



Metaphilosophy
MetPhil

Infosophia:

a data adventure in philosophy

Josip Ćirić

INFOSOPHIA



podatkovna avantura u filozofiji

8/8/24

Mala filozofija

infosophia

a data
adventure
in philosophy

Josip Ćirić : infosophia

2

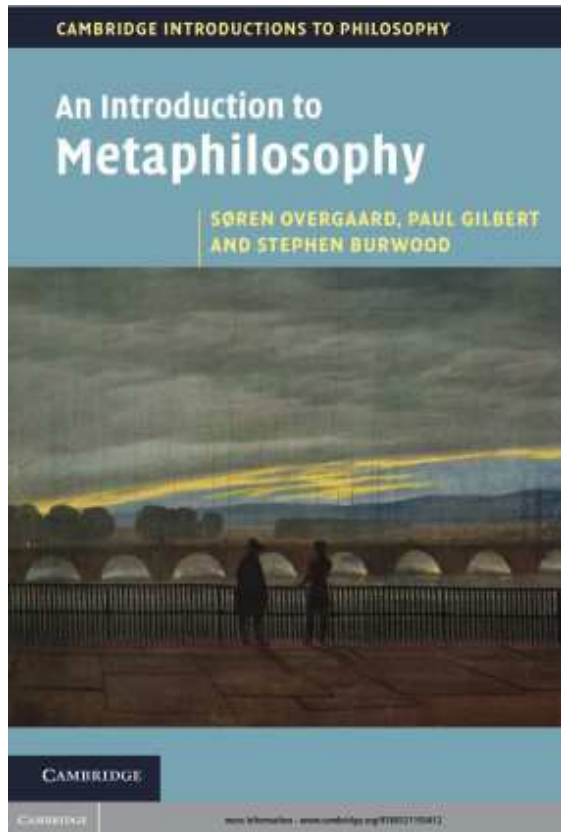
partitions

- metaphilosophy with a twist
- complex networks and philosophy
- assumptions and the model
- some results
 - general philosophy
 - a branch of philosophy
 - couple of philosophers
- how deep the rabbit hole reach?
- several miniatures

metaphilosophy
with a twist



metaphilosophy



- What is philosophy?
- What is good philosophy?
- What good is philosophy?

- metaphilosophy
 - interdisciplinary approach
 - knowledge domain
 - data science, information science...

dealing with philosophy pt.1

- D. Chalmers – two fundamental laws of philosophy

(1) For each and every philosopher...

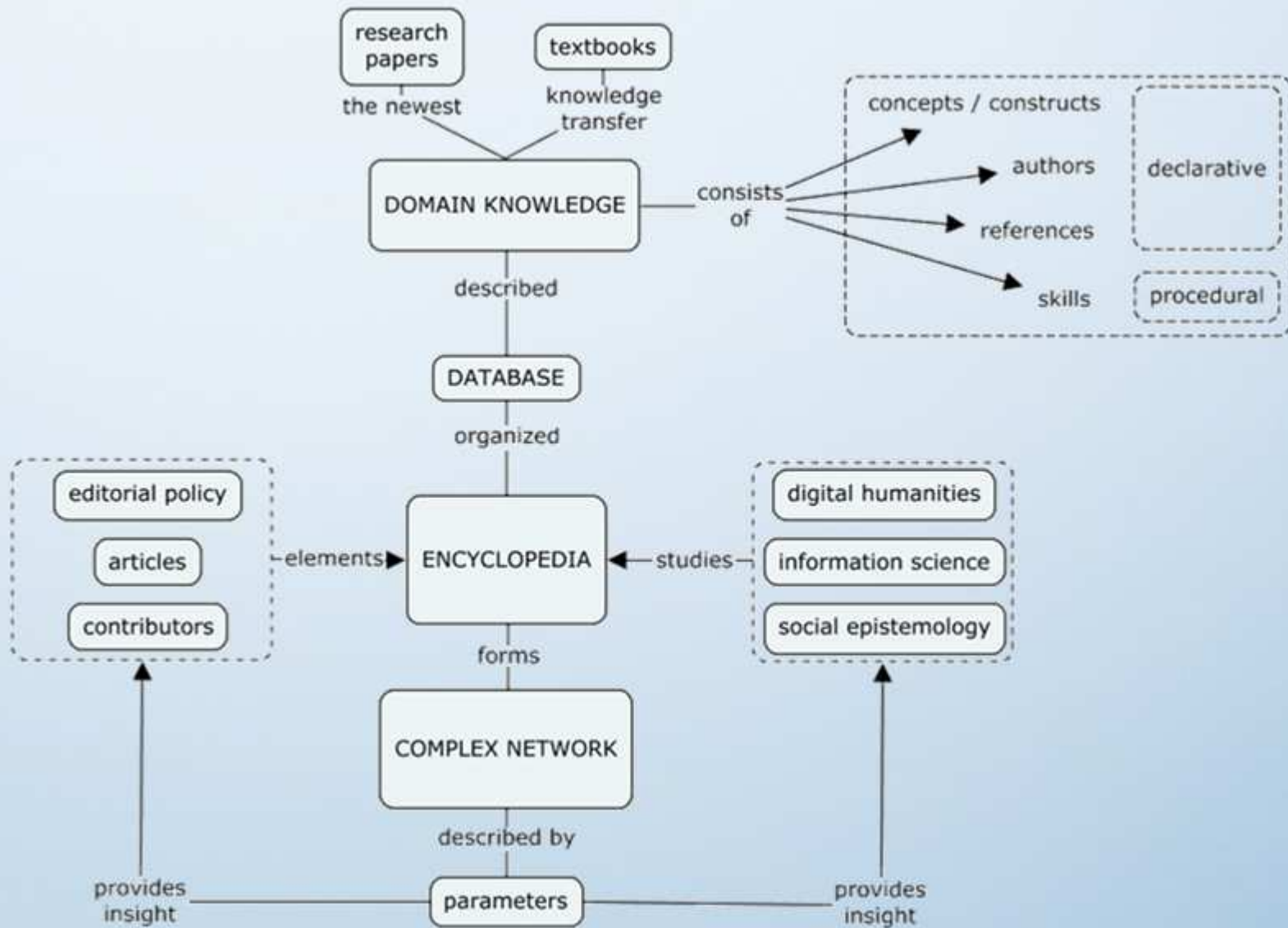
(2) ...

- a lack of consensus
- divergent production ?

- stereotypes
- esoteric problems (Kuhn), and then some
- fundamental questions and incompatible answers
- a history of profession
- a progress of ideas

dealing with philosophy pt.2

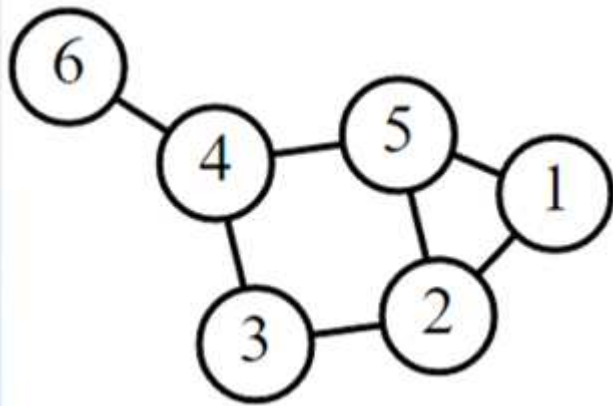
- methodological imperatives
- well-intended &
- naive subjects
- behavior
- expertise
- bibliometrics
- network science
- information science
- digital humanities
- a model



complex networks
and philosophy



encyclopedia as a graph



encyclopedic articles 1-6

8/8/24

ASTRUC

In prioritizing the equal healthcare option, we appeal not to the ideal of equality itself but, rather, to the goal of providing all legitimate claimants with a decent minimum level of healthcare. Given that available resources are limited, to meet the goal of providing a decent minimum of healthcare to all legitimate claimants, equality of healthcare for all legitimate claimants is required. In this context, no one can have more than equality if everyone is to have enough. This claim would clearly be favored by people behind a Rawlsian veil of ignorance, assuming that the hypothetical choices are understood to represent all morally legitimate claimants.

No could one reasonably object to the ideal of including decent people and future generations within the class of morally legitimate claimants, because each of the five objections answers that each human being has the same basic rights. So if those basic rights that each human being has include a right to welfare and a right to equal opportunity, the requirements to provide each human being with a decent minimum of healthcare would clearly follow.

Nevertheless, there remains the question of how to specify this minimum level of healthcare that all legitimate claimants are to receive. The problem here is how to specify how much of the available resources should go to providing everyone with a decent minimum of healthcare rather than providing for the satisfaction of people's other needs and wants. For here, too, the question seems resolvable with the aid of a Rawlsian hypothetical choice procedure. We simply need to introduce behind the veil of ignorance the knowledge of the relevant technology for meeting people's basic needs and the knowledge of available resources to decide how much of the resources should be devoted to providing a decent minimum level of healthcare and how much should be devoted to meeting the other needs and wants that people have.

In this way, we should be able to determine what specific requirements of just healthcare are grounded in a right to welfare and a right to equal opportunity. Moreover, these specific requirements of just healthcare would be further supported if it can be shown that the rights from which these healthcare requirements are derived are themselves the shared justifiable requirements of liberalism, welfare theory, social contractarianism, and feminist conceptions of justice.

JAMES E. STUBBS 1995
REVISED BY AUTHOR

SEE ALSO: *Aging and the Aged; Societal Aging; Children's Rights of Children; Communitarianism and Bioethics; Economic Concepts in Healthcare; Ethics: Social and Political*

Theories, Factor: Governance, Reproductive Technology and Obligations in Healthcare; Accession of Human Rights; Health Insurance; Health Policy in International Perspective; Health Policy in the United States; Just Wages and Salaries; Managerial Care; Medicaid; Medicare; Utilitarianism and Bioethics; Welfare; Jerusalem

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J. BIOETHICS and EDITORS

JUST WAGES AND SALARIES

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JUST WAGES AND SALARIES

The ethics of just compensation are influenced by the central theme to balance three powerful principles: moral considerations, common sense, and the needs of the ethical principles.

Overview of Ethical Dimension of Just Compensation

The first ethical principle is that every working person possesses an inherent dignity and deserves respect. All workers, no matter how high or low their skills or compensation, are important and valued members of the institution. In fact, ethically, each person, no matter what job they perform, is entitled to the same amount of respect as any other worker.

The second ethical principle is that each working person has the right to be able to support themselves and their families by the fruits of their work. First argue with the proposal that people who work full-time should earn enough to support themselves and their families. That means people who work full-time should earn at least a living wage. How much constitutes a living wage is open to discussion, but most people of goodwill agree that part of being a good employer/landlord/paying workers a living wage. While an employer has many obligations and paying fair wages is not their only duty, it is certainly one of the most important.

The third ethical principle is that economic considerations and the health of the employees are also important. Without an economically healthy employee, representatives for jobs paying living wages are limited. Wages are an important part of the overall budget of a healthcare provider and must be set with the economic health of the institution in mind. If an employee is in a position financially, then the obligation to pay a living wage must be adjusted accordingly. Ideally, however, the employer is obligated to pay living wages to workers before spending money on other, less important matters. For example, corporations have a duty to produce returns for shareholders, but the corporate duty of employees to shareholders is not as compelling ethically as the duty to pay living wages to employees. Healthcare institutions often present themselves as, and as expected by the public to be, community resources. As community resources, healthcare employees are viewed differently than, for example, the local food and beverage industry or other retail businesses. This creates different and legitimately higher justice expectations for the healthcare employee. Unlike other occupations, healthcare institutions are expected to agree with a commitment to the common good and not just for private gain.

Several countervailing arguments are used to attempt to limit these ethical considerations in determining just compensation. The first and most pervasive argument is that economic realities forces down set ranges of compensation. To many, these market forces are apart from and unaffected by ethical principles. From this perspective, the ethical duty of employers to pay each and every worker at least a living wage is a decision that philosophers may engage in, but is not realistic enough to engage business decision-makers.

A second argument, which arises out of the first, is that the labor of some people is inherently worth more than the labor of others. In this perspective, considerations of productivity, educational achievement, difficulty of replacement, and competition from other institutions are the real standards for determining compensation. Consideration of human dignity and the right to a living wage are at best peripheral. The determination of what is just compensation is analyzed, evaluated, and decided in the continual creation between these considerations.

Just Compensation

Justice demands that all compensation decisions start with the recognition that each worker has a fundamental human dignity and worth that is equal to every other worker. People work to support themselves and their family members. Thus, at a minimum, each worker must earn enough to

ENCYCLOPEDIA OF BIOETHICS and EDITORS

100

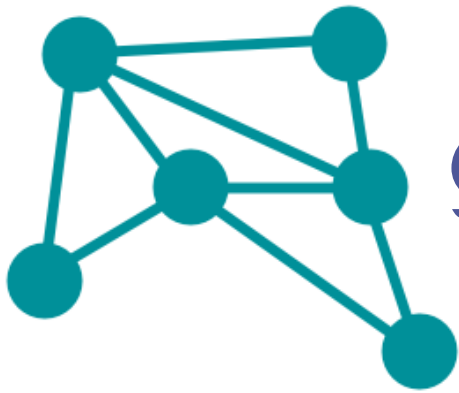
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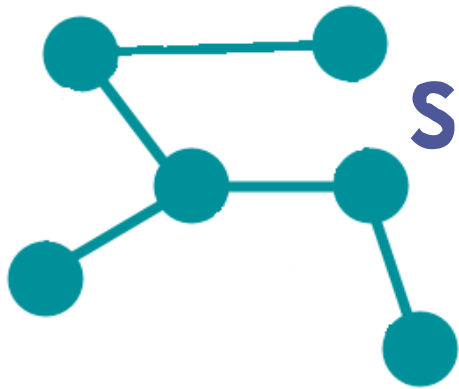
10

graph, ToC, walk

- encyclopedia = domain knowledge = graph
 - epistemetrics
 - internal structure of knowledge organization
 - small world ; power-law
 - social epistemology
- ToC = spanned tree
- walking the graph = topic exposition



graph



spanned tree

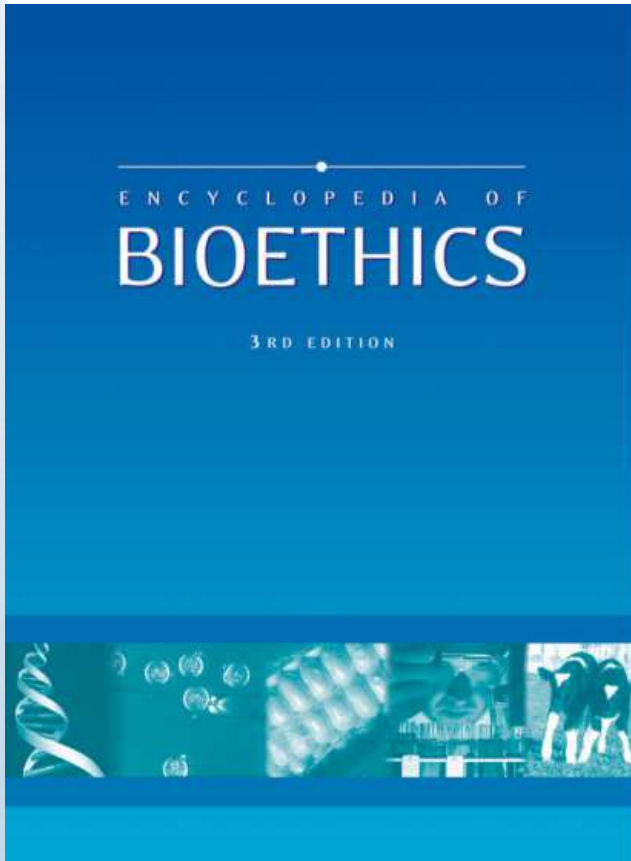
ToC

Contents

1	Introduction	1
2	Science	7
2.1	A Very Brief, Incomplete and Highly Selective History of Science	7
2.2	What Is Science?	16
2.2.1	Science as Facts	18
2.2.2	Science as Generalization—and as Establishing Verifiable and True Theories	23
2.2.3	Some Distinctions When Describing Science	25
2.2.4	Science as a Social Activity	27
2.2.5	Scientific Revolutions and Paradigms	28
2.3	Science and Non-science/Pseudo-science	32
2.3.1	An Exercise as to Science and Pseudo-Science	37
2.4	The Aims and Claims of Science	38
2.4.1	Science and Democratic Development	42
2.5	The Limitations of Science	43
2.5.1	Presuppositions—and Science as Faith	44
2.5.2	Fundamental Questions as to Physical Reality	48
2.5.3	Rationality	49
2.5.4	Innate Limitations	52
2.6	Description, Causality, Prediction, and Explanation	55
2.6.1	Description	55
2.6.2	Causality	57
2.6.3	Prediction	61
2.6.4	Explanation	64
2.7	Realism and Anti-realism	66

2.8	Mathematics and Science	70
2.8.1	Is Mathematics Created by Humans, or Is It Immanent in Nature and Discovered?	70
2.8.2	What Is the Ontological Status of Mathematics?	71
2.8.3	If Mathematics Is Embodied in Nature, Is the Universe Deterministic?	74
2.8.4	Are We Able to Describe All Relationships in the Universe with Mathematics?	75
3	Hypotheses, Theories and Laws	77
3.1	Hypotheses	77
3.1.1	Criteria for the Relevance of Hypotheses	83
3.2	Theories	84
3.2.1	Criteria for "Good" Theories	87
3.3	Laws	93
4	Scientific Statements: Their Justification and Acceptance	97
4.1	Verification (Deductive and Inductive Reasoning in Science)	98
4.2	Falsification	105
4.3	Acceptance	109
4.4	Peer Review	111
5	Measurement	115
5.1	Processes, Instruments and Operationalization	115
5.1.1	Operationalization (Variables and Indicators)	119
5.2	Criteria in Measurement	120
5.2.1	Validity	121
5.2.2	Reliability	122
5.2.3	Reproducibility/Replicability	124
5.3	Measurement Errors	124
5.3.1	Potential Sources of Measurement Error	125
5.3.2	Random and Systematic Errors	127
5.3.3	Whether to Discard a Measurement	128
Appendix A: Units of Measure		130
Appendix B: Significant Digits/Figures and Rounding		132
6	Experimentation	137
6.1	The Roles and Limitations of Experimentation	137
6.1.1	Natural Experiments	139
6.1.2	Manipulative Experiments	141
6.1.3	Comparative Experiments	142
6.2	Experimentation and Research	143
6.3	Conducting Experiments	146

EoBE



LIST OF ARTICLES

*** A

ABORTION
I. MEDICAL PERSPECTIVES
 Alan Rossitchel
 Sara Iltis (1995)
Revised by
 Anne Douglas Lewis

II. CONTEMPORARY ETHICAL AND LEGAL ASPECTS: A. ETHICAL PERSPECTIVES
 E. Spiro Sifronou

B. CONTEMPORARY ETHICAL AND LEGAL ASPECTS: B. LEGAL AND REGULATORY ISSUES
 Anita L. Albin (1995)
Revised by author

II. BELIEFUS TRADITIONS: A. JEWISH PERSPECTIVES
 Lampa Zolnai

II. BELIEFUS TRADITIONS: B. ROMAN CATHOLIC PERSPECTIVES
 Lisa Swale Gabe (1995)

II. BELIEFUS TRADITIONS: C. PROTESTANT PERSPECTIVES
 Beverly Wilking Hartman (1995)

II. BELIEFUS TRADITIONS: D. ISLAMIC PERSPECTIVES
 Osman Bakar (1995)

ABUSE, INTERPERSONAL
I. CHILD ABUSE
 John J. Lantos (1995)

II. ADULT BELIEFUS DOMESTIC PARTNERSHIP
 Allison W. Moore (1995)
Revised by
 Allison W. Moore
 Laura A. Randall

II. ALDUR ABUSE
 Elizabeth C. Wolf (1995)
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 Emily Friedman

ADDICTION AND DEPENDENCE
 Mark S. Gabb (1995)
Revised by
 Mark S. Gabb
 Michael J. Harkin

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 Annette Bates
 Barry Juss-Lewis

ADVANCE DIRECTIVES AND ADVANCE CARE PLANNING
 Gary S. Fisher
 James A. Tulsky
 Robert M. Arnold

ADVERTISING
 Allen B. Dyer

AFRICAN BELIEFUS
 John S. Mbeke (1995)
Revised by author

AGING AND THE AGED
I. DIMENSIONS OF AGING AND LIFE EXTENSION
 Robert Arling

II. LIFE EXPECTANCY AND LIFE SPAN
 S. Jay Olshansky (1995)

III. SOCIETAL AGING
 Nancy S. Jelen (1995)
Revised by author

xvii

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 MEDICAL ETHICS, HISTORY OF THE NEAR AND MIDDLE EAST: I. ANCIENT NEAR EAST (1995)

MEHANA ETHICAL HISTORY OF EUROPE: I. ANCIENT AND MEDIEVAL: A. GREEK AND ROMAN (1995)

MEDICAL ETHICS, HISTORY OF EUROPE: I. ANCIENT AND MEDIEVAL: B. EARLY CHRISTIANITY (1995)

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 HEALTH CARE SYSTEMS

MEHANA ETHICAL HISTORY OF EUROPE: I. ANCIENT AND MEDIEVAL: D. RENAISSANCE PERSPECTIVE

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 ABORTION: II. BELIEFUS TRADITIONS: D. ISLAMIC PERSPECTIVES (1995)

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 GENETIC TESTING AND SCREENING:
 I. REPRODUCTIVE GENETIC SCREENING

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 AGING AND THE AGED: I. THEORIES OF AGING AND LIFE EXTENSION

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 ADVANCE DIRECTIVES AND ADVANCE CARE PLANNING

BIRTHS REGULATION: I. MEDICALS

INFORMED CONSENT: IV. CLINICAL ASPECTS OF CONSENT IN HEALTHCARE

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 BIOETHICS EDUCATION: II. NURSING (1995)

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 CLINICAL ETHICS: I. DEVELOPMENT, ROLE AND METHODOLOGIES

INTELLECTUAL PROPERTY: PRINCIPLES OF INTELLECTUAL PROPERTY: I. THE DOCTRINE OF ETHICS COMMITTEES AND ETHICS CONSULTATION

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 ABORTION: II. BELIEFUS TRADITIONS: D. ISLAMIC PERSPECTIVES (1995)

xviii

TOPICAL OUTLINE

The classification of articles that follows provides a thematic view of the encyclopedia's content, depicting overall coverage in various divisions of the field of bioethics. It is also intended to assist the user, whether researcher or teacher, in locating articles broadly related to a given topic. However the topic headings are not mutually exclusive, certain entries are listed more than once.

ABORTION
 Abortion
 Abortion: History of the Near and Middle East
 Abortion: History of Europe
 Abortion: History of Europe: Early Christianity
 Abortion: History of Europe: Medieval Christian Europe
 Abortion: Islamic Perspectives
 Abortion: Jewish Perspectives
 Abortion: Roman Catholic Perspectives
 Abortion: Protestant Perspectives
 Abortion: Secular Perspectives
 Abortion: Societal Aspects
 Abortion: Societal Aspects: Life Expectancy and Life Span
 Abortion: Societal Aspects: Life Expectancy and Life Span: Demographic Aspects
 Abortion: Societal Aspects: Life Expectancy and Life Span: Life Expectancy and Life Span: Societal Aspects
 Abortion: Societal Aspects: Life Expectancy and Life Span: Life Expectancy and Life Span: Societal Aspects: Life Expectancy and Life Span: Life Expectancy and Life Span: Societal Aspects

ADVANCE DIRECTIVES AND ADVANCE CARE PLANNING
 Advance Care Planning
 Advance Care Planning: History
 Advance Care Planning: History of Europe
 Advance Care Planning: History of Europe: Early Christianity
 Advance Care Planning: History of Europe: Medieval Christian Europe
 Advance Care Planning: Islamic Perspectives
 Advance Care Planning: Jewish Perspectives
 Advance Care Planning: Roman Catholic Perspectives
 Advance Care Planning: Protestant Perspectives
 Advance Care Planning: Secular Perspectives

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 Advertising
 Advertising: History
 Advertising: History of Europe
 Advertising: History of Europe: Early Christianity
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 Advertising: Islamic Perspectives
 Advertising: Jewish Perspectives
 Advertising: Roman Catholic Perspectives
 Advertising: Protestant Perspectives
 Advertising: Secular Perspectives

AFRICAN BELIEFUS
 African Beliefs
 African Beliefs: History
 African Beliefs: History of Europe
 African Beliefs: History of Europe: Early Christianity
 African Beliefs: History of Europe: Medieval Christian Europe
 African Beliefs: Islamic Perspectives
 African Beliefs: Jewish Perspectives
 African Beliefs: Roman Catholic Perspectives
 African Beliefs: Protestant Perspectives
 African Beliefs: Secular Perspectives

AGING AND THE AGED
 Aging and the Aged
 Aging and the Aged: History
 Aging and the Aged: History of Europe
 Aging and the Aged: History of Europe: Early Christianity
 Aging and the Aged: History of Europe: Medieval Christian Europe
 Aging and the Aged: Islamic Perspectives
 Aging and the Aged: Jewish Perspectives
 Aging and the Aged: Roman Catholic Perspectives
 Aging and the Aged: Protestant Perspectives
 Aging and the Aged: Secular Perspectives

ALDUR ABUSE
 Elder Abuse
 Elder Abuse: History
 Elder Abuse: History of Europe
 Elder Abuse: History of Europe: Early Christianity
 Elder Abuse: History of Europe: Medieval Christian Europe
 Elder Abuse: Islamic Perspectives
 Elder Abuse: Jewish Perspectives
 Elder Abuse: Roman Catholic Perspectives
 Elder Abuse: Protestant Perspectives
 Elder Abuse: Secular Perspectives

AMERICAN BELIEFUS
 American Beliefs
 American Beliefs: History
 American Beliefs: History of Europe
 American Beliefs: History of Europe: Early Christianity
 American Beliefs: History of Europe: Medieval Christian Europe
 American Beliefs: Islamic Perspectives
 American Beliefs: Jewish Perspectives
 American Beliefs: Roman Catholic Perspectives
 American Beliefs: Protestant Perspectives
 American Beliefs: Secular Perspectives

ANALYSIS AND SYNTHESIS
 Analysis and Synthesis
 Analysis and Synthesis: History
 Analysis and Synthesis: History of Europe
 Analysis and Synthesis: History of Europe: Early Christianity
 Analysis and Synthesis: History of Europe: Medieval Christian Europe
 Analysis and Synthesis: Islamic Perspectives
 Analysis and Synthesis: Jewish Perspectives
 Analysis and Synthesis: Roman Catholic Perspectives
 Analysis and Synthesis: Protestant Perspectives
 Analysis and Synthesis: Secular Perspectives

ARTICLE, INTERPERSONAL
 Abuse, Interpersonal
 Abuse, Interpersonal: History
 Abuse, Interpersonal: History of Europe
 Abuse, Interpersonal: History of Europe: Early Christianity
 Abuse, Interpersonal: History of Europe: Medieval Christian Europe
 Abuse, Interpersonal: Islamic Perspectives
 Abuse, Interpersonal: Jewish Perspectives
 Abuse, Interpersonal: Roman Catholic Perspectives
 Abuse, Interpersonal: Protestant Perspectives
 Abuse, Interpersonal: Secular Perspectives

ARTICLE, INTERPERSONAL: II. ELDER ABUSE

xix

Eo(BE) structure – data organization

themes

article title

chapter

A

ABORTION

- I. Medical Perspectives
- II. Contemporary Ethical and Legal Aspects: A. Ethical Perspectives
- III. Contemporary Ethical and Legal Aspects: B. Legal and Regulatory Issues
- IV. Religious Traditions: A. Jewish Perspectives
- V. Religious Traditions: B. Roman Catholic Perspectives
- VI. Religious Traditions: C. Protestant Perspectives
- VII. Religious Traditions: D. Islamic Perspectives

I. MEDICAL PERSPECTIVES

Medical information and perspectives on abortion are not just data arranged by value. Throughout history medical facts and moral values regarding abortion have been tentatively intertwined, and the current state is no exception.

People concerned in the ethics of abortion turn to medicine and medical practitioners for the following sort of information and perspectives, which will be considered in this entry:

1. whether medical knowledge clarifies the moral status of the fetus as a human being
2. whether medical information on abortion conforms to be safe for the woman
3. what the medical perspectives are on performing early versus late abortion, particularly in light of controversies regarding partial-birth abortion
4. what the public health and international perspectives are on abortion

Medical Knowledge Regarding Status of the Fetus

However much information biomedical investigation may provide regarding pregnancy, fetal development, and abortion, it cannot provide a discrimination as to when human life begins. The answer to that question—which deals with the moral status of the fetus—is arrived at by a process that involves medical facts with experiences, values, religious and philosophical beliefs, and attitudes, perceptions of meaning, and moral arguments. Such a process extends beyond the special competency of medicine. For example, medicine has never had the ability to establish when consciousness—an ancient criterion involving the inflow of the soul into the body of the fetus, also involving moral status as the fetus—occurs. Similarly there is disagreement among some physicians over the moral status of the fetus and the possibility of abortion.

There is some confusion about the definition of abortion. Spontaneous abortion, or what is commonly termed a miscarriage, refers to a spontaneous loss of a pregnancy before viability (or about twenty-two weeks of gestation). Later after that point in a pregnancy are termed *induced abortions*, or, in the case of the delivery of a fetus who has already died, *stillbirth*. The terminology commonly used in relation to induced abortion is different. Thus, viability is not the key point. Rather, any termination of a pregnancy by medical or surgical means is termed as abortion, regardless of the stage of the pregnancy.

Safety and Harm for the Woman

POSSIBLE PHYSICAL HARM. There is a dearth of human medical information on the safety of abortion practices and ethical positions on abortion. For example, as a time when

ABORTION

Over the months between the two bills, medical organizations took conflicting positions. In contrast with the AMA, which endorsed the federal bill, the ACOG Committee board urged the president to veto the bill. The committee board understood the non-partial birth abortion to describe a medical abortion of the ACOG would understand as some abortion and procedure, one method of terminating a pregnancy after eleven weeks' gestation and specifically involving "1. deliberate dilation of the cervix, usually over a sequence of days; 2. instrumental extraction of the fetus as a feeding force; 3. breach extraction of the body enclosing the head; and 4. partial evacuation of the intrauterine contents of the living fetus to effect vaginal delivery of dead but otherwise intact fetus" (ACOG p. 2). While the committee could identify no specific circumstance where this method would be the only option to preserve the health of the woman, they stated that "only the doctor, in consultation with the patient, based upon the woman's particular circumstances can make this decision" (ACOG, 1987, p. 3).

Similar laws have since been passed in more than two dozen states and found unconstitutional the most significant decision was issued by the Supreme Court in a challenge to Nebraska's Partial-Birth Abortion Law in the case of *Webster v. Reproductive Health Services*, 492 U.S. 490 (1989). The case involved Dr. Leroy Carter, a Nebraska physician who said in federal court to have Nebraska's law declared unconstitutional because it endangered women's lives and was void because of its aggressiveness that physicians could not know exactly what procedure was possible. Ultimately, the Supreme Court ruled on June 28, 2000, that the Nebraska law and all other laws banning partial birth abortion are unconstitutional. The majority opinion held that the law was unconstitutional for two reasons. First, it did not provide an exception to protect the health of the woman as required by the *Roe v. Wade*. Second, the law imposed an undue burden on a woman's right to choose. It was unconstitutional because it was so broad that it had no only the early most abortion and miscarriage (D&X) procedures but also abortion and miscarriage (D&E) as commonly used in terminate pregnancies over early in the second trimester. Ultimately, the Webster decision reinforced the important principle that decisions regarding law abortion can most safely and effectively be performed should be made by women and their physicians.

Public Health and International Perspectives.

Abortion is widely available with varying restrictions throughout the industrialized world. In recent years, there also has been a trend toward liberalization of abortion laws in many developing countries, such as in India, where abortion has been legalized, and in Bangladesh, where an early first-trimester procedure called menstrual regulation (which is truly an early suction curettage) has been officially sanctioned by the government even though abortion per se has not been legalized. Abortion laws are most restrictive in Latin America, sub-Saharan Africa, and Central Asia.

Many of the countries in these regions have high rates of maternal mortality, and complications of illegal abortions are one of its leading causes. According to the World Health Organization (WHO), as many as 100,000 to more maternal deaths occur each year as a result of complications of an unsafe, usually illegal abortion. Even in the United States, some illegal abortions continue to be performed in cases where women are unaware the procedure is illegal. Although reliable incidence data are lacking as to the number of illegal abortions performed worldwide, there clearly is a strong demand for abortion, a demand that will probably always exist. As evidenced by the estimated number of women who undergo illegal abortion, most women who are determined to terminate a pregnancy will attempt to do so either by themselves or with assistance.

Consequently, the public-health concerns about the complication of unsafe abortion, coupled with the complex issues relating to the reproductive and autonomy rights of women versus the rights of the fetus, require the continuing importance that must be given by the field of bioethics to abortion, particularly to the question of whether and by what means abortion should be made available to all women, regardless of national, ethnic, or social identity, or economic status.

John, Steven A., and David B. Clark. *Abortion: A History of the World's Most Controversial Issue*. New York: Basic Books, 1994.

Abortion. *Encyclopedia of Bioethics and Biomedicine*. Ed. James G. Hodge. New York: Springer, 2004. 100-101. *Webster v. Reproductive Health Services*. 492 U.S. 490 (1989).

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contributors

links

literature

Descartes, René

230
31+199

TQEPH

· Anselm, St.	· Galileo Galilei	· Moore, Henry
· Aristotelianism	· Gassendi, Pierre	· Newton, Isaac
· Aristotle	· Hintikka, Jaakko	· Nicholas of Cusa
· Arnauld, Antoine	· Hobbes, Thomas	· Ontological argument for the existence of God
· Augustine, St.	· Husserl, Edmund	· Pascal, Blaise
· Berkeley, George	· Kant, Immanuel	· Pascal, Blaise
· Cartesianism	· Leibniz, Gottfried Wilhelm	· Plato
· Cosmological argument for the existence of God	· Locke, John	· Reid, Thomas
· Degrees of perfection, argument for the existence of God	· Malebranche, Nicolas	· Ryle, Gilbert
	· matter	· Scepticism
	· mind-body problem	· Spinoza, Benedict (Baruch) de
		· Wittgenstein, Ludwig (Joseph) Johann

Antisthenes

13
6+7

TQEPH

- Aristotle
- Cynics
- Diogenes Laertius
- Hobbes, Thomas
- Plato
- Socrates

· aesthetics, history of	· belief	· Brunschwig, Jean
· Nombart, Jean le Rond	· Bennett, Jonathan	· Cartesianism
· Anaxagoras of Clazomenae	· Bergmann, Gustav	· categories
· animal mind	· Bernard, Claude	· Cattaneo, Carlo
· apperception	· Blake, William	· Cavendish, Margaret
· Arnauld, Antoine	· Blanchot, Maurice	· Clarke, Samuel
· art, presentation in	· Bohm, Jean	· classical foundationalism
· Atell, Mary	· Bonhoeffer, Dietrich	· Collier, Arthur
· atomism	· Bonnett, Charles	· colors
· Bayle, Pierre	· Boyle, Robert	· communism
· being	· Brentano, Franz	· Comte, Auguste
		+166

- Cynics
- Diogenes of Sinope
- epistemology, history of
- ethics, history of
- Heraclitus
- logic, history of / ancient logic
- Xenophon

starting points

- encyclopedia as
 - coherent
 - exhaustive
 - expert

knowledge container

- graph theory
- survey vs.
(auto)perception

metaphilosophy

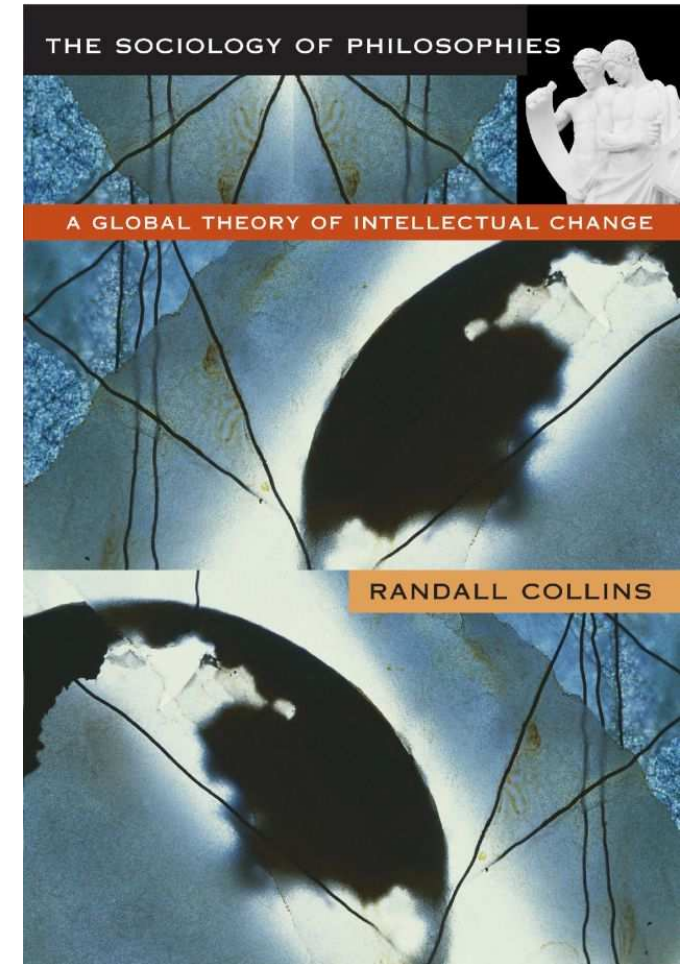
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how to do Φ properly
 Φ and fulfilled life

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Sociology of Philosophies



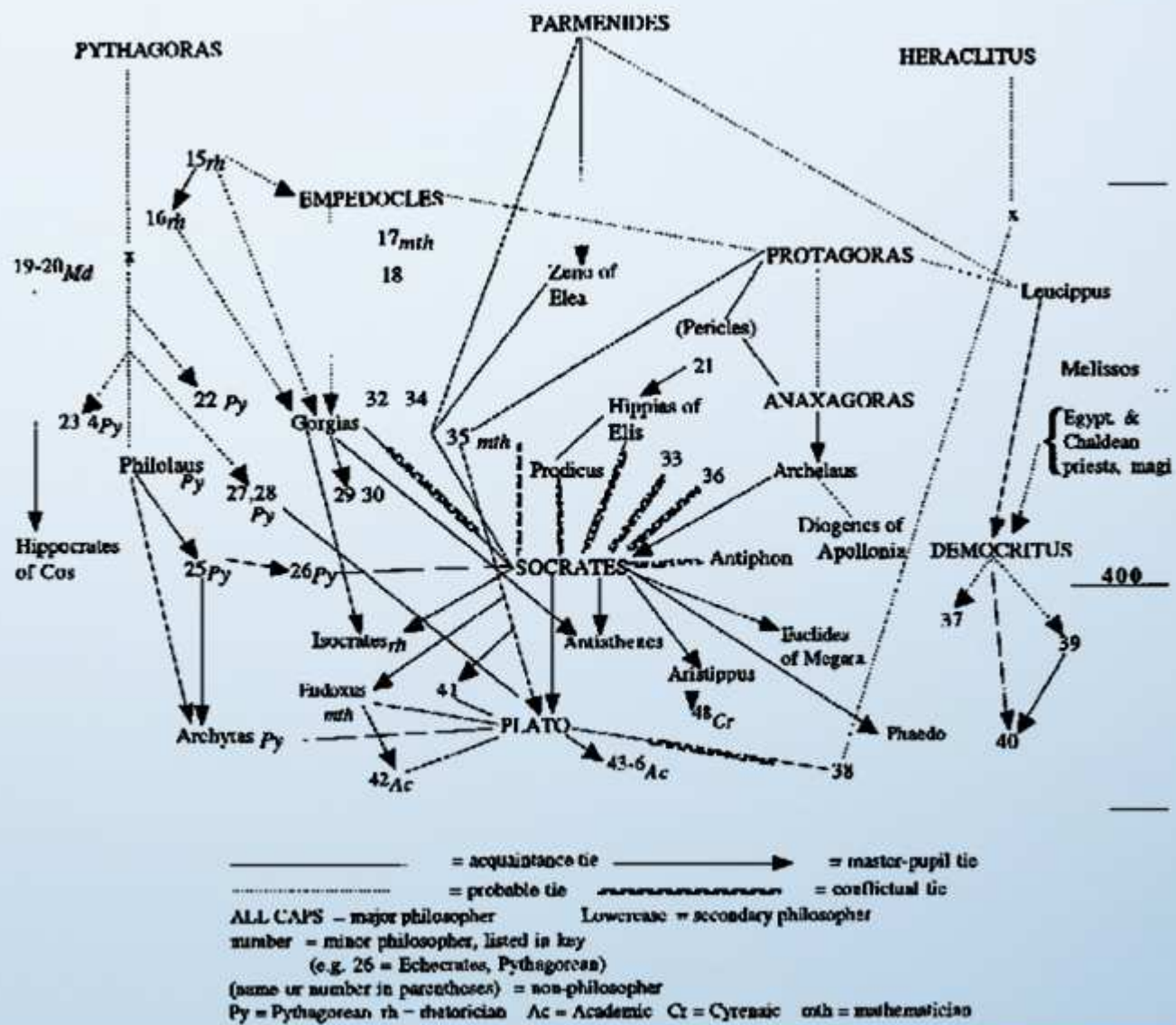


Figure 1: Centralization of the Greek Network in Athens, 465-365 B.C.E.

zero
books

CHRISTOPHER VITALE

NETWORKOLOGIES

A PHILOSOPHY OF NETWORKS
FOR A HYPERCONNECTED AGE
– A MANIFESTO

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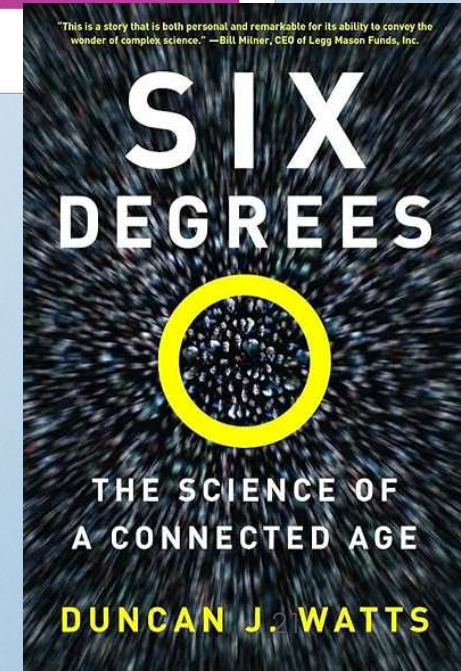
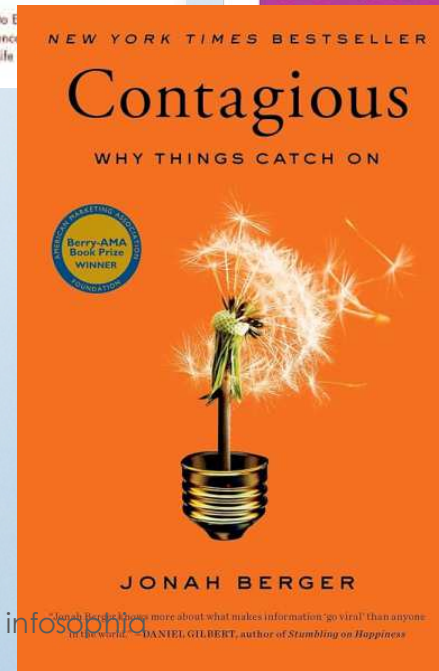
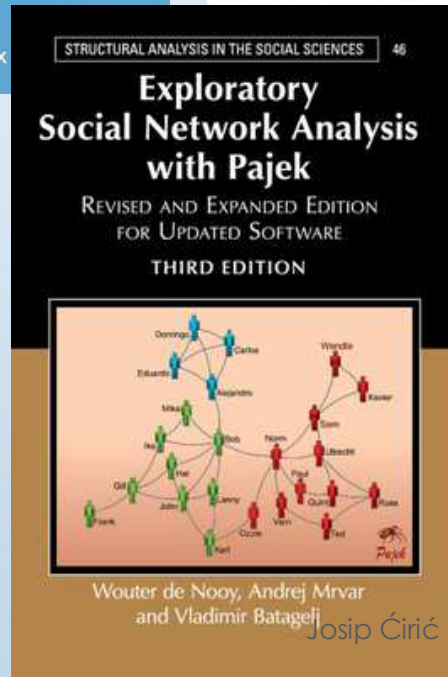
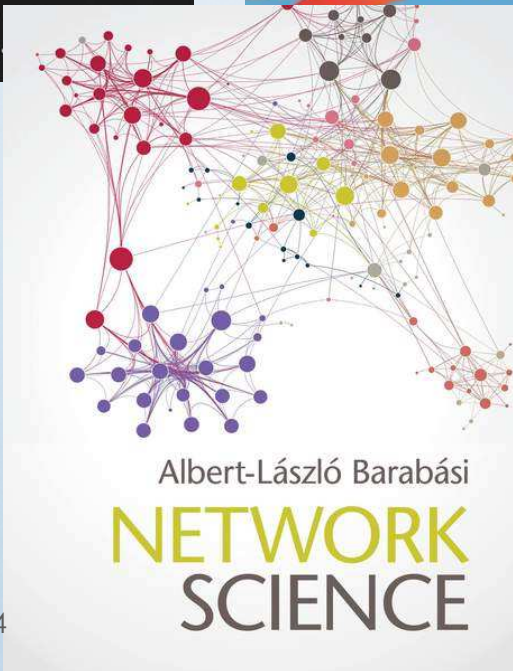
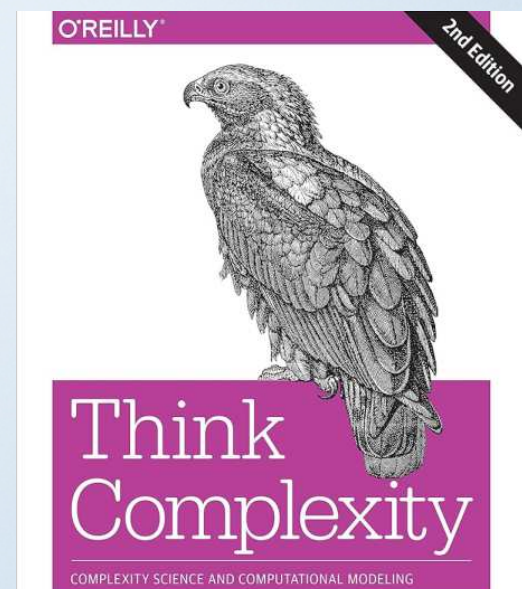
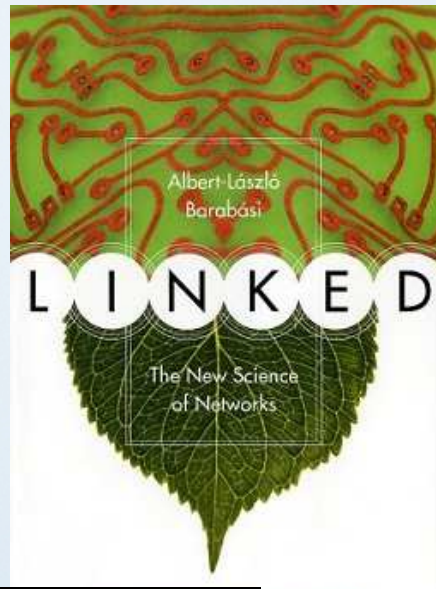
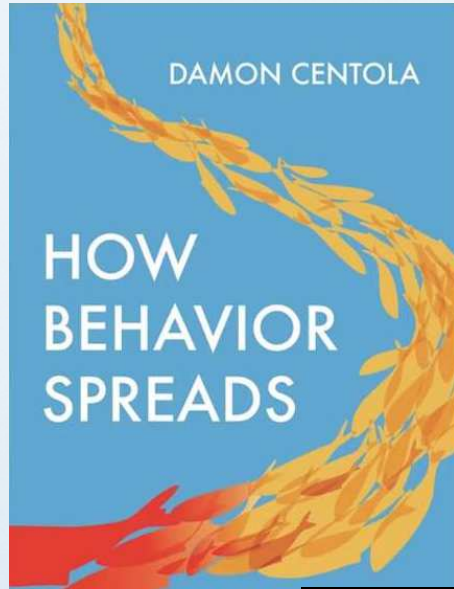
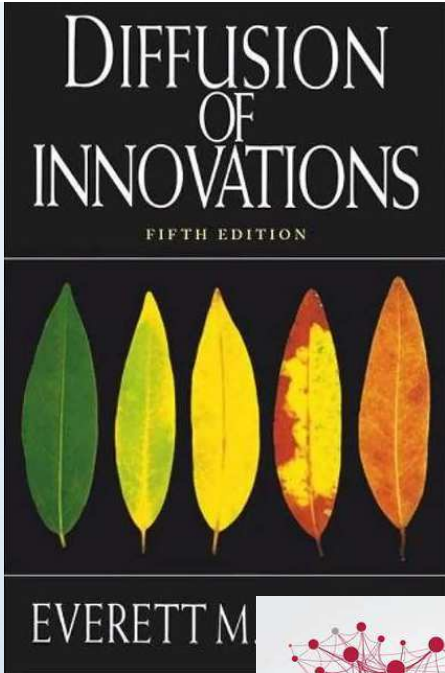
EPISTEMETRICS

Nicholas Rescher



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20

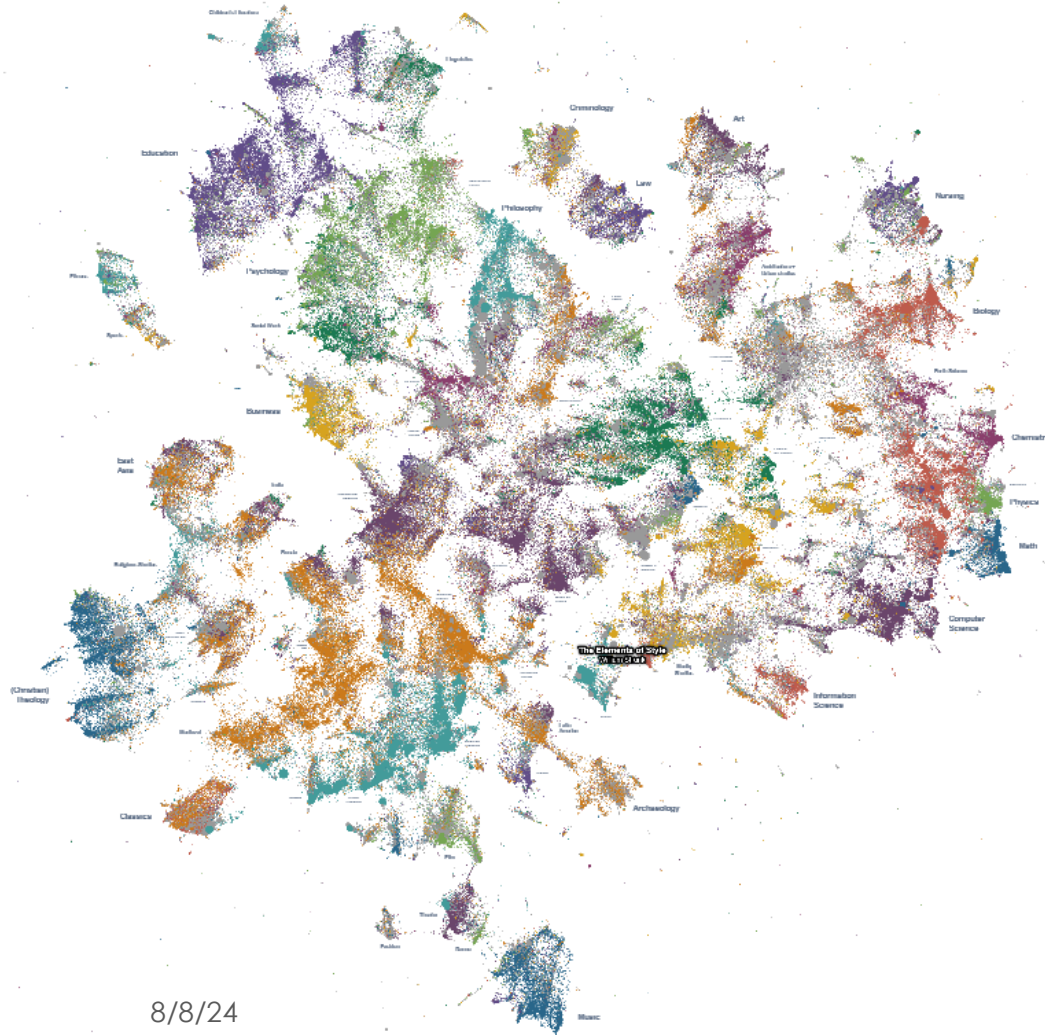


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Jonah Berger knows more about what makes information "go viral" than anyone in the world. — DANIEL GILBERT, author of *Stumbling on Happiness*

🔍 Search 1M books and articles



8/8/24

This plot shows the **1,138,841** most frequently assigned texts in the Open Syllabus corpus, a database of **7,292,573** college course syllabi.

The layout approximates the structure of the citation graph formed by connecting syllabi with the books and articles that are assigned in the course (node2vec → UMAP).

Use it just like Google Maps! Click and drag to move the plot, scroll to zoom in and out.

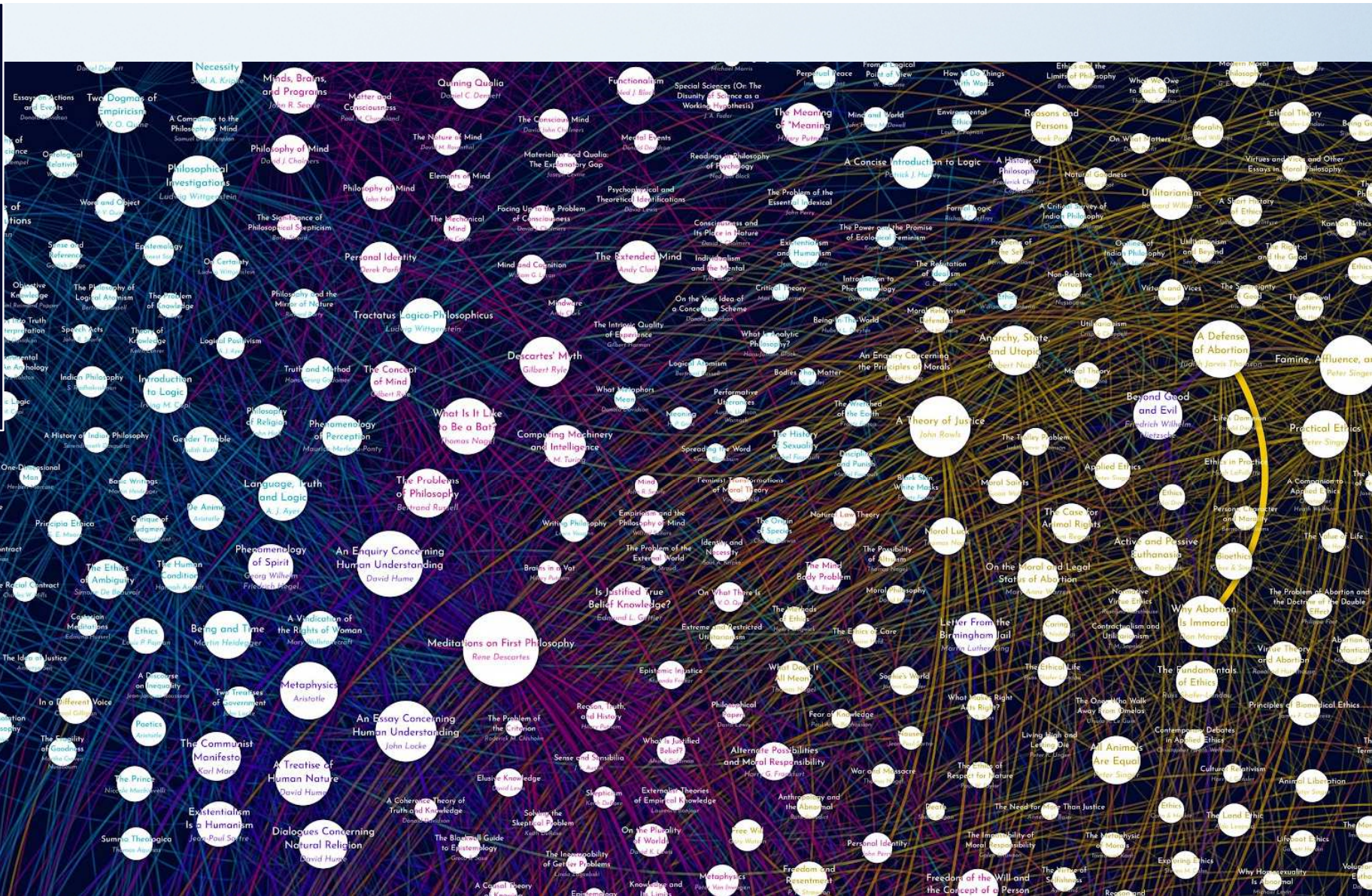
The Galaxy uses Version 2.5 of the Open Syllabus dataset. [Open Syllabus Analytics](#) uses the most current version. Differences in assignment counts usually reflect differences in the dataset versions.

Explore 

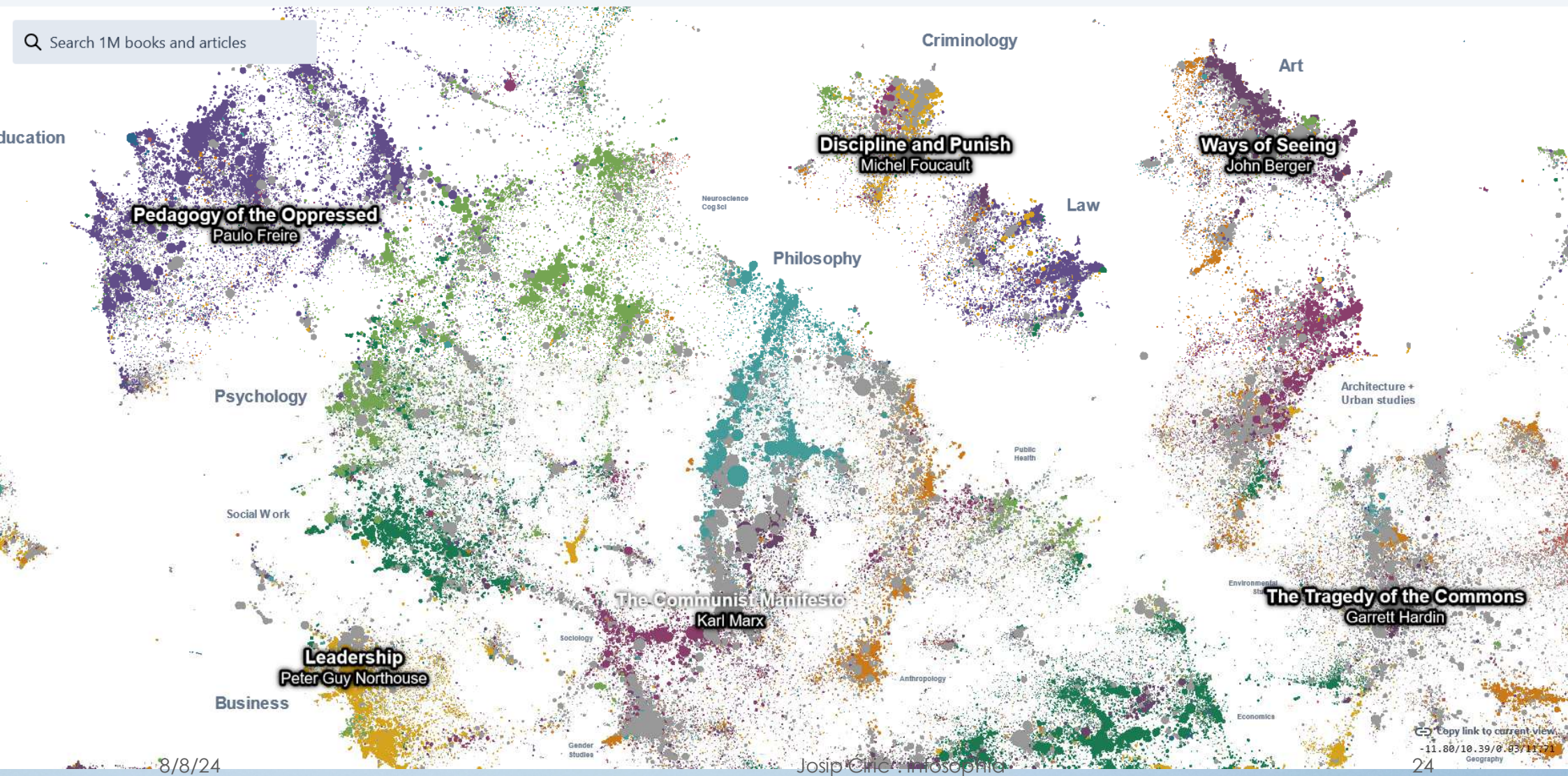
Check out [the blog](#)!


THE OS DATASET (v2.11)

- ✓ 20.9 million syllabi – including 9.1M from the US, 2.1M from the UK, and 1.8M from Australia.
- ✓ 7,400 schools – including 680 with more than 5000 syllabi.
- ✓ 3.8 million titles
- ✓ 65 million assignments
- ✓ 26 million learning outcomes
- ✓ Bi-annual updates
- ✓ Extending back to the 1990s



Search 1M books and articles



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-11.80/10.39/0.83/11.71

Geography

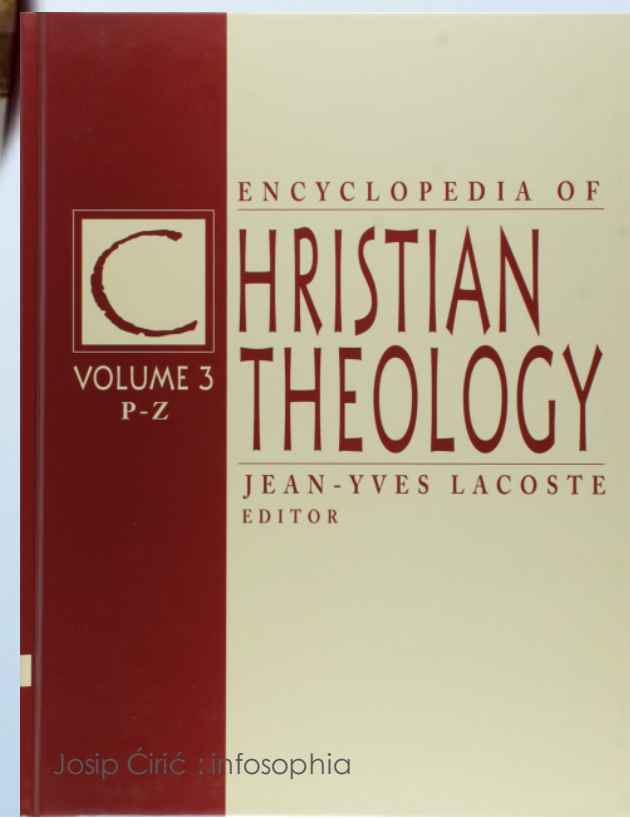
results



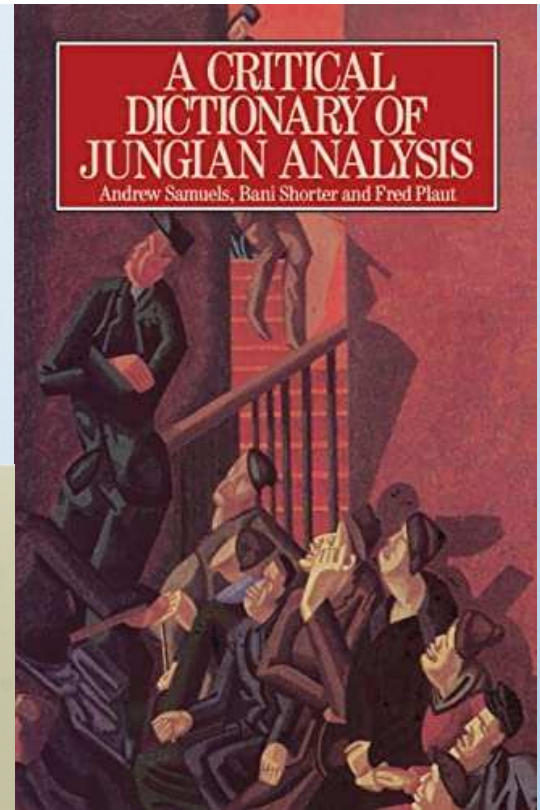


the sample

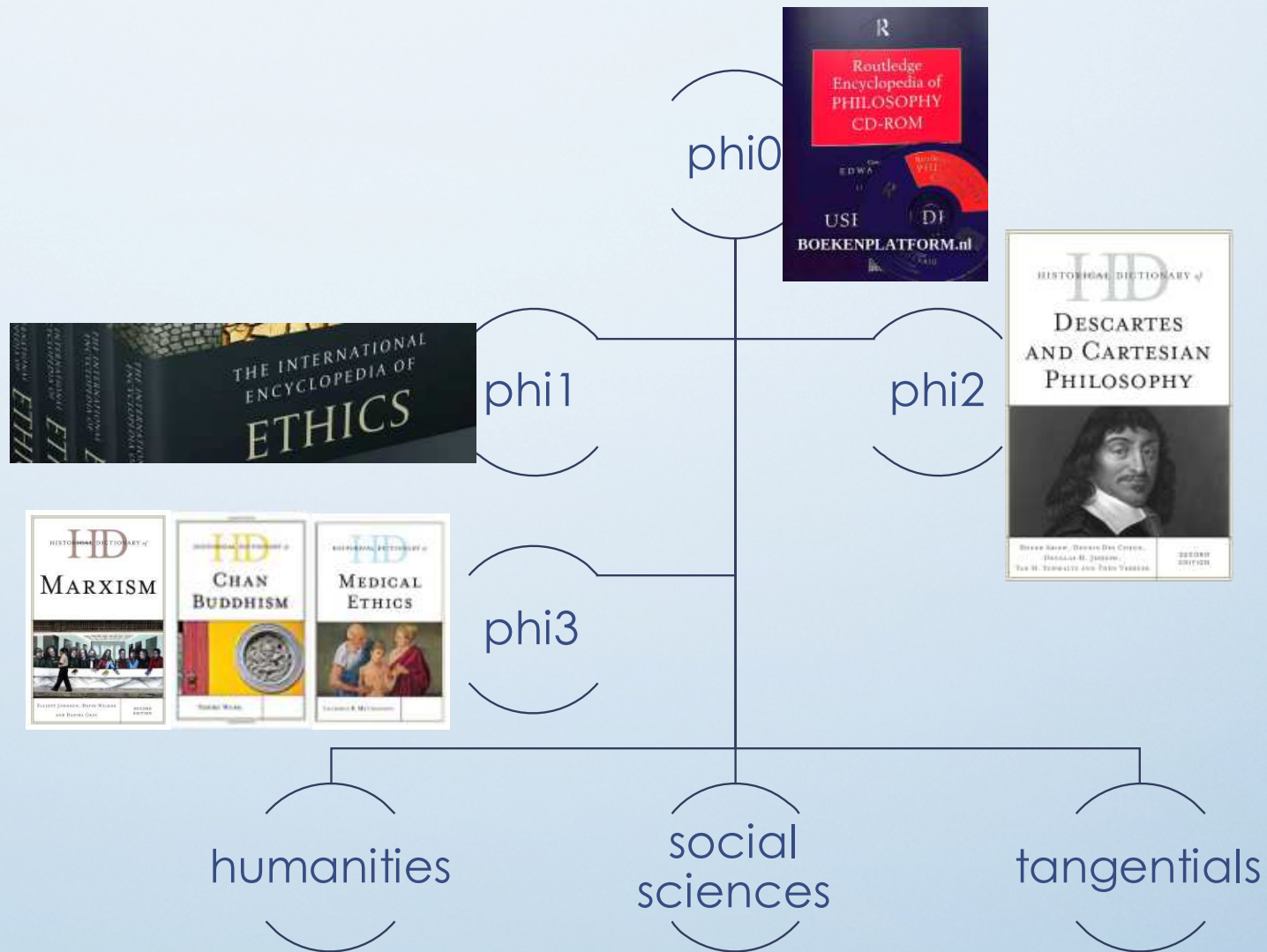
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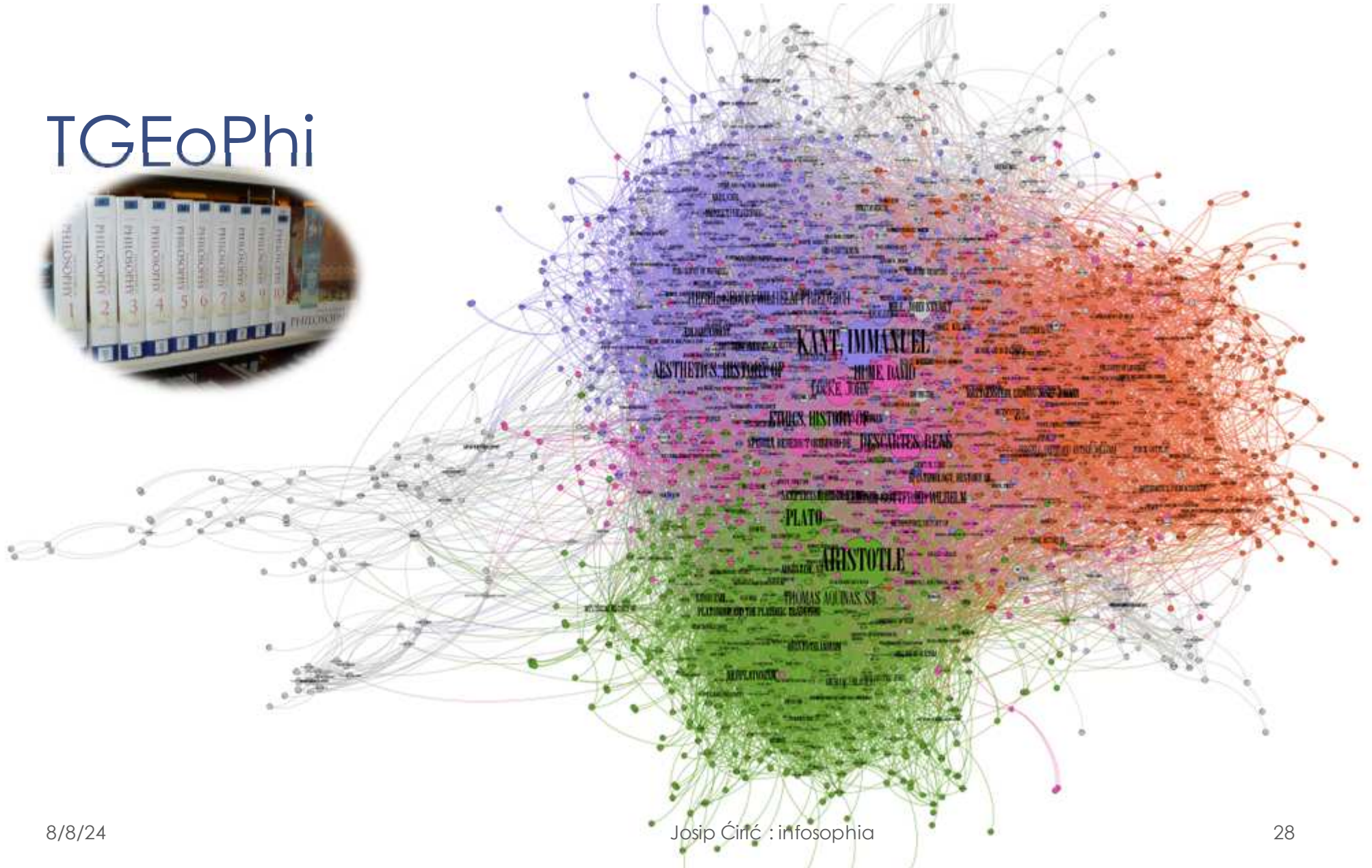
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26



TGEoPhi



MARXIST PHILOSOPHY

POSTCOLONIALISM

LIBERALISM

DERIDA, JACQUES

COMTE, AUGUSTE

NEO-KANTIANISM

PHENOMENOLOGY

NATIONALISM

DILTHEY, WILHELM

HISTORICISM

CONTEMPORARY PHILOSOPHY

HEGELIANISM

MODERNISM AND POSTMODERNISM

PHILOSOPHY OF HISTORY

FEUERBACH, LUDWIG ANDREAS
NEW ENGLAND TRANSCENDENTALISM

EXISTENTIAL PSYCHOANALYSIS

POSITIVISM

ROUSSEAU, JEAN-JACQUES
GADAMER, HANS-GEORG

CROCE, BENEDETTO

SARTRE, JEAN-PAUL

MERLEAU-PONTY MAURICE

SPINOZA, BARUCH

HEGEL, GEORG WILHELM FRIEDRICH

FRANKFURT SCHOOL

HUSSERL, EDMUND

MACHIAVELLI, NICCOLO

CONSERVATISM

DETERMINISM IN HISTORY

DILECTICAL MATERIALISM

BOSANQUET, BERNARD

IDEALISM

FERGUSON, ADAM

CARL LE. THOMAS

LOTMAN, VLADIMIR

UNCONSCIOUS

DETERMINISM IN HISTORY

PATHEON, FRIEDRICH

GREEN, THOMAS

AI ALEKSANDROVICH

ART, EXPRESSION IN
COLERIDGE, SAMUEL TAYLOR

HEIDEGGER, MARTIN

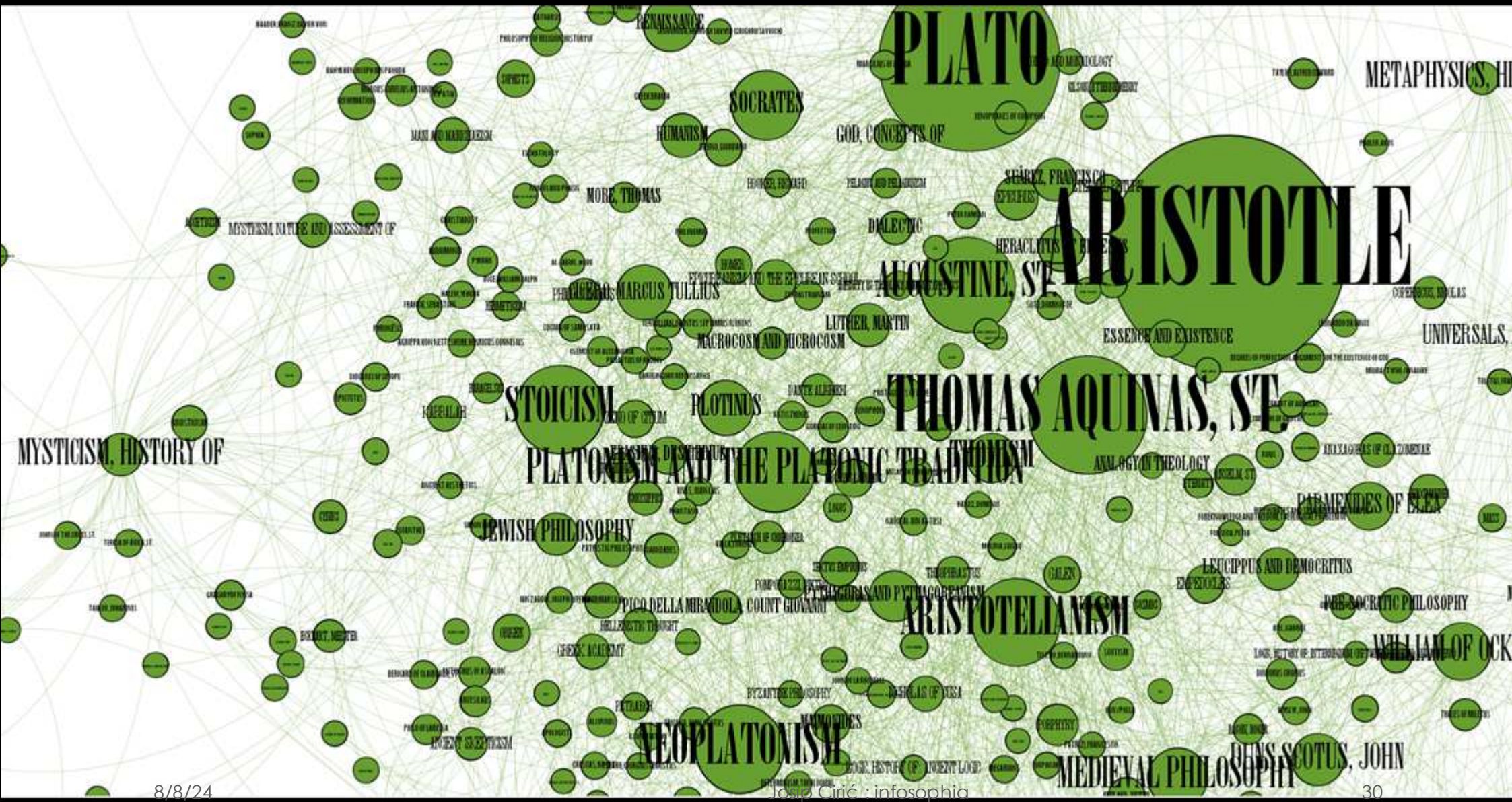
COUSIN, VICTOR

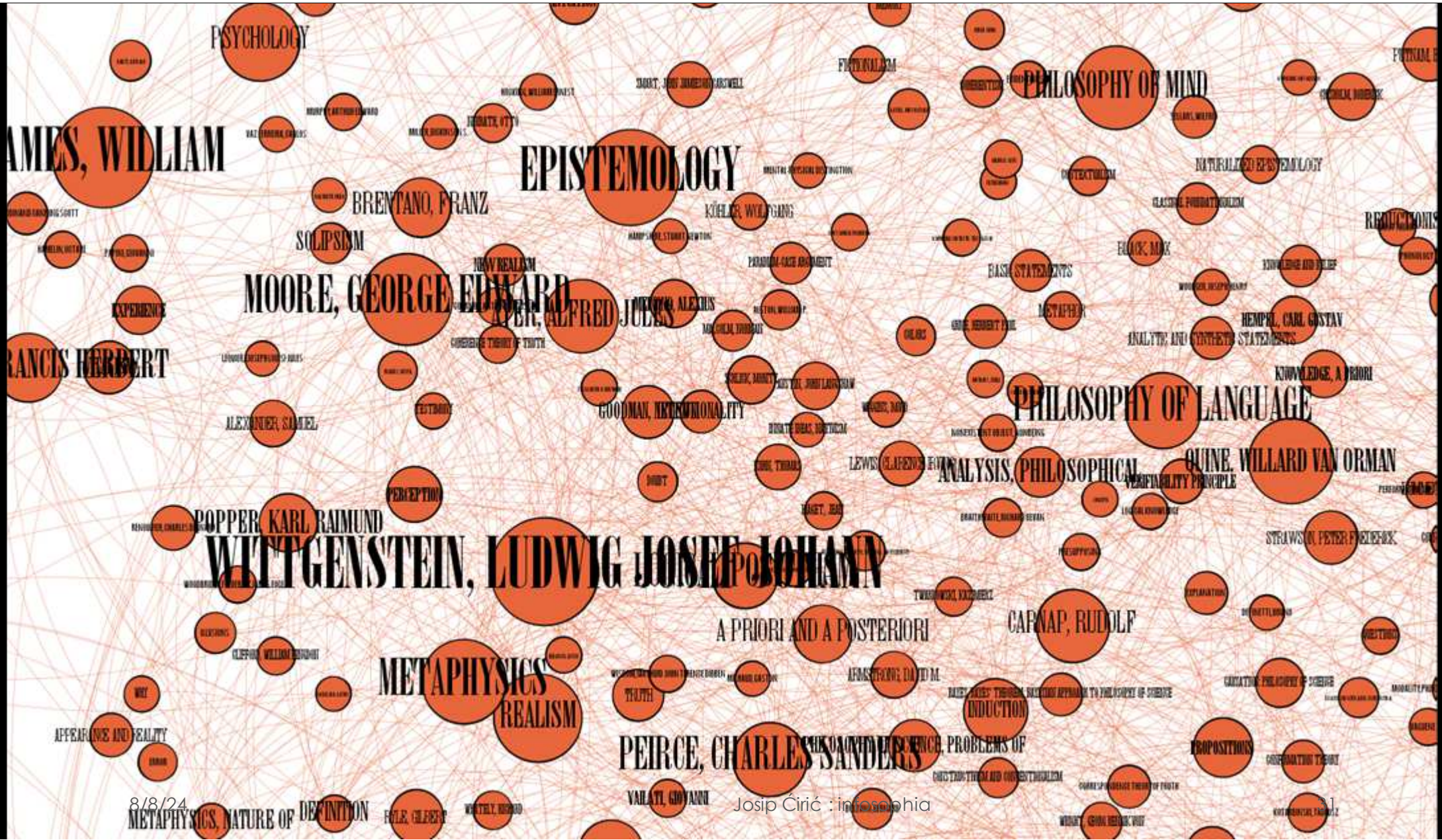
KANT, IMMANUEL

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29





WITTGENSTEIN, LUDWIG JOSEF JOHANN

HERBERT SPENCER

MOORE, GEORGE EDWARD

EPISTEMOLOGY

WITTGENSTEIN, LUDWIG JOSEF JOHANN

**METAPHYSICS
REALISM**

PEIRCE, CHARLES SANDERS

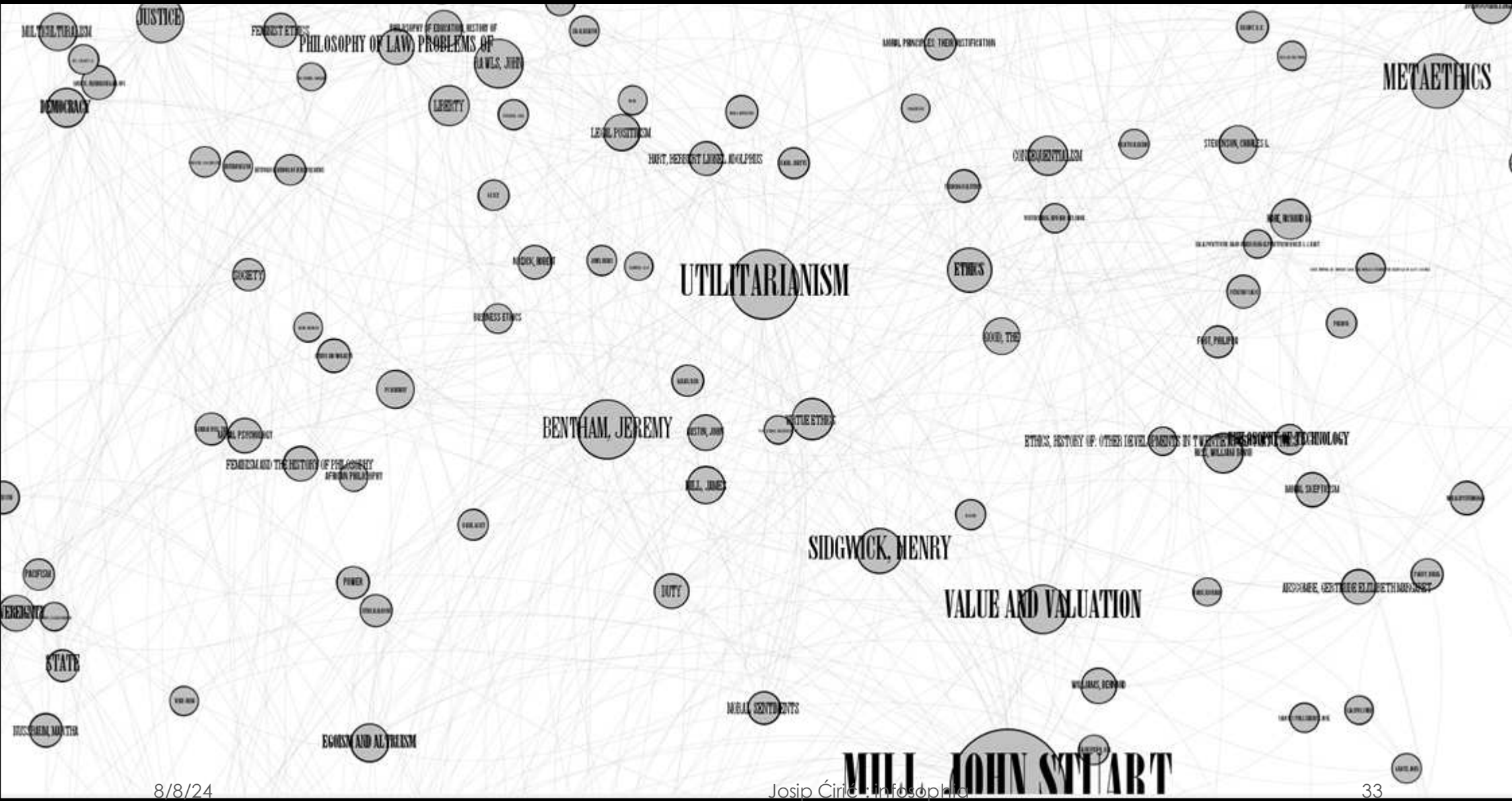
PHILOSOPHY OF LANGUAGE

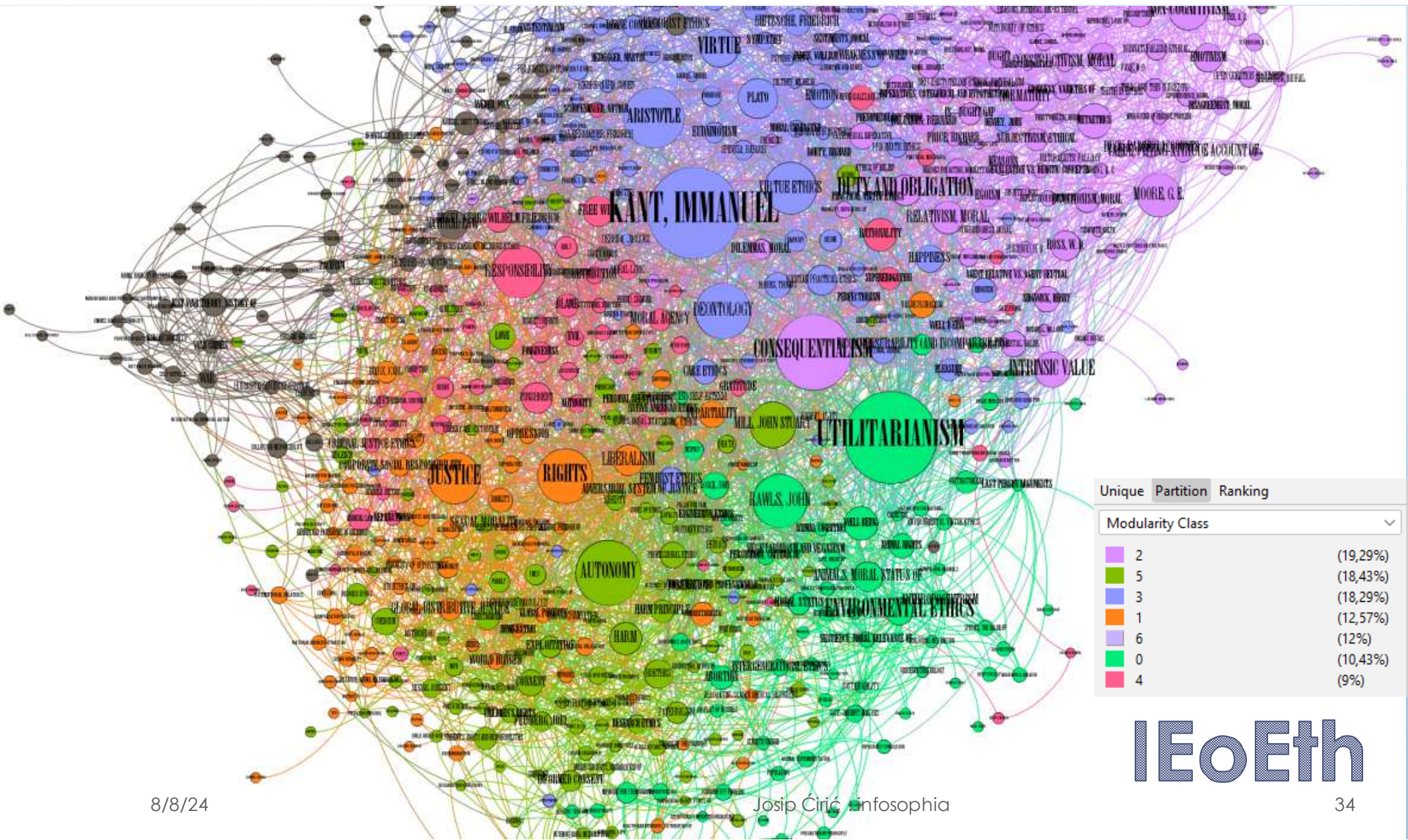
CARNAP, RUDOLF

QUINE, WILLARD VAN ORMAN

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METAPHYSICS, NATURE OF DEFINITION

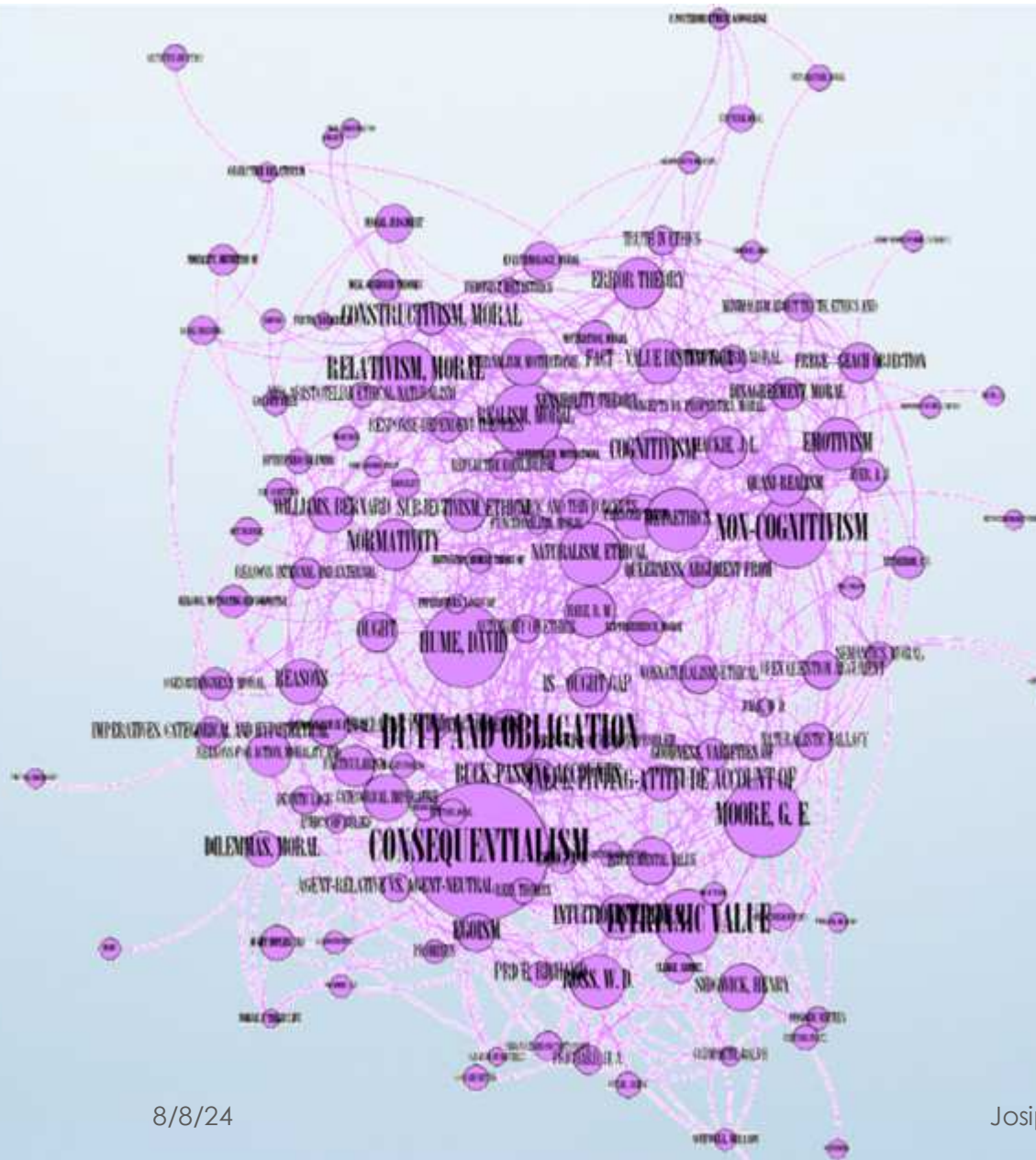
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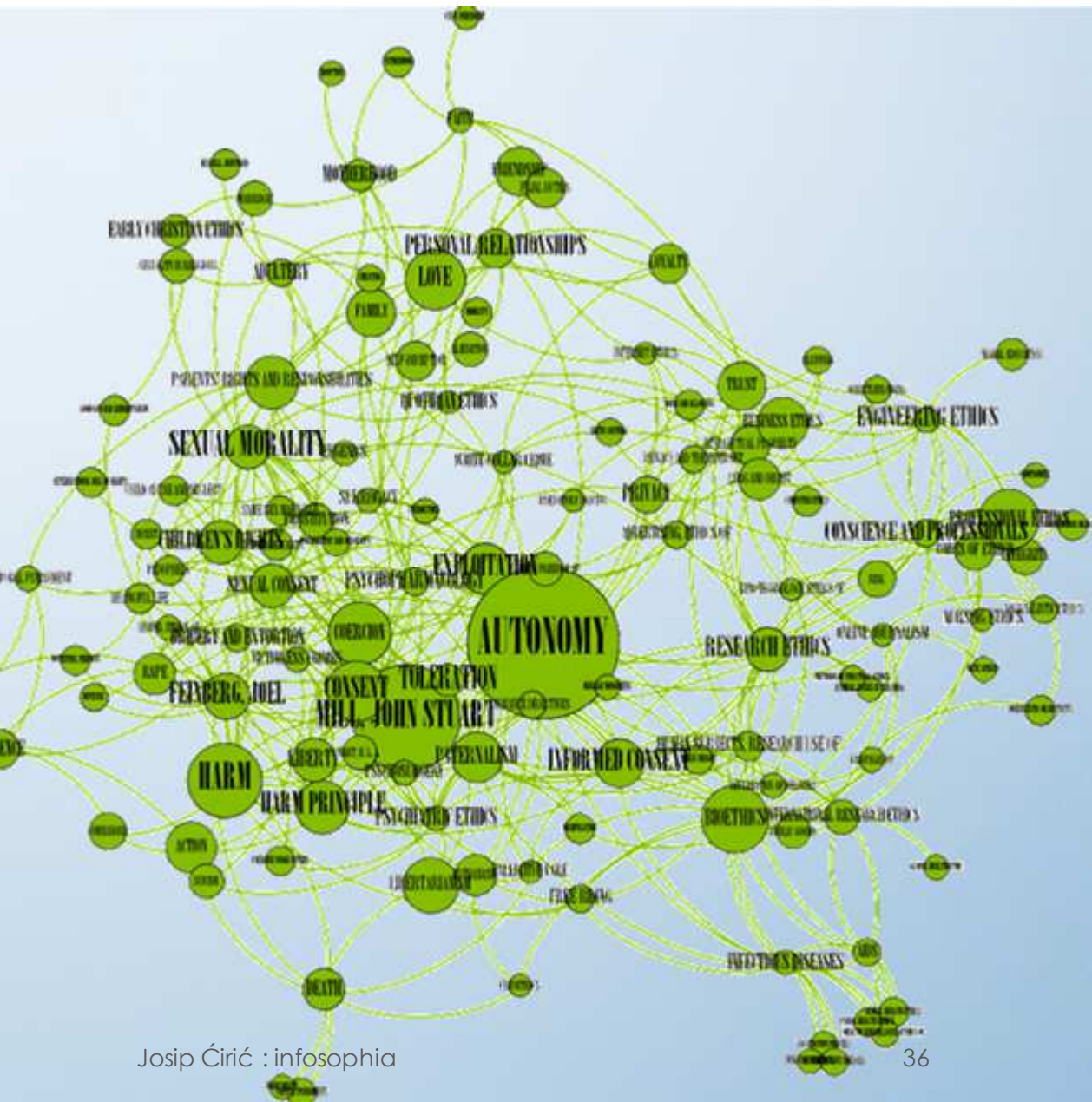
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5		(18,43%)
3		(18,29%)
1		(12,57%)
6		(12%)
0		(10,43%)
4		(9%)

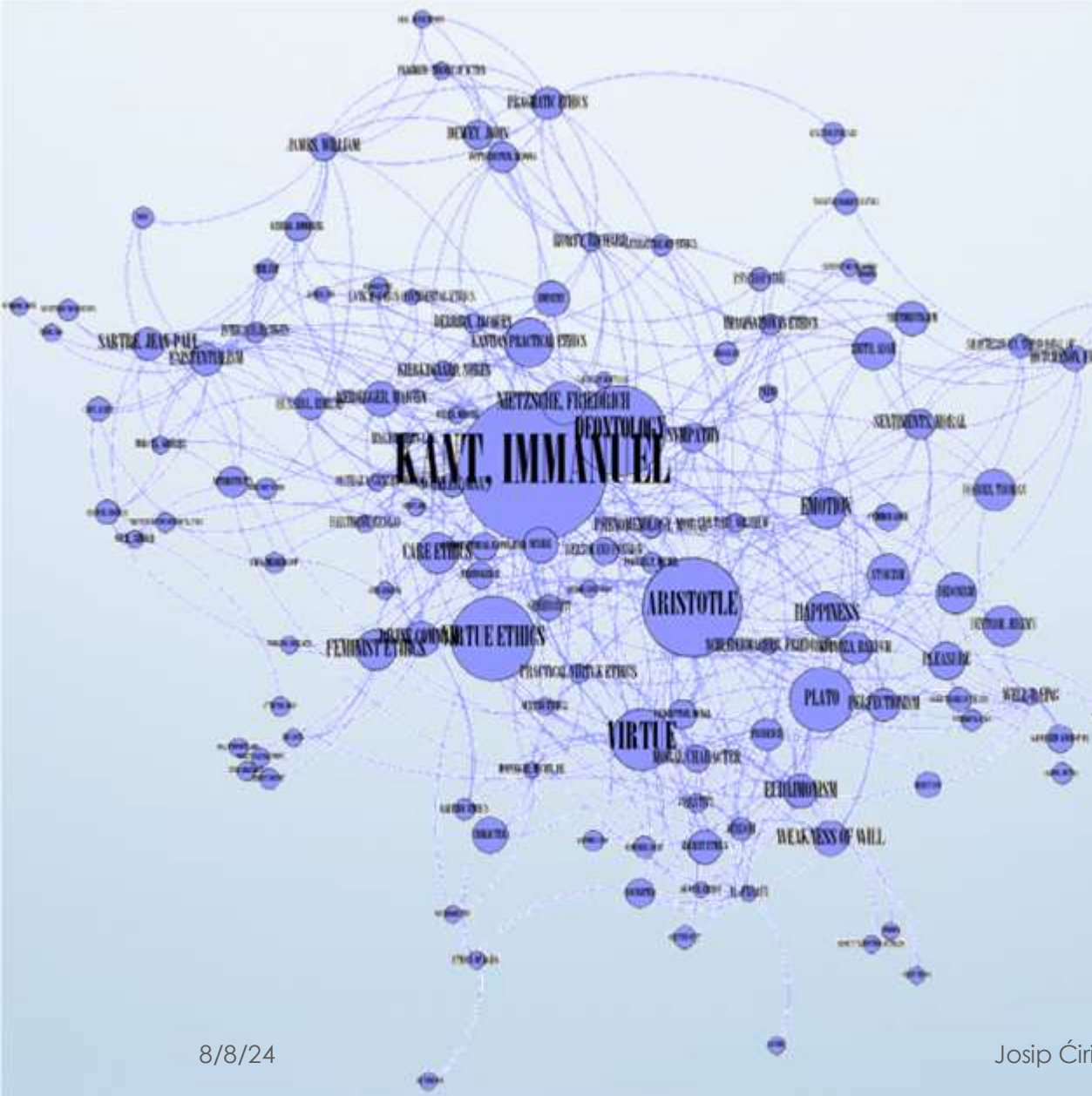
IEoEth



Id	indegree	outdegree	Degree
CONSEQUENTIALISM	66	0	66
HUME, DAVID	36	0	36
MOORE, G. E.	34	9	43
NON-COGNITIVISM	30	21	51
REALISM, MORAL	29	0	29
INTRINSIC VALUE	26	30	56
NATURALISM, ETHICAL	25	0	25
METAETHICS	25	0	25
RELATIVISM, MORAL	23	20	43
DUTY AND OBLIGATION	21	47	68
ROSS, W. D.	20	11	31
EMOTIVISM	19	12	31
ERROR THEORY	18	11	29
HARE, R. M.	18	0	18
NORMATIVITY	18	20	38
CATEGORICAL IMPERATIVE	16	0	16
SIDGWICK, HENRY	16	8	24
INTERNALISM, MOTIVATIONAL	16	0	16
INSTRUMENTAL VALUE	16	0	16
FACT-VALUE DISTINCTION	15	14	29
PRESCRIPTIVISM	15	0	15
REASONS	15	14	29
WILLIAMS, BERNARD	15	13	28
REASONS FOR ACTION, MORALITY AND	15	0	15
INTUITIONISM, MORAL	15	17	32
COGNITIVISM	15	23	38

Id	indegree	outdegree	Degree
AUTONOMY	55	0	55
MILL, JOHN STUART	36	0	36
HARM	22	16	38
BIOETHICS	19	0	19
COERCION	17	0	17
PROFESSIONAL ETHICS	16	0	16
CONSENT	16	12	28
LOVE	16	10	26
LIBERTARIANISM	14	0	14
HARM PRINCIPLE	13	14	27
PARENTS' RIGHTS AND RESPONSIBILITIES	13	0	13
EXPLOITATION	12	15	27
BUSINESS ETHICS	12	0	12
ACTION	12	0	12
PATERNALISM	12	9	21
INFORMED CONSENT	11	18	29
TRUST	11	0	11
FAMILY	11	0	11
FRIENDSHIP	11	0	11
FEINBERG, JOEL	10	18	28
RESEARCH ETHICS	9	17	26
SEXUAL CONSENT	9	8	17
CHILDREN'S RIGHTS	9	13	22
SEXUAL MORALITY	9	25	34
LIBERTY	9	11	20
LYING AND DECEIT	8	0	8





Id	indegree	outdegree	Degree
KANT, IMMANUEL	82	35	117
ARISTOTLE	51	0	51
DEONTOLOGY	46	0	46
VIRTUE ETHICS	42	0	42
PLATO	30	0	30
VIRTUE	28	32	60
KANTIAN PRACTICAL ETHICS	20	0	20
HAPPINESS	18	17	35
NIETZSCHE, FRIEDRICH	17	16	33
SMITH, ADAM	16	0	16
HOBBS, THOMAS	16	0	16
STOICISM	16	0	16
CARE ETHICS	15	16	31
EMOTION	15	20	35
FEMINIST ETHICS	15	20	35
BENTHAM, JEREMY	15	0	15
HEDONISM	15	0	15
PLEASURE	13	11	24
DIVINE COMMAND	12	15	27
EMPATHY	12	0	12
DESIRE	12	0	12
HEIDEGGER, MARTIN	12	10	22
WEAKNESS OF WILL	12	19	31
CHARACTER	12	0	12
SENTIMENTALISM	11	0	11
ANCIENT ETHICS	11	0	11

RIGHTS	45	18	63
JUSTICE	42	29	71
LIBERALISM	21	24	45
IMPARTIALITY	17	17	34
VALUE PLURALISM	16	0	16
COMMUNITARIANISM	14	0	14
EQUALITY	14	0	14
MARX, KARL	12	7	19
GLOBAL DISTRIBUTIVE JUSTICE	12	25	37
EGALITARIANISM	11	0	11
DEMOCRACY	11	0	11
SUFFERING	9	0	9
CORPORATE SOCIAL RESPONSIBILITY	9	20	29
HUMAN RIGHTS AND RELIGION	8	0	8
GLOBALIZATION	8	0	8
POLITICAL OBLIGATION	8	0	8
SLAVERY	8	0	8
CHARITY	7	12	19
OPPRESSION	7	21	28
WORLD HUNGER	7	21	28
COSMOPOLITANISM	7	0	7
INTERNATIONAL RELATIONS	7	0	7
GLOBAL POVERTY	7	18	25
CAPABILITIES	7	0	7
AID, ETHICS OF	6	12	18
CIVIL RIGHTS	6	0	6
COMPENSATORY JUSTICE	6	0	6
DIFFERENCE PRINCIPLE	6	0	6

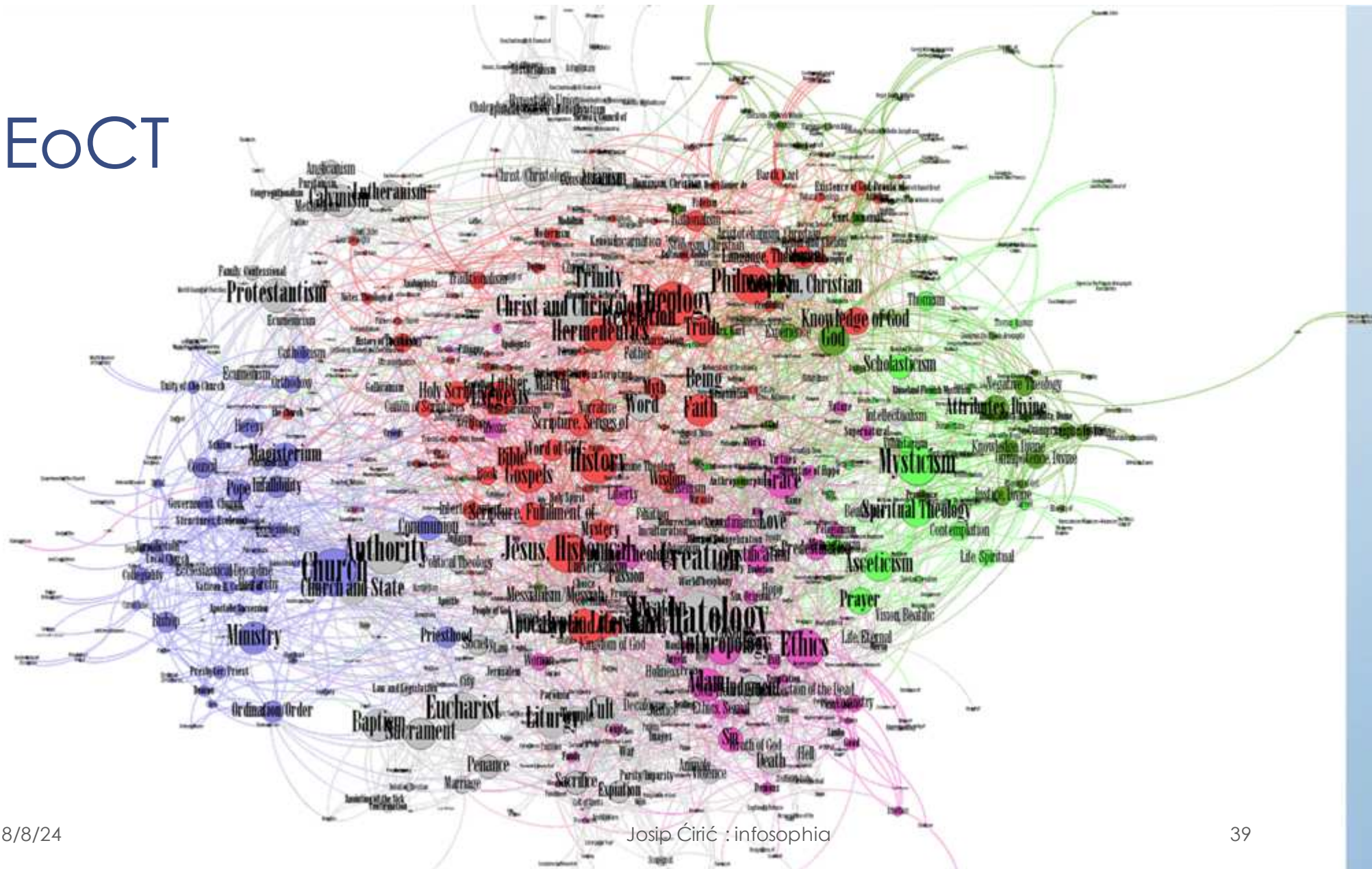
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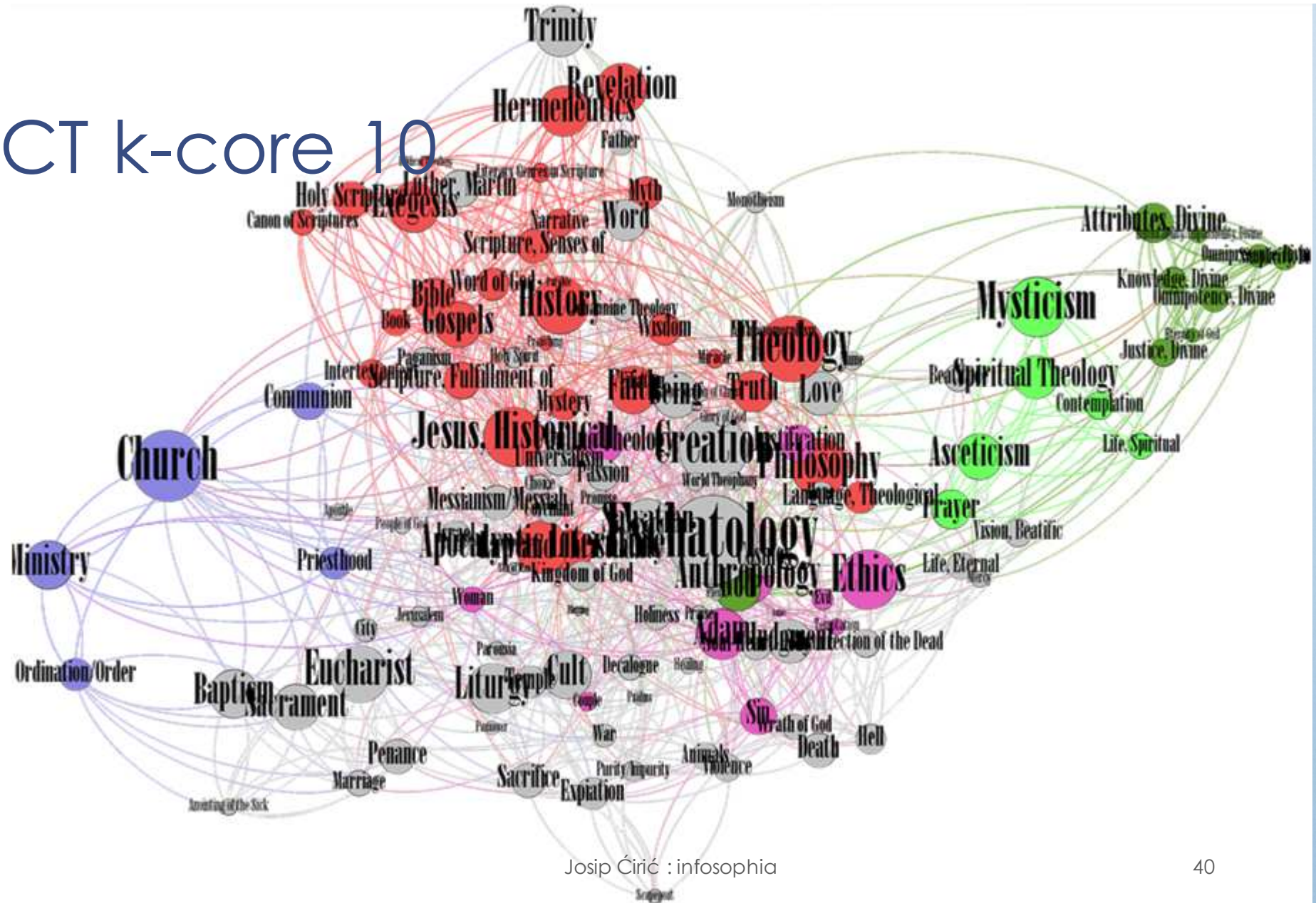
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38

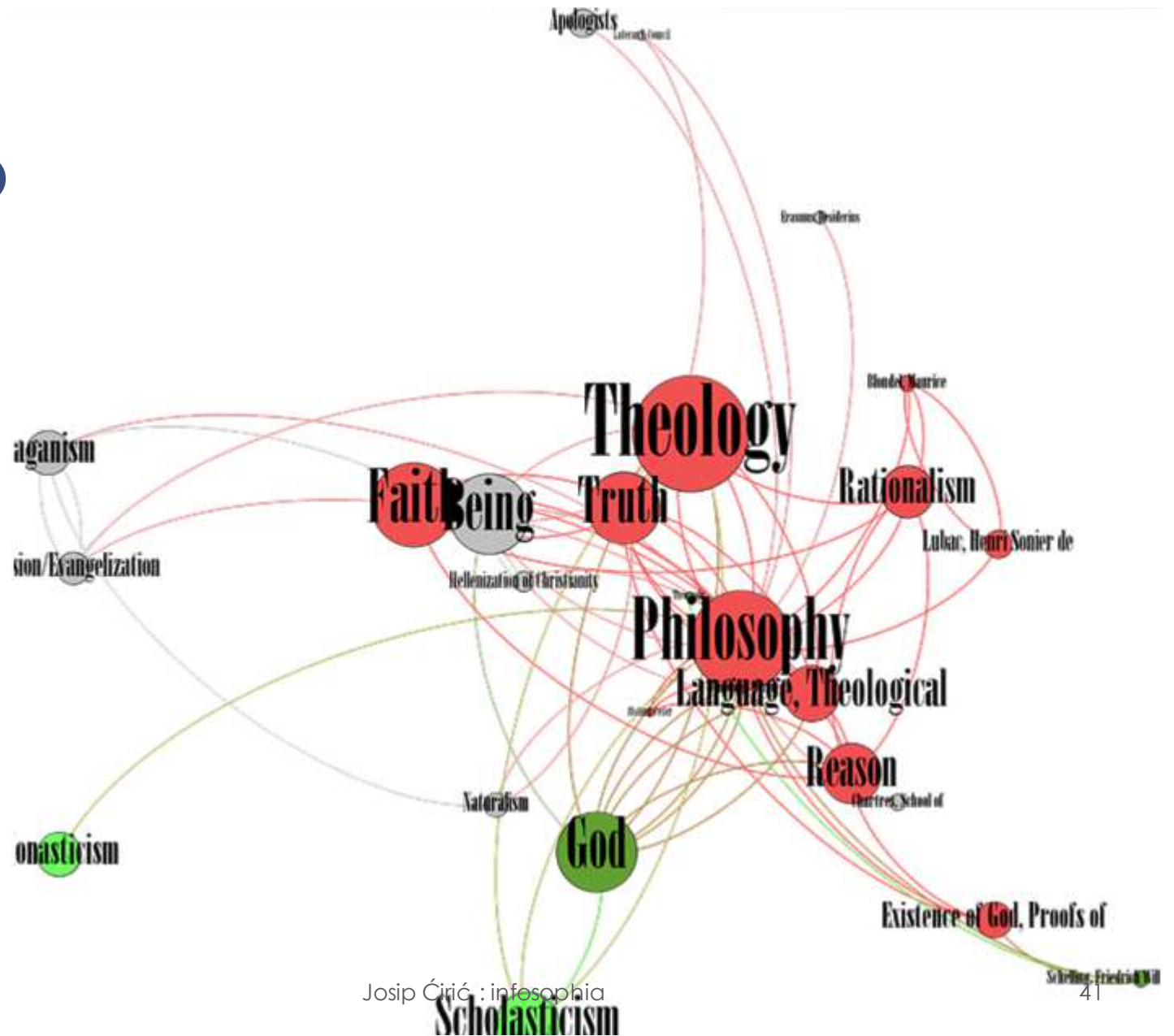
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EoCT k-core 10



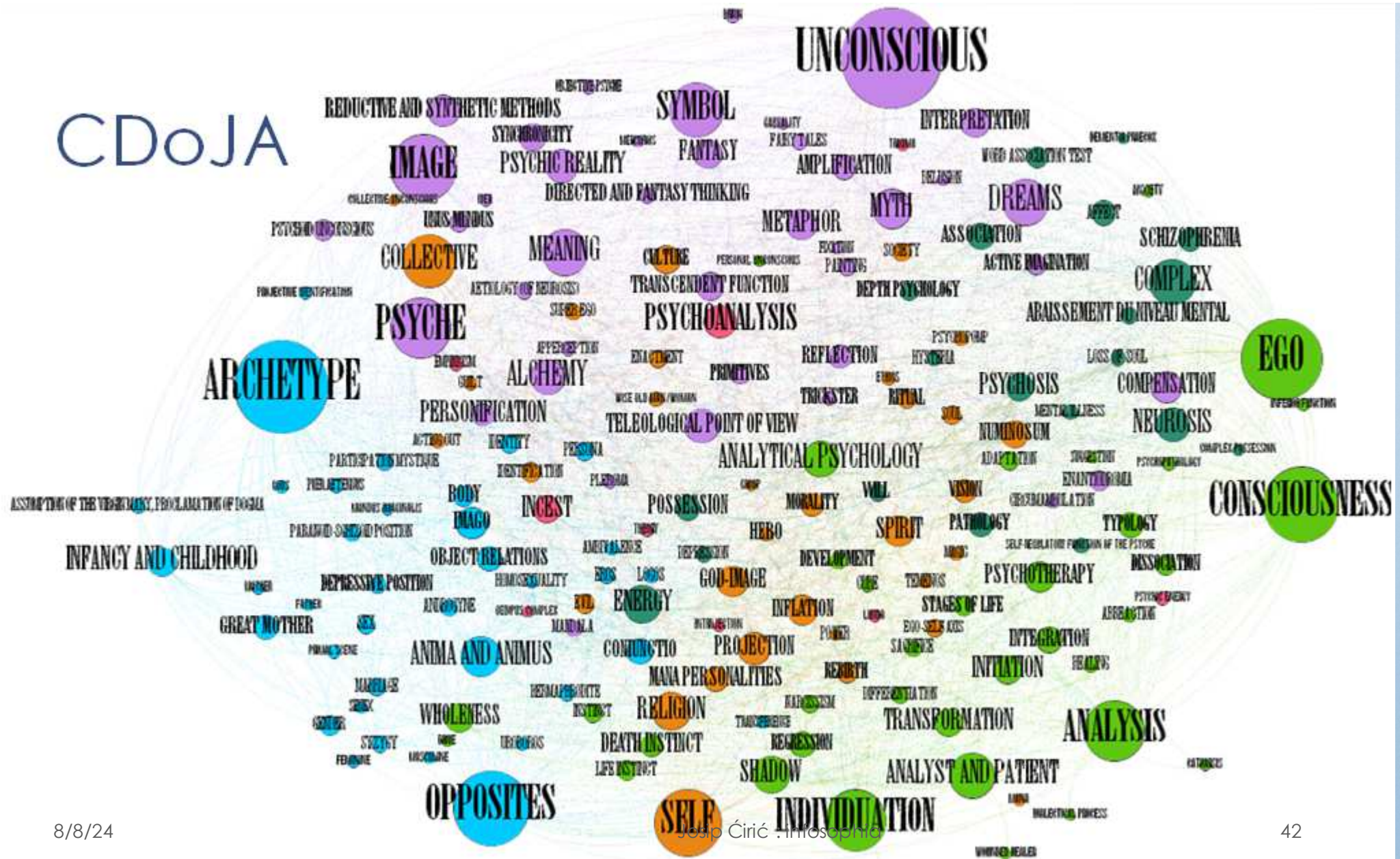
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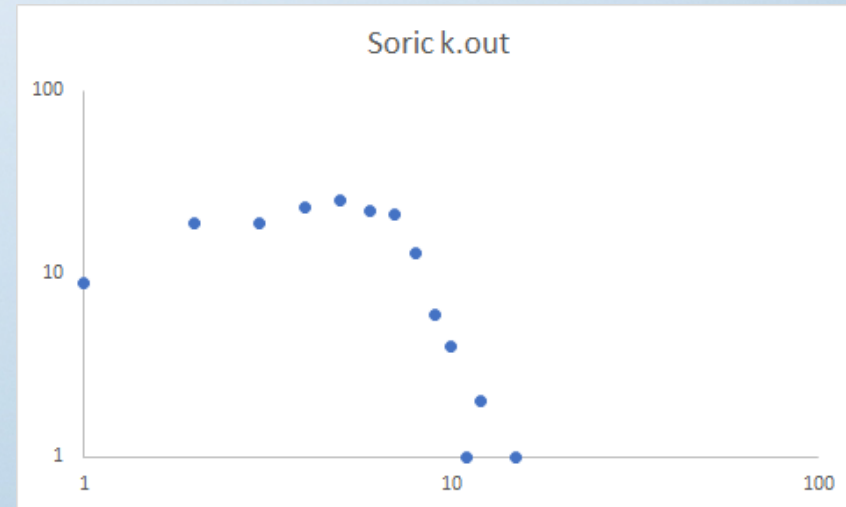
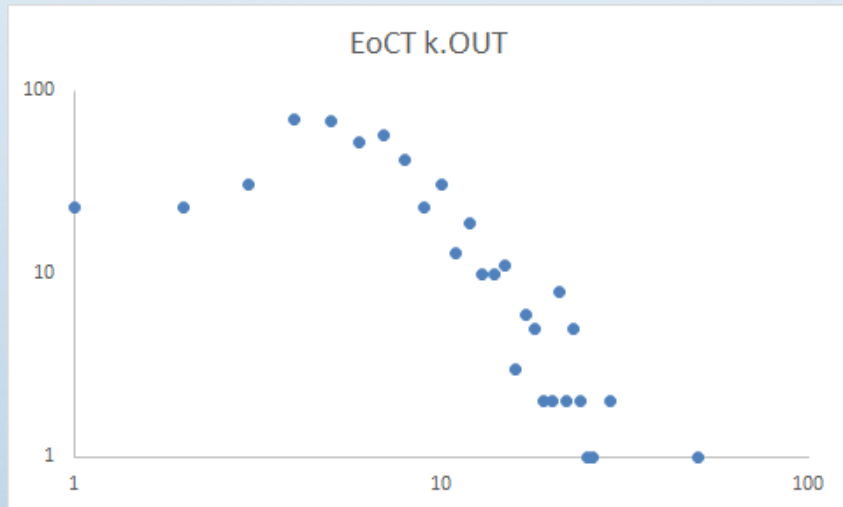
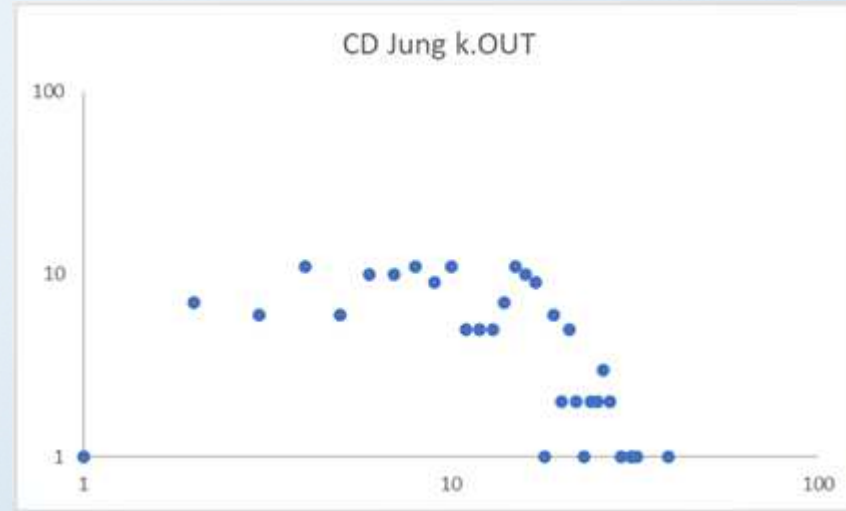
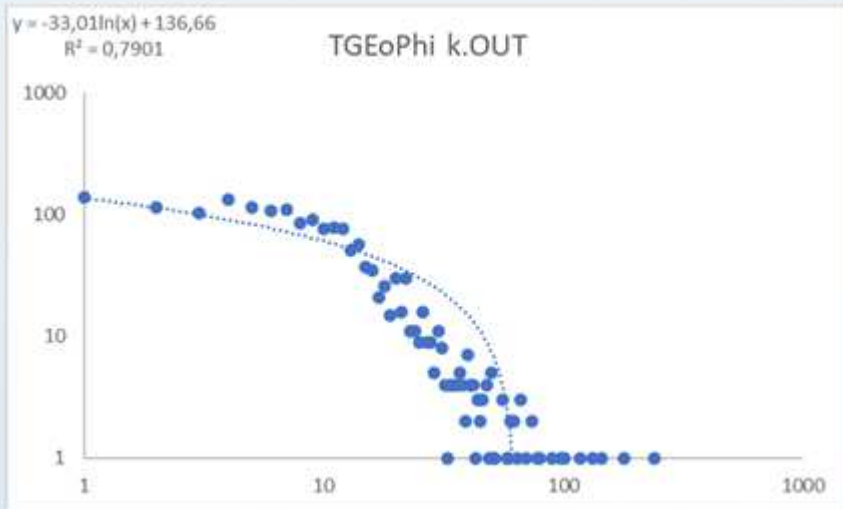


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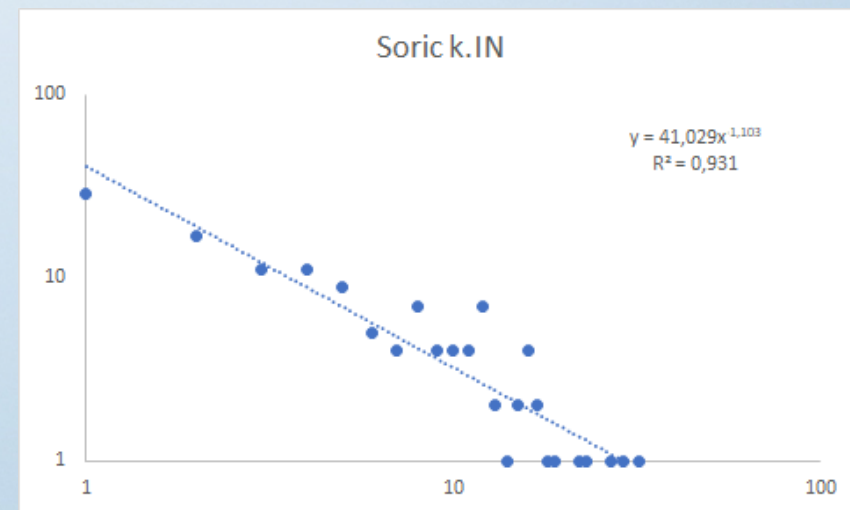
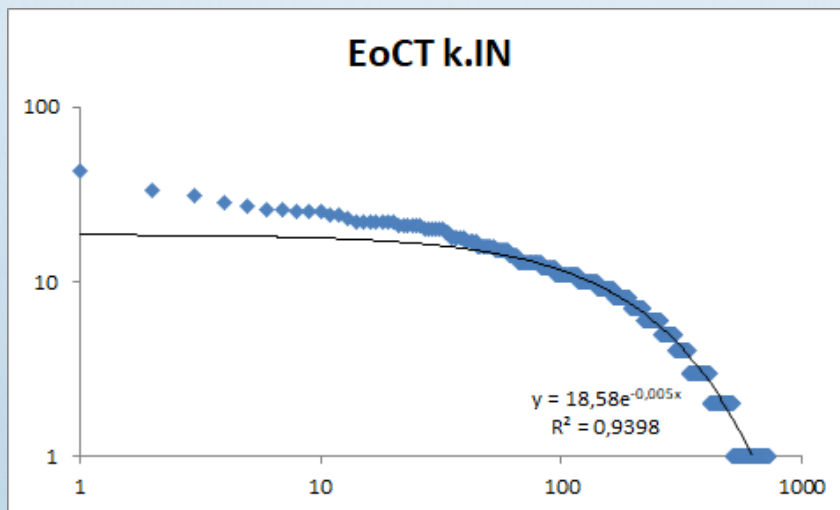
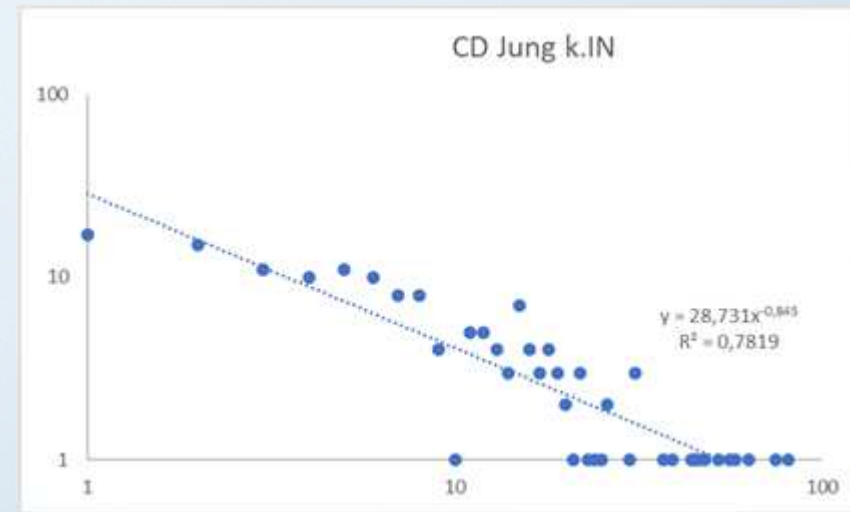
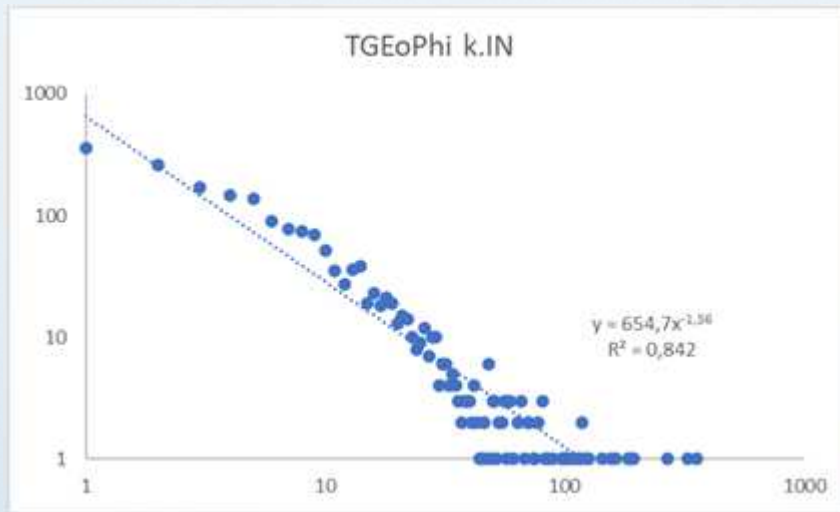
CDoJA





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some applications

- clarifying boundaries of philosophy as a profession
i.e. „What is philosophy?”
- identifying central/peripheral persons and concepts
i.e. „Top 10 in...”
- (dis)proving certain large theories (i.e. poststructuralisms; a special status for philosophy)
- clarifying the role of explanation in philosophy
- solving specific philosophical problems
- a tool for students / review papers / editors

Josip Ćirić

INFOSOPHIA



podatkovna avantura u filozofiji

8/8/24

Mala filozofija

infosophia

a data
adventure
in philosophy

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47