ELSELIJN KINGMA

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	Bethesda, MD 20892-1156	Date of Birth:	23rd May 1981
	USA	Nationality:	Dutch

CURRENT POSITION

Post Doctoral Fellow, Department of Bioethics, Clinical Center, National Institutes of Health (USA).

AREAS OF SPECIALISATION

Philosophy of Medicine, Bioethics.

AREAS OF COMPETENCE

Philosophy of Science, Philosophy of Mind.

EDUCATION

2005- 2008 PhD, History and Philosophy of Science, Cambridge University (UK).
Dissertation: "Health and Disease – defining our concepts".
Supervisor: Dr Tim Lewens. Advisors: Prof Peter Lipton & Prof Martin Kusch.
Examiners: Dr Steven John & Prof John Dupré.

2004-2005 MPhil (1st Class), History and Philosophy of Science, Cambridge University (UK).
Dissertation: "What's in a Name? Rigidity, Redubbing and the a Priori".
Supervisor: Prof Peter Lipton.

2001-2004 MSc (Cum Laude), Cognitive & Neuropsychology, Leiden University (NL).

1999-2004 MSc, Clinical Medicine, Leiden University (NL).
Dissertation: "Psychopathology & Behavioural Problems in Huntington's Disease".
Supervisors: Prof Rose C. van der Mast & Prof Huub A.M. Middelkoop.

PUBLICATIONS

Philosophy

Kingma, E. (2007) 'What is it to be healthy?' *Analysis; 67*, 128-133.

History

Stewart, P. & Kingma, E. (2006) The Virginal Body: an instrument of seduction? In: Timmerman, A., Jardine, N., & Banham, D. (eds.) *The Body as Instrument*. Whipple Museum of the History of Science.

Medicine

van Duijn, E., Kingma, E.M., Timman, R., Zitman, F.G., Tibben, A., Roos, R.A.C. & van der Mast, R.C. (2008) 'Cross-Sectional Study of Prevalences of Psychiatric Disorders in Mutation Carriers of Huntington's Disease Compared With Mutation-Negative First-Degree Relatives' *Journal of Clinical Psychiatry; published online ahead of print.*

Kingma, E.M., van Duijn, E., Timman, R., van der Mast, R.C. & Roos, R.A.C. (2008) 'Behavioural Problems in Huntington's Disease using the Problem Behaviours Assessment' *General Hospital Psychiatry;30*, 155-61.

van Duijn, E., Kingma, E.M. & van der Mast, R.C. (2007) 'Psychopathology in verified Huntington's disease gene carriers' *Journal of Neuropsychiatry and Clinical Neurosciences; 19*, 441-448.

Montagne, B., Kessels, P.C., Kammers, M.P.M., Kingma, E., Haan, E.H.F. de, Roos, R.A.C. & Middelkoop, H.A.M. (2006) 'Perception of emotional facial expressions at different intensities in early-symptomatic Huntington's Disease' *European Neurology; 55*, 151-154.

PEER-REVIEWED CONFERENCE PAPERS AND POSTERS

'Behavioural Problems in Huntington's Disease using the Problem Behaviour Assessment' (*Poster*, Global Huntington's Disease Conference, Dresden, DLD, September 2007).

'Harmful Environments: a problem for Boorse's bio-statistical theory of health' (International Society for the History, Philosophy and Sociology of Biological Studies conference, Exeter, UK, July 2007).

'The Wrongful Child and the Unhappy Homosexual: two problems for Cooper's account of disorder' (British Society for the Philosophy of Science annual conference, Bristol, UK, July 2007).

'What is it to be healthy?' (Conference of the Dutch-Flemish Society for Analytic Philosophy, Antwerp, BE, April 2007).

'Should Doctors perform an Elective Caesarean on Request?' (Society for the Social History of Medicine Conference, Glasgow, UK, January 2006).

'Behavioural Problems in Huntington's Disease before and after the onset of motor symptoms: a comparison using the Dutch translation of the Problem Behaviour Assessment' (*Poster*, Global Huntington's Disease Conference, Manchester, UK, September 2005).

'Psychopathology and Behavioural Problems in Huntington's Disease' (Endo-Neuro-Psycho Conference, Doorwerth, NL, June 2004).

TEACHING

SUPERVISING – Cambridge University

History and Philosophy of Science, Part II:	Philosophy of Mind Induction Rule-following
Philosophy, Part IB:	Philosophy of Science Metaphysics and Philosophy of Mind
History and Ethics of Medicine, Part II:	Medical Ethics

LECTURING – The Cambridge Tradition (Summer school age 15-17)

2007 Major 'Philosophy and Science': Main Lecturer/Course Organiser. (84 hours of classes).
Minor 'Philosophy and Science': Main Lecturer/Course Organiser. (24 hours of classes).

2005 Minor 'Debating': Guest Lecturer (two hours of classes)

SELECTED AWARDS & PRIZES

Academic:

2005 - 2008	Wellcome Trust PhD Studentship (three years, fully funded).
2004 - 2008	Cambridge European Trust Award (£3,000 p/a [awarded, not taken up]).
2005	Royal Dutch Medical Society 'Dick Held' Junior Research Award (€1,250).
2004	Dutch 'Talentfund' Scholarship for master degree abroad (€18,500).
2004	Leiden International Study Fund (€2,250).
2004	Leiden University Medical Centre (LUMC) Honours Class.
2002	LUMC Excellent Student Research Prize (€3,620).

Other:

2007 & 2008 Cambridge University Hawk's Trust Award for Sporting Excellence (£500).

OTHER ACADEMIC WORK

Dec 2007 Admissions interviewer Philosopophy, Homerton College, Cambridge University.

SELECTED SERVICE

2005-2006 PhD Representative, Department of History and Philosophy of Science.

2005-2006 Women's officer, Trinity Hall MCR committee.

ABSTRACT OF PHD THESIS: 'HEALTH AND DISEASE - DEFINING OUR CONCEPTS'

It is often assumed that the concepts of health and disease mark salient ethical boundaries. For example, they entitle people to treatment and social benefits, justify interventions and mark the difference between treatment and enhancement. The applicability of these concepts to practical concerns has led many philosophers to define health and disease.

This thesis investigates accounts of health and disease. Such accounts are commonly grouped into two opposing positions: *naturalism* and *normativism*. Naturalists define disease as biological dysfunction and claim that health and disease are value-free. Normativists dispute this claim and place our evaluations – whether a condition is good or bad for us – at the heart of their definitions.

I argue that naturalist accounts of disease cannot support the naturalistic claim; even the best naturalistic account of health, the Bio-Statistical Theory, is not value-free. But this does not commit us to normativism; I argue that the division between naturalism and normativism is unhelpful, and naturalism and normativism need not exclude each other. I advocate a third approach, *social constructivism*, that can reconcile the best elements of both naturalism and normativism.

In my examination of naturalism I introduce a distinction between *medical* (quantitative) function and *biological* (qualitative) function. I argue that only the former can adequately support an account of health and disease. After examining the literature on biological function, I demonstrate that no account of biological function is able to define *medical* dysfunction. Hence accounts of dysfunction cannot support naturalistic account of disease. This has consequences for the philosophy of biology as well as the philosophy of medicine.

I demonstrate normativism to be a heterogeneous bundle of positions that have little in common other than a universal rejection of disease-as-dysfunction accounts. A critical examination of normativist arguments demonstrate that they neither warrant a rejection of disease-as-dysfunction, nor support the normativist accounts on offer. I therefore draw a distinction between normativist *claims* – claims that health and disease are embedded in social- and value-systems – and normativist *accounts*. Normativist claims should be accepted, but normativist accounts should be rejected.

The third, *social constructivist*, approach to the analysis of health and disease that I propose combines elements of naturalism and normativism and gives a better analysis of the relationship between health, treatment, and value than normativism. According to social constructivism, our concepts have been shaped historically, and are intimately connected with social practices and institutions. I spell out a moderate version of social constructivism, and demonstrate that it can be placed within the analytic philosophical tradition.

My analysis has several implications. First, the literature on health and disease should be restructured: naturalism and normativism are not always in opposition, and a distinction must be made between naturalist and normativist *claims* and *accounts*. Second, our concepts of health and disease are not the easy arbiters of ethical disputes that they are sometimes purported to be. This is because our decisions, actions and concepts interact which each other and the structure of our society. No analysis of the one can therefore give a direct answer to questions about the other, and an analysis of health and disease can not be expected to give us all the answers we seek.