CEM Bristol - 20/10/22

Taking Embodiment Seriously in Medical Practice and Health and Welfare Policy

Joseph Roberts

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WHERE SCIENCE & TECHNOLOGY MEET HUMANITY

Plan

- Taking Embodiment Seriously in Medical Practice
- Taking Embodiment Seriously in Health and Welfare Policy
- Challenges to Taking Embodiment Seriously in Public Policy
- A Sketch of a Procedural Approach

Neglecting Embodiment

The idea that medical practice, law, and policy ignore the fact we are embodied is common currency amongst a somewhat heterogeneous group of thinkers. This group includes:

- **Feminist philosophers** such as Sheryl Hamilton, Carole Pateman, and Elizabeth Kingdom; **Disability Theorists** such as Margrit Shildrick and Jackie Leach Scully; **Phenomenologists** such as Drew Leder, S Kay Toombs, Frederik Sveneaus, and Havi Carel

- In this presentation, I will focus on the **phenomenological** critique.

Phenomenological Critique

Phenomenologically inspired philosophers of medicine often argue that medical practice fails to take sufficient account of the fact we are embodied beings. At its core is the idea that medicine's focus on disease crowds-out a focus on illness (as a lived experience). This, in turn, has further consequences including:

- communication problems in the clinical relationship
- Symptoms of illness not being adequately treated.
- Feelings of being objectified
- Failure to identify other causes of illness (life-style, environment, psychological factors).

Embodiment in Medical Practice I

However, there are reasons for taking embodiment seriously which are internal to the practice of medicine.

These are **hypothetical imperatives** in that they are binding on those who subscribe to the goal of medicine, which on Edmund Pellegrino's account is **healing**.

On many accounts of healing, **healing requires both the alleviation of disease and bodily malfunction and the alleviation of suffering caused by the illness experience.**

Achieving the goal of healing isn't possible without taking people's first person reports about how they experience their embodiment seriously for **4 reasons**

Embodiment in Medical Practice II

1) Suffering is experienced first-hand, therefore **patient has testimonial expertise.** If we want to alleviate suffering, we need to take people's reports of what their suffering is like (and what might alleviate it) seriously.

2) People's reports of symptoms have **evidential value.** If we care about avoiding misdiagnosis, we need to take people's reports of symptoms seriously.

3) How we are embodied/experience our **embodiment can influence which treatment is right for the person.**

4) Inquiring into people's embodied experience of using medical devices could also help **improve the design of the devices themselves.**

Embodiment in Health Policy

The claim that embodiment isn't taken seriously is not limited to medical practice. In many instances the critique is directed against health policy more generally. The argument is often that failure to take people's first-person embodied perspective seriously leads to real-world harm. For instance:

- **Cumberlege Review:** Failure to take people's reports of pain seriously led to avoidable harm.
- **Ockenden Review:** Failure to take women's reports of abnormal sensations seriously led to avoidable harm to women and babies.

Both these cases seem to involve **testimonial injustices** causing avoidable harm.

Embodiment in Welfare Policy

The argument that people's first-person embodied perspectives aren't taken seriously is also directed at the administration of welfare in the UK. The most frequent targets are: Work Capability Assessments (determine eligibility for Employment and Support Allowance) and PIP Assessments (determine eligibility for Personal Independence Payments).

Claimants report not having their testimony believed, not having their answers to questions documented correctly, and assessors making uncharitable and unjustified extrapolations from what claimants did say.

Here, as before, it looks like we have a case of **testimonial injustice** causing real world harm (denial of benefits to those who are entitled to them).

Challenges to Taking Embodiment Seriously in Public Policy

So far I have made the case that some recent policy failures have been caused by a failure to take embodiment seriously enough in policy. The question is, how can public policy take better account of people's embodiment? How should people's first-person perspective be incorporated into policy decisions?

The answer is not straightforward, as there are two challenges to taking account of people's embodiment in policy:

1) Variability

2) Reliability

Challenge: Variability

How people are embodied and how they experience their embodiment **subject to lots of variation.** What is needed to help alleviate suffering in one case might come into conflict with what is required to alleviate suffering in another.

If we hold that taking person P's embodiment seriously requires ensuring policy is directed at satisfying their particular and specific embodied needs, it will be impossible to take everybody's embodiment seriously.

In cases where a uniform policy is required, **the best we can do is consider these various conflicting interests fairly in the *process* of crafting policy.** What is needed is an account of how this can be done.

Challenge: Reliability

Learning about other people's embodiment often requires inquiring into a person's first-person perspective about their embodiment. My first-person perspective is accessible to me in a different way than it is to others.

In public policy contexts, we can't simply take assertions at face value. Claims need to be tested for reliability and subjected to scrutiny by other stakeholders in the policy process. **Why?** Need to ensure fairness, non-arbitrariness, and decisions based on quality deliberation.

Having experience of an issue is both an epistemic asset (giving people insight) and a potential epistemic liability (e.g. interest in question might lead to motivated reasoning).The challenge is checking reliability without perpetuating epistemic injustice.

A Procedural Approach

The solution to both of these challenges is to adopt **a procedural approach.** the demand we take embodiment seriously should be understood as a demand that we **solicit testimony about people's embodied experiences and take them adequately into account in the policy development process.**

This will require:

1) inclusive representation (e.g. public consultations, patient representation on institutional boards or policy-making fora, service user audits, citizen juries).

Why? Listening to people is a precondition to taking their perspective seriously.

2) ensuring that people's claims are treated in an epistemically just way.

All comments/suggestions greatly appreciated

j.t.f.roberts@bham.ac.uk

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