

Philosophy 2330: Science and Society Exam (Fall 2022)

Please write your name on the front of your blue book. All answers should be written in your blue book.

These are sample answers. For each question there are many different possible answers which would also be correct.

Part I. 8 points. (2 pts each)

Short(er) Answer. Answer each of the following questions – each answer should be a few sentences long. Each question is worth 2 points.

1) Christopher Borse's view of health and disease is called the 'biostatistical model'. Explain his view.

Ans: Borse's view is a naturalist, neutralist view in which healthy means to have statistically normal or better biological functioning and disease means less than normal functioning. "Normal" functioning has to be relativized to a reference class. In this case, the relevant reference class is the same species, sex, and age.

2) Marc Ereshefsky defends eliminativism about 'health' and 'disease'. What is this view and why does he hold it?

Ans: Eliminativism means that there is no single thing 'health' or 'disease' that we should try to define. Ereshefsky argues that each of naturalism, normativism, and hybridism face insurmountable problems because there is no unifying feature that all diseases have. In other words, health and disease are not natural kinds. Instead we should keep state descriptions and normative claims about the conditions separate.

3) There is a puzzle about the supposed badness of death. Give an argument that attempts to show that death can't be bad. How could someone who thinks that it is bad respond?

Ans: One argument is that death cannot be bad because there is no subject to have the negative experience of dying. One natural response is that one can be harmed without knowing or experiencing it – for example, if your privacy is violated. You can also argue that there are relational harms – for example, someone breaks a promise to you or defines your final wishes in your will. These harms can occur even after you die. If death deprives you of possible future benefits, this might be a relational harm.

4) What is a culturally bound syndrome? Describe and discuss at least one example. Do you think that this is a genuine disease? Why or why not?

Ans: A culturally bound syndrome is an alleged disease that occurs only in a particular time and place. For example, in refugee resignation syndrome, children and adolescents who are in part of a lengthy migration process sometimes have severe problems including lack of eating, talking, and hygiene. This syndrome has only existed recently and only in Sweden. An obvious thought is that this cannot be a real disease or children in similar situations all around the globe would have been exhibiting it. However, this is not necessarily true. It is possible that the children are not faking anything – they really do have some underlying psychological problem and because of the particular context they are in, it gets manifested in a particular way. Thus there really is something wrong with these children (they have a disease) and it can be medically studied and treated like any other disease.

TURN OVER FOR ESSAY QUESTIONS ON THE BACK!!

Part II. 12 points (4 pts each)

Longer answers. Answer each question in full. Each question is worth 4 points.

5) Two major types of positions in the debate over defining 'health' and 'disease' are known as 'naturalism' and 'normativism'. What are the central tenets in each of these types of views? How does this relate to the debate between objectivism and subjectivism about health and disease? -- Now consider the case of a mild food allergy that has very little effect on the person's life. Do you consider this to be a disease? Is the person any less healthy than if they didn't have the allergy? What (if anything) do you take this case to show about how we should define health and disease?

Ans: Naturalism says that health and disease are states that depend only on natural (physical and biological) facts. For example, a disease is a physiological dysfunction of a certain kind. Normativism says that health and disease are evaluative concepts. Health is a valued state while diseases are disvalued. Objectivism says that only objective facts about a person's state are relevant to health and disease. Subjectivism says that a subject's own self-assessment of their health partly defines their health. Subjectivism takes a first-person perspective view while objectivism looks at a third person perspective. A naturalist will typically be an objectivist. However, a normativist might think that diseases are objectively bad or alternatively might think that the badness of a state is determined subjectively by the patient themselves.

In the case of a mild food allergy I believe that there can be cases where this is really not a bad thing for the patient. It is a mere difference – not a disease. In such cases, I think it is best to say that they can be perfectly healthy. In case of 'different' functioning, it is impossible to have a naturalistic theory which can tell the difference between different functioning and dysfunction. Dysfunction just really means not functioning *well* which is an evaluative concept. This argument counts strongly against naturalism about health and disease.

6) In the debate about the metaphysics of death, describe the position known as “death dualism.” What arguments can be given in favor of this position? Do you think that this is the best view of death? Why or why not?

Ans: One prominent view of death today is “whole brain” death which says that a human being dies when no part of their brain is functioning. Another possible view of death is “higher brain” death which says that permanent loss of consciousness is necessary and sufficient for death. Death dualism says that both views are right in a way – in fact, there are really two different kinds of death – the death of a person (higher brain death) and the death of an organism (the cessation of all biological functioning). These are just separate things and are both kinds of death.

The argument in favor of this view is that death must necessarily be connected to certain ethical considerations (people have rights, dead people don’t) but that it is also true that life and death must be connected to biological functioning. But no single criterion could do both so there must be two different kinds of death.

EXAMPLE: I do not find this reasoning compelling. There is no reason that moral rights must be tied to life and death. For example, it may well be true that it is permissible to let a patient in a persistent vegetative state die. But this is not because they are already dead, it is because they do not have a life worth living. There are cases of terminally ill patients in severe pain who do not have lives worth living and it is also permissible to allow them to die. But this doesn’t mean that are already dead. It just means that it is morally permissible to let them die.

7) Describe both the biomedical model and the moral model of addiction. Give some considerations in favor of and against each view. Do you think that addiction is a disease? Why or why not?

ANS: The biomedical model of addiction says that addiction is a disease. The poor self control of addicts is due to physiological changes in their bodies due to substance abuse. The obvious argument for this view is that modern medicine has discovered the details of many of these physiological mechanisms and in some cases we have medical interventions (treatments) which can help with addiction. An alternate model of addiction is the moral model which says that addiction is not a

disease, but is rather a moral failing arising from a series of poor choices. One argument in favor of this view is that addicts often respond to incentives – for example, raising the cigarette tax lowers smoking rates. This makes it seem that addicts still have some control over their choices.

EXAMPLE: On either the naturalist or the normativist view of disease it is easy to make the case that many addictions are diseases. Addiction can depress various psychological functions and of course it can be quite bad for you. The fact that addicts often do not want to be addicts suggests that this is a state that is disvalued and that they do not have control over. While it is true that many addictions start and continue on through a series of choices, these choices causally lead the person to develop a disease – an addiction.