

Philosophy *of* Medicine

Letter

Philosophers of Medicine Should Write More Letters for Medical Journals

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In a recent article in this journal on pandemic philosophy of medicine, Alex Broadbent calls on philosophers to make “public, critical, and timely” contributions to public debates on health (Broadbent 2022, 5). Yet he suggests that such public debates will happen in different forums than academic articles, for “most people will not read any of them” (1–2). While this sociological observation is likely correct, here I argue that it is partly because philosophy of medicine’s public impact is limited by the format of most of its articles, which present obstacles for both writer and reader. By contrast, the Letter to the Editor or Correspondence format in biomedical journals provides a concise, visible forum that encourages “public, critical, and timely” debate that philosophers of medicine should take advantage of.

Indeed, the low public impact of philosophy of medicine is partly due to the fact that much of its scholarship is inward-facing: it relies on long-format pieces that generally undergo slow peer review, presenting original points of view that are often published behind paywalls. In other words, most articles written by philosophers of medicine are high-hanging fruit for both writers and readers. Thus, many—if not most—articles do not fulfill the criteria of being public, directly critical, and timely.

In contrast, take the letter format in biomedical journals. Letters are short pieces of approximately 200–800 words in length, written in response to recent studies, on general topics, or presenting brief empirical research. The format is offered by most journals, many of which publish the letter in a completely open-access format, even if the journal itself is not fully open access (for example, various *Lancet* journals). To give just one relevant example, a group of French geriatricians published a 600-word letter in the *Journal of the American Geriatrics Society* on 12 March 2020, titled “Novel Coronavirus (Covid-19) Epidemic: What Are the Risks for Older Patients?” (Garnier-Crussard et al. 2020). Just one day after the World Health Organization (WHO) declared Covid-19 a pandemic, this 600-word open access piece predicted that comorbidities would be a major therapeutic challenge in older adults with Covid-19. Their prediction was based on background knowledge from other respiratory pandemics and emerging studies on patients with SARS-CoV-2. In other words, it did not require knowledge that a philosopher of medicine would not reasonably have access to. As of 16 April 2023, that letter has been cited 133 times in Google Scholar, suggestive of significant impact.



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Philosophers of medicine should engage in the writing of cogent and timely work on pressing issues in medicine. When philosophers work on particular sciences, they can do so through an “embedded” or a “reflective” stance; the “embedded” stance “engage[s] in problems that are generated by the agenda of the sciences in question (rather than by philosophy)” (Kaiser, Kronfeldner, and Meunier 2014, 62). This spirit of embedded philosophy is captured by what has been termed philosophy “in” science and medicine, where philosophers use analytic tools to solve scientific problems (Pradeu et al. 2021). An important feature of recent “embedded” philosophy is that it deals with philosophical issues “in real time” (Buedo et al. 2023, 1).

The letter is one such forum to embed philosophical debate into the scientific literature in real time (Daly 2023c). For instance, Jaime A. Teixeira da Silva (2021, 3725) argues that during Covid-19, letters “allow potential misinformation that exists in the media, social media or in the public domain to be debated and corrected within an academic context” and calls upon more editors to offer the format. Beyond Covid-19, in various articles I provide examples of a philosopher writing critical embedded letters in the literature on Alzheimer’s disease in response to recent articles by scientists on disease concepts and therapeutics (Daly 2023a, 2023b). Importantly, these critical letters received replies from the original authors (Gregory, Saunders, and Ritchie 2023; Hardy and Mummery 2023). Such embedded letters are therefore “public, critical, and timely.”

Of course, overreliance on the letter format is a danger for the philosopher of medicine. Firstly, the format receives little professional recognition from employers and colleagues, who will judge the philosopher on their longer pieces in high-impact philosophy journals. They should therefore not serve to replace such longer work, but instead offer a window onto it that experts and the public are more likely to read. Second, letters remain embedded within the scholarly literature, rather than in truly public debate, and should not replace other forms of press and communication for debate in the public square.

Nevertheless, in the age of Covid-19 and beyond, philosophers of medicine can “do better” (Broadbent 2022), by taking advantage of the unique letter format to share their ideas in concise, cogent, and timely ways.

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