Sample Syllabus

Mind and Medicine

This course is an introduction to the philosophical issues at the intersection of psychology and medicine. Among others, we will examine the following questions: What does it mean to be healthy? Can one define health and sickness purely objectively, or is there a social element? Should medical judgments be made based on the intuitions of trained clinicians, or using automatic procedures? What is the nature of medical expertise? Are medical judgments influenced by various biases (e.g., from the pharmaceutical industry) and can these biases be overcome? Are psychiatric disorders real? How should scientists explain and classify psychiatric disorders? How much do we learn about them by studying animals (e.g., rats)? Can evolutionary biology be useful to psychiatry? The goal of this class is to provide students with a critical understanding of these philosophical issues.

Texts

Caplan, A.L. et al. (2004). *Health, disease, and illness*. Georgetown University Press
Radden, J. (2004). *The philosophy of psychiatry*. OUP.
Other readings will be made available on the course website.

Assessment

Participation	15%
Essay outline/draft	5%
Essay	15%
Midterm exam	25%
Final exam	40%

No late assignments will be accepted.

Participation

Everyone is expected to take part in class discussion. You should have read the assigned readings carefully. You are advised to take notes, singling out the main points as well as the arguments for these points. You should also write down any questions you have. Because online communication forms an increasingly important part of philosophical discussion, you will also be expected to contribute regularly to the course message board. Participating in these discussions gives you a better appreciation of the material, a better understanding of the problems and solutions, and more confidence in your abilities as a scholar and communicator. Your TA will provide details about participation grades.

Essay

You are required to write a short (max. **1500** words) paper**.** Suggested topics for your paper will be distributed two weeks before the paper is due. An outline or draft of our essay will be due one week before the essay is due, and is worth 5% of your grade.

Midterm Exam

This exam will consist of a small number of questions based on the lectures and the readings. No notes or texts will be permitted, but I will provide you with a list of possible questions about two weeks before the exam.

Final Exam
The final exam will consist of a small number of questions based on the lectures and the readings, covering the entire course, but weighted towards the second half. As with the midterm, no notes or texts will be permitted, but I will provide you with a list of possible questions.

SCHEDULE

Introduction
Murphy. Concepts of Disease and Health. In *Stanford Encyclopedia of Philosophy (*Available on line http://plato.stanford.edu)

PART 1: HEALTH AND DISEASE

Health and disease: facts and values
Foreward in Caplan et al. xi- xiv
Boorse in Caplan et al. 77-89
Caplan in Caplan et al. 117-126.
Szaz in Caplan et al. 43-50.
Arnowitz in Caplan et al. 65- 72.

The role of evolution in naturalizing normality
Amundson, R. (2000). Against normal functions. *Studies in History and Philosophy of the Biological and Biomedical Sciences*, 31, 33-53.
Wachbroit, R. (1994). Normality as a biological concept. *Philosophy of Science*, 61, 579-591.
Williams in Caplan et al. pp 225- 232.

Normativivism
Margolis, J. (1976). The concept of disease. *The Journal of Medicine and Philosophy*, 1, 238-255.
Cartwright in Caplan et al. 28-39.
Conrad in Caplan et al. 153-162.

Hybrid theories
Wakefield, J. (1992). The concept of mental disorder: on the boundary between biological facts and social values. *American Psychologist*, 47, 373-388.

Genetic diseases
Magnus in Caplan et al. 232 – 242.
Juengst in Caplan et al. 243-262.

PART II: PSYCHOLOGY AND MEDICINE

Reasoning biases influencing medical judgment and decision making.
Tversky, A. and Kahneman, D. (1981). The framing of decisions and the psychology of choice. *Science*, 211, 453-458.
Gigerenzer, G. et al. (2009). Knowing your chances. *Scientific American Mind*, April/May, 44-51.

Social biases influencing medical judgment and decision making
Burgess, D., van Ryn, M., Dovidio, J., and Saha, S. (2007). Reducing racial bias among health care providers: Lessons from social-cognitive psychology. *Journal of General Internal Medicine*, 22, 882-887.
Potter in Radden, 237-243.

Actuarial methods vs. clinical judgments
Dawes, R. M., Faust, D., and Meehl, P. E. (1989). Clinical versus actuarial judgment. *Science*, 243, 1668-1674.
Dawes, R. M. (2002). The ethics of using or not using statistical prediction rules in psychological practice and related consulting activities. *Philosophy of Science*, 69, 178-184.

Heuristics in medical decision making in medicine
Green L., and Mehr, D.R. (1997). What alters physicians' decisions to admit to the coronary care unit? *The Journal of Family Practice*, 45, 219-226.
Pearson, S. D., Goldman, L., Garcia, T.B., Cook, E. F., and Lee, T. H. (1994). Physician response to a prediction rule for the triage of emergency department patients with chest pain. *Journal of General Internal Medicine*, 9, 241-247.

Medical expertise
Norman, G., Eva, K., Brooks, L., and Hamstra, S. (2006). Expertise in medicine and surgery. In A. Ericsson, N. Charness, P. J. Feltovich, & R. R. Hoffman (Eds.), *The Cambridge handbook of expertise and expert performance* (pp. 339-353). Cambridge: Cambridge University Press.

Empathy and medical training
Wilkes, M., Milgrom, E., and Hoffman, J. (2002). Toward more empathic medical students: A medical student hospitalization experience. *Medical Education*, 180, 8-12.
Bellini, L. M., and Shea, J. A. (2005). Mood change and empathy decline persist during three years of internal medicine training. *Academic Medicine*, 80, 164-167.

Medical knowledge among ordinary people and informed consent
Gigerenzer, G., Mata, J., and Frank, R. (2009). Public knowledge of benefits of breast and prostate cancer screening in Europe. *Journal of the National Cancer Institute*, 17, 1216-1220.
Culver and Gert in Radden, 258-270.

PART III: PSYCHIATRY

Reductionist approaches in psychiatry
Schaffner, K. (2008). Etiological models in psychiatry: Reductive and non reductive approaches. In K. S. Kendler and J. Parnas, *Philosophical issues in psychiatry* (pp. 99-125).
Garnar and Harcastle in Radden, 364-380.

Evolution and psychiatry
Price, J. et al. (1994). The social competition hypothesis of depression. *British Journal of Psychiatry*, 164, 309-315.
Murphy in Radden, 329-337.