

# What is medicine? Why it's so important to answer this question

What is medicine? We recognise it in all societies past and present. But the nature of medicine differs so greatly from place to place and time to time that it's difficult to offer a single answer. So what is it that we see in common between a traditional healer's throwing of bones and the cardiologist's incisions?



Is medicine cure? Treatment? Healing? Understanding? Or a bit of all those things. Kenishiroti/Shutterstock

One of the answers that often seems to be implicit in what we say and think about medicine is a *curative thesis*: medicine's goal is to cure the sick. Curing the sick is the core medical competence, whose exercise is medicine's core business.

But if the curative thesis is true, then most medicine throughout history – as well as much contemporary medicine – isn't medicine at all. Much medicine was and is ineffective, or at best partially effective. The curative thesis leads to a dismissive attitude towards the past efforts upon which any current medicine is built, as well as failing to promote profitable collaboration between traditions.

A second idea is an *inquiry thesis* about medicine: although the goal of medicine is to cure, its core business is something quite different. It's this thesis I explore in [my latest article](#).

That “something” has to do with inquiring into the nature and causes of health and disease. The idea is that we don't necessarily expect someone to be able to cure us. We will accept that they are a medical expert if they can show an

understanding of our ailment, often by issuing an accurate prognosis. Perhaps they won't have a complete understanding, but they should somehow be engaged with the larger project of inquiry into the nature and causes of health and disease.

The inquiry thesis offers a way to understand the history of medicine that makes it more than a tale of quackery and gullibility. It also provides a way to understand medical traditions that practised outside the West, or in the West in defiance of the mainstream. They may offer or at least engage with a project of obtaining; a kind of understanding that Western medicine cannot.

The inquiry model of medicine lays the ground for fruitful and respectful discussions between medical traditions that doesn't descend into an untenable relativism about what works.

## Towards understanding

The curative thesis faces a difficulty that I believe it cannot overcome.

We do not define an activity by its goal alone, unless it has at least some success in that respect. A blacksmith cannot be defined as one who makes horseshoes if he simply throws lumps of hot metal onto his anvil and hammers them randomly – occasionally producing something horseshoe-like, but more often producing a mess.

Yet, taking a historical perspective, something of this kind has been true of medicine for much of its history, before it developed a serious curative arsenal. [Historian of medicine Roy Porter](#) has remarked that

*“ the prominence of medicine has lain only in small measure in its ability to make the sick well. This was always true, and remains so today ”*

What, then, could be the business of medicine – the thing in which we recognise expertise, even when we accept that there is no cure to be had?

This is where the inquiry model enters the picture. [I propose](#) that the business of medicine is understanding the nature and causes of health and disease, for the purpose of cure.

The core of the argument is simple: what could medical persons be good at doing, that relates to the goal of cure without achieving it? The most likely candidate is understanding. Understanding is something that we can gain without corresponding curative success.

## Tackling objections

As with the curative thesis, there are several objections to the inquiry model. First, it is obvious that many doctors either don't (fully) understand what they treat or, if they do, don't (successfully) communicate this understanding to the patient. Who, then, understands? In what sense is the doctor's competence understanding?

The answer is that understanding isn't a binary. You can *partially* understand something. You can be one the road to understanding it better, by *inquiring* into it. Hence the *inquiry* model of medicine. The idea is not that medicine is a sack full of answers, but rather that it is an ongoing effort to find answers.

Another objection is that so-called understanding is often bogus, and that medicine is as unsuccessful in this regard as in cure. This fails to account for the historical record, which – at least for Western medicine — is precisely a case of understanding without curative success.

And, just as false scientific theories have contributed to [developing scientific understanding](#), so [false medical theories](#) have provided a foundation for what we now accept.

Medicine is an ancient and complex social phenomenon, variously seen as art, science and witchcraft. These visions share the goal of curing disease. But it is too crude to think medicine as *only* the business of curing, since in that case, few doctors would be in business.

The distinctive feature of medicine is that it tries to cure by obtaining some understanding of the nature and causes of health and disease: by inquiry, in short. This understanding of medicine permits a much healthier dialogue between proponents of different traditions, and enables a non-defensive perspective on areas where we remain sadly lacking in curative ability.

*This is an edited, shortened version of an article that first appeared in the Canadian Medical Association Journal, [‘The inquiry model of medicine’](#), accompanied by a podcast available on the article’s page and also [here](#).*

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