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zur Erforschung von Folgen wissenschaftlich-technischer Entwicklungen
Bad Neuenahr-Ahrweiler GmbH

Direktor:
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Newsletter

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Editorial

Neben ihren wissenschaftlichen Kernaufgaben hat die Europäische Akademie eine Reihe von Aktivitäten in der Region entfaltet. In diesem Zusammenhang ist die Gründung des Vereins der „Förderer der Europäischen Akademie Bad Neuenahr-Ahrweiler e.V.“ im Jahre 2001 ein wichtiger Markstein. Der Verein hat mittlerweile fast 30 institutionelle und individuelle Mitglieder. Zweck des Vereins ist es, die Europäische Akademie GmbH bei der Durchführung ihrer wissenschaftlichen Vorhaben zu unterstützen. Ein Teil der bisherigen regionalen Aktivitäten wie der Arbeitskreis Medizinethik und die Kunstausstellungen wurden so in die Verantwortung des Vereins überführt. Ein weiterer Arbeitskreis für die Unternehmer und Freiberufler in der Region ist in Planung. Der Verein hat somit drei Aktivitätsfelder: Wissenschaft, Wirtschaft und Kunst.

In diesem Jahr wird der Arbeitskreis Medizinethik zwei Veranstaltungen zum Themenkomplex „Gesundheit nach Maß?“ durchführen. Am 13.9. referiert Professor Dr. K.-D. Henke über Gesundheitsstandards aus ökonomischer Sicht und am 8.11. spricht Professor Dr. C.F. Gethmann über Gesundheitsstandards aus ethischer Sicht.

Des Weiteren wurde 2003 die Veranstaltungsreihe „Ahrtalgespräch“ ins Leben gerufen. Das alljährliche „Ahrtalgespräch“ ist eine Podiumsveranstaltung in Form reiner wissenschaftlichen Disputation über das Thema des nächsten Ahrtalgesprächs sowie über die weiteren Aktivitäten des Vereins wird im Newsletter berichtet.

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Focus

The Amphiboly of Illness

Carl Friedrich Gethmann

The understanding of illness is neither semantically trivial nor is it theoretically and practically without consequences. It is in direct connection with the philosophical understanding of the medical disciplines and with basic questions in respect of the organisation of a health care system. For this reason, it is worthwhile expending a certain amount of effort on the terminological clarification of the concept of "illness". In doing so, it becomes evident that attempting to explain that the predicator "x is ill" does not fall under the same categorial status as the predicator, for example, "x is green". The inherently dangerous problem of ambiguity involved here bears a certain similarity to that dealt with by Kant in reference to the concept of the "Amphiboly of the Concepts of Reflection": According to Kant, there is an undeniable semantic difference between whether a predicator serves the process of self-ascription in the course of constituting objects or the description of an object as experienced through the senses.

The German version of this article is available at www.europaeische-akademie-aw.de. Die deutsche Fassung dieses Textes kann auf der Homepage der Europäischen Akademie abgerufen werden unter: www.europaeische-akademie-aw.de.

Semantic Problems of the Concept of Illness

Many of the problems involved in the delineation of the concept of illness have to do with the question of whether the feeling of being ill on the part of an individual or, on the other hand, the existence of objective biological conditions should be primarily decisive. Both of the imaginable, extreme positions lead to grossly counter-intuitive consequences:

- It is evident that illnesses exist without being subjectively ascribed as such. One may consider, for example, the early phase of a tumour genesis, latent infections or hypertension, but also a whole series of genetic diseases. Thus it is undeniable that one might call a person "ill" even when the person concerned has noticed no impairment to his feeling of well-being.
- It is also irrefutable, however, that feelings of illness exist without any objective

findings, thus making it somewhat problematic to assign the classification "ill" without further ado. One may think of variants of hypochondria (which, however, in certain dramatic cases may be viewed as objective findings). Conceptually, therefore, one must distinguish between imagined illnesses for which there can be no findings and those for which there can be findings, but these findings are unknown.

A definition of illness, therefore, has to observe both the experience of being ill as well as the generalisability of the findings. Accordingly, an illness can be understood initially as a disturbance of life-functions that may be experienced and understood by the human being (and that possibly, on this basis, may be scientifically explained). This designation, however, gives rise to a series of subsumption problems. Though subsumption problems alone do not yet constitute cogent objections against the

expediency of definitions, there is, however, a degree of non-operationalisability that signifies the pragmatic inadequacy of a definition for use in the sense of a criterion.

“Being ill” as Ascription and Description

It belongs to the elements of the action experience that the I-author of the action (the >acteur<) cannot be reduced to the actor in the sense of a description of the action without semantic loss. This can be illustrated by the example of elementary *speech-acts*: Whereas the utterance,

“I promise to visit you tomorrow.”

with logically reasonable assumptions from the context, can be interpreted as the execution of an act of promise, the utterance, “Someone has promised to visit you tomorrow and that someone is A.”

with logically reasonable assumptions from the context, does not constitute the execution of a promise. The second utterance, on the other hand, could be, for example, a *report* concerning the execution of a promise (or a description, a narration, etc.). Even without resorting to sophisticated classification of speech-acts, it should be unarguable that making a promise has a pragmatically different significance from giving a report of a promise.

Confusing the executive-I with the I as the object of a report constitutes the fallacy of mixing up the executive and the report perspectives (*contradictio exercita*, “ambiboly”). The differentiation between the executive and the report perspective has so far been explicated in relation to actions. However, it is not difficult to extend this distinction in parallel to embrace experienced occurrences. When an occurrence that happens to someone is experienced by that person himself, it cannot be described entirely without semantic loss from outside and/or after the event. The experiencing of an occurrence not brought about by the person experiencing the occurrence constitutes the execution of an experience which must be distinguished from the report about it. If the “I” of the primary action experience cannot be entirely reduced to the “He” of the action description, then also the attributive self-ascriptions of the actor cannot be regarded as special cases of third-person descriptions. With “*ascriptions*” the actor ascribes to himself attributes of his selfexperience, with “*descriptions*” the actor or observer reports about moments of third-person experience.

One difficulty in rendering the distinction between ascriptions and descriptions plausible through language lies in the fact that in the grammatical surface structure there is often no distinction between ascriptions

and descriptions. Thus, in this way, the ascription, ‘I am in pain’ having the same surface structure as ‘He is in pain’ can be misconstrued. In the grammatical deep structure, however, the two utterances have quite a different status. This can be recognized for example by the fact that the utterance ‘I am in pain’, though it can be revised by the person executing the experience, it cannot be falsified, however, by another actor or observer. In any case, falsifiability is not a meaning criterion for ascriptions; on the other hand, reviseability as a condition for the meaning of descriptions is open to discussion. In contrast to this, the utterance ‘He is in pain’ can be treated in regard to behavioural pain indicators according to criteria applicable to the ability to be falsified. The example shows that between ascriptions and descriptions there is no simple, translation relationship (for example, of the kind: ‘I am in pain’ is true when ‘He is in pain’ is true, and he = I). Summing up, the reference to the differentiation between ascriptions and descriptions shows that the “I” of the executive perspective cannot be translated into the “He” of the report perspective without semantic loss.

Now for the case to be examined here, i.e. the concept of illness, it must be noted that, in contrary to appearances in the grammatical surface structure, “illness” is by no means only used within the framework of mere descriptions. ‘I am ill’ is in such cases an ascription which cannot be considered (in reconstructive regard) as a statement which has come into being by inserting the constant “I” into the predicator schema “... is ill”. This applies in a similar way to ascriptions like ‘I am in pain’ or ‘I am responsible for this occurrence’. The meaning of illness contains in many contexts in which it is used a prescriptive element that can be conventional and cultural in character. This, by the way, does not contest the fact – and this is what makes the term “illness” particularly complicated – that the descriptive content of whatever is referred to as illness in each respective case could be drawn exclusively from natural circumstances or events. The conventional and prescriptive element would then still lie in the choice of these circumstances and events.

Critique of an “Individualistic” Concept of Illness

With regard to the setting of aims, health should be a common end for everyone; expressed in traditional, philosophical terms: In the interest of the universalisability of knowledge so far attained in medicine, “health” and “illness” must be reconstructed as a rational concept. This, for example, precludes defining “health”

solely on the foundation of a personal feeling of well-being (the definition used by the World Health Organisation). This definition has not only the *pragmatic* drawback that according to this interpretation mankind factually consists solely of sick persons, but, worse still, it also has the grave, *methodological* shortcoming that it reduces the conception of health to the exclusively private sphere, thus robbing it of its universalisability. In this way, healing, in the sense of acting to achieve health as the end, would principally not be transportable into knowledge and would remain in the realm of mere opinion, a mere life-world skill. On the basis of such a definition of health, there would be no medical sciences, at best medically related natural sciences. In the extreme case, everyone would have his own personal medicine.

It is for the understanding of the possibility of a scientific medicine that the ascriptive use of the term “ill” by no means reduces compellingly the phenomenon of illness to the personal sphere of the sick person. Ascriptions do not exclude communicability, rather they are (like descriptions, too) ways of communicative language use. A definition of illness dependent on subjective situation variants, only meaningful when formulated in an individual, person-related language would have considerable societal consequences. If there is namely no definition of illness that is independent of context and not subject to party-related variants, the consequences of illness, and especially the costs, cannot be socialized. The principle of insurance, for example, presupposes a fundamental comparability of possible damage, i.e. the recognition of an intersubjective principle of comparability. Thus, in conclusion, it remains to sketch out that ascriptions in reference to “ill”, precisely by virtue of their prescriptive element, constitute an understandable practice. Through “ill” ascriptions, the addressee is not only the target of a report but also of a call to respond or help. Thus, ascriptions constitutes a specific form of interaction. If the help sought or given is professional, the addressee will frequently be a physician. The doctor-patient relationship is initiated, so to speak, by an ascription.

However, it is of decisive importance, for an adequate understanding of “illness” with view to the possibility of a scientific medicine that the situation-*invariant* understandability is not interpreted in the sense of “poietic” sciences but rather as a practical relationship. Illness must appear as a practical, supra-individually understandable phenomenon. The sick person is therefore not a defective machine (that would be the poietic misunderstanding), but rather he *experiences himself as being*

iii. This experience is only conveyable as the object of the formation of knowledge, however, if it is not understood as being dependent on context or subjective variants, i.e. individual-person-related. Only when the sick person in his illness is understandable to a physician, this physician can relate knowledge to the individually experienced phenomenon of illness out of which new knowledge can be conceived. Therefore, the doctor-patient relationship is constituent to the specific *practical* formation of medical knowledge.

The practical and, at the same time, supra-individual character of "illness" renders it understandable why, in regard to the understanding of illness, there can be a historical transformation in social understanding. If illness were a poetic phenomenon (like the malfunctioning of an artefact designed for a specific purpose, e.g. a clock), it would have to be understood always in the same way. If illness were merely an individual phenomenon, it would come and go (like individual self-experience) without the ability to be conveyed socially. In contrast, the relationship between physician and patient which is formed on the basis of a practical phenomenon, is embedded in a socio-cultural environment. This is the simply reason why, in regard to the social understanding of illness, a conspicuous change can be seen that correlates to the development of the medical disciplines.

The preceding article is an English edited version of C.F. Gethmann, "Zur Amphibolie des Krankheitsbegriffs", in: A. Gethmann Siefert/K. Gahl, *Wissen und Verantwortung. Bd. 2: Studien zur medizinischen Ethik. Festschrift für J.P. Beckmann*, Freiburg i. Br. 2004.

Professor Dr. Dr. h.c. Carl Friedrich Gethmann is Director of the Europäische Akademie GmbH and holds a chair for philosophy at the Universität Duisburg-Essen. He was spokesperson of the interdisciplinary study group "Gesundheitsstandards" of the Berlin-Brandenburgische Akademie der Wissenschaften (BBAW). The report of the study group appears in July 2004 under the title: C.F. Gethmann et al., *Gesundheit nach Maß?* at the Akademie-Verlag (Berlin).

Working Groups

Incentives for Organ Donation

The fourth meeting of the study group "Incentives for Organ Donation" took place at the Berlin-Brandenburgische Akademie der Wissenschaften (BBAW) on 2nd June. Professor Dr. med. Jürgen Schlitt and Professor Dr. theol. Paul Schotsmans joined the core working group as new members. Professor Schlitt, director of the department of surgery at the Universität Regensburg, has recently performed the first living donor liver transplantation in Bavaria.

Professor Schotsmans is head of the Centre for Biomedical Ethics and Law at the Katholieke Universiteit Leuven. In addition he is currently member of the Belgian advisory committee on bioethics and president of the ethics committee of Eurotransplant. At the meeting in Berlin, he gave a talk on "Ethics in Transplantation" which focused on currently discussed approaches to reduce organ shortage. Most countries with high organ donation rates within Europe have a legal system that presumes the consent of organ donors. Citizens have to actively opt out in case they do not want to donate organs (*opting out*). This system emphasises the value of solidarity, whereas the *opting in* system, in which citizens need to actively give consent for organ donation, is emphasising the values of autonomy and freedom. Depending on the priority that was assigned to one of these values, different legal systems have been established in different countries. The *opting in* system is implemented in the German and Dutch legal system whereas the *opting out* system is currently practised in Belgium and Spain that exhibit the highest organ donation rates of Europe. However, the *opting out* system brings along a general ethical problem: if sufficient information of all citizens can not be ensured, then also no equality of opportunity is given.

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European Social Policy

The project group "European Social Policy" had its Mid-term-meeting at the Europäische Akademie in Ahrweiler, 7th-8th June 2004. The purpose of the meeting was to gain advice, comments, and critiques on the work in progress from the invited speakers, whose contributions were based on a paper prepared by the project group and focussed on three topics: the goals of social policies at national and supranational level, the means of implementation and the normative premises of a European social policy. In regard to the first topic the main points of interest were the connections between economic and social goals mostly significant in the area of employment policies, the necessity of a combination of the innovative aims of the social activating state with traditional goals of social security and the linkage of activation policies with education policies within a broader life course perspective. Especially in respect of the tendencies of change in social policy goals and the pressing needs of reform the possibilities of a more active and positive goal setting in addition to learning processes through benchmarking have been discussed. With reference to the implementation of a

European social policy the problem of the opposite tendencies of convergent market forces on the one side and divergent social policy measures at national level on the other side has been analysed. In the face of an augmenting overlapping and mingling between the market and the state in the social area, which leads to more welfare markets at the cost of welfare states, an integration paradox arises: intervention at Union level is almost impossible because of the subsidiarity principle in the social policy field, while at the same time due to the growing economic interdependencies national policies either lose their efficacy or have to take into account the European situation anyway. In regard to the option of a purely regulative social policy at the supranational level questions of its democratic legitimisation, its social efficacy and economic efficiency as well as its support through the Open Method of Coordination have been discussed. Concerning the normative aspects, the relationships between common social values in Europe and different social policy goals in the member-states have been emphasised as well as the compatibility of given goals with both more liberal and more communitarian basic values. Other topics were the justification of the social state through liberal rights or through solidarity and the contextualisation of justice claims to political systems or different policy areas. Finally the role of the state as a more productive or rather residual welfare state has been analysed in the light of considerations on the distribution of competencies and rights between the state and the citizen and the relationship between social participation and individual autonomy.

Members of the project group are:

Professor em. Dr. Bernd Baron von Maydell, Skt. Augustin, Germany (Chair); Professor Dr. Klaus-Dirk Henke, Berlin; Professor Dr. Ruud Muffels, Tilburg; Professor Dr. Michael Quante, Essen; Professor Pirkko-Liisa Rauhala, PhD, Helsinki; Dr. Gert Verschraegen, Leuven; Professor Dr. Maciej Zukowski, Poznan.

Invited speakers were:

Professor Dr. Jos Berghman, Katholieke Universiteit Leuven, (Social Policy); Professor Dr. Beatrix Karl, Universität Graz (Law); Professor Dr. Stephan Leibfried, Universität Bremen (Social Policy); Professor Lutz Leisering, PhD, Universität Bielefeld (Sociology); Professor Dr. Paul Schoukens, Katholieke Universiteit Leuven (Law); Professor Dr. Ulrich Steinworth, Universität Hamburg (Philosophy); Dr. Werner Tegtmeier, Staatssekretär a.D. (Economics).

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Environmental Noise

Recently, the project group held a further progress meeting on 14th June 2004 in the premises of the Europäische Akademie. The members discussed several papers on the following aspects of noise: traffic-related acoustics, noise-induced sleep disturbances, instruments of noise protection and relevant principles of environmental policy as well as fundamentals of impact assessment and risk evaluation. The considerations upon the applicability of environmental principles, like the principles of precaution and integration highlighted the ambiguity of their normative power: For instance, since 1990 the a.m. principles gained much legal attention and importance in German federal law. Nevertheless, they may give room for quite different interpretations, especially with regard to conflicting reasonable goals of political economy. In practise, these principles prove as a valuable tool in (unbiased) planning procedures and subsequent decisions. As a result, the consent and application of environmental principles will less allow to decide upon the "ifs" but upon the "how" of any (noise) emitting activities.

Chair: Professor Dr. Michael Kloefer, Humboldt-Universität zu Berlin

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News

Bioethik-Kommission Rheinland-Pfalz zur Sterbehilfe

Die Bioethik-Kommission Rheinland-Pfalz, deren Mitglied Professor Dr. Dr.h.c. C.F. Gethmann ist, hat am 23.4.2004 ihren Bericht „Sterbehilfe und Sterbebegleitung. Ethische, rechtliche und medizinische Bewertung des Spannungsverhältnisses zwischen ärztlicher Lebenserhaltungspflicht und Selbstbestimmung des Patienten“ vorgelegt. Der Bericht wurde am 28.05.2004 im Rahmen der Veranstaltungsreihe „Ethik und Recht im Dialog“ unter dem Titel „Wann darf ein Mensch sterben?“ im Festsaal der Staatskanzlei in Mainz vorgestellt und diskutiert. Ausgehend von ethischen und verfassungs-

rechtlichen Überlegungen stellt der Bericht der Bioethik-Kommission das Selbstbestimmungsrecht des Patienten in den Mittelpunkt der Überlegungen. Die Kommission hat sich besonders um präzise Abgrenzungen zwischen passiver, indirekter und aktiver Sterbehilfe bemüht. In der Öffentlichkeit sowie im Rahmen der Veranstaltung hat vor allem die These der Bioethik-Kommission zur aktiven Sterbehilfe Beachtung gefunden; die Bioethik-Kommission empfiehlt, die aktive Sterbehilfe weiterhin gesetzlich zu verbieten und unter Strafe zu stellen; die Bioethik-Kommission empfiehlt jedoch dem Gesetzgeber weiter, Gerichten die Möglichkeit zu geben, in extremen Notfällen von einer Bestrafung abzusehen.

Der Bericht der Bioethik-Kommission kann unter www.jm.justiz.rlp.de/root/Bioethik eingesehen und als pdf-Datei runtergeladen werden.

Publications

Carl Friedrich Gethmann

„Die Erfahrung der Handlungsursache und die Erkenntnisse der Neurowissenschaften“, in: Berlin-Brandenburgische Akademie der Wissenschaften (Hg.) *Zur Freiheit des Willens. Streitgespräch in der Wissenschaftlichen Sitzung der Versammlung der Berlin-Brandenburgischen Akademie der Wissenschaften am 27. Juni 2003*, Berlin 2004, 45–61

Carl Friedrich Gethmann/Felix Thiele

C.F. Gethmann, W. Gerok, H. Helmchen, K.-D. Henke, J. Mittelstraß, E. Schmidt-Aßmann, G. Stock, J. Taupitz, F. Thiele *Gesundheit nach Maß? Eine transdisziplinäre Studie zu den Grundlagen eines dauerhaften Gesundheitssystems*, Berlin: Akademie Verlag 2004

Stephan Lingner

K. Ott, G. Klepper, S. Lingner, A. Schäfer, J. Scheffran, D. Sprinz (2004) *Reasoning Goals of Climate Protection. Specification of Article 2 UNFCCC*, Climate Change 01/04, Study report on behalf of the Federal Environmental Agency (UBA), Berlin

Personalities



Thorsten Galert studied philosophy and chemistry in Marburg and Vienna. At the Philipps-Universität Marburg he passed his Magisterexam (M. A.) in 1997 with a paper on ethics of compassion ("Mitleidsethik") focussing on the way the moral status of animals is spelled out by this ethical theory. Working on this subject he noticed the crucial importance that assumptions concerning animal consciousness do have for most attempts to account for animals in ethics. So he decided to dedicate his PhD-thesis to basic problems of research pertaining to animal consciousness in general and animal pain in particular („Vom Schmerz der Tiere. Grundlagenprobleme der Erforschung tierischen Bewußtseins“).

Already before commencing his PhD-studies Dr. Galert had the chance to become acquainted with the project work of the Europäische Akademie. As a work on contract he prepared a scientific bibliography and a literature review on "Die Bewahrung von Biodiversität als Problem der Naturethik" ("Graue Reihe", vol. 12) for the project group "Biodiversity. Scientific Foundations and Social Relevance". Immediately after delivering his thesis he became member of the scientific staff of the Europäische Akademie. Since January 2004 Dr. Galert is coordinator of the project group "Intervening in the Psyche. Novel Possibilities as Social Challenges". As a further assignment he is responsible for the academy's library. Currently, his main research interests are ethical, conceptual and methodological problems of neuro-science and psychology.

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