

CALL FOR PAPERS

Special issue of *The Journal of Medicine and Philosophy*

Conspiracy Theories, Conspiracy Theorists, and Healthcare

Issue Editor: Nicholas Colgrove, PhD (NColgrove@augusta.edu)

Submissions are invited for a special issue of *The Journal of Medicine and Philosophy* on the theme: “Conspiracy Theories, Conspiracy Theorists, and Healthcare.”

Theme Description: “Conspiracy theories” and “conspiracy theorists” are terms that are often used pejoratively. To label something a “conspiracy theory” is, it seems, to disregard it as outrageous, untenable, or unsupported by evidence. Relatedly, to call someone a “conspiracy theorist” is, it seems, to discredit them in some way(s). Perhaps this is justifiable, since many conspiracy theories seem outlandish. Yet, sometimes these “theories” are correct. Regarding healthcare, conspiracy theories (and theorists) abound. For example, conspiracies surround COVID-19 (including its origin), the development and implementation of vaccines, the mental health of public officials, government surveillance of private data (e.g., associated with period tracking apps, genetic databases, etc.), alleged suppression of cures for cancer to “keep people sick,” suppression of information about the environmental and dietary causes of cancer (or illness), climate change, government use of “deepfake” and AI technology, and so on. And even though conspiracy theories are not new, the internet now allows them to spread faster—and to a wider audience—than in the past. As such, conspiracy theories and theorists may present healthcare providers (including public health officials) with a variety of new challenges.

Possible Topics: Given the aims of *The Journal of Medicine and Philosophy*, essays in this special issue should engage with **healthcare-related topics** (e.g., clinical care, public health initiatives, etc.). Questions to explore include, but are not limited to, the following:

- What are the necessary and sufficient conditions for something to count as a conspiracy theory? What separates conspiracy theories from other types of theories or assertions?
- What is the relation between a conspiracy theory and evidence? Are certain patterns of inference unique to conspiracy theories?
- Are conspiracy theories inherently flawed on epistemic grounds? Does advancing or defending a conspiracy theory entail violating some important epistemic norm(s)? Does being a “conspiracy theorist” mean that one possesses or exhibits some epistemic vice(s)?
- When does advancing or defending a conspiracy theory become ethically problematic (especially in the context of healthcare)?
- How should people respond when a conspiracy theory is shown to be *correct*? How should this discovery influence our judgments about the credibility of relevant “theorists”? When have conspiracy theories been proven correct in the history of medicine and what were the outcomes of this discovery?

- What are some ways in which conspiracy theories affect provision of healthcare in a clinical setting (for better or for worse)? What are some ways in which conspiracy theories affect public health initiatives (for better or for worse)?
- How do conspiracy theories relate to public trust in healthcare professionals (including in public health professionals)? Do such theories (and/or disinformation, misinformation, and the like) constitute a public health crisis? Or do they exacerbate public health crises?
- What are some ethical problems that arose with respect to conspiracy theories, available evidence, suppressed evidence, and the COVID-19 pandemic? Pandemic-related topics may include public discussions of statements by public health officials that were later walked back, mask mandates, vaccines, the origin of SARS-CoV-2, and so on.
- When conspiracies center on the health of a public figure, how should we balance a commitment to confidentiality (with respect to patients' healthcare) against the public good of being informed about the status of one's leaders? For example, must government officials share with the public information about their mental and physical health?
- What are some ways in which corporate interests, industries, and opaque reimbursement policies influence the provision of healthcare, healthcare policy, etc.? When do assertions about these influences become "conspiracy theories"?
- What is the relationship between conspiracy theories and whistleblowing in healthcare? How should patients (or the public) respond when healthcare providers or organizations are "caught" conspiring (i.e., when a conspiracy theory about them proves correct)?

The issue editor welcomes early discussions of brief proposals and/or abstracts by email to: NColgrove@augusta.edu

Submission Instructions:

Submissions should be e-mailed to the Managing Editor at journalofmedicineandphilosophy@gmail.com. Please include a statement that your submission included in *Journal of Medicine and Philosophy's* "*Special Issue on Conspiracy Theories, Conspiracy Theorists, and Healthcare.*" Each manuscript must be accompanied by a statement that it has not been published elsewhere and that it has not been submitted simultaneously for publication elsewhere. Authors are responsible for obtaining permission to reproduce copyrighted material from other sources and are required to sign an agreement for the transfer of copyright to the publisher. All accepted manuscripts, artwork, and photographs become the property of the publisher. Please provide files in MS Word Format.

***The Journal of Medicine and Philosophy* is a double-blinded, peer reviewed, journal that appears through Oxford University Press. Papers will be submitted to the journal's usual blinded peer reviewed process prior to acceptance for publication. The Editors and Editorial Board reserve the right to reject the issue in whole or in part, as well as to require significant revisions to particular papers prior to acceptance for publication.**

Manuscript preparation instructions are available here:
https://academic.oup.com/jmp/pages/Instructions_To_Authors

Submission Deadline: March 11, 2025