An Introduction to Medical Phenomenology: I Can't Hear You While I'm Listening

Abstract

A great gulf exists between the way we think about disease as physicians and the way we experience it as people. Much of this separation derives directly from our basic assumptions about what illness is. Our medical world view is rooted in an anatomicopathologic view of disease that precludes a rigorous understanding of the experience of illness. What we need to remedy this problem is not just the admonition to remember that our patients are people, but a radical restructuring of what we take disease to be. The philosophic discipline of phenomenology is used to present a vision of disease that begins with an understanding of illness as it is lived. "Nonmedical" descriptions of illness show how we can reorient our thinking to encompass both our traditional paradigm and one that takes human experience as seriously as it takes anatomy.
With medical technology, diagnostic instruments such as the use of stethoscope, blood tests, and image tests allow an access to the living body similar to that achieved only by corpse dissection. Leder points out that patients are frequently treated as corpses during physical examinations, when they are asked to assume the pose of a dead body: flat, passive, mute, and naked; if they are called upon to express themselves, it is always in search for their mechanical functioning. The knee is tapped to provoke reflexes, the abdomen is poked to see if pain ensues, and the patient is asked to breathe...  Baron R: An introduction to medical phenomenology: I can’t hear you while I’m listening. Ann Intern Med. 1985, 103: 606-611.