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Somogy Varga. *Science, Medicine, and the Aims of Inquiry: A Philosophical Analysis*. Cambridge University Press 2024. 244 pp. $110.00 USD (9781009450010); $32.99 USD (9781009450027).

Despite some explorative work over the last two decades, the philosophy of medicine is still a young, yet highly promising field at the intersection of philosophy, epistemology, and the ethics of science. As it grows, new positions and arguments continue to appear, tackling old problems and synthetizing new perspectives. Somogy Varga's *Science, Medicine and the Aims of Inquiry* is not just an engaging addition to the literature, but also a comprehensive overview, a critical evaluation, and a highly professional reflection on what philosophy can contribute to the scholarly discussion on medicine.

The philosophy of medicine is a problematic field, mainly because medicine itself is facing major challenges. As historian Roy Porter has pointed out repeatedly, medicine has been in constant development over the last one hundred and fifty years, but, in parallel, it has also been in a constant state of crisis. It is a strange situation. Philosophy of medicine, thus, ought to dissolve apparent paradoxes, tensions in public estimation of science, and fill important gaps in our understanding of how medicine can be in a permanent development and crises at the same time.

Varga indeed begins his book with the contemporary problems, challenges, or criticisms—whichever term you prefer. The first is *skepticism*, according to which our trust and confidence in medical treatments, especially pharmaceutical drugs, ought to be significantly lowered. Medicine, it is often stated, cannot live up to its promises and past achievements (as seen, typically, with insulin, penicillin, or certain surgical interventions). There are countless familiar phrases that capture the spirit and of skepticism: 'medicine has become the patient', 'medicine doing more harm than good', 'Big Pharma', 'replication crisis', 'medical nihilism'.

Secondly, there is *overmedicalization*, a far-reaching extension of medicalization when "issues and conditions came to be portrayed and comprehended in medical terms" (23), growing enormously and often subsuming even seemingly non-pathological issues under the domain of medicine. Such cases usually express "social judgments" (25) about what is deemed inappropriate (and thus treatment-required) behaviour. Thirdly, and finally, there is *objectification*, which concerns how personal experiences of illness and socio-psychological dimensions of disease are discounted in favour of a more mechanical biomedical perspective on humans.

After introducing the context and detailing these criticisms that also mark the end of medicine's "golden age", Varga sets out to develop his responses to all these challenges. To do so, he shall clarify the *nature* of medicine itself, for without seeing how medicine is structured and situated among the sciences, one cannot properly understand and dissolve the skeptics' arguments. Furthermore, the aim of medicine ends up on the dissection table to answer the challenge of overmedicalization and objectification.

Varga defends, what he calls, the *Systematicity Thesis*, namely that medicine is a science, because it exhibits systematic inquiry (chapter 3), in contrast to other alternative, often pseudoscientific medical practices (such as homeopathy). Having stablished the sense in which medicine can be considered scientific (meeting the demarcation criteria of being scientific, rather than being a form of art, as is often assumed), Varga also advances his *Thesis*. It is not enough to show that medicine is a science, one must lay out as well the aims and goals of that scientific inquiry.

After reviewing various proposals from philosophy of science (concerning, for example, the distinction between "knowledge" and "significant knowledge"), Varga claims that medicine aims at understanding (Chapters 4-5) as the "fundamentally valuable epistemic state" (90). Through some heavy philosophical analysis and historical case studies, he develops a dual conception of how understanding works and functions in medicine: beyond the objectual and biomedical understanding of diseases, clinical understanding requires a further, more humanistic component, namely the personal understanding of the given illness.

Although Varga settles at viewing medicine as a science (via the Systematicity Thesis) rather than handling it *both* as science *and* art, the old duality resurfaces at various points. For example, the aim of medicine to maintain a technical as well as personal and experiential grasp of the meaning of disease. This is somewhat evident in the discussion of the aim of medicine as well. Varga argues for the *Autonomy Thesis*, according to which the purpose and goal of understanding(s) in medicine is to promote health and (patient) autonomy.

By focusing on the promotion of health, Varga avoids the pitfalls of identifying medicine with a strictly pathocentric view, where only the cure of sickness and disease is seen as a valid goal of medicine, leaving a significant portion of the medical practice untouched (like prevention, care of the uncurable, or management of uncomplicated delivery). Yet promoting health alone would not be sufficient, and there is another target for medicine, namely *autonomy*. In Chapter 6, Varga devotes considerable attention to explain such cases where autonomy is taken primarily at the cost of promoting and pursuing health. This duality is summarized as follows: "[P]romoting health is the *proximal aim* of medicine, pursued to the extent that it serves or is at least consistent with the *final aim* of promoting autonomy" (159, original emphases).

Having laid out all his theses and fundamental concepts, and after dissecting numerous alternative views on the aims of medicine (in Chapter 7), Varga frames the book by returning to the original challenges with all his analytic tools. The established systematicity of science enables one to counter skepticism, primarily by increasing systematicity; that is, by strengthening the scientific features of medicine. Varga admits that there are serious challenges (fraud, publication pressures, the malleability of methodology), but "there is nothing suggesting that significant progress toward ameliorating the situation is not achievable" (184). Although the best way to combat fraud and scientific dishonesty indeed seems to be to turn up the scientificity and rigour of medical science, this suggestion does strike the reader somewhat "platitudinous" as the author fears (186).

Overmedicalization also receives a nuanced but dual treatment: medicalization is permissible – and hence does not count as overmedicalization—so long as it does not threaten autonomy, reduces associated risks, and offers a better understanding of the situation than a non-medical alternative. In sui generis cases of overmedicalization, one has to adopt a specific and individual stance (198-199). Finally, objectification is rejected because it obstructs the promotion of health and could have a detrimental effect on autonomy. Seemingly, therefore, only objectification is being fully rejected as something that genuinely effects medicine but could be handled with the autonomy and understanding theses. Skepticism and overmedicalization still seems to bite. Not because of that, but Varga calls his stance as *Moderate Position* that tries to situate itself "between more radical views" (183), leaving still thus some space for all the challenges, and, admittedly, a slight aftertaste of unease for the reader.

Science, Medicine, and the Aims of Inquiry is an important, synthetic, and comprehensive work in philosophy of medicine and philosophy of science. It is not an easy read, and *duality* best captures both its style and virtues (and vices). It is a demanding book, and its author does not treat his reader with kid gloves. Medical examples and notions are often left unexplained and uncontextualized, as on page 158, to give just one example, "the donor faces a higher risk of developing certain conditions (e.g., high blood pressure and proteinuria)". The countless distinctions, points, subpoints, arguments, positions, and premisses can at times be difficult to follow, and the analytic style makes it a heavy read; it is not a book you will read from cover to cover (which is beautiful, by the way, despite Cambridge's new policy of making all monographs look alike). More tables and figures would have been very helpful.

Another one of the book's strengths is that it clearly demonstrates how the analytic conceptual toolkit and methodology of philosophy of science (sharpened over decades in the twentieth and twenty-first centuries), make medicine an appropriate, exciting, and even positively challenging subject of philosophical inquiry. Instead of the traditional, ethically motivated, highly historical and anecdotal narratives about how medicine works, malfunctions, and interacts with doctors and patients, philosophy of medicine is here conceptualized and institutionalized as a genuine subdiscipline. Varga is contributing to that significantly. It is far superior to the old duality of a sewing machine and an umbrella; the dissection table remains the same.

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