

The distinction between “disease” and “illness” has played an important role in the debate between *naturalism* and *normativism* regarding disease-concepts. Naturalists such as Boorse hold “disease” to be a value-free, scientific notion grounded on objective criteria of dysfunction, whereas “illness” expresses a value-judgment of a particular disease as undesirable and severe. Thus understood, the distinction between “disease” and “illness” presumes that facts and values can be separated in this realm (i), and that “disease” has conceptual priority, as it is presumed in the definition of “illness” (ii). Normativists such as Nordenfelt, who defend a *reverse theory of disease and illness*, reject both (i) and (ii): They doubt that facts and values are clearly separable and assign conceptual priority to “illness”.

As I will show, the respective debate on the priority of “illness” or “disease” suffers from a general shortcoming; namely, proponents of different views tend to use the same terms in different ways and therefore to talk past each other. For naturalists, the distinction between “disease” and “illness” is one between a descriptive and a prescriptive notion. For normativists, it is a distinction between subjectively experienced symptoms and their underlying causes. This discrepancy is also connected to different interpretations of priority, such as conceptual versus historical or diagnostic priority.

As a means for clarifying the debate, I will disambiguate these different implicit usages and develop a distinction between “disease” and “illness” that is theoretically neutral with regard to naturalism or normativism and distinguishes between different levels these concepts apply to. I argue that referring to the level of medical conditions themselves, the distinction is best understood in terms of a difference between the phenomenology of these conditions and their pathophysiology and etiology. This difference is accompanied by one that refers to the level of discourse as being primarily concerned with descriptive or prescriptive issues. Based on this two-level distinction, I propose a concept of *heuristic priority*, which refers to judgments about what aspect of medical ailments is considered most important in a specific context and is applicable to both the level of entities and discourse.