

**Vermenko A.Yu. The Object of Research of Medicine and Its Place in the System of Modern Knowledge.** — «Релігія та медицина». Матеріали міжнародної науково-практичної конференції, присвяченої пам'яті свт. Луки (В. Ф. Войно-Ясенецького). — НМУ ім. О.О.Богомольця, 11-12.06.2019. — С. 145-147.

During XX-XXI century the interaction between philosophy and medicine acquired specific character which is still under discussion in philosophical anthropology, gnoseology and social philosophy. Two most common points of view are that philosophy performs compensatory function as scientific theory of medicine or can be interpreted as theoretical addition to medical knowledge in the frame work of natural philosophy approach like it was in previous periods of philosophy and medicine historical development. The compensatory approach as specific to modern time points primary to the hetero chronic character of medical culture formation caused by the slower development of its theoretical and gnoseological system in comparison to its practical and object orientated elements including ethics. One of the main reasons of such hetero chronic development of medical culture and its slower development if compared to biological science is specifics of human being as both biological and social object of research. The above mentioned conditions cause the actuality of attempt to one more time re-evaluate the object of research of medicine and its place in the system of modern knowledge which was undertaken by the author of this research.

Main representatives of modern philosophy of medicine are Rachel Ankeny, Christopher Boorse, Nancy Cartwright, H. Tristram Engelhardt, Fred Gifford, Havi Carel, Donald A. Gillies, Jeremy Howick, Hilde Lindemann, Ingvar Johansson, Keekok Lee, Michael Loughlin, Frederica Russo, Kazem Sadegh-Zadeh, Kenneth F. Schaffner, Miriam Solomon, David Papineau, Edmund Pellegrino, John Worrall, Jacob Stegenga and others, so their points of view were basic for the formulation of problematic and methodological basis of this research [1, pp. 361] [2, pp. 1730-1741] [3, pp. 267-268].

The main object of research of medicine was and is during all the historical periods the human in all the fullness of its definitions beginning with physical body and finishing with social, psychical and spiritual qualities of personality. Medicine researches all the aspects of human life activity which are related to the problem of human health and disease, norm and pathology in all their diversity and specific relations of human and its natural, social and cultural environment. The specific laws of medicine are the objective laws of normal and pathological life activity of human organism and human personality.

It is necessary to consider the problem of correlation between the subject and the object on the basis of dialectic methodology in the process of medicine development and its paradigmatic changes. Elemental holistic concepts of ancient world were the following. Hippocrates proposed to heal not the disease but the patient, taking into account the main features of a person, her mode of life and natural environment. Socrates is told to express such a thought, "Good doctors say that it is impossible to

heal one eye, but the whole head, if eyes are to be recovered. Likewise it is impossible to heal a head without healing the whole body. The biggest mistake is the division into doctors of the body and doctors of the soul, because they are indispensable in fact”.

Biomedical model is based on the socio-medical understanding and modern holistic approaches to a human in the context of integrity of human existence. Thus, considering the complexity and multi-level structure of the object of research medicine is connected both with natural and humanitarian sciences and has the status of a synthetic science, an intermediary one. Theoretical foundation of medicine is biology, but it does not cover all its content. So, considering the objective position and functional designation of separate medical sciences they are divided into 3 groups: medical and biological sciences (fundamental and theoretical), clinical (applied and practical) and social and hygienic (development of optimal health preserving model of life activity in natural and social environment).

The philosophy of medicine can be described as a branch of philosophy that studies problems of ontology (or metaphysics), gnoseology (epistemology), methodology, social philosophy and ethics connected to medicine theory and practice. Philosophy of medicine is closely connected to medical ethics, bioethics and philosophy of healthcare (which is concentrated on research of ethical and political issues arising from healthcare research and practice). The newest direction school, in the philosophy of medicine is analytic philosophy of medicine. Intense debates have occurred in the past over whether there is a distinct field rightly termed “philosophy of medicine” but now there are dedicated journals and professional organizations, well-established canon of scholarly literature, and distinctive questions and problems, so it is defensible to claim that philosophy of medicine is already firmly established. Ethics and axiology were always among the main problems of philosophy of medicine, but bioethics is generally considered to be a distinct field. However, philosophy of medicine serves as a foundation for many debates within bioethics as it analyzes fundamental components of the practice of medicine that frequently arise in bioethics such as concepts of disease.

The ways in which health-care professionals (ranging from clinicians to biomedical scientists) interpret, evaluate and use knowledge are central concerns of medical gnoseology and epistemology. Evidence-based medicine studies the ways in which medical specialists can gain knowledge regarding key clinical questions such as the effects of medical interventions, the accuracy of diagnostic tests, and the predictive value of prognostic markers. It is usually interpreted as methodology of application of medical knowledge to problems of clinical care but sometimes it is extended to philosophy of evidence which research hierarchy of evidence and rank different kinds of research methodology by the relative evidential weight they provide. Currently most philosophers deny the legitimacy of such the extension. The philosophy of medicine also has made important contributions to general philosophy of science and particularly to understandings of explanation, causation, and experimentation as well as debates over applications of scientific knowledge. Finally, the philosophy of medicine has contributed to discussions on methods and goals within both research and practice in the medical and health sciences. Most researches

in philosophy of medicine are currently based the Western tradition, although there are growing literatures on philosophy of non-Western and alternative medical practices. It emphasizes philosophical literature while utilizing relevant scholarly publications from other disciplinary perspectives.

The ontology of general medical science includes a set of logical definitions of most general terms that are used across medical disciplines, including: 'disease', 'disorder', 'disease course', 'diagnosis', and 'patient'. It provides a formal theory of disease that is elaborated further by which extended by specific disease ontology, including the infectious disease ontology and the mental disease ontology. The main field of researches is restricted to humans, but many terms and methods can be applied to other organisms as well. The ontology of medicine recently developed a special interest the idea of causality because the purpose of medical research is to reveal causes of disease and causes of healing. The scientific processes used to generate causal knowledge give clues to the metaphysics of causation. For example, there is quite popular idea that randomized controlled trials are more helpful in revealing causal relationships than observational studies. Here causation is understood as counterfactually dependent, so the main difference of randomized controlled trials from observational studies is that they have a comparison group in which the intervention of interest is not given. Main causal paradigms in biomedicine are the linear mono-factorial paradigm championed mainly in clinical medicine; and the non-linear, reciprocal, multi-factorial paradigm invoked in epidemiology.

### **References**

1. Boorse, C. (1987). Concepts of health. In Health care ethics: an introduction, D. Van De Veer and T. Regan, eds. Philadelphia: Temple University Press, pp. 359-393.
2. Engelhardt, Jr., H.T., and Wildes, K.W. Philosophy of medicine. (2004). In Encyclopedia of bioethics, 3rd edition, S.G. Post, ed. New York: Macmillan, pp. 1738-1742.
3. Schaffner, K.F., and Engelhardt, Jr., H.T. (1998). Medicine, philosophy of. In Routledge Encyclopedia of Philosophy, E. Craig, ed. London: Routledge, pp. 264-269.