

The Relevance of Existential Philosophy in Medicine

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Abstract

Health and the practice of medicine have continued to evolve over the past centuries; however, it should be emphasized that it is existential perspectives that maintain the importance of a body-soul connection and the wider perspective in achieving a state of wellness. A state of wellness is different from modern conceptualizations of health and it has been opined that modern medical methodology focuses on revenues and actions of physicians in marketing medical technologies that do not necessarily produce positive outcomes. Although medical technologies have allowed people to extend their lives as a perceived benefit, this technological type of intervention has many times led to lack of responsiveness to the natural progression of holistic physiological well-being. Medical practice should be viewed through a wider lens as a method of addressing a state of wellness and balance between body and soul, in order to achieve the desires and needs of both doctors and patients.

Keywords: Existential philosophy; Aitia; Techne

Introduction

Existential philosophical underpinnings have influenced perceptions of health, wellness, illness, and medicine since the ancient Greeks. Philosophers like Plato, Aristotle, Galen, Heidegger and Illich considered questions related to the nature of knowledge, the meaning of health, the connection between the mind and body, and the influence of changing medical theories and technologies. Interpreting and evaluating theoretical foundations and the meanings they hold are essential to defining a workable philosophy of medicine [1].

Background of Hermeneutics and Phenomenology

In 2010, a Dutch theorist named Sven Svenaeus published a work entitled *The Hermeneutics of Medicine and the Phenomenology of Health* [2]. The goal of this work was to create an interpretive meaning of health and medicine and to answer some philosophical questions about the process of medicine and the application of interpretations in practice. Svenaeus maintained that one of the essential philosophical questions in medicine today is defining an interpretive approach to developing meanings for commonly used terms like health and illness, as well as a response to the seemingly more concrete question: "What is medicine?"

Expansive advancements in medical technology since the 1970s have led to a reflective recapitulation of philosophy of medicine and the identification of major underpinnings [3]. Rather than viewing medicine as a simply empirical science, medicine has been gradually reborn as a more reflective, theoretical discipline, one that integrates medicine with medical humanities. In exploring the "exploding arsenal of new medical knowledge and technologies," it has become necessary to identify the purposeful nature of these technologies and identify their use in relation to philosophical principles like utility and ethics.

Simply evaluating and defining the central terms of the medical profession is not enough to demonstrate the value of a new approach to medical philosophy. In fact, evaluating everyone from Plato to Illich

will not expand upon the nature or practical philosophy of modern medicine if there is not a connection between the evaluative process and the practice process. The conceptual views of men like Plato should not simply be abstracted to be of utility in creating a view of medicine in the modern era; Plato's philosophical views need to be understood in the context in which they were derived, and subsequent definitions of health, medicine, illness and other terms related to the field need to be created in response to the specific derivative conditions. Subsequently, philosophizing of any kind needs to be deeply rooted in the "lifeworld characteristics" of human experience and the "embodiment, culture, society, history" that drives it [4]. Subsequently, a philosophy of medicine needs to be rooted in both hermeneutics and phenomenology in order to support a process by which philosophical abstractions can be embraced and explicated with a meaning that is linked to particular experiences. This is the approach that will be taken in this evaluation of the views of Plato, Aristotle, Galen, Heidegger, and Illich in regards to skills, medicine, health, and illness.

Plato, Aristotle and Galen

Plato's perception of the human condition and the connection to the purposeful nature of medicine embodied an ideal of the human organism as a whole, rather than the sum of its parts [5]. Plato linked the physical condition of the human organism to the connection between body and soul and believed that disease represented a lack of order. Illness or disease was not perceived as inherently negative conditions, but instead as markers, for Plato, of the need for introspection and order.

Essentially, Plato held that any process of addressing physiological conditions leading to illness required an understanding of the unity of body and soul and viewed illness or disease as a natural part of the struggle to unify both and create order. Any focus on disease or illness that would be inherent in the practice of medicine had to be linked to what Plato viewed as health, which was also connected in every philosophical sense to his pursuit of the virtuous life. Instead of creating medicine designed to address symptoms of disease or to cure a

set of conditions impacting a certain organs, Plato argued that the pursuit of health was connected to the pursuit of knowledge, wisdom and virtue.

Aristotle shared some of Plato's view in regards to the unified human condition, but viewed medicine in terms of the technical skills and capabilities that physicians could bring to resolving some of the imbalance that exist between body and soul [6]. Aristotle expanded upon the concept of *techne*, or the belief that individuals could provide care in a skillful manner that was intertwined with the concept of *phronesis*, or practical wisdom related to the conduct of the practitioner. One of the clear distinctions that Aristotle made in relation to medicine and the practical application of skills is that practitioners, whether they be builders or physicians, apply their *techne* in a purposeful manner with the desire to ensure an end rather than simply the demonstration of skill. The ability to restore health, then, became the end product, or *ergon*, of Aristotle's conceptualization of *techne* from a medical perspective. It is not surprising that this approach served as a foundation for the development of medical impetus, primarily defined by the connection between medicine and its practical outcomes. Medicine, then, was not the practice of *phronesis* for the purpose of developing knowledge, as Plato might suggest, but of *techne*, or the practical application of skill in order to be useful in determining *ergon*, or beneficial outcomes for sick people.

Both of these views influenced the authorship of Galen of Pergamum (AD 129-c.200/c.216), a significant physician providing service to the Roman nobility during the Second Sophistic. Galen sought a closer understanding of the teachings of Plato and Aristotle as a foundation for developing a perspective on the purpose of medicine [7].

Galen shared the Sophist view of the unification of mind and body, but also distinguished himself in practically applying science to the exploration of physiological conditions [8]. His perspective was unique because it defined an interconnected viewpoint that was innovative and sought to cure "diseases of the human soul" through physiological interventions by a physician [9]. Galen believed that there were measurable norms that could be identified from a physiological perspective that related to specific dysfunctions or imbalances of body and soul. Subsequently, he described at great length the process of evaluating individuals in regards to the manifestations of bodily disorder, emotional disequilibrium, or neurotic affections. Emphatic focus on health as an achievable directive had practical repercussions for Galen in terms of the activities or *techne* of the physician.

Heidegger

It may seem a significant jump in time to move from Galen to Martin Heidegger, but the some of the central philosophical principles related to the purpose of medicine and the practice of physicians warrants consideration of the evaluation of the *techne* of physicians identified by Galen and Heidegger's belief that physicians should be viewed as scientific technologists supporting the pursuit of health.

Like the ancients, Heidegger saw a connection between mind and body and developed a distinct view of what constituted health and illness. Heidegger contextualized the human experience in a state of balance as a person as "being-in-the-world" and maintained the importance of supporting the balance and rhythm of that condition. Svenaeus took Heidegger's perspective one step further, describing health as a person has "homelike being in the world" and unhealthy or

illness as a person's "unhomelikeness" [10]. Medical practitioners, then, come into play in supporting the pursuit of balance through the application of *techne*, skills, and the subsequent application of medical technology.

Heidegger's distinction between the ancient concepts of technology is based on specific definitions related to ancient Greek views of *techne* and modern changes in both perspective and process. The concept of *aitia*, which Heidegger translated as "to occasion" relates the concept of causality to the application of technology. *Techne*, then, is based on skill as a kind of revealing process, one that uncovers essential truth, or *alethia*. Heidegger subsequently maintained that there is a correlation between medical skills as revealing of truths through the use of tools, and modern technologies, which are machine-powered.

Heidegger's conceptualization of medical processes and the connection to the pursuit of health was shaped by the interconnected nature of man's physiological experiences and the conceptualization of experiences in the world. Heidegger believed that any application of technology required the unconcealing of processes that are linked to man's role in the world. Technology or medical skills aimed towards supporting a process of change for an individual required acceptance of the limitations of the human condition and knowledge that health, or wellness, are shaped by individual perception and the ability to achieve balance.

Illich

Ivan Illich (1926-2002), a relatively modern theorist, distinguished himself by embracing some of the existential perspectives of the past and creating a critical perspective on the application of medical technology in the modern era. Illich believed that contrary to the modern medical industry, physicians are no closer at realizing or achieving health for the masses than religious leaders were more than a thousand years ago. The side-effects of surgery, the imbalances created by medications and the implications of medically derived environments have led to a progression of *iatrogenesis*, or the creation of illness at the hands of medical practitioners. Illich maintained that medicine "not only exaggerated its own utility, but actually did more harm than good."

Illich defined two interesting aspects of the debate over the nature of medicine, the pursuit of health and the role of practitioners, including the assertion that medicine has developed in an economic environment that pursues life-long consumers of medical services and this has resulted in the medicalization of every aspect of life and health. Medicine, then, has become a method of working against the presence of illness by creating dependence on medical services for events in life, from childbirth to death, that don't always require any kind of medical intervention.

Illich argued that the creation of a medical industry has led to the lack of a view of the interconnected nature of body and soul, and has subsequently "undermined the ability of individuals to face their reality, to express their own values, and to accept the inevitable and often unremediable pain and impairment, decline and death. It was Illich's contention that illness or sickness has not always been viewed as an abnormality, but frequently as a simple reality of the human condition. The modern medical industry has taught men to be alienated from the natural physiological processes that come to pass as people move through the world and has placed doctors in the position of combatant against the evils of illness. Rather than working as a part of a patient's team in a cooperative process aimed at creating comfort

and meaning, physicians have taken on a kind of mystic role in applying treatments without a full understanding of their impact.

Bradby (2010) pointed out a number of examples linked to Illich's perspective, including the expansion of antibiotic resistant bacterium and the widespread use of unnecessary pharmacological and surgical interventions during labor and delivery as ways in which physicians have created harm through the continuous application of medical technologies. Iatrogenesis, or the health threats that originate with the practitioners, create a unique kind of suffering requiring additional medical interventions within the scope of the current medical model. Illich recognized the need to return to a more holistic approach to medicine in which illness is not seen as an aberration and individuals are supported through the process of illness or the pursuit of health on an individual basis [11].

Conclusions

The progression of views of health and the application of the activities of physicians have changed over the centuries. The existential perspectives presented maintain the importance of connection between body and soul and there is growing evidence about the importance of this kind of perspective in supporting the achievement of wellness. Wellness, though, is very different from modern conceptualizations of health. Illich recognized that the modern medical machine focuses on revenues and the actions of physicians in the selling of medical technologies that do not necessarily produce inherently positive results. The application of medical technologies, for example, that have allowed people to live much longer lives is perceived as a benefit in comparison with the belief that more is always better. This type of intervention, though, has led to the lack of responsiveness to the natural progression of physiological wellbeing through the lifespan. Medicine, then, should not be a panacea against

natural events or the progression of life experiences. Instead, it should be viewed as a method of addressing the balance between body and soul and in meeting the desires or needs of the patient, without concern for its reflection on the prowess of the practitioner.

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