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ILLNESS IN HUMAN LIFE - THE CLOSED LIFE SITUATION

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Abstract

Human existence is a dynamic process that evolves on a continuum between birth and death. In this journey, man is in a permanent ontological transition with reference to his own person and to his relations with his fellow men. The stages of life are a succession of open and closed situations, a permanent pendulum between freedom and constraint, between giving and receiving, between being and becoming. Starting from the classical landmarks of human existence: "being", "having" and "doing", the holistic approach brings to the fore two essential issues: pain-suffering vs. pleasure-joyness. While the pleasure-joyness dyad represents the expression of the maximum potential for self-realization and self-fulfillment, at the opposite pole is the association between pain and suffering as an expression of the tragedy of human existence. A correct approach to illness and the limits it imposes on the full manifestation of the human being in all its aspects should be a current challenge for medicine. The reductionism imposed by the framework of allopathic medicine and intensely subject to technical desiderata, combined with the flattening of positive moral sentiments, creates the danger of the emergence of a reductionist medical framework for understanding illness and relating to human suffering. The medical act aims at a special kind of inter-human encounter in which soma and psyche are intertwined and the beneficial outcome is complemented by the moral attributes of those who can contribute to healing or at least to relieve pain and suffering. Consequently, illness and its psycho-moral expression, suffering, deserve at least the same attention from clinicians as the medical act *per se.*

Keywords: illness, suffering, closed situations, freedom;

1. INTRODUCTION

"The treatment of a disease can be completely impersonal; the care of a patient must be completely personal." (Francis W. Peabody)

The medical act is the meeting of two characters in a dramatic play of life entitled, the illness. The suffering patient (physically, morally and spiritually) in an enclosed, life-limiting situation, and the doctor, who constantly oscillate between the two dimensions of the encounter - medicine as art and medicine as science, trying to alleviate his pain. Medical practice starts from the classical landmarks of human existence: "to be", "to have" and "to do": to be empathetic and always "there" for the patient, to be

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patient, to be compassionate, to be knowledgeable, to do what is best for the patient in any situation, through the ability to choose from a multitude of possibilities.

During his existential journey between life and death, man goes through a permanent process of transformation, a shaping born from the experience of closed or open life situations, a social, interpersonal adaptation but also due to the desire for self-actualization. From the multitude of factors shaping the human being, the encounter with illness as a limited, closed situation of life represents a constraint and a return to the tragic aspect of existence. In this case, the pleasure-happiness dyad under which human life usually unfolds, of course with periods of rise or decline on a continuum, is replaced by the storm of despair, helplessness and anger. (Maresova P., Javanmardi E., Barakovic S., Barakovic Husic J.,Tomsone S.,Krejcar O., Kuca K., (2019) Pain as a somatic expression of suffering has a corresponding moral and emotional dimension. The echoes of pain at the moral level are suffering and anguish, and at the emotional level anxiety, anguish or depression.(DeGrazia D., 1998)

The experience of pain at all the levels described, transforms the human being, sometimes carrying it beyond the limits of his own capacity of understanding and even more so of that of his fellow human beings. In this dark universe of suffering, there is an encounter that signifies a gateway to redemption and hope: the therapeutic encounter in which, beyond the clinical connotation, at a phenomenological level we can speak of the experience of an encounter between two beings. At the level of problem solving, for closed life situation experienced by the patient is prefigured by the doctor an alternative that brings hope. (Bueno-Gómez N., 2017)

Overspecialisation brought about by modern medicine is not an expression of medical decline; on the contrary, it represents a form of evolution that is imperatively necessary for a field that by its very nature involves interdisciplinary activity. But everything has a price, and the gain due to the technological revolution is precisely what affects the medical act by alienating it from the very "object" of the raison d'être of medicine as science and art, namely the patient, the suffering human being. This is the rationale for conceiving a new medical model based on the current coordinates of medical practice. (Chin-Yee B., 2017) Extrapolating, the concept of wholeness in medicine by combining knowledge from several medical disciplines has a counterpart in the doctor-patient encounter, in a holistic manner. We cannot divide a medical act into somatic and psychological components any more than we can dissociate a patient into body, soul and mind.

The social dynamics have undergone numerous transformations, and the doctor-patient relationship has also adapted under the pressure of external factors, the most important of which is the pressure of time. However, the notion of "doctor as medicine (drug)" cannot be omitted as it constitutes the expression of the therapeutic effect of the relationship in which "the empathic awareness of the doctor remains a key principle of practice." (Lakasing E., 2005) Balint defined the concept of doctor as medicine (drug) starting from an objective necessity, arising from a practical reality - the medical act.

From a phenomenological point of view, Husserl approaches the problem from a double perspective - subjective and objective: "to understand the reality of a phenomenon is to understand the phenomenon as experienced by the person". Consequently, in order to understand the patient in the context of the disease, we cannot limit the medical act to a simple somatic examination involving only an examination algorithm - palpation, auscultation, etc., combined with sophisticated diagnostic and therapeutic means, without integrating the patient's experiences into the equation, without an awareness of the phenomenon itself. (Neubauer E.B, Witkop C.T, Varpio L., 2019) Since medicine has the unalterable imperative to care, comfort and console as well as to ameliorate, attenuate and cure, the perpetuation of a modern myth in medicine - that now that we can cure we have no more responsibility to care - risks the creation of an ethical and moral chaos within clinical practice and the generation of negative outcomes for both patients and clinicians alike. (Miles A., Mezzich J., 2011)

Moreover, an argument for the medical act as a medical-phenomenological process is represented by the parallelism between phenomenological intuition and self-reflection and medical intuition as a component part of the diagnostic and therapeutic process."The process involves a blending of what is truly present with what is imagined as present in terms of possible meanings." (Neubauer E.B, Witkop C.T, Varpio L., 2019; Moustakas K., 1994)

Guided by philosophical thought, the person's place and role in the world centred on the individual's relationship to the world in which he or she lives is found in Heidegger's hermeneutic phenomenology which brings to the fore the term "lifeworld" like a concept which signifies that "the

realities of individuals are invariably influenced by the world in which they live". (Lopez K.A. , Willis D.G., 2004; Neubauer E.B, Witkop C.T, Varpio L., 2019)

Illness as a closed situation of life causes a loss of individual freedom. Heidegger's hermeneutic phenomenology introduces the notion of "situated freedom" as a concept thus defined: "individuals are free to make choices, but their freedom is not absolute; it is circumscribed by the specific conditions of their daily lives." (Lopez K.A. , Willis D.G., 2004; Neubauer E.B, Witkop C.T, Varpio L., 2019)

Referring to the medical perspective, the legitimate question arises: what can be more limiting in all dimensions of an individual's life than illness? It can be considered the expression of a freedom that is conceptually encumbered by the limitation of the somatic dimension (by the alteration of physical capacities due to the occurrence of pain), psychological (abulia and inconsistency caused by uncertainty and anguish) and soul dimension (caused by suffering and torment).

On the other hand, the doctor is an observer and actor in the unfolding of the patient's drama, unlike the patient who focuses primarily on the relationship-anchor, leaving time-consuming self-reflection in the background, for future decision-making. The struggle with the disease is a race against time in which the patient feels the pressure of time that does not flow in his favour and therefore, in a closed situation of life, looks outwards for help.(Svenaeus F., 2020) At this point, the medical aspect intersects unequivocally with the philosophical, through what Heiddeger's philosophy calls Dasein. The individual's sense of coherence in relation to the world thus meets coherence in relationship and equally coherence in the medical act.(Neculau R., 2001)

The above arguments highlight the need for a philosophical approach in medicine. For this reason, the introduction of philosophy into the medical student training curriculum is a priority in the opinion of some researchers. The expansion of the fundamental knowledge through the emergence of the notion of "edge of medicine" underlines the need to integrate philosophy and ethics and other humanities also, in the context of the challenges facing medicine today, while trying to foreshadow the challenges for the medicine's future.(Hofmann B., 2021; Bender M., Grace P.J.,Green C., 2021; Chrousos P.G., Mammas I.N., Spandidos A.D., 2019)

2. PROBLEM STATEMENT

The last two decades have seen unprecedented technological advances in medicine. In essence, this base, which offers enormous possibilities for diagnosis and therapy, represents an opportunity for medical activity to be carried out to high quality standards. But the question arises: can medical ethics keep pace with technological development in medicine? Is there a real danger of positioning the patient as a means to an end rather than an end in itself?

The medical act is an action for, and on behalf of, the patient, and not through the patient. Medicine must keep the boundaries of what we classically call the medical act which will be put at the service of the person, the patient. The patient will be regarded as the subject, eliminating any situation in which this will be considered as the object of a medical activity, of an experiment or of a detached analysis, without involving emotions and what defines patient-centred medicine: congruence, empathy and unconditional acceptance.(Louw J.M., Marcus S.T., Hugo J.F.M., 2017)

Thus, in Mead and Bower's model with reference to patient-centered medicine and the therapeutic relationship "... it is important to note the use of the term 'sharing'. The patient overwhelmed by the suffering of the illness loses self-reflective capacity but self-awareness on the part of the physician is put at the service of the patient. The doctor as an expert will hold power and responsibility in the asymmetric doctor-patient relationship, but will not neglect the aspect of alliance against suffering and promotion of the patient's health. It is the purely humanist expression of the medical profession. (Vinding M., 2020) In this context, the theme of the crisis of compassion and care in medicine, of the depersonalisation of medical practice, emerges. „As medicine has become more powerfully scientific, it has also become increasingly depersonalised, so that in some areas of clinical practice an over-reliance on science in the care of patients has led to the substitution of scientific medicine with scientistic medicine and an accompanying collapse of humanistic values in the profession of medicine". (Miles A., Mezzich J., 2011)

Consequently, reason in medicine must focus on preserving "medical humanism" as a guarantee of balance between evidence-based medicine (EBM) and patient-centred medicine. „The humanistic dimension of medicine is not an optional extra. On the contrary, its application is what separates the physician from the veterinary surgeon".(Miles A., Mezzich Z.E, 2011)

"Sharing" in the context of the therapeutic relationship has both the connotation of the action of offering empathy to the patient to alleviate suffering and communication with the patient as a way of establishing and strengthening alliance in the fight against illness. The essence of medicine lies in the therapeutic relationship between the doctor and the patient and our attitude to our patients. It is the person in totality that we are interested in both in health and disease. In reality, the relief of suffering and the cure of a person must be seen as twin obligations of the profession, and true dedication to the cure of the sick. (Sharma S., Sharma G., 2018)

The dichotomy of the medical profession into a scientific, technologised, and another-one, eminently relationship-based branch is unrealistic because it destroys the intrinsic mechanisms of an profoundly humanistic activity, even before it becomes a profession. The need to alleviate suffering and pain has accompanied the human being since its emergence and has been a desideratum of humanity throughout its evolution. At the same time, medical knowledge has defied the constraints imposed by dark periods in history (see the Middle Ages with the persecution of the Inquisition), has won victories for mankind at turning points such as wars (improvement of surgical techniques), has been favoured by chance (e.g. the discovery and subsequent manufacture of penicillin). This is why it is illogical and totally unconstructive to separated medical practice into its component parts. And this is how we arrive at a similarity of medical practice to the holistic approach to the patient. (Bender M., Grace P.J.,Green C. , Hopkins-Walsh J., Kirkevold M.,Petrovskaya O., Paljevic E.D., Sellman D., 2021) The cure of disease is influenced by our scientific knowledge and growth of science, while the relief of suffering is guided by our compassion to the patient and sharing of patients' suffering and feelings.(Sharma S., Sharma G., 2018)

3. RESEARCH HYPOTHESYS

Illness as an expression of a closed life situation can be resolved by establishing an effective therapeutic relationship acting as a bridge between evidence-based medicine and patient-centred medicine in a medico-philosophical approach.

4. PURPOSE OF THE STUDY

It is to bring to the attention of the medical world the need to integrate a strand of philosophical thinking into the algorithm of medical reasoning, complementing the holistic approach, in patient-centred medicine.

Although the concept of person-centred care has become a desideratum of modern medicine, it is criticised for not being clearly defined at this time and for the lack of measurement tools. Some argue that the value of this concept lies precisely in the degrees of freedom that allow it to remain viable in different medical contexts "We defend the value of operating with multiple accounts of person-centred care, arguing that what counts as being person-centred can vary across different care contexts, in relation to different patient groups, and as a reflection of different, defensible ethical perspectives".(Mitchell P., Cribb A.,Entwistle V., 2022; Burgers J.S, van der Weijden T., Bischoff E.W.M.A, 2021)

As far as the introduction of the philosophical component in clinical reasoning is concerned, it should be seen as a necessity in the practice of allopathic medicine in order to limit the emergence of reductionist framework in the understanding of disease and in the relation to human suffering as a closed situation of life. (Benkel I., Arnby M., Molander U., 2020) The aim is to give the same attention to the psycho-moral expression of the disease as to the medical act per se, understanding by this, technique of examination, the investigation and pharmacological therapy.

5. DISCUSSION

The medical profession requires the ability and willingness to practice medicine simultaneously in its dual role of art and science. A dichotomization of medicine may be similar to an attempt to separate mind from reason. For this reason, Medicine's world-view must provide a philosophic milieu intérieur that leads to a proper equilibrium between medicine's technologic skills and its humanistic concerns. (Bessinger C.D. Jr., 1998) From another perspective, there are a multitude of ethical issues involving medical legal responsibility, including the notion of malpractice.(Pöltner G.,2007)

Another reason why we cannot position medicine as art vs. science is the simple fact that a good understanding of patients' wishes in order to provide quality healthcare is based on scientific methods of study.(Edgman-Levitan S., Schoenbaum S.C., 2021)

Current studies demonstrate the need for the new approach in medicine for ethical as well as strictly practical reasons. Research shows that the quality standards of this approach in allopathic medicine are much higher. Considering the possibility of quantifying the quality of medical care through the patient satisfaction index, and from the perspective of medical staff by increasing adherence and compliance to treatment, we can transform a number of qualitative variables into quantitative ones with statistical, objective representation. (Santana M.J., Manalili K., Jolley J.R., Zelinsky S., Quan H., Lu M., 2017) In a philosophical approach, the indeterminism of the concept of patient-centred care brings into question human freedom and conscience. Illness as a closed life situation nullifies the patient's freedom and self-reflexive capacity. The empathic medical relationship is an anchor for the patient to regain partial autonomy (similar to gaining freedom) and to become able to make (informed) decisions about the solution of the problem he/she faces. Autonomy provides the individual experiencing illness with psychological balance and adherence to an effective coping mechanism.(Páez G., Forte N.D, del Pilar López Gabeiras M., 2021)

Another aspect of the need for a medico-philosophical approach is the reaction that the suffering person adopts immediately and at a distance. This is an essential element in relation to the decisions that the individual will take in direct confrontation with the illness. Uncertainty due to the closed situation of life can lead to the emergence of the denial reaction as a defence mechanism against extreme psychological aggression or the manifestation of disproportionate reactions or reactive abandonment expressed through suicide. From an ontological point of view, the individual's reaction to involvement in a closed life situation denotes the person's "way of being in life situations".". (Enachescu C., 2008)

In this context, philosophical thinking and patient-centered medicine are viable alternatives because by relating to the "person's way of being in life situations", we cannot equalize the suffering of all patients even if the closed life situations caused by the existence of the disease are due to generally valid factors. Suffering-based medicine (SBM) thus circumvents the limitations of the reductionistic allopathic medical frame of understanding of disease. Such an attitude should be a common goal for all scientific medicine practitioners, as it complements and does not conflict with any of its therapeutic modalities.(Del Giglio A., 2019)

The medical crisis that is increasingly talked about is not primarily determined by economic or administrative reasons, (Benaroyo L., 2022) but is mainly due to the dilution of the therapeutic bond, to the diminishing willingness to "share the suffering" of the patient through an empathetic approach, to the loss of the fundamental human relationship between doctor and patient.

The idea that the practice of medicine as an art of healing cannot be based on scientific knowledge is unrealistic. Interpersonal communication based on empathy, listening, accompanying the patient and building a support network in the context of facing a life-limiting situation, using scientific advances, can only be a gain for patient and doctor alike.(Pizzi S., Sickness, 2022) In the book "The Lost Art of Healing: Practicing Compassion in Medicine" it is emphasized that the core of the medical act represented by deep scientific knowledge, clothed in a "sensitive and humane" approach to medical care will elevate medical practice to higher standards of quality giving it the status of "health care with a human face".". (Lown B., The Lost Art of Healing, 1999) The "humanist" medical act is marked by the assumption of responsibility by the doctor for his own person but also for the patient (professional, legal responsibility, dubbed by an eminently moral responsibility).(Selvakumar S., 2021; Yardımcı A.B., Kavukcu E., 2021)

A particular case is represented by incurable diseases in which the life situation is irreversible. The phenomenological and hospice philosophies explain the patient's reactions to imminent death. The coordinates of this situation are drawn by an experience of time that is limited and is running too fast towards the inexorable end, and by antagonistic perceptions of this experience, accompanied by emotional fluctuations "in accordance with to the person's way of being in life situations". Life is perceived differently when the spectre of death looms ever more clearly on the horizon.(Ellingsen S., Roxberg A., Kristoffersen K., Rosland J.H, Alvsvåg H., 2015)

An existence that can be interrupted at any moment is marked by unpredictability and perceived in fundamentally different ways, like "a transition to a changed space of life that is reflected in the

experience of time."(Ellingsen S., Roxberg A., Kristoffersen K., Rosland J.H, Alvsvåg H., 2014) Accompanying a patient towards the great transition in palliative medicine changes the options compared to the situation where we accompany a patient whose illness makes him temporarily trapped in a closed situation of life. The main concern for a terminally ill patient is to provide psychological support in order to achieve emotional balance. Equally, the doctor's concern is to ensure a better quality of life by limiting the occurrence of pain. The most important factor, paradoxically in the situation of a person in transition who experiences time differently, is precisely the time we can give him. (Maresova P., Javanmardi E., Barakovic S., Barakovic Husic J.,Tomsone S.,Krejcar O., Kuca K., 2019)

It is important for us to understand that fear should be replaced by assumption. Assumption can be in some situations, as is illness, one of the hardest decisions a human being can make. Assumption means acceptance and resignation. When the enemy is the hope, and the mind says that hope doesn't exist, but the irrational says must be embraced the hope, the situation can become intolerable. The inner struggle which is in fact the torment, the struggle to find a way out of a tragic situation, empties the mind and fills the soul with emotions, weakening even more the pain-stricken body. The dramatic scene of suffering directed by illness needs another actor who in a desperate situation like the one described brings a ray of relief to the pain, anguish and loneliness.

The sick person, constantly accompanied by the presence of the disease, feels the need for another presence to bring him peace. In this situation, empathic communication with the doctor, is able to bring him peace of mind and will give him the dignity that every human being desires in the face of death. (Aqtam I., Ayed A., Zaben K., 2023) When the possibility of pain relief is limited, dedicated and compassionate communication and care in the person of the "doctor-medicine (drug)" intervenes. Communication in the therapeutic relationship in this case focuses on the patient's experience of the illness, shaped by emotions and intellect but also by the patient accumulated life experience prior to the onset of the illness. One of the attributes of communication with patients in such situations is authenticity. Beyond empathy and compassion, the therapeutic relationship involves listening, expressing feelings honestly and avoiding routine in the encounter with the patient. Such an encounter means a unique clinical experience just as each patient is unique in a unique situational context.

Accompanying the patient on their journey, whether it has a happy ending in which healing awaits them at their destination, or the end point is the "great passing", when integrated into their life story gives meaning to this "journey". (McTavish Fr.J., 2016) Life and death are difficult concepts to define and cognitive linguistics studies have shown that people resort to metaphorical expressions and figurative language during communication, when emotions run high. (Horn F., 2018)

The phenomenological approach in narrative medicine allows for authentic communication in which the patient feels that the doctor focuses only on his medical and personal history, thus confirming his uniqueness in the context of the disease and in the therapeutic relationship.

Thus in the patient's mind the idea that he, as the central character of the life event, as the protagonist of the illness is not only seen from the medical perspective but is integrated in a family and social context, in which the whole universe of his emotions and thoughts is absorbed and interpreted by the doctor and the strings of his sensitivity vibrate to his story.(Younas A., 2020) It is a human necessity to receive confirmation that there is someone who understands, supports and accompanies the person afflicted by the illness, the loneliness in the illness being an additional element of the torment.(Charon R., 2006)

In another order of ideas, since the therapeutic relationship can be defined as a social relationship of a special type, even in particular situations it is subject to general laws of functioning. Thus, thoughts and emotions as fundamental variables for the structuring of the internal feeling of the Self, transmitted through the process of verbal and non-verbal or paraverbal communication, give rise to the external feeling of the Self .These two faces of Self forms the basic substrate on which the previously established and consolidated therapeutic relationship will act. Emotional and cognitive balance is determined by the existence of functional links between Self and society.

This is why it is necessary to practice an empathic medical act, in a humanistic way, so that the psychic balance of the patient trapped in a closed life situation allows him to take the best decisions or to ensure his dignity in the face of death, in the case of incurable diseases. (Saad J.M., Prochaska O.J., 2020)

6. CONCLUSIONS

Proponents of maintaining a unified character of medicine, namely the simultaneity of the coordinates of art and science in medical practice , have repeatedly warned over the past decade that there is a period of crisis in the medical profession. The causes are many, but what should be emphasised is the primary nature of the decline in the humanistic features of medical practice, the transition from the sick person as subject, in a holistic approach, to the person as object of study and of the application of highly technological methods of diagnosis and treatment. Broadly speaking, this approach represents an evolution of medical practice but at the core level of the personalised, patient-centred medical act, the essence of a humanist profession is canceled. The consequence of this cancellation is the impossibility of germinating and consolidating the inter-human relationship with the profound impairment of the possibility of expressing emotionsfollwed by the generation of empathic feedback with a supportive role on the part of the doctor, a factor that is imperative in the context of the experience of illness.

A correct approach to illness and the limits it imposes on the full manifestation of the human being in all its aspects should be the real current challenge for medicine. The reductionism imposed by the framework of allopathic medicine and intensely subject to technical desiderata, combined with the flattening of positive moral sentiments, creates the danger of the emergence of a reductionist medical framework for understanding illness and relating to human suffering. The medical act aims at a special kind of inter-human encounter in which soma and psyche are intertwined and the beneficial outcome is complemented by the moral attributes of those who can contribute to healing or at least to relieve pain and suffering. Consequently, illness and its psycho-moral expression, suffering, deserve at least the same attention from clinicians as the medical act per se.

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