

# “What is consciousness?”—a question not addressed in medical schools

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## Opinion

### Introduction

This article looks at how the foundational question about “*what is consciousness?*” is missing from Medical school teaching. Instead of taking full advantage of the range of philosophical positions on offer, medical education is biased toward a form of mechanistic and reductionist conception of the human mind. This reductionist attitude threatens to exclude significant aspects of subjective experience that are crucial to the practice of holistic care. Philosophy of Mind includes alternative frameworks—e.g., emergence (when intermediates in complex systems, various properties or states can arise, which cannot be seen as arising from the sum of their parts; they only emerge if the system reaches some threshold of complexity), supervenience (the view that one set of properties (e.g., mental states) depends on or is determined by another set (e.g., physical states), so there can be no change in the first without a change in the second, but also no reduction of one to the other), phenomenology of mind and brain (focuses on the first-person experience of consciousness, the way thoughts, emotions, and perceptions are actually experienced, and tries to consider the brain not as a mere biological organ but also as what supports all subjective experiences.)—that appeal as proposing richer, more inclusive views on consciousness.

### This could have been a true story

A patient goes to the Traumatology department due to heavy *pain* in the fourth metatarsal of the left foot. The traumatologists perform X-rays, but find nothing. Then, they conduct an fMRI, which also shows no results. Neither the CT scan nor the bone scintigraphy reveal anything. The patient insists, and the doctors begin to suspect hypochondria, but they prescribe corticosteroids and dismiss him. Finally, five months later, and with a mild depression due to his heavy pain, the patient finds a traumatologist who agrees to operate anyway, and discovers a small enchondroma pressing on a nerve. He removes it, and the problem is solved. This doctor, realized that the problem of pain is not only a physiological problem, but also a phenomenal and psychological problem, as it will be seen in the next section.

### The pain experience

As Chalmers<sup>1</sup> states, *pain*, is a conscious experience. Pain has a *phenomenal* and a *psychological* component. But the *Identity theory*<sup>2,3</sup> states that mental states (e.g., pains) are identical to brain states (e.g., to the firing of C-fibers) while perhaps meaning the terms “pain” and “C-fibers firing” is mentally and physically different. Kripke,

contends that if pain is nothing other than C-fiber excitation, then this fact has to be necessary. But this necessity is questionable. Easily, we can imagine that there is pain in the absence of brain activity (the disembodied mind) or that C-fibers fire and no pain results (the “*philosophical zombie*”). In that case, it would be a mistake to say that the zombie doesn’t feel pain, because he actually would have the brain activity of someone in pain – he just wouldn’t have the conscious sensation of pain. Thus, in this sense at least, the zombie would be in pain, even if it doesn’t realize it, as Chalmers<sup>1</sup> explains.

### Medical schools addressing the problem of consciousness

Well-known books of medicine such as “Introduction to Clinical Neurology”<sup>4</sup> “Adams and Victor’s Principles of Neurology 12<sup>th</sup> Edition”<sup>5</sup> “Human Physiology ISE”<sup>6</sup> “Guyton and Hall Textbook of Medical Physiology”<sup>7</sup> do not address the problem of “what is consciousness?” as an introductory text, or at least present different points of views of philosophy of mind to have a broader view of such an important aspect.

In the philosophical context, the distinctions between *ethical consciousness* and *metaphysical consciousness* are necessary. This is because of their different nature, as well as reflections that it reflects in different ways and to subjects. Ethical consciousness is for an agent to evaluate his actions in terms of moral responsibility, justice, duty, and value. It is a kind of self-recognition for judging the being’s steps on the basis of principles that have been normed into internalized norms. By contrast, metaphysical consciousness goes much further and is of a more speculative nature. It looks right to the roots of reality, existence, self, and the world. Unlike ethical consciousness, metaphysical consciousness seeks answers to questions both ontological and existential, e.g., *the relation between mind and body, time, death, or even the chance to be free*.

As Dao<sup>8</sup> state, the program “Introduction to Medicine and Society (IMS)”, is a required cultural competence course—launched in 2013 for first-year medical students at the Perelman School of Medicine at the University of Pennsylvania. Rooted in critical pedagogy, IMS challenges the concept of “critical consciousness” in clinical spaces and offers a new way to understand and engage with teaching and learning in three interrelated domains of the *personal* (internal), the *relational* (inter-personal), and the *social* (systemic) (ethical consciousness). Instead of conveying segmented bits of information about types of patients, IMS prompts students to consider complex questions that bridge these worlds. Learning happens in small group,

fixed cohort contexts, purposefully designed to facilitate personal transformation and cultivating critical consciousness.<sup>1</sup>

But this concerns consciousness in other aspects, like *ethical* and *relational* aspects, because it does not address the fundamental question of "*what is consciousness?*". According to Trainini<sup>10</sup> there is no clear conception of a philosophical medicine. He states that within the health–disease framework, the significance of consciousness as a transcendental phenomenological process has received little serious attention. Its dynamic interaction with the body—being inherently qualitative and *resistant to quantification*—has led to its consistent *neglect* in the history of medicine.

When individuals are uncertain about how to approach a complex issue, a common response is to ignore it—as if it did not exist. However, the question persists, confronting each person in daily life, and in this context, within the field of medicine. It is therefore essential to begin acknowledging the significance of this question—namely, the nature of consciousness—and to introduce it early in medical education. Exposing first-year students to the diverse philosophical perspectives on consciousness can provide them with a broader and more reflective understanding of the human condition. This foundational awareness enables future physicians to consciously align themselves with a particular philosophical stance within the philosophy of mind. Ultimately, such knowledge not only enriches their intellectual framework but also equips them with greater flexibility in addressing the complex and subjective dimensions of clinical practice.

## Conclusion

It can be said that the relevance of the consciousness in the field of medicine is slowly being discovered. But this awareness appears to be narrow, dealing with ethical and pragmatic—albeit important—questions about autonomy, life-and-death decisions, and informed consent. Important though these are, they represent only the tip of an iceberg of a much larger problem. The more basic philosophical question—*what is consciousness*, and what functions does it provide workers might bring consciousness beyond the healing of

mental disorders, and further—to health, illness, and recovery?—is largely neglected in traditional medical training. Consequently, the integration of consciousness and medicine remains fragmented and intellectually rudimentary. So, as a final conclusion, this article proposes to include the integration of the Philosophy of Mind into the early stages of medical training as a mandatory subject.

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## Conflicts of interest

The author declares there is no conflict of interest.

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<sup>1</sup>Since its launch in spring 2016, the IMS course has been offered three times with promising results. Course evaluations have shown significant yearly improvements across nearly all categories, including overall quality—even as the course demanded more in-depth reading, writing, reflection, and discussion from students. (Dao et al., 2017, p. 341)