

Gadamer, *Phronesis* and the Practice of Medicine

1.0 Introduction

In this paper, I will consider how Aristotle's intellectual virtue of *phronesis* (practical wisdom) has been adopted by modern philosophers such as Hans Georg-Gadamer and Stephen Toulmin in their effort to explain the kind of knowledge that is required by physicians in their clinical judgements. In *The Enigma of Health*, Gadamer argues that *phronesis* offers a fruitful path through which to conceptualise the kind of human-orientated judgement he considers to be essential to the practice of medicine. However, Duff Waring has presented a challenge to authors hoping to characterise clinical judgement through a return to *phronesis*, arguing that, for Aristotle, medicine is explicitly a craft or *techne*, and thus is not an activity involving the virtue of *phronesis*. While Waring's critique is directed at Stephen Toulmin's use of *phronesis*, in this paper, I hope to inquire whether this criticism can be extended to Gadamer's appropriation of this concept to explain medical judgement. I will show that Waring's critique of Toulmin's use of practical wisdom to explain medical judgement is warranted, insofar as Aristotle's conceptualisation of medicine is based on the idea of a *techne*--albeit an unusual one. As I will explain, it is the analogy between medical *techne* and *phronesis* that is at issue. In short, Waring's broad point is that, in the end, medicine is a kind of *poiesis* for Aristotle, hence, his critique of Toulmin does highlight a difficulty in rethinking medical judgement using the concept of *phronesis*. By outlining this problematic first, I will argue that Waring's critique of Toulmin does not challenge Gadamer's appropriation of *phronesis* to conceptualise the practice of medicine, because Gadamer is acutely aware of the radical differences between ancient and modern science and their very different intellectual 'domains'. By illuminating Gadamer's heuristic appropriation of *phronesis*, I will expound his claim that Ancient Greek ideas can help us to rethink the limitations of modern objectification, which is a defining feature of modern medicine. I will show how, for Gadamer, the concept of *phronesis* is important to revisit because it offers a starting point through which to rethink the reductive understanding of medicine as applied biomedical science, and thus help us to understand how physicians incorporate scientific and extra-scientific considerations when deciding upon treatment with a patient.

Aristotle, Medical *Techne* and *Phronesis*

The concept of *phronesis*, which can be translated as ‘practical wisdom’, is introduced by Aristotle in the *Nicomachean Ethics*. In this work, Aristotle offers an account of the ‘intellectual virtues’, which are distinct abilities and dispositions possessed by human beings. Aristotle argues that every action aims at some good, but also that the kind of thinking that guides and evaluates these actions differs, depending on the nature of the object under consideration.¹ These intellectual virtues include the reasoned capacity to craft and produce certain ends (*techne*), knowledge of first principles or science (*episteme*), intuitive reason (*nous*), philosophical wisdom (*sophia*) and practical wisdom (*phronesis*).² For the purposes of exploring the connection of practical wisdom and medicine, in this paper, I will focus on considering his characterisations of *techne* and *phronesis*.

I shall first consider Aristotle’s account of the nature of *techne*, the organised knowledge that guides production, to highlight the special character of *phronesis*. Aristotle’s question is how a craftsperson ‘knows’ how to make or produce (*poiesis*) a certain kind of object. For Aristotle, the know-how guiding a specific productive craft (*techne*) is an understanding of what is to be made, which then informs what actions are needed to bring this goal about. Each craftsperson must first envisage a goal of their work and then proceed with their knowledge of the craft to bring about the final goal that they have set up for themselves – the product aimed at by using *techne*.³ A key feature of *techne* is thus the ability to imagine, prior to production, the goal of the work. The craftsperson must understand what actions to take in the service of their chosen craft through giving reasons deduced from knowing what the desired goal *is*.

Aristotle characterises *techne* and *phronesis* as distinct intellectual virtues. Writing in the *Nicomachean Ethics*, he argues that reasoned actions directed towards production (*poiesis*) are different in kind than reasoned actions directed towards other people.⁴ These virtues are united

¹ Aristotle, *The Complete Works of Aristotle: The Revised Oxford Translation*, ed. Johnathan Barnes, 2 vols., vol. 2 (Princeton: Princeton University Press, 1995). NE I 1.1.1094a1

² *Ibid.*

³ *Ibid.* NE VI DA 1140a1–1140a5

⁴ *Ibid.* NE VI DA 1140a1–1140a5

insofar as craft and acting well according to practical reason are concerned with matters subject to change: *techne*'s actions enact changes in service of crafting an object or state of affairs, and *phronesis* relates to actions and intentions towards other human beings. A craftsperson uses *techne* to achieve a specific end – an object or state of affairs – brought about through the reasoned actions of the craftsperson, and the excellence of this product depends on artisans' actions and their skills. However, for Aristotle, the goal of acting well is the very action taken itself, in contrast to the separate goal proper to *techne*. Acting, for Aristotle, is a matter of conduct within the *polis*, and relates to the social human realm of *praxis*. Notably, *praxis* is not defined by a goal or *telos* distinct from the action undertaken. As I mentioned above, Aristotle distinguishes clearly between making and acting, between *poiesis* and *praxis*. The purpose of activities that produce something (*poiesis*) is distinct from the actions themselves, whereas the goal of acting well in relation to *praxis* is the action itself. In other words, since an action (*praxis*) is directed at people, it has no fixed purpose (*telos*) in itself: there is no static model of the final goal that can guide the action. It is not finished, as the process of production is with its end product. Since action is not driven by a fixed goal but by actors, the excellence of *praxis* must depend on the nature and circumstance of the actor. The goal of the action *is* the action itself, not some object or end separate from this virtuous activity. The right course of action in *praxis* is determined in the moment: the immeasurable variety of contexts for human actions entails that this decision cannot be appropriately predicted through developing an abstract set of rules for human conduct.⁵

Phronesis is precisely the capacity to determine the right course of action in human affairs, in *praxis*. To be capable of exercising *phronesis*, one must also have developed their moral virtues, such as courage, generosity and temperance. This relationship is reciprocal: one cannot be a *phronimos* without having developed moral virtues, and if one has developed moral virtues then they also necessarily possess *phronesis*. The capacity to judge the right course of action in *praxis*—the sphere of human affairs—demands a considered reflection that is attentive to the circumstances or context of

⁵ Jacques Taminiaux, *Heidegger and the Project of Fundamental Ontology*, ed. Michael Gendre (New York: State University of New York Press, 1991). p. 112

an activity concerning others in our communal lives. Prescriptive rules for conduct cannot, for Aristotle, appropriately encompass the complexity and uncertainty of human affairs, and determining the right course of action must, accordingly, pay close attention to the concrete circumstances in any such judgement.⁶ Therefore, *phronesis* or practical wisdom does not rely on access to a perfect set of axioms for good action, it consists in precisely the judgement of which rule is appropriate in each separate circumstance.

Aristotle illustrates his understanding of the *techne* of medicine by an analogy. In book two of the NE, he writes that “matters concerned with conduct and what is good for us have no fixity, any more than matters of health...the agents themselves must in each case consider what is appropriate to the situation, as happens in the art (*techne*) of medicine and navigation”.⁷ Werner Jaeger summarises Aristotle’s medical analogy as follows “...its applicability to the problem of human life and conduct rests on the fact that both the art of the physician and that of the ethical philosopher always deals with individual situations and with practical actions.”⁸ For Aristotle, then, medicine is a special kind of *techne*, the goal of the physician is to use their craft to bring about a particular instantiation of health in a patient. Accordingly, general rules or precepts cannot be relied upon in the *techne* of medicine without considering the distinct circumstances of the patient at hand. Each patient has a particular and unique condition of health, which means that the craft of medicine is, in relation to other crafts, uncertain and imprecise. It is for this reason that Aristotle uses medical *techne* as an analogy to help explain actions directed by *phronesis*. It is precisely this recognition of the ‘particularity’ of each patient that has become important for modern philosophers to explain the clinical judgement made by physicians in their practice of medicine.

The challenge in adopting Aristotle: Medicine uses *Techne* not *Phronesis*

The analogical connection Aristotle draws between medical *techne* and practical wisdom has also inspired authors writing in the Philosophy of Medicine such as Stephen Toulmin to adopt *phronesis* as

⁶ Aristotle, *The Complete Works of Aristotle: The Revised Oxford Translation*, 2. NE VI 1143b18–1145a11

⁷ NE II 1104a3–1104a9

⁸ Werner Jaeger, "Aristotle's Use of Medicine as Model of Method in His Ethics," *The Journal of Hellenic Studies* 77(1957). p. 54

a model to offer a conceptualisation of the complexities inherent in the clinical judgement of physicians.⁹ Toulmin's concern centred on challenging the presupposition that the practice of medicine could be conceptually reduced to the technical application of physiology and other scientific disciplines to heal patients. To this end, Toulmin considered the tension between physicians understanding of their patients through abstract biomedical theories, and the demanding practice of healing these patients in the clinic, through the differences in Aristotle's concepts of *phronesis* and *episteme*. For Toulmin, the objective and universal character commonly attributed to modern scientific knowledge is also a feature of Aristotle's understanding of science that was characterised through the intellectual virtue of *episteme*.¹⁰ Aristotle distinguishes the faculties of rational thought through a consideration of the kind of objects the soul deals with: Objects that are subject to change (movement) are dealt with the calculative part of the mind, while necessary and eternal objects were thought by the scientific part.¹¹ For Aristotle, *episteme* was knowledge of eternal and timeless principles, and accordingly did not relate to the kinds of changeable concerns that were involved in crafting (*poiesis*) or acting towards others (*praxis*). Toulmin followed Aristotle's description of medical *techne* outlined above to argue that medical practice demands that physicians also pay close attention to the human circumstances and experiences of patients under their care when making clinical judgements about choosing the best means to heal. Because these decisions rely upon the particular case at hand, Toulmin notes that timeless scientific knowledge—Aristotelian *episteme*—cannot be used to understand changing and particular circumstances of clinical practice. As noted above, Toulmin considers ancient *episteme* and modern science as similar kinds of timeless knowledge. By emphasising Aristotle's argument that medical *techne* has to pay attention to a patient's particular context, Toulmin goes on to argue that that the laws of modern science, which he views as timeless and abstract, albeit based on a different model of science, necessarily ignore these

⁹ Stephen Toulmin, "The Primacy of Practice: Medicine and Postmodernism," in *Philosophy of Medicine and Bioethics: A Twenty-Year Retrospective and Critical Appraisal*, ed. Ronald A. Carson and Chester R. Burns (Dordrecht: Springer Netherlands, 1997).

¹⁰ Ibid. p. 50

¹¹ Aristotle, *The Complete Works of Aristotle: The Revised Oxford Translation*, 2. NE VI DA 1138b36–1139a16 For example, Aristotle denies the use of seeking mathematical accuracy in objects that contain matter. Human experience of nature was for Aristotle a changing, qualitative and inexact affair, which is different in kind from the certainty proper to mathematics. See: ibid. Metaphysics II: p. 23 DA 995a15–995a23

unique circumstances. He thus concludes that the practice of medicine is problematically reduced when understood as the application of biomedical science to heal a patient.¹²

Toulmin turns to Aristotle's concept of *phronesis* to offer a rehabilitated understanding of clinical judgement, paying particular attention to Aristotle's analogical explication of *phronesis* through the *techne* of medicine and navigation.¹³ As outlined above, Aristotle used these crafts as an analogy to explain *phronesis*, as they necessarily take place in particular contexts that must be taken into account to determine the right course of action to bring about their goal. From this example, Toulmin concludes that, for Aristotle, medicine too demands practical judgement to bring about the particular goal of health for a patient.¹⁴ In other words, because Aristotle asserts that the craft of medicine involves a *telos* that is not fixed and is particular to the patient, Toulmin argues that *phronesis* can serve as a model to explain how physicians direct their actions towards such an indeterminate goal. Toulmin thus conceptualises the clinical judgement of the physician through *phronesis*, claiming that Aristotle himself characterises the craft of medicine as an activity that incorporates *phronesis* to restore the goal of a particular patient's health.

However, Duff Waring challenges Toulmin's adoption of Aristotelian *phronesis* to explain the practice of clinical judgement in "Why the Practice of Medicine is Not a Phronetic Activity".¹⁵ In this paper, Waring returns to Aristotle's descriptions of *phronesis* to emphasise key differences between this intellectual virtue and medical *techne*. Waring's primary concern is to show how, for Aristotle, medicine is simply described in terms of *techne* and does not entail key features Aristotle identifies with *phronesis*. In particular, Waring notes that Aristotle's conception of *techne* entails not only the ability to make a thing well, but also the commensurate ability to bring about the opposite result. For example, in medical *techne* the physician can reason the steps needed to bring about health, but this knowledge can also be used by physicians to perform actions that would make a person ill. To use another craft to illustrate the point, the *techne* of house building entails a commensurate knowledge of

¹² Toulmin, "The Primacy of Practice: Medicine and Postmodernism." p. 49

¹³ Ibid. pp. 50–53

¹⁴ Ibid.

¹⁵ Duff Waring, "Why the Practice of Medicine is Not a Phronetic Activity," *Theoretical Medicine and Bioethics* 21, no. 2 (2000).

how to produce an uncomfortable or unstable dwelling. *Techne* can thus be instrumentally used towards ends that can be either noble or depraved.¹⁶ In stark contrast, the virtue of *phronesis* does not aim at any goal beyond acting virtuously. Waring notes that, for Aristotle, *phronesis* is inimitably related to the moral virtues outlined in the NE, such as temperance, courage and generosity. As I indicated above, the possession of the moral virtues is a prerequisite for the *phronimos*. Crucially, we do not exercise these virtues in an instrumental fashion: as Waring puts it, to possess the moral virtues is to know what the right end of action is, and *phronesis* represents a distinct but related intellectual virtue capable of reasoning how best to realise those ends. If a person has cultivated the moral virtue of bravery, they cannot use this disposition to ‘choose’ to be cowardly—to be brave in this sense is to understand one’s acting well through knowing what brave actions are. Waring thus highlights how the reciprocal relationship between moral virtues and *phronesis* demonstrates that one cannot have *phronesis* without having cultivated the moral virtues, and vice versa.¹⁷ This means that *phronesis* cannot be instrumentalised in the same manner as *techne*: while a craft may be employed to noble or sinister ends, *phronesis* cannot be detached from living a good life of human virtue and used for improper actions towards others.¹⁸

To summarise, Waring’s key point is that, for Aristotle, medicine is a craft and not strictly an activity requiring practical reasoning. As he writes, “The medical reasoning of a skilled and conscientious physician is analogous to *phronetic* reasoning. It does not exemplify it.”¹⁹ Waring’s point here is that Aristotle uses medicine as an example to explain *phronesis*, but only insofar as it is a special kind of *techne* whose goal of health is changeable and particular to the circumstances of a patient. As I outlined above, Aristotle uses the *techne* of medicine to explain *phronesis*, but this analogy specifically relates to the shared demand that *phronesis* and medicine pay special attention to the particular situation and adjust their actions to suit this unique context. In this respect, Waring’s critique of Toulmin is justified, insofar as the latter explicitly returns to Aristotle’s framework to offer

¹⁶ *ibid.* p. 146

¹⁷ *Ibid.* pp. 146–147

¹⁸ *Ibid.* pp. 144–146

¹⁹ *Ibid.* p. 143

support to his argument that the practice of medicine is an activity that requires *phronesis*. By keeping Waring's critique of Toulmin in mind, the question is whether his concern can be extended to problematize how *phronesis* is developed by Gadamer in his reflections on modern scientific medicine and clinical judgement.

Gadamer's use of *Phronesis*

The Enigma of Health is comprised of a number of papers delivered by Gadamer on the topics of medical practice and human health. In these essays Gadamer expresses the view that the modern scientific character of medicine has engendered an understanding of human health and a conception of medical practice by reducing them to a kind of biomechanical engineering.²⁰ For Gadamer, this trend has at least partially concealed the necessary complexity of clinical judgement in the complex human medical encounter, which is necessarily initiated by and conducted through the dialogue between physician and patient. Like Aristotle, Gadamer explicitly makes use of *phronesis* as an analogy of the demands of clinical judgement, describing this practical judgement in the clinic as

...an awareness appropriate to a particular situation, like that in which diagnosis, treatment, dialogue and the participation of the patient all come together. What takes place here between doctor and patient is a form of attentiveness, namely the ability to sense the demands of an individual person at a particular moment and respond to those demands in an appropriate manner.²¹

Just as Gadamer had considered art and history to be two regions of human experience that were inherently unsuitable for objectification, he regards the practice of restoring human health as another example of such a problematic area. Health only 'appears' as a phenomenon when we become ill, as a privation whereby we feel a sudden loss of equilibrium, and disruption or impediment to taking up our projects in life.²² Like any rational production, restoring health requires an understanding of what goal is to be brought about. However, Gadamer argues that there is no concrete product in medicine

²⁰ H.G. Gadamer, *The Enigma of Health: The Art of Healing in a Scientific Age* (Stanford University Press, 1996).

²¹ *Ibid.* p. 138

²² *Ibid.* pp. 36–38

as such. In other words, medicine is not a practice of engineering a patient's body to produce a preconceived, abstract model of physiological functioning. Rather, physicians are concerned with re-establishing the condition of health wherein a patient will feel unimpeded taking up activities in the world.²³ For Gadamer, health relates to our living in the world and with others, whereby the healthy person in the state of natural equilibrium is effortlessly active and engaged in the projects that make up their everyday living.²⁴ Gadamer thus makes clear that health is not merely the normative functioning of the biological body; it is also constituted by interpersonal and cultural factors proper to human experience which cannot be measured and thus objectified. Accordingly, Gadamer argues that health cannot be merely understood with regards to a patient in scientific abstraction, it must involve the patient and doctor's relationship to each other and to the world as a whole.²⁵ It follows that if modern medical science is limited to an objectified understanding of nature, human health must also be conceived of as the regular function of a biological organism. Gadamer highlights the remarkable ability of modern science to master the natural world. Yet this control has concealed the risk of medical science tacitly basing human health on the singular model, the idealised model of a functional physical-biological mechanism we refer to as the human body. According to Gadamer, methodologically limited empirical models of health are 'inappropriate' as a sole guide in producing health, and require the expertise of a talented doctor to interpret the patient's circumstances in light of this knowledge.²⁶ The limitations of modern biomedical theory can be seen in current tensions regarding treatment of the terminally and chronically ill, where the goals of completely restoring biological functioning are severely limited.²⁷

While modern medical practitioners have acknowledged that a patient's experience of health is also dependent on social factors, the problem remains: how can scientific medical knowledge restore a condition such as health that is constituted in part by these unquantifiable factors? For Gadamer, the application of knowledge demanded by clinical judgement ought to be suited to the ambiguity and

²³ Ibid. p. 37

²⁴ Ibid. p. 113

²⁵ Ibid. p. 41

²⁶ Ibid. pp. 107–108

²⁷ Ibid. p. 40

infinite variability of human ways of living and, consequently, the practice of scientific medicine ought to be understood and rearticulated through a modern re-appropriation of *phronesis*.²⁸ The practice and judgement of the physician in the clinic cannot be appropriately codified in any prescriptive manner; no decision tree, however complex and considered, will be able to direct them to the best treatment for each particular patient. As Gadamer notes, the attraction of understanding clinical judgement through *phronesis* is not simply a matter of exemplifying the complexities of the human concerns of patients that physicians must take into consideration. His point is to emphasise that the judgement exercised by physicians in clinical practice draws on different *kinds* of knowledge with distinct methodologies. Physicians must master the objectified models of the biomedical sciences to develop diagnoses and plans for treatment, as well as instantiate this abstracted perspective within the meaningful context of their patient's concerns, which ultimately constitute the condition of unimpeded life—health—that a patient desires. The human orientated knowledge that can help physicians to understand the meaningful impact of illness experienced by their patients cannot only be the social circumstances and personal preferences of patients, where the context of a human life is reduced to collections of data about income, location and other objectified formulations to be placed on checklists or indirectly mathematised into graphs. It is rather knowledge drawn from our experience of human life, enriched by our engagement with phenomena such as history or literature, which can help physicians to understand their patient's human situation as it is lived and accordingly offer them the most appropriate treatment.²⁹

Despite the apparently objective and universal character of biomedical knowledge, the application of these sciences by physicians in the clinic is, for Gadamer, necessarily subordinated into the more fundamental concern with restoring a patient to the state of health understood as the condition of unimpeded everyday activity. Crucially, Gadamer does not argue that contemporary physicians actually practice medicine in such a reductive fashion. He explicitly notes that physicians, by and large, necessarily have practiced medicine with an awareness of this human context and will continue

²⁸ Ibid. p. 138

²⁹ Ibid. pp. 31–43

to do so. Gadamer's key point is that the purely epistemological considerations of modern thinking have concealed this human orientation and left us with a problematically reduced understanding of the practice of medicine. Accordingly, Gadamer's reflections on medicine are intended to offer a re-conception of clinical practice that can articulate the complexities of this encounter beyond the inappropriate limits of scientific explanation. In summary, by returning to Aristotle's conception of *phronesis*, Gadamer hopes to use this understanding of practical wisdom as a heuristic device, a starting point and rough guide through which to reconceptualise the practice of medicine in our modern, scientifically dominated context

Can Waring's critique be extended to Gadamer's use of *Phronesis*?

In *Ancient Greek and Modern Thinking*, Gadamer provides a rationale for why he returns to the thinking of Ancient Greek philosophers, arguing that a productive tension exists between the indebtedness of our modern thinking to this Ancient tradition on the one hand, and the radical difference between modern and Ancient Greek thinking on the other. Crucially, for Gadamer, this 'self-encounter' of modern thought with its intellectual precursors can assist in exposing the problematic limits of modern scientific objectification, where phenomena are measured and conceptualised as objects, which – on his account – now dominates our understanding of the world.³⁰

Returning to the thinking of the Ancient Greeks is accordingly not an effort to rehabilitate these ideas and restore them in their original form. Instead, Gadamer is concerned with using these concepts to help expose how problematic presuppositions in our thinking that have been covered over or concealed with the passage of history.³¹ Gadamer highlights the difficulties in adopting Ancient concepts to modern concerns, turning to the history of ideas to consider how concepts such as *episteme* have been radically reconfigured in modern thinking. As noted above, *episteme* was the intellectual virtue related to knowledge that is necessary and axiomatic, dealing with timeless principles that could not be otherwise, exemplified by mathematics and geometry. In stark contrast to

³⁰ Hans-Georg Gadamer and Richard E. Palmer, "Greek Philosophy and Modern Thinking," in *The Gadamer Reader: A Bouquet of the Later Writings*, ed. Richard E. Palmer (Northwestern University Press, 2007).

³¹ *Ibid.*

Toulmin's equivocation between ancient *episteme* and modern science, Gadamer argues that modern science appears to share more in common with *techne* than *episteme*, as the predictive knowledge afforded through scientific laws is also knowledge about the conditions required to produce a certain change or effect, and it thus entails a form of production and change.³² Moreover, Gadamer considers how the axiomatic character of knowledge in *episteme* is fundamentally distinct from the open-ended theories grounded in the experimental methodology of modern science: while *episteme* was knowledge of principles that were necessary and eternal, the theories of modern science are bound to a methodology of experimentation that is perpetually open to a more comprehensive or simple theoretical explanation that can be tested and potentially disproven. The theories of modern science are accordingly contingent on this experimental methodology and are always open to replacement, in stark contrast to the eternal and unchanging knowledge of *episteme*. Gadamer's point here is not only to caution against misunderstanding ancient concepts through modern presuppositions, but also to show how these differences can draw attention to the way our modern thinking has been fundamentally shaped and sometimes limited through a tradition of scientific objectification.

In the context of medicine, his adoption of *phronesis* serves to problematize a conception of clinical judgement as mere application of biomedical science to a patient, and challenge how patients are objectified under this model. Gadamer's appropriation of *phronesis* is intended to offer a starting point to conceptualise clinical judgment, drawing on the indeterminacy of the right course of action in Aristotle's concept of practical wisdom to illuminate the fundamentally un-objectifiable range of factors and different kinds of knowledge about patients that physicians must navigate in their task of healing. Gadamer thus uses *phronesis* to offer a way to rethink medical judgement in an age where epistemological concerns have reduced this practice to the application of knowledge secured through the scientific method.

³² However, for Gadamer, the products brought forth in Ancient *techne* were understood as possibilities opened up by the forms of 'nature itself', which the Greeks called *phusis*. Modern production is conducted in the context of a radically different understanding of nature, a mechanistic universe of spatiotemporal bodies and forces the first found expression in the works of Galileo Galilei. See: Gadamer, *The Enigma of Health: The Art of Healing in a Scientific Age*. pp. 33–38

Hence to return Waring's critique, I argue that Gadamer's deployment of *phronesis* illuminates this concept in order to challenge the modern tradition of conceptualising medicine through biomedical science alone. In short, Gadamer's adoption of *phronesis* to explain medicine does not amount to an argument that Aristotle conceptualised medicine as a *phronetic* activity. His discussion of the conceptual understanding of science in the Ancient world, in contrast to the modern world we live in, is crucial to understand the shift in his appropriation of *phronesis*: Gadamer develops this concept to address contemporary problematics in scientific biomedical understanding, which on his account have concealed the fundamentally human orientation proper to the practice of medicine.

1.5 Conclusion

To conclude, in this paper, I have explored how Aristotle's concept of *phronesis* has been employed by modern philosophers discussing medicine to illuminate the complexities of the judgement required of physicians to restore their patient's health. By explicating the intellectual virtues of *techne* and *phronesis* presented by Aristotle in the NE, I emphasised the key differences between these intellectual virtues before outlining Aristotle's use of medical *techne* as an analogy to explain practical wisdom. I then considered how Stephen Toulmin relies on Aristotle's analogy between medical *techne* and *phronesis* to support his argument that the capacity for *phronesis* is required for the complicated medical judgement of physicians. Through these steps I provided the context of Duff Waring's critique of Toulmin, who, Waring claims, problematically characterises Aristotle's own understanding of medicine as a phronetic activity. I then outlined how Hans Georg Gadamer makes use of Aristotle's thinking on *phronesis* to reflect on the demands of clinical judgement in medicine, in order to ascertain whether Waring's critiques could legitimately be extended to problematize Gadamer's argument. By illuminating how Gadamer is acutely aware of the radical separation between ancient and modern thought, I showed that his concern is not to restore ancient thinking to the modern world, but, rather, to use this legacy as a means to exposing presuppositions in modern thought that limit our understanding of phenomena such as medicine. In conclusion, while Waring's concerns over the use of *phronesis* to explain clinical judgement are well founded as they technically adhere to Aristotle's arguments, it would be problematic to extend his critique to Gadamer's cautious

and considered use of Ancient Greek thought to expose the limits of modern objectification in medicine.

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