

Understanding Consciousness in Damaged Brains: The Necessity and Danger of Philosophy

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The phenomenon that concerns me is unresponsive wakefulness syndrome (“vegetative state”). I explain my reasons for devoting more than ten years of my life to the design and implementation of a brain-imaging clinical trial on these patients, a clinical trial that included more than 100 patients recruited from all parts of Taiwan. I also explain the problems these patients and their families encounter, among which are high rates of misdiagnosis, bureaucratic obstacles to accurate prognoses, and the reckless use of therapies. Scientific ignorance + conceptual confusion + poor public policy + dubious ethical standards are the main causes of these problems.

While explaining unresponsive wakefulness and these problems, I also try to explain what we have learned from the clinical trial, as well as what we have not learned about consciousness. The fact that we spend so much time investigating damaged brains that lose and later recover consciousness, yet still struggle to say clearly what “consciousness” is, reveals much about why consciousness—the essence of human existence—is so difficult to explain. (This fact also helps reveal why so much contemporary commentary, e.g. the statements of Jensen Huang, on Artificial General Intelligence is nonsense.)

In the course of my presentation, I illustrate these issues with specific cases, including a patient who suffered near-total destruction of his prefrontal cortex yet recovered, as well as a case in which a patient clearly capable of consciousness lost her fight to survive because of the four problems cited above.

Philosophical issues are raised throughout the entire talk, but the final third is devoted exclusively to these issues, including methodological paradoxes, conceptual confusion over the concept of “consciousness,” quality of life, brain death and organ transplantation, patient human rights, as well as ethical problems with IRB and medical triage.

Based upon experience acquired while implementing my clinical trial, I conclude with some reflections on both the importance of philosophy and the trivialization of philosophy.

理解受損大腦中的意識：哲學的必要性與危險

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我所關注的現象，是無反應覺醒症候群（**unresponsive wakefulness syndrome**；「植物人狀態」）。我將說明，為什麼我花了十多年時間設計並執行一項針對這些患者的腦影像臨床試驗；這項試驗共納入一百多名患者，受試者來自臺灣各地。我也將談談這些患者及其家屬所面臨的問題，包括高度的誤診率、阻礙正確預後判斷的官僚體制障礙，以及魯莽使用治療方式。造成這些問題的主要原因，是科學上的無知、概念上的混淆、欠佳的公共政策，以及令人質疑的倫理標準。

在談無反應覺醒及其所涉及的問題時，我也將說明我們從這項臨床試驗中學到了什麼，以及我們對意識仍然沒有學到什麼。我們投入大量時間研究那些因腦損傷而失去意識、之後又恢復意識的大腦，卻至今仍難以釐清「意識」究竟是什麼。這個事實本身，就揭示了為什麼意識—人類存在的本質—如此難以解釋。（這個事實也有助於我們理解，為什麼當代有關通用人工智慧（**Artificial General Intelligence**）的許多評論，例如黃仁勳的相關言論，都是無稽之談。）

在這次談話中，我將以具體病例說明這些問題，包括一名患者的前額葉皮質幾乎遭到全面破壞，卻最終恢復意識；以及另一名明顯具有意識能力的患者，卻因上述四項問題而最終死亡。

哲學問題貫穿這次談話，但最後三分之一將專門討論這些問題，包括方法論上的悖論、「意識」概念所涉及的概念混淆、生活品質、腦死與器官移植、患者人權，以及人體試驗倫理委員會（**IRB**）與醫療分流所涉及的倫理問題。

最後，我想從親自執行這項臨床試驗的經歷出發，談談我為什麼認為哲學不可或缺，也談談我對某些哲學論述的憂慮：有些看似深刻的「洞見」，其實不僅流於瑣碎，甚至根本就是錯的。