

# The Roles of Philosophy and Belief Systems in Complementary and Alternative Health Care

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## A. INTRODUCTION

The difficulty in answering the question implicit in the title is that what is often referred to in Complementary and Alternative Medicine (CAM) as philosophy is not philosophy at all but beliefs parading as philosophy. This has particularly been the case in chiropractic where traditionally the profession has referred to chiropractic philosophy to describe a whole field of beliefs, principles, dogma, ideologies, chiropractic history, and values. For the most part what has **actually** been philosophy in the profession has seldom been uniquely chiropractic and what has been uniquely chiropractic has seldom been philosophy.<sup>1</sup> Chiropractic philosophy has therefore been termed by one writer a misnomer.<sup>2</sup> Given this state of affairs it might be wise to begin with a clarification of philosophy.

## B. PHILOSOPHY

Philosophy, as opposed to philosophizing, is a recognized discipline within universities with a long history. Degrees are awarded in it, so to this extent it presumably describes a formal method or distinct field of study. To understand this point it is necessary to have some notions of what constitutes philosophy.

Philosophy is best conceived of as an activity and not some body of doctrine.<sup>3</sup> The purpose of philosophical activity is clarification of thought<sup>4</sup> and it does this through reflective activity. In a sense philosophy has no subject matter of its own but consists of critical reflections on other subjects. So we see such areas of inquiry as the philosophy **of** law, the philosophy **of** education, the philosophy **of** science, the philosophy **of** art and hopefully, a philosophy **of** health. By its nature philosophy is

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<sup>1</sup> Coulter ID. *Chiropractic. A Philosophy for Alternative Health Care*. Oxford, Butterworth Heinemann, 1999.

<sup>2</sup> Weiant CW. *Chiropractic Philosophy. The Misnomer That Plagues the Profession*. Arch California Chiro Assoc 1981;5:15-22.

<sup>3</sup> Ladd J. *Philosophy of Medicine*. In Cassell EJ, Sigler M (eds) *Changing Values in Medicine*. University Pub of America, 1979 pp 205-16.

<sup>4</sup> Wittgenstein L. *Tractatus Logico-Philosophicus* (translated by D.F. Pers, B.F. McGuiness), London, Routledge, Kegan Paul, 1961.

usually critical since it implies an evaluation of concepts within a given field and in particular the claims made within a field. The method by which philosophy achieves a critical perspective is through conceptual analysis. It has developed intellectual tools to assist in this process such as the rules of formal logic. It also develops schema to assist in the process such as the identification and classification of fallacies that enable us to recognize faulty argumentation as in arguing *ad hominem*, *post hoc*, *non sequitur*, *ad populum*, begging the question, slippery slope, for example. Like all disciplines, philosophy has been broken up into sub fields such as:

- **ontology**, which deals with questions of the ultimate nature of reality;
- **epistemology**, which deals with how we know, the theories about knowledge itself;
- **aesthetics**, which deals with questions of beauty;
- **ethics**, which deals with questions of right and wrong;
- **logic**, which deals with principles of correct or reliable inference.

It is important therefore to establish that, for the most part, when someone describes chiropractic philosophy or homeopathic philosophy or Ayurvedic philosophy, they are not, for the most part, describing a branch of philosophy nor strictly speaking a philosophy. If they were, it is more likely they would entitle it the philosophy of chiropractic, homeopathy or Ayurvedic. It is important to note that such philosophy would not be about proselytizing the practice of CAM but would be a critical appraisal of the concepts of these fields.

This distinction between a philosophy of chiropractic and chiropractic philosophy is not simply a semantic quibble. It has had consequences for many of the CAM fields. For those knowledgeable about philosophy it has made fields such as chiropractic look philosophically ignorant and perhaps prevented more philosophers taking an active interest in this branch of the healing arts and in the whole area of the philosophy of health. CAM has not benefited from the intellectual critique provided by independent scholars.

Within the profession of chiropractic, lack of understanding of philosophy has prevented the development of a self-critical tradition in which the philosophical concepts could be developed, enriched, rejected, modified and added to. In place of a genuine philosophy, chiropractic has seen a variety of belief systems (often dogmatic and frequently ideological and self-serving) parading themselves as

chiropractic philosophy. Those who did critique the philosophical ideas, particularly of the founders DD and BJ Palmer, found themselves labeled as heretics and chiropractic has been split for the last 100 years into at least two metaphysical camps because of the inability to have honest, intellectual and critical debate over philosophical issues. Such schisms are not unique to chiropractic and can be found replicated in most of the branches of CAM. In California there are at least three professional bodies for acupuncture. In Ayurveda the groups split over which guru for meditation should be followed. The damage this has done to the CAM professions externally, and politically, is difficult to determine but a house divided against itself clearly expends much of its effort, and a considerable part of its resources, fighting internal battles. Perhaps more seriously, the splits in the CAM groups have also meant that the definitions of CAM that are presented to the public are often contradictory or confused and the schisms reinforce the notion that CAM is closer to religion than it is to science.

### **C. THE ROLE OF BELIEFS IN THE DELIVERY OF HEALTH CARE**

Clearly all health providers have beliefs that they bring into the health encounter with the patient. Just as all patients have beliefs. Such beliefs will influence their attitudes and behaviors. However while this may be legitimate for the patient it is not strictly legitimate for the health provider. The provider is expected to control the influence of their beliefs particularly those that are not held in the best interest of the patient. The code of ethics of a profession, and in some cases, the law, restricts the extent to which the individual provider may practice what he/she believes. All patients are expected to be treated irrespective of their race or creed even by a provider who is a bigot. All patients are entitled to informed consent even if the provider finds it tiresome and inconvenient. While the relationship between a customer and a sales person is captured by the expression *caveat emptor*, where the buyer must protect himself/herself against the beliefs of the sales person (including the belief that selling the person a lemon is legitimate in car sales), in the healing encounter it is *credat emptor* (let the taker believe in us). Here the onus is on the provider to always act in the patient's best interest and trust on the patient's part that the provider will do so. This means, or should mean, that the provider will not impose on the patient a belief system which is not in the best interest of the patient. It should mean that a provider might on occasion recommend a procedure that violates a strongly held belief. For example, a doctor opposed to abortion might recommend one if the life of the mother is in danger or a provider might recommend immunization for a patient at risk even though opposed generally to immunization. A doctor who did not believe in blood transfusions could be prosecuted, as can parents, for not providing a transfusion to a patient. Although this point is frequently misunderstood by

providers, they are not free to impose their beliefs systems on the patient. Society, and the professions, places many restrictions, not on the beliefs a provider may hold, but certainly on the influence they may have on practice.

## **D. THE ROLE OF PHILOSOPHY IN THE DELIVERY OF HEALTH CARE**

### **1. Philosophy and Medicine**

Prior to the 20<sup>th</sup> century philosophy was considered an integral part of medicine. In both antiquity and early Christianity, medicine and philosophy were identical with each other.<sup>5</sup>

Health has not generally been viewed as a proper object of philosophical study. It is not well known that health and health care were important topics for Plato and Aristotle, as well as for Descartes, Locke, and Kant. Few people know that the dominant school of medicine in Europe until the seventeenth century — Galenic medicine — was an application of central themes in Aristotle's natural philosophy, or that many of the schools that followed were highly influenced by Descartes' philosophy of man. Even fewer would believe that philosophical analysis or speculation could make any valuable contribution to modern medicine. Medicine has for a long time — so many would put it — been liberating itself from the bonds of philosophy in its move to become an empirical science.<sup>6</sup>

In the 20<sup>th</sup> century this perspective came to be almost entirely lost, at least as an explicit element of medicine. Of course the wholehearted embracing of science as the foundation for medical practice is itself the endorsement of a philosophical system, that of critical rationalism. But it is seldom presented in this light, or even understood in this light by medicine itself.

In contrast to the allopaths the CAM providers have tended to be extremely philosophical (although often misunderstanding what actually constitutes philosophy as in the case of chiropractic). In an era when there is a rapidly increasing interest in, and use of, complementary and alternative health care,

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<sup>5</sup> Pellegrino E.D. *What Philosophy of Medicine Is*. Theoretical Medicine and Bioethics 1998;19:315-336.

<sup>6</sup> Nordenfelt L. *On The Nature of Health*. Dordrecht, Holland, D.Reidel Pub. Company, 1987 p.1.

CAM provides an exemplar of how a particular philosophy of health, and a particular practice of health care, was kept alive in the face of unremitting opposition from mainstream medicine. To that extent the non-mainstream health providers, have kept alive a perspective that increasingly resonates well with contemporary thought about health and wellness. In a philosophical sense the CAM providers clearly provided an alternative way of thinking about health, health care (the role of the health care provider). Furthermore, they can now provide a rich source for developing contemporary concepts about health. We can examine this in two ways. First, the alternative *philosophy of health* which CAM providers endorse and second, the *philosophy of health care* that is a derivative of that philosophy of health.

## 2. CAM Philosophy of Health

While the CAM providers are a very diverse group, they are surprisingly similar when it comes to their philosophy of health. While this paper will draw heavily on chiropractic, the same philosophy is shared by most CAM providers although expressed in different ways. So for example, in chiropractic, the inherent healing capacity of the body is captured by the concept Innate Intelligence, in traditional Chinese Medicine it is Chi, in Ayurvedic Medicine it is Prana. All are vitalistic concepts, however. To understand the CAM philosophy of health it is useful to juxtapose it against that of allopathic medicine.

### 2.1 *The Allopathic Philosophy of Health*

By the latter part of the 19<sup>th</sup> century, allopathic medicine, largely through the germ theory of disease, had begun its transformation from an art to a science. The germ theory of disease gave medicine its first spectacular success with so-called killer diseases. But more significantly it brought together the practice of medicine and the scientific method of investigation. Increasingly medicine came to be less a purely clinical matter. The search for wonder drugs through science became an integral part of modern medicine. The successful attacks on bacilli and viruses were dependent on the development of pharmacology. On the surgical side, medicine in this century, through science, has been able to move from excision to repair, to transplants, and now to the possibility of growing organs. Essential to this

development was the move to a scientific focus, initially on anatomy and pathology, and more recently, cell biology and physiology.

But this move to science had distinct consequences for medicine. It involved a reductionist approach to illness. The search was for external, microscopic causes of disease. Illness was reduced to disease, disturbed pathology. Medicine also elevated the concept of biological determinism. Causes of illness were looked for internally in the biological structure of the patient. The current search for the genetic basis of disease is a continuation of this same process although it is not clear at this point whether such approach will allow us to unlock the secrets of our genes and their relationship to illness. Health came to be seen **as an absence of disease** and the latter was explained in materialistic terms. The germ theory of disease therefore introduced a philosophical and therapeutic paradigm that transformed the notion of health, transformed the nature of medical practice, transformed the settings in which it was practiced, and moved allopathic medicine to a focus on the biological structure and disease as opposed to the individual and illness.

This did not occur without some costs to human relationships and in particular to the doctor-patient relationship. Hospitals may deliver highly scientific and rational medicine but they are also very alienating institutions for individual patients. Radical therapy may have spectacular results on the disease but be quite debilitating for the patient. The germ theory transformed the settings of medicine and fundamentally changed the **medical** paradigm to the **biomedical** paradigm.

## 2.2 **The CAM Philosophy of Health**

As noted earlier, many of the CAM group arose, at least those from Western society (such things as homeopathy, naturopathy, osteopathy, and chiropractic) arose out of a reaction to the medical paradigm, in particular the germ theory of disease. Although this objection took many forms, it was seldom an outright rejection of the theory but more a recognition of its limitations. The most serious of these is its inability to account for the distribution of disease. Why is it that persons occupying the same bacterially dangerous environment

do not all succumb to the disease? Most of CAM postulates that the origin of disease, or health, comes not simply from external causes but from within the body. When disease occurs it does so because of predisposing factors in the individual. Germs under this approach may be the initiating factor but lowered resistance is the predisposing factor. Medicine in this view attacks the effects or symptoms of disease but not the cause. The body when functioning properly is able to successfully combat disease and illness is failure in the body's natural restorative power. So germs by themselves do not cause illness.

These fundamental a priori differences between CAM and allopathic medicine lead to a different logic vis-a-vis treatment. In CAM the focus is on treating the patient whose body will initiate the healing. Where in medicine the intent of the provider is to cure the patient, in CAM the intent is to assist the patient to heal himself/herself. The key to the CAM philosophy of health is to be found in five metaphysical principles which are generally embraced by this very diverse group of health providers.

**(i) Vitalism**

Vitalism accepts that all living organisms are sustained by a vital force that is both different from, and greater than, physical and chemical forces. In the extreme form, the vital force is supernatural. A less extreme form is simply *vis medicatrix naturae* (the healing power of nature). Vitalism stands in direct opposition to materialism which holds that disease can be explained entirely in terms of materialistic factors and therefore there is no need to invoke vitalistic forces. In philosophy vitalism is usually held to be a metaphysical belief that failed (the death of a thousand cuts).<sup>7</sup> In CAM there are numerous ways of expressing this vitalism (life force, yin-yang, doshas, universal intelligence, innate, etc).

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<sup>7</sup> Kekes J. *The Rationality of Metaphysics*. *Metaphilosophy* 1973;4:124-39.

**(ii) Holism**

Holism postulates that health is related to the balanced integration of the individual in all aspects and levels of being: body, mind and spirit, including interpersonal relationships and our relationships to the whole of nature and our physical environment. Holism therefore is contradictory to the notion of reductionism since it holds that the whole is different from, and greater than, the sum of the parts.

**(iii) Naturalism**

Most of the CAM groups express a preference for natural remedies. This is bound up with a set of philosophical principles which may be expressed as the body is built on nature's order, it has natural ability to heal itself, that this is reinforced by the use of natural remedies, that it should not be tampered with unnecessarily through the use of drugs or surgery, and that we should look to nature for the cure. While we may debate the extent to which many of the substances of CAM are actually natural, there is this widespread acceptance of things natural.

**(iv) Humanism**

Humanism is based on the postulate that individuals have immutable rights eg the right to dignity. In CAM there is extensive concern about the dehumanizing procedures and the dehumanizing institutions that have been created to care for the ill. Partly it is a recognition of the personal, social and spiritual aspects of health and a move away from simply the biology of health. There is also a concern about the dehumanizing nature of medical technology. Virtually without exception, CAM has been practiced in small, solo practices where the dignity of the patient is considered an important part of the therapy.



(v) **Therapeutic Conservatism**

Most of CAM is therapeutically conservative. That is, it uses therapies that have a low level of side effects and it tends to accept that the least care is the best care. This in some ways is derived from the earlier principles. If the body is capable of healing itself, the role of the therapy is simply to initiate the process. Since continued care may intervene with this process, the intent is for minimal treatment. This is not to suggest that CAM treatment may not be extensive but only that philosophically it tends to be conservative. Much of CAM care is oriented towards getting the patient to be active in his/her own behalf and reducing therapeutic dependency.

Out of these metaphysical principles we can derive a particular philosophy of health. Health is the natural state, and the innate tendency of the body is to restore health. Health is also the expression of biological, sociopsychological and spiritual factors, and optimal health is unique to an individual. From this philosophy it is possible to derive a distinct philosophy of health care.

(1) Philosophy of Health Care

In terms of health care CAM makes several major distinctions. CAM distinguishes between disease and illness. In this approach disease is seen as disease, or a body that has a lack of ease. CAM also distinguishes health and disease. Health is not simply the absence of disease but involves a patient achieving his/her full potential in light of his/her biological, psychosocial and spiritual limitations. A distinction is made between treatment and care. The objective of CAM is to **care** for the whole person not simply **treat** the symptom. Health involves optimizing homeostasis in the body but is seen as holistic and therefore involves optimizing holistic responses. The health provider is merely a facilitator and an educator and therefore not strictly a **provider** of health. Health is not seen as something given by the provider to the patient. It comes from within or not at all. It is seen as an

achievement of the patient and the provider both facilitating the body's innate ability to heal.

## **E. CONCLUSION**

Both beliefs and philosophy have played crucial roles in the history of CAM. In the case of the beliefs, they have often become dominant ideologies that were not always in the interest of the patients. Nowhere is this clearer than in the history of chiropractic where such dogmas were initially developed as a defense in court to defend against the charge that chiropractors were practicing medicine without a license. One such defense was to claim that chiropractic was a different "philosophy of health". Once established as a defense the claim became part of the rhetoric of the profession and what might have been a live philosophy became a dogma and a doctrine that had more to do with professional politics than health care. It became easier to claim that chiropractic was the "science and art of things natural" than to actually think through what that incredible claim might mean. However as laid out above, in chiropractic and CAM generally there lurked the elements of a vibrant philosophy of health which gives rise to a quite different practice paradigm.