

Eulogy of a non-predictive anticipatory medicine

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Creating a distance between anticipation and prediction

Nowadays we are confronted with a frequent semantic confusion between anticipatory medicine and predictive medicine. This might be seen as a symptom of the more general difficulty to pluralise our conceptions of anticipation. The notion of anticipatory medicine seems to be similarly used for concepts like algorithmic predictions, pre-symptomatic diagnoses, numeric decision support or massive prevention databases. A deeper reflection, however, about the real meaning of anticipation in the context of health and care is missing (Nadin, 2018). This requires detachment from our current conception of anticipation and the predominance of its predictive vision. Only then will it be possible to identify and analyse the limits (conceptual, technical and political) of the ambition of a predictive medicine that is a medicine seeking to anticipate a future state of health using probability calculation on the basis of data collection. A better understanding of the philosophical presuppositions of prediction is needed as well as an understanding of ways in which these presuppositions are concretely translated into the practices by actors of the health care system. However, the scope of a non-predictive anticipatory medicine that would rely primarily on the deconstruction of predictive devices would be quite limited, even counterproductive. To measure its strengths we need to observe other discourse and anticipatory practices.

Constructing a critical culture of anticipation

Beyond a simple critique of prediction, we propose the construction of a critical culture of anticipation that can compose between the probable, the possible and the imaginable (Coutellec, Jolivet, Moser & Weil-Dubuc, 2019). Taking medicine as an experimental field, we offer a eulogy of non-predictive anticipatory medicine. This opens up a gap to such an extent that the dominant thinking of prediction will be significantly weakened. The ambition is to recognise anticipation as a “taking-care-of-the-future” (Coutellec & Weil-Dubuc 2016) that is more than risk calculation or repetition of the same. To reinforce this critical culture of anticipation, we will explore two dissident figures of anticipation in medicine, that is adaptive anticipation and projective anticipation (Moser 2018).

Possibilities of an adaptive anticipatory medicine

«It is not important to predict the future, but to make it possible » (Antoine Saint-Exupéry): this could be the leitmotiv of an adaptive conception of anticipation. At this moment we are maximizing the power of technical anticipation devices such as computers and thus determining certain probable trajectories within a set of possibilities. But rather than over-valuing what we know about what we do not know (Firestein, 2012), adaptive anticipation seeks to create the conditions in which the future can be envisioned but remains simultaneously open. Unpredictability of what can happen is then erected as a principle of action for the present. Indeterminacy of the future makes it necessary to take care of the evolutive potential of the situation. This allows to give importance to the adaptative and resilient capacities of individuals and systems. From very concrete situations in the field of

care taking and health, we will present different practical strategies that identify the adaptive potential of anticipation in health care.

Possibilities of a projective anticipatory medicine

The main characteristic of projective anticipation is the temporal break in chronology, relying, in the manner of utopia, on fiction. The anticipated future is a projection, desirable or alarming, but in all cases radically new. The strength of this conception is a detachment from both the weight of the past and the determinations of the present, breaking with the arrow of time (Bensaude-Vincent, 2016). It is not a question of taking into account the possibilities but of imagining the unimaginable, of thinking the unthinkable, to debate the impossible. Conceptual and practical invention are thus at the heart of this idea of anticipation. To illustrate this conception of anticipation, we will explore the potentialities of what some groups of concerned people call the "ecology of diagnosis" (Solhdju, 2015). In what sense can a diagnosis open our imaginations rather than darken our future existences?

Medicine and anticipatory praxeology

Accordingly, we plead for radical dissociation between "anticipatory medicine" and "predictive devices". Within the outlined critical culture of anticipation, anticipatory medicine requires to problematize the different conceptions of the future and the divergent relationships between them. Moreover, such a culture invites us to think about the plurality of practices that allow us to take care of the future and, ultimately, to build a form of *anticipatory praxeology* in medicine. Mapping, comparing and characterising anticipatory practices in the context of medical care – which means a paradigm shift from diagnosis to support – are the essential challenges that will be outlined especially within the exemplary context of neuro-evolutionary diseases.

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