

There are no translations available.

Abstract in inglese del fascicolo 2011/1

---

Bernhard Casper

### **Sull'autocomprensione del medico alla luce del pensiero dialogico**

pp. 9-22

To clarify why the question of man is more complicated than any other issue, we can conduct a little mental experiment. Suppose that we want to achieve full clarity about ourselves, the question then becomes: in general, what happens deeply within us? We could submit ourselves to a total checkup, but the total sum of these diagnoses would not really define "who we are", not because another expert could find some other clinical evidence about us, but because every man, with respect to himself and to his physical condition *has to do something*. *Being ourselves* consists in this  
*making something of ourselves*

. We cannot speak of those who stand in front of us as themselves in an objective way, nor can we represent them in the third person. We can address them only as unique human beings who talk to us in the second person. Great merit goes to Buber for having clarified the distinction between the I-It relationship, in which everything is objectified, and the I-Thou relationship, in which we encounter the other as himself. In their works both Rosenzweig and Levinas have

carried on the dialogical theory of Buber. The doctor-patient relationship should be rethought in the light of his thinking.

[Acquista questo saggio in PDF](#)

---

Sandro Spinsanti

### **Le Medical Humanities: una cura per la medicina**

pp. 23-38

Although bioethics is at the centre of the public debate on the relationship between medicine and ethics, it is only a part of a broader program, that of the Medical Humanities, which are oriented towards all health professionals. The term *Medical Humanities* is often left untranslated in Italian because of the difficulty of finding an appropriate Italian word. Yet, even in English the meaning of the term is not straightforward. It would be wrong to argue that the field of *Medical Humanities* is limited to a “humanization” of medical practices, and although the etymology of the term

seems to refer to a kind of humanism that puts man at the centre of the many relationships that affect his health status, it would be misleading and anachronistic to define a doctor “a humanist”. Studies that focus on the inhumanity of certain medical practices solicit a new understanding of the concept of medicine, especially in the case of emergency situations and they certainly do not plead for a moralization or a humanization of those already engaged in humanitarian missions. Finally, the definition of a “good doctor” – which covers clinical, relational and management capacities – should correspond to that of a “good patient”, that is, to someone who is able to act responsibly and to make decisions of his own. The main problems of studies in

*Medical Humanities*

concern the following four aspects: the correlation between a scientific and a humanistic culture on the one hand and the (power) relation between patients and their doctors on the other hand.

[Acquista questo saggio in PDF](#)

---

Ivan Cavicchi

**Una filosofia “per” la medicina**

pp. 39-52

To this very day, medicine has remained invariant despite the speed and intensity of social, economic and cultural changes. Attempts to reform health care limit themselves to the reduction of costs and the reorganization of already existing structures without touching their content: paradigms and educational models remain unaltered. This paradox has soured the relation between doctors and society. Medicine is no longer the meeting ground between ethics and

economics, but has become their battleground. At first sight, the philosophy “of” medicine seems to respond to the need to rethink the medical paradigm, but in reality it is more a limit than an ally because although it reveals the existing medical problems and failures, it is unable to invent and provide new paradigms. A philosophy “for” medicine, by contrast, is a philosophy that takes into account both the relational and highly a-relational aspects of medicine and that, in light of the pressing economic constraints, is able to redesign the labour divisions within the medical field.

[Acquista questo saggio in PDF](#)

---

Carlo Ciglia

### **Un possibile laboratorio di antropologia medica**

pp. 53-61

The Evidence Based Medicine (EBM), supported by the results of Randomized Controlled Trials (RCTs), produces guidelines which are an obligatory reference for modern medical practice.

The field of cardiology, with its enormous techno-pharmacological progresses, its achievements in diagnosis and treatment and with the emergence of new skilled professionals, is the perfect representation of that type of medicine that creates expectations of omnipotence in society. The problem with this kind of medical practice is that it risks putting the doctor-patient relationship on the background, leading to unsatisfied patients and even to medical-legal disputes. Therefore it is necessary to rethink the status of medicine. The field of Cardiac Rehabilitation (C.R.) offers a suitable horizon to improve the dialogue between the natural sciences and the humanities. In the aftermath of an acute event that disrupts a person's life, the C.R. activates a multi-factorial process (medical therapy, exercise, psychological support) supported by a multidisciplinary team (cardiologists, physical therapists, psychologists, nurses). It also makes use of new instruments: counselling, therapeutic education and narrative medicine, which seem more suitable to set up, together with the patient, a secondary prevention program which has the ambitious aim to avoid/reduce relapses.

[Acquista questo saggio in PDF](#)

---

Renzo Marcolongo e Leopoldo Bonadiman

**Relazione e affettività tra medico e paziente come risorse di cura,**

pp. 63-69

The theme of the relationship between doctor and patient is not confined to the sphere of reason alone, but involves also the sphere of emotions and affections. Too often, however, the behaviour of medical doctors is reducible to mere defensive strategies. Yet, the majority of young people enter medical school to follow in the footsteps of those doctors whose only mission is to combat suffering. Unfortunately, from the early years of their study, these aspiring young doctors undergo a radical transformation due to the myth of the infallibility of techno-medicine and because they are taught to maintain a certain emotional distance from their patients. Relational and emotional skills are seen as a weakness or a waste of time. However, to heal the sick (and not just the disease) requires that the physician is willing to integrate scientific knowledge with emotional and relational competences. Taking care of the other in their integrity means to listen to their problems, to feel their anxiety and vulnerability, but also to feel their energy and strength. Such an enduring accompanying treatment allows patients to conquer their disease and to regain a horizon of health.

[Acquista questo saggio in PDF](#)

---

Simonetta Marucci

**Curare vuol dire «prendersi cura»**

pp. 71-80

Under the influence of technology, medicine has become more and more a science and less and less an art of healing. As a science it understands disease in strictly biological terms, completely ignoring the fact that diseases are always part of the history of the patient. In order to speak of care we should put the patient at the centre of the therapeutic relation and the disease itself should be reconsidered as the loss of a harmonious relationship with the world and one's inner life. Paying attention to the person who suffers, rather than to his disease, means to propose a new sense of caring and healing, understood not in terms of a mechanical removal of the disease and its causes, but as to regain a physical, a psychological and social harmony. From this point of view, the emotions of the physician are not an obstacle, but rather a key element.

[Acquista questo saggio in PDF](#)

---

Paolo Augusto Masullo

**Critica della salute bioantropotecnica**

pp. 81-91

From the point of view of the “inner world” [*Innerwelt*], it may be argued that the health of the body that we are is a state of relation between different diseases. However, since the body is also an open system in reciprocal relation with the “external world” [

*Umwelt*

], one might conclude that the disease is the end of a critical equilibrium in favour of a crisis of equilibrium. The threat of disease represents thus as a crisis of equilibrium which forces the body to find a new critical equilibrium in order to avoid the “stationary” equilibrium of death. Technology often offers the possibility to strengthen and improve this critical equilibrium. However, at times it also leads to its destruction. In a certain sense there is a constant oscillation between the promotion and the negation of life and health by technology nowadays. Hence the need to use technology in a critical way without ever neglecting human life [bios]. It is the task of a bio-anthropo-technic ethics to rethink medicine, biology and anthropology in such a new and constructive way.

[Acquista questo saggio in PDF](#)

---

Dieter Janz

**Sul pentagramma patico di Viktor von Weizsäcker come linea direttrice pratica nelle relazioni fra medico e paziente**

pp. 93-101

Pathos is a fundamental concept within Weizsäcker's medical anthropology. In pathos man manifests himself in his incompleteness, in his need for completion and in his eagerness for change, not as someone who already is, but as someone who wants to become [*will*], who is allowed [*darf*], who can [*kann*], or who is morally [*soll*] or out of necessity [*muss*] obliged to become. The pathos pentagram is nothing but a metaphor for the configuration of the mutual relationship between these five categories. To cure means to provoke a change in the pathos pentagram of patients, as shown by some examples taken from Weizsäcker's *Fall und Probleme* (1947). The pentagram can also be applied in the presentation of the aim of certain treatments, and as such it ultimately leads to the question regarding the meaning of therapy.

[Acquista questo saggio in PDF](#)

Rainer-M.E. Jacobi

## **Il futuro del passato. Riflessioni sul rapporto tra terapia e storia**

pp. 103-110

In the current discussion on the progress of modern medicine, the structural slowness of ethical reflections leaps out, it is as if ethics always comes too late. But before any ethical reflection, the question about the essence of medicine arises. This question is closely related to history. The belief in the progress of history and in the advancement of society has reverberated, in fact, in the medical effort to heal man. The question of the value of disease for the living does not have any relevance here. Such negligence may have problematic consequences when it results in the denial of human life at its beginning or end. The formula *the future of the past* of the German doctor and philosopher von Weizsäcker contrasts sharply with the current conception of medical therapy in terms of progression. von Weizsäcker understands therapy as part of the authentic history of the patient and not as a mere external domination of the physician and his science over the patient.

[Acquista questo saggio in PDF](#)

Hartwig Wiedebach

### **Lineamenti di un'etica patica**

pp. 111-120

In the second decade of the twentieth century, Viktor von Weizsäcker, a physician and medical theorist, developed a medical anthropology whose central theme is "pathos". To follow pathos means viewing life as something in which existence is suffered rather than established. Pathos is thus not synonymous with scientific knowledge, but rather belongs to the sphere of uncertainty. The problem is that a judgement of pathos cannot be explained thoroughly in a manual. The only effective method of imparting it to someone is by way of an example. A person sitting at the bedside of a terminal patient will let go his hand sooner or later. The gesture of "letting go" means that one knows that time has come. Not any medical equipment for monitoring the heart or brain activity has more value as an announcement of death than this moment. Therefore, for von Weizsäcker, a doctor guided by pathos, must always listen to his patients before he acts. This means that he must dialogue with them, while paying attention to the nuances of their gestures, of their facial expressions and to their way of speaking.

[Acquista questo saggio in PDF](#)

Oreste Tolone

### **Weizsäcker: una medicina antropologicamente orientata**

pp. 121-131

The paper aims at highlighting Viktor von Weizsäcker's contribution to the foundation of a dialogic medicine, attentive to the anthropological dimension. His main assumptions are the following: medicine is first of all a praxis; illness is a biographic event, a chance, a way to reach new balances, and not a fall that needs a *restitutio ad integrum*; death is an opportunity that life gives to itself, in order to surpass itself, to evolve; the doctor must promote the relationship with the patient, without falling into the atrophy of

*Hyperlaborismus*

. All these arguments promote an idea of medicine attentive to the person, to care (not only to healing), and open to the unexpected.

[Acquista questo saggio in PDF](#)

Virgilio Cesarone

## **Jürg Zutt: il “senso antropologico” nella psicopatologia**

pp. 133-142

This article wants to present the main points of Jurg Zutt's thesis regarding psychopathology. For Zutt, a German neurologist and psychiatrist of the 20th century, psychiatry needs to open up itself to the insights provided by phenomenology (Heidegger and Sartre) in order to understand the human being in its existential structures and as a lived body. These two aspects are often neglected when the medical research bases itself exclusively on bodily functions.

[Acquista questo saggio in PDF](#)

---

Maria Teresa Russo

**Ontologia dell' *homo patiens* ed etica della relazione terapeutica nella *medicina umanistica*  
a del XX secolo**

spagnol

pp. 143-173

The question of the relationship between philosophy and medicine marks the birth of medicine. Due to the ambivalence of its status – art and science – and the problematic nature of its object – health-care – it necessarily requires a critical reflection of itself. The so-called philosophy of medicine has the same problematic character. This is demonstrated by the range of its horizon, going from epistemology to logic, from anthropology to ethics. In Spain, the dialogue between philosophy and medicine, which is linked to the medieval tradition of Jewish and Arabic therapists, assumes a particular character in the middle of the twentieth century. The protagonists of this dialogue are doctors such as Pedro Laín Entralgo and Juan Rof Carballo, who draw on philosophical categories to correct the medical naturalism. At the same time, they offer to philosophy an authentic ontology of *homo patiens*.

[Acquista questo saggio in PDF](#)

Simona Gasparetti Landolfi

### **Considerazioni su delirio e racconto. A proposito di *Deliri* di Antonella Moscati**

pp. 175-184

The experience of delirium may impose itself upon those who experience it as an order to share this personal occurrence with that of those who have had similar experiences, as if this is the only way to come to terms with it. To tell a story may be a way to share this experience even if delirium and storytelling are diametrically opposed: a story always takes distance from the person who tells the story, whereas in delirium speech is incoherent and the I is unable to separate itself from the experiencing I. By saving the experience of delirium from oblivion, narration reveals another world which is often stigmatized as a deviance from the norm. In the novel of Antonella Moscati, the experience of delirium is commemorated through an inversion of the world of order as to free this experience from the conventional exorcising strategies of psychotherapy.

[Acquista questo saggio in PDF](#)

Loreta Risio

## **Rassegna bibliografica. La filosofia della medicina**

pp. 185-192

In recent decades, the philosophical reflection on the epistemological and the ethical principles of the medical profession has expanded significantly. This is due to mainly two factors. First, the rapid progress within medicine and biotechnology has generated unprecedented problems and conflict situations in the doctor-patient relationship. Secondly, the scientific criteria that guide both the clinical act and the medical-pharmaceutical research industry do not seem to take into account the emotions, the fears or the hopes of the patient. This has led many scholars to raise questions about the adequacy of the epistemological status of medicine in respect to its "object" of study: human being. The philosophy of medicine has its origin within this framework. This article offers a brief overview of the most important literature on the philosophy of medicine.

[Acquista questo saggio in PDF](#)