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醫學模式

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——西方醫學史的教訓

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摘要

身體倫理醫學模式是生命（身體）政治意志的表達與實現，其修正了生物心理社會醫學模式的錯訛，並能夠最整全地反映人類對於身體或醫學的寄託，成為醫學的基礎和疾病救治、身體康復的指導與希望。身體為醫生治療行為與施愛的直觀物件，身體是屬人的，人必須力圖把“我的意識”統一於“我的身體”；這一道德觀成為醫學模式的人性前提，即是說，人的身體、包括患病的身體，不是一般性地沒於世界，而應該建立身體、人、醫學與政治活動之間的道德關係。身體倫理醫學模式有利於人和醫學回歸倫理的和諧；由此，在後現代背境下，可以認為，身體宗教醫學模式是身體倫理醫學模式的淵源之一，身體倫理醫學模式隱含著生命（身體）政治醫學模式的政治倫理功能，能夠實現對生物心理社會醫學模式的歷史性“僭越”。

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中國文化中的人論與醫學：儒家之醫學模式

李瑞全

摘要

西方醫學界近年有學者提出新的「生物心理社會精神」醫藥模式以回應西方現代醫藥模式的問題。本文首先指出西方傳統之以醫藥為針對身體的正常功能之失效為主，而此一失能是身體之物理生理的表現，因而其他心理或精神的病狀或病態都必須能化約為身體的物理生理情狀，才被認可為疾病。此自然排除了心理或精神，以及由社會宗教價值失調而來的疾病。雖然此模式需要修訂，但此缺失不足以重新引入宗教教義作為診治疾病的判準。本文同時檢討了西方醫學以物種正常功能作為疾病的判準，以及近年流行的「實證醫學」政策診治模式所延續與隱含的仍然是以物理生理為主的醫藥模式，並不真能包含源自文化與價值的心理與心靈的疾病或病態。

由於文化與價值的不同，中醫的醫藥模式與西方醫學不同。中國哲學以人為與天地萬物同出一源，人的生命與宇宙相對應，因此，疾病被理解為人身之小宇宙失調，而治療則以順大自然的運行法則而行。這是建立在中國傳統的儒道與陰陽五行的哲學而來。儒家哲學以仁心貫通天人，因而中醫自始即不限於氣化流行的現象，而有深入了解天道運行的意義，視人為與宇宙一體的生命，身體官能之運作與宇宙之陰陽五行之氣化相應，而其中以仁心之天道貫通疾病與醫病之關係，構成中醫之儒醫理念與「醫乃仁術」的模式。心靈與心理的疾病有不同的病源和對治的方式，不能化約為物理生理的情況。在此模式中，社會文化與價值失調的疾病和病態可以被正視和治療，這亦反映了醫藥乃是文化的一環。

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摘要

生物—心理—社會—精神醫學在西方世界裡是一個歷史的產物。生物醫學發端於19世紀後半葉，並在美國醫學中引發了一場大規模的醫學教育改革。這種科學的生物醫學在醫學實踐中表現出的冷冰冰的、無人格的態度，常常與病人的道德和精神需求相抵觸。為改善這種狀況，自20世紀中葉起，醫生與倫理學家嘗試了多種方式的改革，包括生命倫理學，生物—心理—社會醫學，和生物—心理—社會—精神醫學。這些改革的共同社會歷史背景是世俗主義在美國的興起，而每一種改革也都以不同的方式試圖把握醫療照護中的超越維度，這一超越維度已被生物醫學的還原主義的態度所邊緣化。但是，因為生物醫學的科學主義態度，以上的改革都失敗了。雖然生物—心理—社會—精神醫學意圖以一種整全的方式照護病人，但是因為它仍然延續了一種科學主義的態度，以至於這種醫學模式不能滿足病人的道德和精神需求，也無法把握對病人而言超越的中心意義。

Beyond the Bio-psycho-social Model of Medicine: The Transcendence of Body Ethics

Sun Muyi

Abstract

Body ethics constitute a genuine expression of both human life and the physical body. They represent the spiritual will of medicine, correcting the errors of the bio-psycho-social medical model. Body ethics reflect both the holistic human body and the true spirit of medicine, forming the basis for medical intervention and physical rehabilitation. For medical doctors guided by the bio-psycho-social medical model, the human body is nothing more than a behavioral and psychological object. However, the real body is a being, an individual human being, who must try to unify “consciousness” with “the body.” The moral premise of the body ethics medical model transforms “dead” materials into humanity, i.e., the human body, including even the sick body. This model incarnates the transcendent dimension of the human body in a comprehensive whole, manifesting the proper relations among physical, moral, humane, and political activities in medicine. The body ethics model of medicine contributes to a return to the harmonious nature of medicine and ethics on the one hand and the inseparability of medicine and religion on the other. Accordingly, even in a postmodern context, it can reasonably be held that both the physical and religious dimensions of the body are sources of the medical ethics of the body and that this body ethics model of medicine contains the spiritual, moral, and political functions of the body in itself. Finally, this model goes beyond the bio-psycho-social medical model through its transcendent dimension.

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Uncertainty of the Body and Proper Transcendence

Wang Yifang

Abstract

Dr. Sun’s paper discusses the multiple meanings of the human body. It provides useful philosophical reflections on medical objectivism and reductionism. This commentary echoes and expands the rich connotations of the human body laid out in Sun’s paper. It also reveals and explores the transcendent dimension of the human body, contending that the unsacred materialization of the body is the crucial point of reductionism. In classical Chinese doctrines, the “body” has a unique social and spiritual existence, and the cultivation of the body is the fulfillment or perfection of a whole person that by no means can be reduced to dead or mechanical matter.

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How Do We Construct a Medical Model in Post-modern Discourse?

Xiao Wei

Abstract

Medicine is a value construction. As the combination of a variety of values and methodologies, a medical model can be used to observe and handle medical problems in the field of medicine. Indeed, human understandings of medicine have undergone a long process of historical development. Sun's "body ethics model of medicine" can be taken as a new medical model in the post-modern context. It is achieved through the combination of the Chinese and Western ethical cultures. In my view, this new model is shaped by three key elements: human nature, the body, and ethical relationships. At the same time, the model points toward an inevitable fact of life: "Politics is nothing but medicine at a larger scale."

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A Philosophical Reconstruction of Modern Models of Medicine Based on Body Ethics

Liu Junrong

Abstract

Sun Muyi's article provides illuminating views and arguments regarding the proper model of medicine. From Sun's perspective, the bio-psycho-social model of medicine retains traces of body-mind dualism. It differs from Michel Foucault's view of the body, which is one of phenomenological holism. That view, as Sun sees it, constitutes a comprehensive philosophical reflection on the modern bio-psycho-social medical model, providing an objective understanding of the unity of body and mind. Sun argues that a religious dimension is inevitably embedded in this objective understanding when establishing a body ethics model of contemporary medicine. This commentary agrees that Sun's view provides useful reflections on the construction of a proper model of medicine. It is right that we should go beyond the bio-psycho-social medical model to pay more attention to the sick individual him or herself and to strengthen doctor-patient communication regarding the body and human dignity. However, it is also contended that the body ethics model of medicine should constitute a criticism of religious medical models and resist any religious zeal being applied to the study of medical ethics.

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Waiting to be Uttered**Qiu Hongzhong****Abstract**

Sun's article is a useful exploration of the body ethics model of medicine. However, a body is not the equivalent of a person—the body is waiting to utter its meaning. This commentary, which adopts a phenomenological perspective, discusses different ways of treating the body and of interrogating the senses of the body understood by patients and doctors. Divergent such senses influence the doctor-patient relationship in quite distinct ways. To establish a new clinical model, this commentary holds that we need to pay greater attention to the epistemology and methodology of somatic phenomenology, which can inspire us to understand the comprehensive significance of the body for medicine.

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The Transformation of Models of Medicine**Liu Hong****Abstract**

The body is a medical and philosophical category that marks the existence of a human life. The body is not only physiological, psychological, and social in nature, but also cultural and philosophical. The body constitutes a unique identity that cannot be forged or duplicated by reductionist strategies. Many biological, psychological, and social models of medicine give insufficient space to the human, moral, and emotional components of medical activities. The body ethics model of medicine transcends these models, and its proposal is thus a milestone in the promotion of the medical humanities.

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Humanity and Medicine in Chinese Culture: A Confucian Medical Model

Lee Shui Chuen

Abstract

A new conception of medicine has been proposed in response to some of the problems of the modern Western model of medicine. In this paper, I posit the view that modern Western medicine takes disease to be a bodily deviation from normal species functioning. Such malfunctioning is regarded as of the physical and physiological kind. Other types of deviations such as psychological or spiritual deviations must be reducible to symptoms before they are regarded as a disease in medical terms. Hence, psychological or mental disorders resulting from social or religious values are not catalogued as diseases, and are thus left untreated. I argue, however, that although this situation needs correction, there is no justification for introducing religious doctrine as a category of disease. This paper examines the presuppositions of the normal species functioning criterion and recent trends in evidence-based medicine, and reaches the conclusion that the present Western medical model does not readily admit some of the diseases of the human psyche caused by disorders in culture and values.

Chinese medicine, which is grounded in a different culture and different values, takes a different approach to medicine. Chinese philosophy takes human beings to have the same source as the universe, and thus to represent the cosmos writ small. Disease is regarded as a disorientation of the bodily cosmos, and treatment is basically a restoration of the body and mind as a whole in harmony with natural cosmological operations. Chinese philosophy draws on Confucianism, Daoism, and the Yin-Yang School. Confucianism views empathy as unifying human beings with Heaven. Thus, in Chinese medicine the evolutionary process of the cosmos bears deeply humane and transcendental values. The correspondence between body and universe results in a conception of medicine as the operation of the principle of ren, or humanity. Accordingly, the physician is honored as a Confucian doctor, and medicine is seen as an art or humanity. Mental and psychological diseases can have independent sources, and should never be reduced to the physical and physiological. In the Chinese model, social, cultural, and value disorders are regarded as proper diseases, and can be treated as such. It allows full realization of the cultural factors at play in medicine.

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Reform from the Heart: On Lee Shui Chuen's Ideas on Humanity and Medicine

Tsai Duujian

Abstract

Professor Lee Shui Chuen regards medicine as a historical product of human civilization, with medical traditions differing in accordance with the historical and cultural contexts in which they developed. "Medicine as the art of humanness" is a Confucian notion that reflects the value placed on the relations between body and mind, mind and environment, and medicine and the humanities. Although contemporary Western medicine has made significant progress through reductionism, Descartes' dichotomy between mind and body has led to contemporary calls for spiritual and mental engagement. The efforts of Western medicine to free itself from alienated instrumental rationality through a shift toward a more holistic and ecological worldview highlight the values common to both Chinese and Western medicine.

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A Response to Professor Lee Shui Chuen

Fang Xudong

Abstract

Professor Lee Shui Chuen's paper puts forth a grand plan to construct a Confucian model of medicine that differs from the Western model. However, it is a pity that Lee fails to offer sufficient Confucian resources to pursue that goal. It seems that Lee's attention is focused largely on traditional Chinese medical theories whose origins do not lie in Confucianism alone. Lee also discusses the Confucian doctrine of humanity (*ren*), which essentially belongs to the realm of medical ethics. His emphasis on synesthesia (*gan tong*) is instructive. In fact, a characteristic of any genuine Confucian model of medicine, neo-Confucian models in particular, is an understanding of those patients who have lost their synesthesia. For example, neo-Confucian master Zhu Xi called concentrating on success in the imperial examination a severe illness of the mind, and suggested that the illness could be cured through self-cultivation efforts.

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The Confucian Philosophy of Medicine: The Body-Mind Integrated View

Wong Wai-ying

Abstract

Prof. S.C. Lee's essay discusses in detail the characteristics of traditional Western and Chinese medicine. As a response to his essay, I introduce an integrated view of body and spirit that inspires an innovative understanding of illness and healing. I also compare this integrated view with the philosophy of medicine generated from Confucianism, which Lee addresses. The basic idea of the integrated view is that the human body must be taken as a whole-physical body, spirit, and the interplay between them in various dimensions. Healing is not the simple removal of illness or symptoms, but moving into a more complete and perfect state of existence along with heaven and earth.

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The Benevolent Enjoy Longevity: A Model of Medicine Based on Confucian Virtues

Cao Yongfu

Abstract

Professor Lee Shui Chuen's article addresses a very interesting Confucian medical model. He puts forth the Confucian concepts of soul disease and soul health, which are worthy of broader attention. In this response, I discuss the related issues of how an individual can suffer disease from a lack of virtue or lack health owing to a failure to cultivate virtue. I hold that such Confucian ideas—disease and health in relation to virtue—should be important parts of soul disease and soul health in the Confucian medical model that Lee lays out. Indeed, as Lee points out, behavior that violates virtue in the sense of harming the interests of others or damaging relationships is often seen as “ill” conduct in Confucian culture. Such conduct is inevitably related to mental health and spiritual development, and can thus influence life quality and expectancy. It is a Confucian belief that the virtuous and benevolent enjoy longevity.

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Important Supplement to Contemporary Medical Practice: Review of Professor Lee Shui Chuen's Article

Wan Xiang

Abstract

This short review summarizes the major opinions of Professor Lee Shui Chuen's recent article. First, pre-Song Dynasty traditional Chinese medicine, which was championed by Sun Simiao, is an amalgam of Buddhist, Taoist, and Confucian ways of thinking, in addition to traditional *materia medica*. Further research is required to determine how Buddhist and Taoist thought influenced the development of Chinese medicine. Second, Sun Simiao was considered a sage physician because his practices were in accord with both contemporary and later criteria for a Confucian sage, although his doctrines were not typically Confucian. Third, Professor Lee's argument that Confucian views on medicine pave the way for supplementing contemporary medical practice with traditional Chinese medicine in the subfield of psychiatry, and the hitherto new area of bioethics, pays too much attention to technological medical innovations, overlooking the spiritual dimension of medical activities.

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From Biomedicine to Biopsychosociospiritual Medicine: A Lesson in the History of Medicine in the West

Jeffrey P. Bishop

Abstract

Biopsychosociospiritual medicine is a product of the long history of medicine in the Western world. Biomedicine began in the latter part of the 19th century, and, by the early 20th century, major medical education reforms had mandated a revised scientific curriculum for all U.S. medical schools. These reforms resulted in reductive scientific materialism. By the mid-20th century, however, scientific biomedicine was felt to be cold and impersonal, and was often deployed against the patient's moral and spiritual desires. From the mid-20th century onward, several reforms were attempted that fall under the rubrics of bioethics, biopsychosocial medicine, and biopsychosociospiritual medicine. These reforms took place at a time when secularism was on the rise in the U.S., and each reform attempted to capture the transcendent dimension of medical care that had been marginalized by the reductive attitude of biomedicine. However, the reforms failed because of the scientist attitude of biomedicine. Although biopsychosociospiritual medicine purports to be a comprehensive approach to patient care, because it maintains that scientist attitude it fails to consider patients' moral and spiritual desires and or to capture the centrality of transcendence for those who are sick and in need of health care.

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Biomedicine and Bioethics: The Problems of Scientism

Lawrence Yung

Abstract

This commentary offers a review of Jeffrey Bishop's reflections on the history of medicine in the West. It agrees with Bishop's criticisms of scientism in biomedicine and with how the problems of scientism persist despite various attempts at reform. However, it also points out that Bishop's discussion of the influence of philosophical dualism on Christianity and scientism is inadequate. Dualism is in fact deeply rooted in the West (such as in Plato's philosophy and some early interpretations of Christianity). This commentary concludes that Chinese biomedicine, much like Western biomedicine, needs to forge its own path, as biomedicine is a social response to physical and psychological threats to the human mind and body.

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Saving Meaning and Sacred Value through Chinese Traditional Holistic Thinking

Cai Yu

Abstract

The failure to reform the modern Western model of medicine stems from the reductionist mode of thinking, as demonstrated by Prof. Jeffrey Bishop. Since the Enlightenment, the popular mode of thinking in Western medicine has been a kind of mechanical materialist reductionism, which is characteristic of instrumental rationality. It is also a spatial pattern of thinking—the body becomes separable from the mind. The thinking underlying Chinese medicine and Confucian bioethics based on Chinese philosophy, in contrast, is holistic in nature. Meaning and sacred values appears only in the mindset of the whole. From the Confucian bioethical perspective, a reasonable medical model is one based on the patient’s overall biological, social, psychological, and spiritual existence, rather than on any one of these as a discrete factor. Confucian bioethics is a mix of uncompromising realism and reasonable belief in the Dao of Heaven and the virtue of *ren* (humanity). It is rooted in traditional Chinese culture, and remains what the Chinese need today.

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Intercultural Perspectives on American Medical Models

Wang Hongqi

Abstract

Bishop’s paper shows that the dominant model of medicine has changed in line the prevailing medical worldview since the late 19th century, when biomedicine become the established model. With the growth of scientism in medicine, biomedicine has suffered a quality-of-care crisis in recent years. Patients have become more like machines to be managed and manipulated than human beings to be cared for. The crisis involves controversies over whether the patient is a body or a person, about the doctor-patient relationship, and about the nature of disease and health. The biomedical model envisions the patient as a mechanical body that is composed of separate parts, rendering medicine cold, impersonal, dictatorial, and mechanical. Other models have been proposed in an attempt to change the situation in the West. However, as Bishop argues in his paper, each proposed reform movement is doomed to fail because none departs from mechanistic, reductive scientism. We cannot develop an appropriate medical model without changing the inhumane character or secularist tendency of the dominant biomedical model.

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Spirituality in Medical Models : A Useless Dimension?

Tang Jian

Abstract

Professor Bishop's illuminating essay should be commented upon by attending to the three following questions. First, what is the theoretical advantage of the spirituality proposed by Bishop compared with the biopsychosocial model? Second, what is the content of his proposed medical spirituality? Finally, what is its significance to contemporary medical practice? Biopsychosocial medicine is still a form of modernism and reductionism. Neither biomedicine nor biopsychosocial medicine really treats patients as persons. In modern secular society, spirituality can be explained as the individual's basic understanding of what constitutes a good life and personal integrity without reference to religion. A genuine understanding of spirituality, in contrast, fully recognizes patients' experiences, needs, emotions, and values and the need to integrate them as a whole. It is also important to distinguish spirituality from the mere psychological dimension or autonomy of the individual. Spirituality as a holistic approach nourishes the discourse of the doctor-patient relationship and what constitutes a good professional life for doctors, whether we are talking about the Western or Chinese medical context.

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A Response to Bishop's Article "From Biomedicine to Biopsychosociospiritual Medicine: A Lesson in the History of Medicine in the West"

Ellen Zhang

Abstract

In a recent article, Jeffrey P. Bishop addresses the biopsychosociospiritual approach to medicine that has gained popularity in the past few decades as a way to correct the reductionism and scientism of biomedical ethics and "personalize" the colder aspects of scientifically and technologically advanced biomedicine. Although he welcomes the attempt to bring religion and spirituality back to contemporary medical discourse and practice, Bishop is quite critical of the "the total care approach" entailed in bio-psycho-socio-spirituality. For him, what is labeled "religious" or "spiritual" is nothing more than a kind of liberal or humanist discourse operating within the framework of secularized medical control via its various metanarratives of social functioning. Bishop's challenge is significant because it remains open to question how in biomedical ethics we should acknowledge the distinct roles played by different religions and spiritual traditions in biomedical decisions, which very often go beyond the social and technological dimensions of biomedicine.

Bishop's contextualization of Western biomedicine is also useful for helping Chinese bioethicists to understand that any attempt to reconstruct Chinese bioethics will go nowhere if we confine ourselves to concepts that address particular issues in particular contexts in the history of Western medicine. For example, for traditional Chinese medicine and medical practice, the challenge may not be too much depersonalization or too much scientism, but rather how to depersonalize or become more scientific in certain situations. Therefore, Bishop is correct when he points out that rather than embracing Western biomedicine, or biopsychosociospiritual medicine, China should turn to its own spiritual traditions borne out of the life-worlds of its people to fully understand its potential and limits.

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