Focus

The Pragmatic Turn in the Health and Disease Debate

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Introduction

An article recently published in *The Economist* asked the following question: Is obesity a disease?[1] (https://www.economist.com/science-and-technology/2025/01/15/is-obesity-a-disease) In the wake of the increasing availability and use of weight-loss drugs based on semaglutide (known commercially as Wegovy), the article makes the point that discussions that might appear to be mostly conceptual and of little practical significance, such as asking whether a condition is a disease and should be diagnosed as such, are becoming more and more significant and consequential. From a philosophical point of view, scientific and political discussions such as those on obesity show that conceptual questions about the epistemological and metaphysical status of health and disease still matter and are perhaps increasingly central in the current landscape of biomedicine.

In philosophy of medicine, scholars have long dedicated a central focus of their work on these questions. This philosophical discourse has traditionally developed disease concept definitions on monistic grounds. Within such frameworks, a core aim is to accurately identify certain states as pathological on the basis of necessary and/or sufficient conditions (e.g., Boorse's biostatistical theory and Wakefield's harmful dysfunction analysis). The development of such theories has fed a very large if bushy literature, but it also attracted several criticisms. A major issue is that some states cannot be captured by the conditions introduced for defining what disease is – in other words, some states cannot be characterized as pathological based on the necessary, sufficient, or jointly sufficient conditions that have been developed to define the concept of disease.

This led some scholars to renounce the search for general identifying conditions of disease and seek novel approaches to advance the health and

[1] *Is Obesity a Disease?*, "The Economist", 15 January 2025. https://www.economist.com/science-and-technology/2025/01/15/is-obesity-a-disease.

disease debate, such as eliminativism[2] and inductive naturalism[3]. This Focus aims to advance the discussion on an alternative, recent trend in the debate. This trend can be referred to as a pragmatic turn, as it proposes to explore the plural, practical, and context-specific nature of the concept of disease.

In the attempt to overcome the limitations of monistic definitions, scholars have advocated for an interpretation of the concept of disease as a *plural concept*[4]; others have suggested that we should formulate *context-specific* or *practice-oriented* definitions of the disease concept, which shall serve different pragmatic objectives[5]; some others have recommended that we should prefer certain *conceptualisations* of disease over others depending on the context of interest[6]; and finally others have contended that it is appropriate to categorize certain conditions as diseases only if medicalising them can meet some *strategic goals*[7]. Such a pragmatic turn encompasses a constellation of perspectives unified by a rejection of rigid *definitionalism* and a shared interest in how concepts of disease are used in specific social, medical, and epistemic contexts. Rather than asking what disease *is* in some metaphysical sense, pragmatic approaches ask how disease concepts *function*, what purposes they serve, and what normative and epistemic consequences follow from their deployment. This orientation does not imply conceptual relativism or abandon analytic rigor; instead, it reflects a nuanced understanding of the plural and value-laden roles that disease concepts play in clinical practice, public health, and policy-making.

This Focus features seven original contributions that reflect the thematic breadth and methodological diversity of this pragmatic turn. While they differ in disciplinary focus – ranging from philosophy of psychiatry to so-

[2] Marc Ereshefsky, *Defining 'health' and 'disease'*, "Studies in History and Philosophy of Biological and Biomedical Sciences", 40, 2009, pp. 221-227.

[3] M. Lemoine, *Defining Disease Beyond Conceptual Analysis: An Analysis of Conceptual Analysis in Philosophy of Medicine*, "Theoretical Medicine and Bioethics", 34, pp. 309-325. M. Lemoine, *Philosophy of Physiology*, Cambridge University Press, Cambridge 2025.

[4] L. De Vreese, *How to Proceed in the Disease Concept Debate? A Pragmatic Approach*, "The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine", 42, 2017, pp. 424-446. M. J. Walker and W. Rogers, *A New Approach to Defining Disease*, "Journal of Medicine and Philosophy", 43, 2018, pp. 402-420.

[5] B. Haverkamp, *et al.*, *A Practice-Oriented Review of Health Concepts*, "Journal of Medicine and Philosophy", 43, 2018, pp. 381–401. R. Powell and E. Scarffe, *Rethinking "Disease": A Fresh Diagnosis and a New Philosophical Treatment*, "Journal of Medical Ethics", 45, 2019, pp. 579-588.

[6] M. Schermer, *Preclinical Disease or Risk Factor? Alzheimer's Disease as a Case Study of Changing Conceptualizations of Disease*, "Journal of Medicine and Philosophy", 48, 2019, pp. 322-334. M. Schermer and E. Richard, *On the Reconceptualization of Alzheimer's Disease*, "Bioethics", 33, 2019, pp. 138-145

[7] Q.R. Kukla, *What Counts as a Disease, and Why Does It Matter?* "The Journal of Philosophy of Disability", 2, 2022, pp. 130-156.

cio-philosophical analyses of stigma, to historical reconstructions of disease concepts – they converge in treating disease as a human practice-bound category, embedded in specific theoretical, institutional, and ethical frameworks. Philosophers of medicine have long grappled with the elusive nature of the disease concept. The ambition to define disease in terms of necessary and sufficient conditions, typically informed by naturalistic or normativist assumptions, has generated a dense and sophisticated literature. However, as also many contributors to this issue argue, this approach has encountered persistent challenges. A growing number of scholars actually advocate for pluralism, the view that there may be multiple, context-sensitive, and purpose-relative conceptions of disease, each legitimate within its own domain. Pluralist and pragmatic accounts intersect at a key point: they both see disease as a category whose meaning is determined in part by the context in which it is used. Disease is not simply discovered: it is, in significant measure, constructed through clinical, scientific, and socio-political practices.

In Anne Fenoy's paper *Boundary object and pragmatism in the philosophy of medicine: The case of ALS-disease or ALS-syndrome debate*, disease is explored through the conceptual lens of the notion of boundary object – an object that maintain coherence across multiple social worlds while allowing local interpretative flexibility. By analysing the nosological debates surrounding amyotrophic lateral sclerosis (ALS), Fenoy illustrates how the pragmatic utility of disease concepts often outweighs their definitional unity. Disease, in this light, functions as a boundary object whose plural meanings facilitate communication among clinicians, researchers, patients, and policymakers.

Another key theme emerging from this Focus concerns the normative dimensions of disease classification. While classical naturalistic approaches aim to isolate disease from evaluative considerations, pragmatic theorists emphasise that disease concepts are *value-laden tools*. Disease attribution frequently depends not only on empirical observations, but also on decisions about which risks matter, which outcomes are undesirable, and which interventions are justified. Sloane Wesloh's paper *A risk-informed concept of disease: a tool for medicine* exemplifies this point by examining the increasing role of *risk* in medical diagnostics. Through a historically informed inductive analysis, Wesloh shows how the concept of disease has come to be defined in probabilistic terms, often relying on non-epistemic values – such as cost-effectiveness or public health priorities – to determine diagnostic thresholds. The result is a disease concept that resists value-neutral formulation and instead reflects strategic priorities embedded in clinical decision-making.

A similar normative dynamic is at play in Mary J. Walker and Wendy Rogers's paper *Medicalisation, de-medicalisation and stigma: an investigation into the ethical purposes of disease designation*, which, drawing on a pragmat-

ic pluralist framework, analyses how different interpretations of dysfunction and biological explainability can both mitigate and exacerbate stigma. Walker and Rogers argue that pragmatic approaches to disease can serve as tools for reshaping public attitudes – but only if the underlying evaluative commitments are made explicit and critically examined.

Noemi Paciscopi, Cristina Ganz, and Mara Floris's paper *Pathologising Pregnancy: the consequences of medicalisation and the call for a balanced approach to maternal care* continues this line of inquiry by focusing on the medicalisation of *pregnancy*. Starting from midwifery practice, the article criticises the overreach of medical authority in framing pregnancy as a pathological condition. As a result, Paciscopi, Ganz, and Floris advocate for a pragmatic middle ground that respects the physiological uniqueness of pregnancy without capitulating to reductive medical models.

Other contributions to this Focus also highlight the importance of practice-oriented conceptions of health and disease. These approaches foreground the role of situated, embodied, and goal-directed human activity in shaping our understanding of pathology. In Federica Bucci's *Pragmatism, phenomenology, and the concept of health in physiotherapy*, the concept of health is reframed through the lens of physiotherapy, drawing on both pragmatist and phenomenological traditions. The article discusses the notion of *health within illness*, a view that allows for well-being and autonomy even amid chronic conditions. This model resonates with broader pragmatist insights into the dynamic, relational, and context-bound nature of health, suggesting that fixed categorical distinctions between health and disease may fail to capture the lived realities of many patients.

Alessandra Civani's *Enactive psychiatry: a pragmatic and pluralistic approach to mental health and disease* builds on this theme in the domain of mental health, exploring the promise of enactivist psychiatry. This perspective treats psychiatric conditions not as brain-based dysfunctions in isolation, but as disruptions in the individual's dynamic engagement with their environment. By integrating theoretical models from cognitive science (e.g., autopoietic principles) with critiques of the DSM framework, Civani presents enactivism as a compelling alternative to biomedical reductionism. Crucially, this approach does not merely offer a descriptive reorientation; it also reconfigures the normative and therapeutic goals of psychiatric care.

The pragmatic turn in the philosophy of medicine also encourages attention to the *historical evolution* of disease concepts; diseases are not merely static entities awaiting discovery, but historically contingent constructs shaped by changing therapeutic possibilities, diagnostic technologies, and clinical practices. Michel Shamy, Frank Stahnisch, Brian Dewar, and Mark Fedyk's *The acute stroke as disease concept, 1960-2014: historical context for*

physician decision-making discusses a case study of this process by examining the emergence of the modern concept of acute stroke. The authors trace the transformation of stroke from an untreatable condition to an interventionally defined disease whose identity is closely tied to some historical preconditions, among which there is the availability of thrombolytic therapies. This shift exemplifies how disease concepts can be reconstructed in response to evolving medical capabilities, raising important epistemological and ethical questions about what it means to *have* a disease.

Together, the contributions to this Focus advance a multifaceted and empirically grounded understanding of the concepts of health and disease. Rather than seeking an all-encompassing definition, they reflect a commitment to philosophical pluralism, contextual sensitivity, and normative reflexivity. The pragmatic turn in the health and disease debate does not merely replace old theories with new ones; it is rather the indication of a new approach, one that reframes the questions we ask and reorients our expectations of what disease concepts can – and should – do. In this context, the Focus serves as a reference point for future work and presents the promise of this orientation to enrich both philosophical theory and medical practice by engaging critically with real-world practices, interdisciplinary methods, and pluralistic sensibilities.

Looking ahead, this Focus and the pragmatic turn in the philosophy of health and disease open up several promising avenues that will require further inquiry, both in theoretical and applied terms. A central direction involves deepening our understanding of how pragmatic, plural, and contextual definitions of disease function in diverse medical and sociocultural settings, including underrepresented healthcare systems, marginalized populations, as well as non-Western medical traditions. Empirical studies grounded in ethnography, clinical practice, and patient experience could help refine and test pragmatic frameworks, shedding light on how disease concepts operate in real-world diagnostic and therapeutic decision-making. In parallel, the pragmatic turn shows the need for greater attention to the ethical and political stakes of disease classification – especially in light of current debates on overdiagnosis, medicalization, and health equity – by exploring how pragmatic conceptions of disease influence access to care and resource allocation. Moreover, significant philosophical work still needs to be done to articulate and systematize the normative underpinnings of pragmatic approaches, including the values and criteria that should guide context-specific choices among competing disease concepts. The integration of pragmatic accounts with related developments – such as the growing interest in epistemic injustice in healthcare, the role of risk and uncertainty in clinical reasoning, and the rise of AI and algorithmic decision-making in medicine – also presents

a fertile ground for interdisciplinary collaboration. Finally, the dynamic and reflexive nature of pragmatic theory invites a continuous re-examination of the concept of disease itself; not as a stable object of inquiry, but as a tool for navigating evolving medical and social landscapes.

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