Affirmative Case: Conservatism

By Josiah Hemp

Resolved: In the field of biomedical engineering, restraint ought to be prioritized over scientific advancement.

This case is a bit different from most LD cases. That is because it is centered around the underlying worldview of a political philosophy.  
If you ask most people to define conservative or liberal, they will begin by listing off a set of policies. But value debaters like to look at the underlying principles. This case takes one part of the underlying principles of conservatism and uses it as a lens to view this debate resolution.

These arguments have the potential to lead to rich philosophical debates, but you should also make sure that you understand (and can stand behind) these philosophical views before running this case.  
Also, if you run this case, I would highly recommend printing (and potentially also reading) the scientific paper cited in contention 2 and bring a copy into your debate rounds. At the very least, make sure that you know the methodology, not just the conclusion (I have included the full abstract, including background, method, results, and conclusions).

We as proud human beings have a tendency to think that we will succeed, that we will get better. We think that we are invincible. However, the sad truth is that regress is often just as likely as progress. Rather than blindly assuming that we will advance, we need to be cautions, and that is why in the field of biomedical engineering, restraint ought to be prioritized over scientific advancement.

Definition

“Biomedical engineering.” Merriam-Webster.com Dictionary, Merriam-Webster, <https://www.merriam-webster.com/dictionary/biomedical%20engineering>. Accessed 5 Aug. 2021.

“the application of engineering principles, practices, and technologies to the fields of medicine and biology especially in solving problems and improving care (as in the design of medical devices and diagnostic equipment or the creation of biomaterials and pharmaceuticals)”

CONTENTION 1: The Lens: A Broken World

Our world is inherently broken. Man is evil by nature, things go wrong, experiments fail, people get hurt. A quick overview of history makes it obvious that the world is very broken. We are just as likely to move backwards as we are to advance. U.S. Senator and historian Dr. Ben Sasse writes that this is an important concept in understanding political worldviews as well. He writes,

*Sasse, Ben (BA. Harvard, M.A. St. Johns, PhD, Yale. Also studied at Oxford. Former professor, former college president. U.S. Senator, R-NE). Them: Why We Hate Each Other--and How to Heal. United States: St. Martin's Publishing Group, 2018. Print. Page 120.*

“Conservatism, in my view, begins with an understanding of the world as a broken place always at risk of spinning out of control. A conservative, then, is pleasantly surprised to find so much good in the world. He or she responds in profound gratitude for the gifts we’ve received and consequently aims to *conserve* or preserve those blessings, and to steward an order under which those blessings might be shared with even more people, all of whom are possessed with inexhaustible dignity and inalienable rights. Conservatism is, therefore, antithetical to an attitude that says to “burn it all down.” Because conservatism is in part a disposition of gratitude, it is opposed to a culture of grievance or universal victimhood.”

As Dr. Sasse explains, because our world is so broken, we need to focus on conserving and protecting what we already have. We certainly should seek to advance as well, but our focus needs to be on protecting.

I will be arguing why this is the case especially in the field of biomedical engineering in this speech.

CONTENTION 2: The Risks in Biomedical Engineering

Several scientists in a meta-analysis study published in the peer reviewed journal, BMC Med in 2020 found in their conclusions Alexander Hodkinson, Natasha Tyler, Darren M. Ashcroft, Richard N. Keers, Kanza Khan, Denham Phipps, Aseel Abuzour, Peter Bower, Anthony Avery, Stephen Campbell & Maria Panagioti Preventable medication harm across health care settings: a systematic review and meta-analysis. BMC Med 18, 313 (2020). <https://doi.org/10.1186/s12916-020-01774-9> Accessed August 5, 2021

“Background

Mitigating or reducing the risk of medication harm is a global policy priority. But evidence reflecting preventable medication harm in medical care and the factors that derive this harm remain unknown. Therefore, we aimed to quantify the prevalence, severity and type of preventable medication harm across medical care settings.

Methods

We performed a systematic review and meta-analysis of observational studies to compare the prevalence of preventable medication harm. Searches were carried out in Medline, Cochrane library, CINAHL, Embase and PsycINFO from 2000 to 27 January 2020. Data extraction and critical appraisal was undertaken by two independent reviewers. Random-effects meta-analysis was employed followed by univariable and multivariable meta-regression. Heterogeneity was quantified using the I2 statistic, and publication bias was evaluated. PROSPERO: CRD42020164156.

Results

Of the 7780 articles, 81 studies involving 285,687 patients were included. The pooled prevalence for preventable medication harm was 3% (95% confidence interval (CI) 2 to 4%, I2 = 99%) and for overall medication harm was 9% (95% CI 7 to 11%, I2 = 99.5%) of all patient incidence records. The highest rates of preventable medication harm were seen in elderly patient care settings (11%, 95% 7 to 15%, n = 7), intensive care (7%, 4 to 12%, n = 6), highly specialised or surgical care (6%, 3 to 11%, n = 13) and emergency medicine (5%, 2 to 12%, n = 12). The proportion of mild preventable medication harm was 39% (28 to 51%, n = 20, I2 = 96.4%), moderate preventable harm 40% (31 to 49%, n = 22, I2 = 93.6%) and clinically severe or life-threatening preventable harm 26% (15 to 37%, n = 28, I2 = 97%). The source of the highest prevalence rates of preventable harm were at the prescribing (58%, 42 to 73%, n = 9, I2 = 94%) and monitoring (47%, 21 to 73%, n = 8, I2 = 99%) stages of medication use. Preventable harm was greatest in medicines affecting the ‘central nervous system’ and ‘cardiovascular system’.

Conclusions

This is the largest meta-analysis to assess preventable medication harm. We conclude that around one in 30 patients are exposed to preventable medication harm in medical care, and more than a quarter of this harm is considered severe or life-threatening. Our results support the World Health Organisation’s push for the detection and mitigation of medication-related harm as being a top priority, whilst highlighting other key potential targets for remedial intervention that should be a priority focus for future research.”

To summarize, the study found that one in thirty patients are harmed by medication, and that this harm is preventable. Further, a quarter of these people were harmed severely.

Per our definition, pharmaceuticals are included under the definition of biomedical engineering. Thus this harm was harm done by lack of prevention and restraint in the field of biomedical engineering.

According to consultant cardiologist Dr. Aseem Malhotra “Why modern medicine is a major threat to public health” The Guardian. August 30, 2018. Accessed August 5, 2021. <https://www.theguardian.com/society/2018/aug/30/modern-medicine-major-threat-public-health>

The consequences have been devastating. Modern medicine, through over prescription, represents a major threat to public health. Peter Gøtzsche, co–founder of the reputed Cochrane Collaboration, estimates that prescribed medication is the third most common cause of death globally after heart disease and cancer.

We need to realize that biomedicine and biomedical engineering is not benign. It is not necessarily malign either, but we do need to realize that in anything done by humans, there will be problems. There is significant risk in biomedical engineering.

CONTENTION 3: Restraint Prevents Harm, and Conserves Good

Anthony O’Hear. (Professor of Philosophy, University of Buckingham, Honorary Director, Royal Institute of Philosophy, editor of the journal Philosophy. Well known British Conservative). Conservatism, 1998, doi:10.4324/9780415249126-S012-1. Routledge Encyclopedia of Philosophy, Taylor and Francis, <https://www.rep.routledge.com/articles/thematic/conservatism/v-1>. Accessed August 5, 2021.

“Conservatism is an approach to human affairs which mistrusts both a priori reasoning and revolution, preferring to put its trust in experience and in the gradual improvement of tried and tested arrangements.”

Hamilton, Andy, "Conservatism", The Stanford Encyclopedia of Philosophy (Spring 2020 Edition), Edward N. Zalta (ed.), <https://plato.stanford.edu/archives/spr2020/entries/conservatism/> Accessed August 5, 2021.

“As we have seen, it is generally recognised that conservatism is not dogmatic reaction. It advocates piecemeal, moderate reform, which follows from its scepticism concerning reason, and its valuing of experience concerning human affairs. Burke argued that “a state without the means of some change is without the means of its conservation”. But change must be cautious, because knowledge is imperfect and consequences can be unintended. According to conservatives, institutions and morals evolve, their weaknesses become apparent and obvious political abuses are corrected; but ancient institutions embody a tacit wisdom that deserves respect. Conservatives are sceptical of large-scale constitutional, economic or cultural planning, because behaviour and institutions have evolved through the wisdom of generations, which cannot easily be articulated.”

We certainly should seek scientific advancement. We should seek to improve. However, the best way to bring about improvement is gradually.

We have a tendency to think that we need to act as quickly as possible to solve as many of the worlds problems as possible. These intentions are certainly noble, but in practice this is problematic. If we lack patience, we often will make the problem worse rather than better. Prioritizing scientific advancement above restraint can easily lead to not only failing to advance, but destroying good things that we used to have.  
  
If we are going to truly improve the world, we need to do it gradually. Advancement is certainly important, but we must prioritize restraint. Acknowledging that the world is broken, we need to restrain ourselves in order to conserve what is good.

How To Respond

The following is advice on how to respond to the case. Don’t think that these are the only possible responses (or even the best responses—these are just a few ideas to help you get started in responding to the case.

The Political Philosophy

One approach would be to argue with the political philosophy in this case. One way to do that would of course be to argue for an alternative political philosophy (libertarianism, liberalism, socialism, communism, anarchism, populism, progressivism, or any other political philosophy. Wikipedia has a long article with a list of political ideologies here: <https://en.wikipedia.org/wiki/List_of_political_ideologies>). However, the conservative debater may be wondering “how do I beat this political philosophy argument without arguing against my own political philosophy/arguing for a political philosophy I disagree with.” That is where we turn to a second approach: pointing out the different kinds of conservatism.

There is a good bit of variety under the label “conservatism.” Actually, the European conservatives during the early 1800s and Edmund Burke didn’t agree on much, and both the European conservatives and Burke would likely disagree with a lot of modern conservative views. So you could disagree with this formulation of conservatism and advocate an alternative formulation. But there is a third alternative—just point out some nuance.

Just because we want to preserve the good things of the past does not mean that we can neglect seeking to improve. If we take this idea to its extreme, we could end up with our role being to, in a Jimmy Carter sort of way, to presiding over and seek to manage the decline of our civilization. Conservatism doesn’t mean our best days are behind us—but acknowledging the brokenness of the world means that things are not only bad, they can get worse. This means that we need to work hard and advance in order to counteract the ways that things are getting worse.

These are just a few suggestions of ways to argue with the political philosophy side of this case.

Politics v. Biomedicine

You could alternatively argue that while the philosophy of conservatism works in the context of politics, it doesn’t in the field of biomedical engineering. You could argue that while revolutions and massive changes in political structures is harmful, biomedical revolutions and innovations are good. I think this could be a very strong argument against this case.