, Springer, 45-63.

Longino, H. E. (2001). *The fate of knowledge*. Princeton University Press.

Longino, H.E. (2015) Pluralism, incommensurability, and scientific change Longino. In Kendler, K. S. and Parnas, J. (Eds.), *Philosophical Issues in Psychiatry III: The Nature and Sources of Historical Change*, Oxford University Press, 7-19.