

Is Value Based Practice Possible without Metaphysics? Contribution to Further Research

Value Based Practice (VBP) is the position (both practical and theoretical, philosophical and medical), which was derived by Bill Kenneth Fulford from the Natural Language Philosophy. Fulford and his collaborators are interested in the language spoken by all the parties involved in medical care and social work. This language, they claim, is filled with different and inconsistent values. Different values guide the actions of a doctor, a patient, the patient's family, the employer of doctors, the employer of patients, etc. The aim of VBP is to arrange a situation in which all stakeholders can find their own values and negotiate with other parties in order to help the experts make the most appropriate clinical decisions. What all contributors of VBP have in common is the notion that there is no place for metaphysical or anthropological concerns in the aims of their project. In this short paper I will formulate the basics of the thesis that there are some non-verbalised premises at the heart of VBP theory, which are in opposition to this declaration. First I would like to provide some basic information about VBP and then to suggest some sketches of possible arguments.

The institution founded for developing and promoting VBP is The Collaborating Centre for Values-based Practice of Health and Social Care. Its home is St Catherine's Collage in Oxford, but its activities are international. At the moment the Centre has more than 40 partner institutions, mainly from the United Kingdom, but also from Austria, Hong Kong, Italy, and Poland¹ that are interested in the values perspective in different cultural areas, and therefore are engaged in promoting VBP in both the field of theoretical reflection (working on basic research presented in publications and at conferences), and in practical training (during workshops

1) There is a particularly lively cooperation between The Collaborating Centre for Values-based Practice and the Department of Philosophy of Culture at The University of Warsaw – the editorial office of the *Eidos* journal. In May 2016 on the invitation of the Department and the Foundation of the Open Seminars on Philosophy and Psychiatry (partner of The Centre) Bill Fulford gave two lectures in Warsaw, and presented the admission to the VBP workshop. Also the Humane Philosophy Project, based on academic collaboration between Oxford University and the Department of Philosophy of Culture in Warsaw, is a partner of The Centre.

and training courses). However, although apart Fulford there are some prominent philosophers associated with The Centre (like the phenomenologists Giovanni Stanghellini, and Matthew Ratcliffe), the latter forms of activity are dominant, and therefore the primary function of VBP is to increase the quality of services provided in health and social care. The Collaborating Centre also actively works using internet communication, and subscribes to all new publishing, courses, workshops, seminars and conferences. A large part of the training materials are also available for free on The Centre's webpage.² The scope of these activities and the feedback The Centre gets from experts in many fields are proving how important the discussion on values and its practical implications are in modern technological societies.

The team behind the Centre is comprised of experts from many fields of medicine, but the leader of the institution is "Bill" Kenneth Fulford (a psychiatrist and philosopher), who is also the author of the most important publications, which can be considered the founding texts of VBP in philosophy. These theoretic-practical connections should not be underestimated. The Centre for VBP is also in closely related to the International Network for Philosophy and Psychiatry (which organises a prestigious International Conference on Philosophy and Psychiatry in different countries – 2017 Madrid, 2018 Marseille, 2019 Warsaw). So it is crucial that, although VBP was designed as practical support for medical experts, the institution's main aims are probably areas connected with mental and social problems. Consequently theoretical reflexion is not treated by the Centre as something with just historical importance (philosophy is not something that could be left behind as an unimportant sediment of the past), but there are current, and continually repeated efforts of integrating interdisciplinary human research with medical practice.

Fulford, as a successor of the anti-metaphysically oriented Anglo-American analytic philosophy, took great care to stay in close contact with ordinary experience, and is trying to avoid metaphysical statements about the world and the human being. But one can say that VBP can fulfill none of its declarations because it is by nature bound to situations that are not ordinary, and considerations within VBP theory are themselves not free from some general and speculative assumptions. For example, when the theory states that social care discourse is filled with values of many stakeholders, which should be exposed, it implies that all social and cultural facts are complex compounds of numerous agents and their interests. Here the questions begin: what is the nature of values? How are they grounded? How to philosophically justify the assumed possibility of rational discourse? Is VBP applicable to subjects from other societies than the rational and democratically structured societies of Western Culture?

Considering even this simplistic description, and the basic list of problematic questions that cannot be solved from the inside of the theory, it seems that when we are dealing with VBP we are also engaged in some set of implicit metaphysical premises that are accepted unconsciously.

On the other hand, if one takes VBP in its narrow mental health area, the fundamental problem is the assumption that every participant in the process of contemplating his or her values is aware what these values really are. This assumption is in disagreement with the basic psychiatric expert knowledge that a person experiencing a psychotic crisis experiences a disorder of his or her own system of values or their dramatic re-evaluation. In reality sometimes such psychotic re-evaluation can paradoxically be positive (despite its pathological, unpleasant or even dangerous character): it may ultimately be a manifestation of a healthy disagreement with an oppressive environment and an attempt to step out of the current impasse – such cases are not rare in psychiatry. Psychiatric problems, however, are more diverse and many patients actually experience a sort of destruction of values – together with the breakdown of personal resources and goals – a kind of fall from which they rise only after the acute abnormalities are over.

2) <http://valuesbasedpractice.org> (2017.07.04).

So in Value Based Practice one can find a hidden, very fundamental anthropological statement that the patient (and all stakeholders involved in the considered situation) is aware of his or her own values and therefore is reasonable – in the sense that one can always see his own interests, ideas, goals etc. and can communicate them, equally clearly as they appear to him, to the other parties. But it seems that the ability to recognize one's own values is not guaranteed once and for all and it can break down in the psychic crisis. Of course, Value Based Practitioners are very well aware about this possibility. It is important to note that the whole theory is developed not to meet the whims of patients (that can be based on psychotic process), but to negotiate all perspectives and to make the most appropriate clinical decisions at the end of the process. But even so there is still probably not enough reflection on psychosis as the disruption of the very core of value systems. In short, there is no space in VBP as Value Based Psychiatry for madness itself. Any considered disturbance can be exceeded leading to the rational union (even if this union permits the state of dissensus between engaged parties it is still based on the assumption that all stakeholders are well educated about their interests and goals, and mainly that they share some kind of common sense).

In conclusion, it should be openly said that Value Based Practice is a necessary platform that can enrich the practice in areas of medicine, psychiatry and social care in general. It is also important for philosophers and practitioners, because it creates a unique situation where the bridge between them can be strengthened. We should not forget that VBP is also trying to provide a response to the real and individual drama which takes place when the social or mental problems start. But for now it did not formulate a reliable metaphysics and anthropology. So important areas of research are opened here by the following question: what metaphysics, anthropology and philosophy of culture are assumed by the philosopher associated with The Collaborating Centre for Values-Based Practice?