

Philosophical and Cultural Aspects of Medical Profession: Philosophical and Conceptual Peculiarities

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Abstract: The article analyzes the philosophical and cultural view of “doctor’s professional culture” as a result of centuries-old practice of human relations, which is characterized by constancy and passed from generation to generation. Medicine is a complex system in which an important role is played by: philosophical outlook of a doctor, philosophical culture, ecological culture, moral culture, aesthetic culture, artistic culture. We have found that within the system “doctor-patient” the degree of cultural proximity becomes a factor that influences the health or life of a patient. Thus, the following factors are important here: 1) communication that suppresses a sick person; 2) the balance of cultural and intellectual levels; 3) the cultural environment of a patient which has much more powerful impact on a patient than the medical one.

At the present stage, the interdependence of professional and humanitarian training of future specialists is predominant, as a highly skilled specialist can not but become a subject of philosophizing. We outlined the sphere where the doctors present a genre variety of philosophizing (philosophical novels, apologies, dialogues, diaries, aphorisms, confessions, essays, etc.). This tradition represents the original variations in the formation of future doctor’s communicative competences, which are formed in the process of medical students’ professional training.

A survey conducted among medical students made it possible to establish their professional values, which are indicators of the formation of philosophical and culturological competence. It was found out that 92% of respondents believed that a doctor should demonstrate a high level of health culture (avoid drinking and smoking habits, etc.)

99% of respondents favoured a high level of personal qualities of a doctor which would allow methods and forms of medical practice to assert higher human ideals of truth, goodness and beauty that are the subject area of cultural studies and philosophy.

Keywords: culture of a doctor, philosophical and cultural competence, health culture, professional training, outlook culture of a doctor

Deep social, economical, political and cultural transformations create a qualitatively new situation in the Ukrainian society, which is characterized by the transition from rigid normativity to greater freedom of individual choice. Philosophical outlook has a great impact by directing human energy at the representation of the truth, goodness and beauty. It is these values that professional activity of doctors is focused at.

Philosophical interpretation of the notion “culture” presupposes considering its content as a system of the supra-biological programs of human functioning (activity, behaviour and communication), which develops historically and provides reproduction and modification of social life in its all main aspects. Programs of activity and behaviour are represented by a variety of knowledge, norms, skills, ideals, patterns of activity and behaviour, ideas, hypotheses, goals and value orientations. Culture preserves, transmits this experience, generates new programs of activity and behaviour, which, being realized in the corresponding kinds and forms of human activity, give rise to real changes in the social life (Martyniv, 2015: 14-15).

The history of world culture and medicine proves that the work of a doctor and an artist and philosopher have always existed nearby and were often embodied in one person. This is evidenced by the biography of prominent figures of the past.

Retrospective analysis of the historical development of the phenomenon of culture in the New Philosophical Encyclopaedia showed that this concept is derived from antiquity and was originally concerned with agricultural labour. Roman speaker and philosopher Cicero in the work “Tusculan Disputations” (45 BC) metaphorically correlates the culture with mental activity, proclaiming that the mind needs to be treated in the

same way as the land is cultivated by a peasant. Saying “*culturaanimi*”, the scientist meant the need to cultivate a culture of the soul, which was identified as the philosophy. In ancient Greece, the notion of culture was equalled with the concept of “*paideia*”, that is “education”, which, according to Plato, meant an intent to change a person, his/her essence. In the Middle Ages, the word “cult”, which is derived from the Latin *Cultio* – “worship”, reflected the ability of a man to reveal their own creative potential through love for God. During the Renaissance, the idea of culture was an expression of an active creative source in a person who aspires to a sublime, harmonious development (Stepyn *et al.*, 2010: 341).

The connection between medicine and philosophy is evidenced by other historical facts. Thus, Empedocles (490-430 BC) engaged in philosophy, politics, and poetry, in addition to his medical work. He authored highly artistic poems “On Nature” and “Purifications”. 450 poems of Empedocles have been preserved for us, where the author tried to express the problem of anatomy and physiology in artistic manner.

In his work *Metaphysics*, a well-known philosopher and physician Aristotle (384-322 BC), reflecting on the greatness and importance of the art of healing, expresses the idea that a physician before treating a patient who needs specific help must first study the “specificity of the essence” of his/her problem. In the work “On the soul”, he appeals to the spiritual world of a man and his/her psychological state.

Studying various individual approaches to a patient, Aulus Cornelius Celsus (1st century AD), writes his multifaceted philosophical works “On Medicine” and “Art”. Avicenna described the symptoms of a disease in verse form (980-1037). A doctor and writer François Rabelais (1494-1553) entered the history of world artistic culture as the author of the famous “Gargantua and Pantagruel”. Italian doctor Girolamo Fracastoro (1478-1553) wrote poems, engaged in alchemy and astronomy.

French physician François Bernier (1620-1688) was a writer and traveller at the same time. A prominent German writer and poet Johann Christoph Friedrich Schiller (1759-1805) is recognized as a doctor and philosopher.

Louis Boussenard, Arthur Conan Doyle, Albert Schweitzer, Anton Chekhov, Mikhail Bulgakov, Vladimir Dal and others belong to the most famous writers who received medical education and won world fame. Omar Khayyam wrote his Rubaiyat and healed the sick. Mikhail

Lomonosov and Johann Wolfgang von Goethe studied medicine and wrote the odes.

A. P. Chekhov gives a brilliant description of an academic lecture delivered by a professor of medicine in the “A Dreary Story” and finishes with the following conclusion: “No sport, no amusements and games ever delivered me such pleasures as reading a lecture. Only at the lecture I managed to give in to passion and realized that inspiration is not a fiction of poets, but it actually exists. And I think Hercules, after the most piquant of his feats, did not feel such a lustful exhaustion, which I experienced every time after a lecture” (Chekhov, 1988: 172).

Doctors of the past had a wide world outlook and broad scope of interests, they sought recognition not only in their field, but also were prominent astronomers (Eudoxus of Cnidus, Girolamo Cardano, Nicolaus Copernicus), physicists (William Cullen, Hermann von Helmholtz, Robert Mayer). Well-known chemists (Alexander Borodin, being a famous composer too, Theophrastus Paracelsus), travelers (Nicholas Miklouho-Maclay), political figures (Jean-Paul Marat), etc. were also talented doctors.

An English physician John Locke (1632-1704) was an outstanding philosopher. A French physician Julien Offray de La Mettrie (1709-1751) authored a famous philosophical work “Man a Machine”. A German philosopher, Karl Jaspers (1883-1969), was a psychiatrist. Doctor Herman Boerhaave (1668-1738), whose lecture was attended by Peter I, was the largest Dutch scientist, interested in chemistry, botany and philosophy. Few people know that the father of Galileo Galilei (1564-1642) passionately dreamed that his son would become a doctor, and Galileo himself first studied at the Faculty of Medicine of the University of Pisa. The founder of Heliocentric system Nicolaus Copernicus (1473-1543) was not only a mathematician, but also a physician and interpreter of artistic works.

Doctors, being distinct in wide outlook, discovered planets, formulated the laws of energy conservation, studied the mysteries of antique purple glass (M. J. Pettenkofer). They studied chemical elements and wrote highly artistic works, tested deadly bacilli and poisons, took the risk by dressing clothes of the dead patients with yellow fever for the only purpose of discovering the cause of a human illness.

Romantic image surrounding medicine has attracted gifted people who did not have doctor’s diploma, but were passionately willing to devote

themselves to fighting human illnesses. In particular, a chemist Louis Pasteur (1822-1895) swore near a rabies child to fight the disease and surrounded himself with retorts, bacilli, animals with poisonous saliva in order to isolate a dangerous virus.

Although I. I. Mechnikov (1845-1916) was not a physician, as long as he graduated from the natural department of the Physics and Mathematics Faculty of Kharkiv University, it was him that the humanity must be grateful to for the discovery of phagocytes and phagocytosis. He fearlessly travelled to the steppes of Manchuria and visited plague patients.

Thus, culture as a way of human life and a form of being is characterized by such aspirations and actions that carry the ideals of humanism, freedom, reasonableness and spirituality. Only in the bosom of culture, a person can realize their inherent qualities, become a person who professes humanistic values. With all its facets, medicine and culture are connected with each other, solving a common task of development, qualitative formation of a person.

In 1996, English scientist Richard Lewis introduced a new criterion for the typology of cultures, namely, the criterion of timemanagement. According to his point of view, cultures are divided into three types: monoactive, polyactive, reactive.

Monoactive cultures are characterized by the fact that their representatives are ready to plan their life, make schedules, organize activities in a certain sequence, engage in only one thing at the moment. This type of culture is peculiar to Americans, Englishmen, Germans, Swiss, northern Europeans. Representatives of monoactive culture clearly adhere to a consistent procedure of the implementation of separate stages of the case. They are reluctant to compromise.

Polyactive cultures are represented by dynamic, sociable people who are accustomed to do many things at once, plan the sequence of the actions not according to a schedule, but to a degree of relative attractiveness; they give importance only to a particular event at the given moment (Latin Americans, Arabs, South-Europeans). Representatives of polyactive cultures compromise easily, but not always keep their promises.

Reactive cultures are typical for people who give priority to courtesy and respect, prefer silent and quiet listening to an interlocutor. They carefully respond to the proposals of the other party; organize activities

not according to a strict and unchanging plan, but depending on the changes of the context - as a reaction to these changes (representatives of Asian countries, China, Japan, Finland). Reactive cultures are aimed at preserving respect. Representatives of these cultures are introvertive, that is, they are focused on themselves, and calm, even phlegmatic in communication (Lyuis, 1999: 289).

General human culture of a doctor, developed by the centuries-old practice of human relations, is characterized by consistency, and is passed from generation to generation. One can not but recognize its importance in the integration processes. If we want to be worthy participants in European cultural environment, we need significant changes in business culture in accordance with the world principles and standards, new historical realities, aimed at strengthening stability, peace and democracy.

The term “Culture” is used to characterize a wide range of biological and social phenomena – from the breeding and cultivation of plants and animals to the description of entire nations and the behaviour of neighbours in the staircase. Among many hypostases of culture, we are attracted by the description of its social essence, which can be regarded as a system of values which determine the way of life and thinking of humanity and are transmitted from one generation to another (Kagan, 1996: 211).

Here you can add other, more or less sophisticated interpretations of culture, but one thing is obvious: the main object of culture is a person – a carrier of the cultural heritage of society, simultaneously reflecting its achievements and disadvantages. He/She is a product of culture and at the same time its creator. There is no culture without man and this is the most important postulate for us.

Both medicine and culture are viewed as a system of scientific knowledge and practical human activities, whose purpose is to strengthen health, prolong life and prevent diseases. However, the main attention is paid to its biological nature – the ability to perceive, feel, react, change the surrounding world, to reproduce themselves, that is, in other words, to live. We must assume that both of these categories are in a certain hierarchical subordination. Culture is the base, the ground, the matrix on which and from which medicine grows. A primitive man had primitive medicine, modern man has anaesthesia, organ and tissue transplantation, resuscitation, and other means. However, deeper consideration of this structure allows speaking about various interactions and interdependence of medicine and culture.

The first is the highest sphere: the preservation of culture, its values, which are universal, and their transfer to medical science, that is, a special area of intellectual activity, which leads to discoveries and achievements in knowledge about the biological nature of a healthy and sick person, as well as in methods of correction of impaired health or its protection.

The second is a more “grounded” sphere – the mutual influence in a “doctor-patient” system. Here, both participants can have a number of common points of attraction or, on the contrary, repulsion, due to different cultural “loads” they bear, as well as the cultural space in which they are present. Under the normal circumstances, interpersonal connections can be interrupted already at an early stage of the contact, with the spiritual differences of individuals.

However, in the “doctor-patient” system, the degree of cultural proximity becomes a factor which largely determines the future, and sometimes patient's life. In this case, there are three options: 1) a doctor represses, suppresses a patient; 2) there is a balance of cultural and intellectual levels of a doctor and a patient, and finally, 3) a cultural impact of a patient is much stronger than that of a doctor.

It is clear that these situations can lead to various consequences, since medicine, ecology and culture have a significant influence on the decision making process and the adequacy of its perception by a patient.

Medical science and practice, their achievements and breakthroughs in previously prohibited zones, in turn, affect the attitude and spiritual level of mankind as a whole. Heart transplantation, genetic engineering, manipulation of the brain, “human incubation” in the test tube cause a surge of various emotions – from admiration and unreasonable belief in the omnipotence of medicine to depression, fear, a sense of defensiveness in front of modern progress. This results in the denial of well-founded methods of prevention and treatment, care in pseudo-national, so-called, “non-traditional” methods of treatment, occult medicine, “purification of an organism”, “exorcism”, etc.

We need huge efforts of the cultural and intellectual stratum of society to be aimed at establishing reasonable limits in the development of medical science, in parallel with labour-intensive, but historically necessary work to restore the eternal spiritual values of humanity.

Despite the difficulty of defining the very concept of culture, its real existence can be represented in the unity of the three “hypostases”,

modalities. First of all, culture is a set of internal qualities of a person – his/her needs, abilities, skills, through which he/she forms knowledge, values, ideals. Secondly, it is correct to speak about the procedural-activity aspect of culture, as the spiritual meaning of a man is manifested in various ways of its activities. In this sense, culture acts as a common “technology”, philosophy of human activity. Thirdly, culture has its objective modality, which also embodies human activity. These can be inventions of science and technology, works of art, philosophy, religion, phenomena of politics and law, new drugs and methods of treatment.

In each of the three aspects, medicine represents a special type of human activity in which all facets of culture are realized. From the point of view of human qualities, medicine is a complex system in which essential elements are played by such elements as, for example, philosophical culture of a doctor, beliefs culture, ecological culture, moral culture, aesthetic culture, artistic culture. Restrictions are impossible here because of the multifaceted nature of human activity itself.

The scientific literature addresses the problems of the culture of doctor’s thinking, the role of religion and art in medicine, the culture of relationships and behaviour, the problem of forming a culture of health-care of doctors in the process of training (Melnychuk, 2012: 103).

In procedural-activity sense, medicine appears, first of all, as a professional culture, a set of specific forms and methods of physician’s activity. In the field of subject modality, culture and medicine have common connections in a variety of subsystems: “technical items – medicine”, “household objects – medicine”, “pieces of art – medicine”, “philosophical papers – medicine”, “phenomena of religion – medicine” etc.

It is complicated to consider all the elements that can enter the system “culture – medicine”. It is difficult to do it even in relation to one of the modes of this system, the qualities of a person – a professional doctor. Philosophical, political, moral, religious, and other components of doctor’s culture may be the subject of separate consideration. It seems expedient to consider the interaction of philosophical and culturological aspects of medicine on the example of one of the forms of culture of doctor’s personality (Pylypyshyn, 2016: 95).

Daily basis of cultural environment sets certain requirements for the language of philosophical expression of a thought. If modern universities maintain their general cultural status and social expectations, the interconnectedness of professional and humanitarian training of future specialists is undeniable. A highly skilled specialist can not but become a

subject of philosophizing. The focus of human consciousness on vital problems determines the diversity of philosophizing in the cultural space. That is why there is a genre variety of philosophizing among doctors (philosophical novels, apologies, dialogues, diaries, aphorisms, confessions, essays, etc.). This tradition dates back to ancient times and today presents new original variations in understanding the essence of human existence, enriching the space of communicative competences of a future doctor, which are formed during the professional training of medical students.

In the history of world culture, the knowledge and ability to provide the necessary medical care were spiritualized and even worshiped. Thus, in ancient Egyptian mythology, the god Osiris taught people sciences, crafts, and art of treatment. In ancient Indian culture, the god Shiva was revered as the lord of knowledge, the winner of ignorance. In ancient Greek myth of Titan Prometheus, it was concluded that Prometheus not only transmitted the divine fire to people, but also taught them various crafts, transmitted the secret knowledge, for which he was punished by the gods.

Medicine is primarily knowledge. It is proved by the origin of the words “ВІДАТИ” (to know), “ВІДОМОСТІ” (information) and “ВІДУН” (wizard) (from the Sanskrit “Veda”) and “знахар” (healer), “знати” (to know), “ЗНАННЯ” (knowledge) in their Slavic meaning. What is the role of a doctor in a society then? This is figuratively put forward by “the father of medicine” Hippocrates noting that a philosopher-doctor is similar to God, because he knows the essence of things.

Medicine, like art, cannot restrict itself to purely rational, logical aspects in its cognition. If the spiritual world of personality is a unity of rational and emotional, artistic-figurative components, then a doctor must “see” them, take into account, be able to influence them.

In the professional activity of a doctor, one more aspect of culture is distinguished, which is realized in the form of a new kind of human activity – implementation of healthy lifestyle and is called “health culture”. This opinion is confirmed by the belief of L. Lubysheva, who notes that healthy lifestyle is a cultured, civilized way of life, with care for health as the highest value (Lubysheva, 2004: 51).

Empirical studies aimed at improvement of future physicians training indicate that students understand the importance of different philosophical and cultural aspects of higher medical education. A survey con-

ducted among medical students made it possible to establish their professional values, which are indicators of the formation of philosophical and culturological competence. Thus, 92% of respondents believed that a doctor should show a high level of health culture (not to drink alcohol, not to smoke, etc.).

In the opinion of 99%, the activity of a doctor involves such a level of personal qualities that would allow asserting higher human ideals of truth, goodness and beauty with the help of methods and forms of medical practice that are the subject of culturology and philosophy studying.

High professionalism is inseparable from the realization of universal values, because it includes not only deep knowledge, highly skilled abilities, but also responsibility and discipline, respect for oneself and other people, honest and conscientious fulfilment of their duties; will allow graduates of the medical university to adequately represent themselves and their Alma Mater in the European community.

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