The medical aspect and the existential dimension of illness: some bioethical reflexions

El aspecto médico y la dimensión existencial de la enfermedad: reflexiones bioéticas

Lourdes Velázquez*

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Abstract

According to the «classic» notion, the purpose of medicine was helping preserve and recover health; understanding health as physical, emotional and vital wellbeing, influenced by material actions, as well as supernatural and cosmologic inflows. During the Renaissance, modern science offered its knowledge to medicine, which stopped considering supernatural and cosmic inflows. In addition, the Cartesian notion of Dualism reduced medicine to look exclusively into the body construed as a machine according to proposed models based on different sciences. This physicalist and analytical perspectives have provided for significant achievements. However, illness implies, as far as the experience lived by the patient is concerned, aspects of existential discomfort, fragility, dependence, loss of identity which oftentimes medicine disregards for being subjective. This mistake should be avoided by supplementing medical expertise with the several sources offered by philosophy, arts, religion, which allow the sick to find inside

* Professor/Researcher School of Health Sciences. Multidisciplinary Bioethics Center from Universidad Panamericana Mexico, Mexico City.
https://orcid.org/0000-0003-3082-8194; E-mail: lvelazquezg@up.edu.mx
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themselves the support required to give meaning and value to their lives in their actual conditions.

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Introduction

In the last few decades, several areas of study, such as care medicine or palliative care have underscored the importance of psychological, social and environmental factors on the effective treatment, especially in certain stages of some diseases.[1] This has brought concrete progress in the application of a concept accepted for a long time now, but that has frequently remained as a theoretical assertion, according to which the physician is treating not the disease but the sick person, the patient. This assertion leads to several consequences related to considering the patient as a *human person* endowed with intrinsic dignity and autonomy, which have changed many things in medical practice. However, there is still something to dig deeper into, something that concerns to the understanding of the very nature of illness and which can only be superficially addressed by the medical practice. It is the *existential* dimension of illness, and it is important that the physician is aware of it, which does not mean that medicine should be burdened with an additional task. Being aware of this dimension shows other approaches that may supplement specifically medical perspectives and may be of great help in the comprehensive treatment of an illness, also beyond the rather exceptional circumstances represented by the most serious typologies that so far have called our attention.

The purpose of this paper is offering a historical and philosophical reconstruction of the stages that have led to the current status in the way of understanding and practicing medicine, bringing to

light certain limitations inherent to this model, to end with some suggestions to overcome such limitations.[2]

1. What is illness?

Whenever illness comes up in our regular speech, this word is usually associated to a scene including doctors, hospitals, lab analyses, state-of-the-art machines, pharmaceutical industry, etc. In this scene, the patient cannot find a place of his own, where he can stand as an individual. Even his disease seems to be related to certain parts of the body rather than to himself (we speak about heart-disease, skin-disease, lung-disease, etc.) and even when we speak about «suffering» we frequently refer to some part of the body (he suffers kidney-disease, liver cancer, etcetera).

We do not mean to minimize the size and exceptional scope of medicine, its achievements and merits; however, we have to realize that illness presents a large display of aspects and possible considerations; it is an extremely complex «reality» and, for that reason, pretending to know, assess and address it from one sole viewpoint always proves to be reductive and even arbitrary. As a matter of fact, we may say that as soon as we attribute to medicine the *specific* task of being related to illness, the concept of medicine receives an unexpected semantic latitude, i.e. the possibility of being understood according to quite different models, each of them related to the way illness is understood (even if, subsequently, the type of medicine adopted works as a vehicle to interpret the disease in a particular way).

What type of «reality» is illness?[3] In its fundamental meaning it is the type of reality of a human experience *lived,* this is, from an existential experience that completely surrounds the individual who lives it and, therefore, cannot be exhausted in any of the aspects that characterize it. For example, it is obvious that a disease usually implies a more or less significant level of *suffering,* or it

often entails a more or less important body injury; however, it cannot be correctly identified with any of them. Oftentimes suffering, even acute suffering, appears to us as an aggression attacking us «from the outside», causing us pain, but in front of this we are capable of keeping our autonomy and reaction capacity, as it also happens for several injuries affecting our body. In the event of a disease, on the contrary, even a non-serious disease, we clearly perceive a global change in our *way of being and of living*: we become uncapable of performing a wide range of actions and functions that are absolutely trivial and elementary, all of a sudden we become fully dependent on other people, our space and time boundaries are drastically reduced, we live in a palpable situation of impotence, limitation, fragility, our capacity to make projects is strongly reduced, our body, which up to that moment was one and the same with our self and remained «unperceived» and «silent», becomes something that is before us as an external obstacle. That is, we feel that «we are not ourselves anymore». These general characteristics intensify when the disease increases its persistence and seriousness, when it implies long and significant disabilities, when the perspectives regarding its duration, the possibilities to heal, the degree of a possible recovery is uncertain, they even become more tragic when the physical pain intensifies and the possibility of a fatal outcome accompanies all of this.

This, and other similar things, is the *reality* of illness, and it would be quite naïve to assert that these things are simply «subjective counterparts» of an objective situation which, for example, medicine is capable of describing on the bases of scientific criteria. Nothing is more real than life, for someone who lives it, and no one can live life but in first person, this is, as a *subject*. In this case, however, subjectivity is precisely the genuine brand of reality, and the sick person approaches the doctor (or any other person or institution) with the intention of leaving behind that personal experience lived which the person does not accept. Therefore, ultimately, it is medicine (whether scientific or not) that is measured

and judged per its capacity to respond to the needs of the pathological *experience lived,* and not the opposite.

What has been said is not intended to overshadow «scientific» medicine, but simply to remind the fact that medicine considers illness according to an important, but partial, perspective, which for this particular reason could and should be integrated with other perspectives capable of approaching this dramatic human experience according to other dimensions.[4] Precisely because it directly and deeply affects our own existence and that of other human beings who are more or less close to us, illness cannot help but give raise to these questions of *meaning* that the human being asks himself whenever the *negative* bursts into his life. These questions may be ultimately dictated by the desire to find a means to expel such negativity (having understood its causes and reasons), but they inevitably have a broader range and therefore, often imply philosophical, cosmological, anthropological and religious perspectives. As every human experience lived, illness is in no way something obvious: it should, first of all, be understood and explained, and secondly an attempt could be made to find its possible meaning. However, this apparently simple approach opens a range of different *interpretations* of illness (i.e., the response to the question «what is illness?»), and the *explanations* they can provide. In general, they depend on the *concept* of man accepted by a given person or a given culture.

2. Illness and health

What we have said becomes particularly clear if we consider how classical tradition has conceived the *art of medicine*. According to a terminology initiated by the Greek philosophers and preserved at least until the Renaissance (which we will call «classic» or «premodern» for our purposes), *téchne* (in Greek) or *ars* (in Latin), which we usually translate as *art,* has designated an *effective* endeavor

grounded on *theoretical* bases (i.e., on *knowledge*) capable of providing the *reasons* for its effectiveness with regard to a *specific purpose*. In the case of medicine such purpose was identified with *health,* and this concept had a global latitude, which meant living a full and satisfactory human experience. Medicine was therefore defined through a denial, this is as curing the «deprivation» of health and, as all the concepts defined by denial, it had quite blurry borders, being open to different configurations depending on the type of deprivation considered. By contrast, in the modern perspective, the specific purpose of medicine is the *illness*. Therefore, it is illness that must be characterized in a «positive» way (i.e., in an accurate and clearly identifiable way), while health becomes a quite unclear concept, if understood as the «absence of illness» in a necessarily general sense.

The cultures that we could call «traditional» to distinguish them from the «modern» culture (to which, therefore, the «classic» culture also belongs) typically conceive human existence as embedded in a certain *order,* and health (understood in the global sense mentioned above) as consisting of an existential plenitude derived from a congruency of individual life with such an order that is simultaneously universal and particular. Universality is expressed by the idea that the cosmos is a well-ordered whole, and such order receives a sense we call «religious» because it is thought to be the manifestation of a divine presence understood in different ways. In certain cultures, the divinity is conceived with characteristics of transcendence and the order is interpreted as the consequence of a conscious and voluntary *project* of that divinity that (according to different modalities) has originated the universe and keeps on ruling over it. In other cultures, the divinity has characteristics of immanence and the universe is conceived as a *manifestation* and almost as a display of the divine. In both cases the principle of order is *metaphysical,* i.e. invisible, imperceptible through the senses and it is presented with the purpose of understanding and explaining anything that arises from a sensitive expe-

rience. Such cosmovision is completely consistent with conceiving reality as a whole that contains forms, dimensions, entities of different types: material, immaterial, capable of passive and active mutual interactions, according to a large display of modalities. Within this universal order, different particular orders of the singular entities are located, each of them with their own ordered structure which is simultaneously condition and guarantee of its proper subsistence and a contribution to universal order. This situation also occurs particularly in the case of the human being, and even becomes more pronounced in those visions (which are quite frequent) where man is conceived as a *microcosmos,* i.e. as a complex reality that presents and reflects all the elements, factors and characteristics that are part of the composition of the universe. Within the framework of such perspectives it has become perfectly rational to admit, for example, that an event or practice of religious type could have consequences on physical processes, human affairs (individual or collective), in the moral or mental sphere and, particularly, on people's health conditions. Likewise, a moral «disorder» may imply consequences of several types (including physical illness) in the life of a person, regardless of considering such consequences as a punishment for a fault (actually, it can also affect innocent people). All this happened because there was no real distinction (or at least no separation) between the natural and the supernatural, because the supernatural was thought to be impregnated with the substance of «naturality» itself, understood as the physical and worldly reality.

3. Illness and fate

What we have said does not underestimate the fact that, in all these cultures, illness was not considered as a pure and simple «adversity» that affects an individual: it was specifically conceived as a «damage» that impacts man specially in his *body,* causes suffering

and may take him to death. Consequently, a particular system of practices, and even a particular class of people, are specifically appointed to treat diseases (and this is what allows us determining the domain of «medicine» in each culture). Up to this point the considerations outlined above help us understand in a more accurate way certain historical facts: for example, that in several cultures the priestly class was also (fully or partially) entrusted with the medical profession; that medical activities were carried out by individuals who believed to have magical powers; that a very strong link was thought to exist between the pathological events and the setting of celestial bodies. It is very easy to make fun of all of this, as pure superstition or irrational beliefs. As a matter of fact, they intrinsically were consistent *intelligibility frameworks,* according to which, first of all, the patient understands himself and his disease, and as far as medicine is concerned also pursued a rational justification for its practice. Particularly, these frameworks are strongly related to the experience lived from disease, an experience lived that does not accept being described within the scheme of *randomness* but in the very different scheme of *fate*.

Randomness means, almost by definition, the absence of reasons and sense: it is quintessentially «blind». Fate, on the other hand, expresses the idea of an established path, that has certain sense, even if it may be kept hidden; but one cannot expect to unravel this sense and, at least partly, make it favorable. And even independently from this possibility, the idea of fate allows you to put illness within a framework that goes *beyond* illness itself and going beyond could also bring the trust or hope for a globally positive *final* outcome. This could be easier if fate is thought as an inscrutable divine design, because one could be confident in the goodness of the divinity or in the possibility of getting its benevolence through rites or prayers. In the first case, one may reach a positive acceptance of an apparently adverse fate or, in the second case, one can trust in some change of course. This could also happen, to a different degree, if fate is conceived as some kind of cosmic influence.

In this case it is often conceived not so much as a strongly predetermined course, but as a fortunate or unfortunate «predisposition», so, if this is accepted, it could be possible to get to know certain conditions that could oppose to the concretion of such predisposition (in case it is negative), or take advantage of it (if it is positive).

This, particularly, is the sense that astrology has received within medicine in most cultures: for example, the belief that people born under certain constellation were prone to a given disease made it possible to infer indications for certain particular precautions that people should take in order to avoid falling victims to such disease. This seemed even more plausible since the cosmic influences were generally considered not mysterious direct actions but rather energies specifically identified as precise «elements» or «humors» that are present in the nature as they are in the human organism (microcosmos); therefore, it was reasonably possible to assist or oppose the cosmic influence through adequate procedures to control such elements or humors in the organism, and these procedures have precisely had the meaning of therapeutic practices.

4. A global approach to medicine

Situating health and illness in a *global* perspective that encompasses heaven and earth, cosmic influences, divine designs, magical forces implied an extremely *holistic* vision of medicine, where this art's concern was not only «the wholeness» of the human *organism,* but also «the wholeness» of universe, the complex material and immaterial reality where human *life* is located. The reason why this perspective could be called «extremely» holistic is because it is burdened with *metaphysical* notions, that were required to give a sense to disease, by going *beyond* what may be empirically proved and resorting to notions, beliefs and practices offered by religion and magic.

However, the holistic way of thinking did not abandon medicine, even when its connotation became less and even less, metaphy-

sical; this is, with the development of the «rationalistic» type of medicine that was inaugurated in the Western World by the old Greek culture. When we describe medicine as rationalistic we want to emphasize that other perspectives of medicine were really «rational» (as we have tried to prove), but corresponded to a type of rationality less rigorous than the one postulated by the Greek philosophers, and which consisted on recognizing as *knowledge* only the result of empirical observation and strict logical arguments. Within the conceptual framework of this medicine, it was still necessary «to go beyond» what immediately arises in the sensory experience (a condition that is unavoidable in any effort to understand and explain any type of reality), but the «realities» admitted in this theoretical framework were more or less of the same «ontological type» than the empirically observable realities (and in this sense they were «less metaphysical», as we have already mentioned). As a matter of fact, the «everything in order» on which medicine focused was the human organism, the microcosmos where the four elements that compose any material body (air, water, earth and fire) are accompanied by the four fundamental humors (blood, phlegm, black bile and yellow bile), and completed by the four «qualities» that characterize them (warm, cold, moist, dry), which are in turn related to the four seasons.

This quaternary scheme, which first formulation is owed to Empedocles, and is already explicitly present in the hypocritic *corpus,* has undergone several restructurings (which we will not mention here), and that have led in the history of western medicine, up to the Renaissance, to anatomical-physiological theories about the location and paths of humors, to diagnosis and therapeutic approaches, to connections with astrological doctrines. However, what we want to emphasize is that, according to this scheme, the health of the organism was conceived as a state of *balance* among these several components (the *krasis*),[5] while disease was interpreted as a fracture of the *balance* (or order) due to the predominance or excess of one of these components over the others. The purpose of

therapy was helping the organism to recover its balance, sometimes intervening from outside, others by stimulating internal energies.

It is worth pointing-out that this principle of the correct measure, of avoiding excess, which is the model of old ethics, of the classical idea of justice, of the classical ideal of wisdom, was also the main model for medicine. But this is not mere coincidence: it rather reflects the fact that medicine did not lose sight (even in its technical peculiarities) of the global human experience lived. This is confirmed, for example, by the fact that Hippocratic medicine gave a wide space also to considerations about the global living conditions of the patient (today we would say his *quality of life*), from his physical-climate environment, all the way to its family context, his psychic wellbeing, which also requires a physician, in addition to his technical expertise, also an irreproachable human and moral behavior (let us think of the «Hippocratic Oath»).[6]

The above refers to the conceptual framework, the *theoretical* context of the *art* of medicine. However, to be really so, it had to prove to be an *effective* practice as well. This implied a great *empirical* component, which consisted of precise descriptions of symptoms, clinical resources, therapeutic results, anatomic findings, data collection and comparison, all that is broadly documented in the papers written by great medical figures from old times, but that are also present in other cultures For example, the priests-doctors of pre-Hispanic Mexico were not content with curing their patients with rites and prayers, but they received a long and rigorous training that we would call «scientific» in a modern sense, this is a technically specialized medical education.[7]

5. The new perspective: mind-body dualism

What has changed with the emergence of *modern* medicine (i.e., medicine which developments started in the Renaissance)? Of

course, a lot has changed, but not to a completely radical extent. If we were to affirm that the fundamental change consisted on applying to medicine the discoveries of the new natural science, we would say something true, but still it would be half-truth (because, after all, traditional medicine did not completely dismiss the contributions offered by the natural science of its own time). The most decisive change refers to the new *conceptual framework* (more precisely the *metaphysical framework)* which characterizes modernity. This follows the rapid decay of the *theocentric* perspective that had inspired the western world for a millennium. This does not mean rejecting «theism» and transcendence but, paradoxically, an exasperation of the transcendence of the divine that was rigidly separated from the world and was confined to the domain of religion, which is essentially accessed through faith. Right now the natural and the supernatural are conceived as two separate orders of reality: the existence of God is generally admitted, but it is reduced almost exclusively to the role of creator of the world and author of the revelation and the supernatural ceases to be a point of reference to understand and explain the physical world, as well as the human world, which is interpreted as *iuxta propria principia.*

The not few thinkers who are still interested in «saving» the legitimacy of a rational speech about God and the spiritual dimensions of man consider that this is possible by introducing an acute ontological separation, presented in the famous Cartesian distinction of the «two substances», the *res cogitans* (i.e. the reign of the spirit) and the *res extensa* (i.e., the reign of matter, identified with everything that occupies a space). Now, the *substance,* according to the definition of classic ontology, is anything that has an autonomous existence in itself; therefore, dividing reality between two types of substances was equivalent to conceiving it divided into two orders of existence completely autonomous and with no interrelation. We have said that such strategy has been introduced in order to «save» the spiritual realities of God and man. But, from what threat should they be saved? From the threat of materialism,

that was expanded by the impulse of the cognitive successes of the new mechanical science. These, as a matter of fact, were reaching increasingly important achievements by «reading» the world only from the venue of matter and movement concepts. It is true that such reading only considered the physical world, but the attempt to extend it to the understanding of the *everything* of reality was already arising, and this could have meant the cultural elimination of any speech about the supernatural.

Therefore, the solution here: the speech of new sciences concerns *only* to the physical world, but in addition to it and well separated from it, the world of the spirit also exists. In this world, science has no competence, just like theology and metaphysics have no right to interfere in matters related to the physical world. This would prevent the re-emergence of painful events such as Galileo's Trial, and full autonomy to research would be guaranteed for the new sciences, while ensuring a similar autonomy for theology and metaphysics as well.

However, the advantages of this (provisional) intellectual peace were paid with a really high price. Leaving aside the difficulties of a more general philosophical type, it is sufficient, for the subject of this debate, to consider the price paid in the notion of man. Which consisted of the *rupture of the human being unity,* rupture that even equaled a loss of his own *identity.* It was also said that two separate substances coexisted in man, body and spirit, with no philosophical justification of their correlation and interaction. The spirit would continue to be the object of traditional disciplines of theological and metaphysical type (feeling free to ignore the material dimension). The body would be the object of study of the physical sciences, which was (in that historical moment), the mechanic and then also the other natural sciences gradually developed. Interpreting the body according to the conceptual framework of a *given* science, essentially equals conceiving it as a *machine* and, as a matter of fact, the human body was subsequently presented (as a whole

or in some of its parts) as a chemical, thermal, mechanic or cybernetic machine.[8]

But one could wonder: Which one is the *true* man? In the dualistic perspective any response to this question would prove arbitrary; depending on the personal choices, someone will say that the true man is the spirit, which is joined to a material machine only accidentally and by chance; other people may say, on the contrary, that the true man is his body, of which the alleged spiritual dimensions are nothing but epiphenomena. As a matter of fact, neither the sprit nor the body are substances in a philosophically correct sense, since neither a disembodied spirit nor a (human) body separated from all the psychic and spiritual experiences that accompany man's life does exist. The true substance is man in his individual integrity, of which body and spirit are simply two areas into which it is possible to conceptually (but not concretely) subdivide his ways of existing.

6. How the concept of medicine changes in the dualistic vision

After the premises we have just outlined, it is easy to understand in which direction modern medicine was unavoidably heading. While it had been traditionally concerned with the diseases of the body, it now has at its disposal the knowledge offered by the new *physical* sciences, so medicine not only adapted its theoretical frameworks to the interpretation of the body as a machine, but it felt authorized (and almost methodologically forced) to be concerned only about the body, without accepting any reference to the other «substance», and even considering as dangerous confusions any consideration that pretended to go beyond a physicalist way of treating the issues. In this way, almost on the border of Galileo's work, take shape, for example, Iatromechanics (which is a theore-

tical concept of the organism and its functions as a system of parts and mechanical actions, which lead to the corresponding interpretations of the disease, its causes and therapies). When such point of view seemed too close-minded, its corrections were not found in that dimension of man that physical science does not explore, but in a different natural science, and Iatrochemistry got very influential (this is when the role of leading science in the reading of the organism and in the deduction of the corresponding corollaries moved from mechanics to chemistry). Later, other natural sciences offered similar services, when the need to expand the theoretical frameworks of medicine was apparent.[9]

If the only concern of medicine is the human body, and it is equaled to a machine, disease is equaled to a «breakdown» of the machine, which should be «repaired» as it is done with any breakdown, this is, finding first the damaged part and trying to repair it or, if necessary, replace it. An additional rupture of the unit occurs in that way: after the unity of the human individual, it is the unity of his body that is lost. Not only is it overlooked that what gets ill in the human being is his endurance (i.e., disease is, first of all, a personal experience lived), but illness itself is considered as something that affects a given *part* of his body, which is a typically *located* fact (this approach is consistent with considering the body essentially a *res extensa*). Therefore, the trend that had already came up in medicine early in the Renaissance receives a powerful impulse; this is, moving the focus to the pathology of the individual organs, which soon would be supported by the development of observations in pathological anatomy, and that is the root of this strongly *specialized* approach that has increasingly characterized the western medicine (it is not by accident that even today the diseases are officially classified as diseases of a certain organ or tissue: heart, liver, lungs, blood, skin, bones and so on).

In this case, too, we find an affinity with a mental attitude proper of modern science, the adoption of the *analytical* way of thin-

king; while traditional thinking used to interpret and explain how parts worked under the light of the whole (*holistic* point of view), the modern approach considers the properties and working of the whole as the *result* of the arrangement and properties of its parts, and they are completely understandable and explainable as a function of such parts. It would be impossible to deny the great achievements in the several sciences and in medicine thanks to the adoption of the analytical method; but also, nowadays the limits of this approach are properly stated, as much as the distortions it can produce. We cannot pay attention now to this important problem, but we want to mention another fundamental subject.

7. The physicalist framework of modern medicine

We had the opportunity to mention above that the novelties of modern medicine as regard to traditional medicine are conspicuous, but not as radical as one could think at first glance. A common characteristic to both is that modern medicine does not ignore the relation and influence of the outside environment on the human body, with causal effects on the emergence and development of pathologies; in addition, modern medicine is far from overlooking certain relations among the different parts of the body. The difference lies only on the type of *interactions* considered actually possible, or at least relevant, and this difference is of the philosophical type and, more precisely, of the metaphysical type. For example, nowadays we say that certain sites or weather conditions are «healthy» or «unhealthy»; that is why we accept that the external environment may influence the health conditions of the organism, and also from the external environment come officially recognized pathogenic actions, such as attacks from bacteria or viruses, the cancer-causing effects of some chemicals or even long-distance radiation. In the cosmic-environmental «influences» accepted by traditional medicine what changes is only the «typology» accepted,

nowadays medicine only acknowledges completely interpretable influences within the framework of causal actions of the *physical* type, duly understandable on the bases of physical theories.[10] However, it is tacitly admitted that the spectrum of pathogenic influences is broader, for example, when it is acknowledged, on the basis of reliable statistical correlations, that a gastroduodenal ulcer or a heart attack may be encouraged by «stressful» living conditions. The rigorous physicalist explanation of such causal actions of the psychological state in the diseases of the body are not clearly provided, and it is only vaguely affirmed that it may be tracked, in principle, to certain alterations induced in the nervous system.

It would be interesting (but it is beyond the scope of this paper) to ponder how this physicalist approach has influenced psychopathology and psychiatry, i.e. the notion of mental disease. From the physicalist viewpoint, it is only the body that can get sick and, as a matter of fact, when psychiatry started in the mid-19th century, mental diseases were considered diseases of the brain. By the end of the century, however, this perspective had showed its limits and a development started in the direction of a global consideration of the human existence of the sick person, which may be found in Karl Jaspers' General Psychopathology, partly in the first edition and a lot more in the second edition (see Jaspers 2006). The development of this line is especially found in the concept of existential analysis and phenomenological psychiatry by Ludwig Binswanger. However, the idea that in fact there is no true disease of the mind persists and an author like Thomas Szasz considered mental disease a «myth» attributing the psychic disorders to social factors in a broad sense (see Szasz, 1961) according to a line later taken to the extreme by the anti-psychiatry movement.

Even the old idea that an individual may be «predisposed» to the onset of certain pathologies, even notwithstanding certain precise external causal actions, is not far away from the current medicine. Instead of attributing such predisposing «constitution» to the

influence of the constellations under which the individual was born (as the old astrological theory did), the concept of an innate «constitution» becomes necessary through the theory of the inherited characteristics embedded in the genetic code of any living creature. The DNA provides biochemical keys (i.e., physicalist) to read this old concept.

8. Conclusions

Medicine and the recovery of human integrity. Once again, we do not mean to suggest that the perception of physical medicine is «incorrect», but just that it is *partial;* it focuses on certain decisive aspects of disease, but ignores the fact that disease, for the patient, is essentially a painful experience and that, due to this fact, it is not perceived and interpreted in the same way by the patient and by the physician. From many points of view this is unavoidable, but this does not justify systematically ignoring such difference in perception; particularly, it does not justify the generalized belief that the *true* face of disease is the one that comes up through the «scientific» approach, while the other face is something that (even in the interest of the patient himself) is better not taken into consideration. Nowadays we are increasingly aware that for a correct diagnosis and therapy it is important that these two images are compared and brought as close to each other as possible (this is, that the doctor makes a real effort to «enter» into the patient's viewpoint).[11] We do not claim, however, that the solution to this difficulty should be completely left to a greater commitment by the physician. It is based, instead, on recovering the awareness of the unity of the human person,[12] with the consequence (which is easy to say but hard to put into practice) that medicine should heal the patient and not the disease, since that, far from being the concrete reality, becomes abstraction when it is separated from the consideration of *who* is affected.

This means that, *in addition* to medicine, other angles should also help the patient challenge that existential impasse, first of all helping him overcome that kind of split between himself and his own body usually caused by the disease (when the body becomes an obstacle to our own existential plenitude); helping him see the disease as a manifestation of his *finitude,* without transforming it into anguish, even when completely recovering health is not at sight; specially helping him to give some kind of positive *meaning* to the disease, making him feel that the disease does not affect the deepest levels of his personality, nor does it diminish his *dignity;* it may seriously reduce his scope of action, but not the scope of his thoughts, the possibility of loving and being loved, wanting, hoping and even encouraging, by example, other people.

All of this is possible if we do not take away other dimensions of man that cannot be reduced to his physical dimension. The task of cultivating these dimensions corresponds to the whole culture of a given society, and especially to philosophy and religion, to literature and arts, to sum-up, all that can help us keep alive and value those things that bring *inner richness* to our life and a non-nihilistic meaning to our suffering and even to our death. Many experiences confront man to his fragility and finitude, but few of them make this situation evident for him; that is why a disease which is *well lived* may even prove to be one of the most positive experiences in his life (as many historical examples show).

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Bibliographic notes

[1] See, for example, ALVARADO GARCÍA, 2004; FRANCO PELÁEZ, 2009; AGAZZI, 2018.
[2] Due to the peculiar nature of this research, notes and historical references will be limited to the minimum; it will be enough to mention a well-known history of medicine, such as Laín Entralgo's (1978, reprint 2006).
[3] About this type of question see, for example, URIBE CANO, 2013.
[4] This difference between the way illness is perceived and interpreted by the patient and the doctor has been subject of several studies. Among them, special mention is deserved, due to the pertinent use of concepts and approximations taken from phenomenology, the volume by S. KAY TOOMBS, 1992.
[5] See the explanation of *krãsis* in Chrysippus thoughts in: SALLES, 2008, p.17.
[6] See, for example, IOUANNA, 2012.
[7] See VIESCA, 1986; VELÁZQUEZ, 2019.
[8] About the onset of this historical process see THOMSON, 1988.
[9] See ZAMPIERI, 2011.
[10] The application in medicine of even the prince method of physical sciences, the experimental method, is found in the famous work by CLAUDE BERNARD published in 1871 and translated into several languages (see BERNARD, 2005).
[11] It is worth mentioning Husserl's *Theory of Empathy* presented in the fifth *Cartesi an Meditation* (HUSSERL, 2013).
[12] See EDMUND HUSSERL'S notion of «personal life» mentioned in the first appendix *The Crisis of European Sciences and Transcendental Phenomenology* (HUSSERL, 1970: 269-271) and in *Philosophy as Self-reflection of Humankind* (HUSSERL, 1992: 129-136).