

Ken A. Bryson

A Systems Analysis of Medicine (SAM)

Healing Medicine

STUDIES IN MEDICAL PHILOSOPHY

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*This Book is Dedicated to our Grandson Keanen and his Family;
Their Ability to Find Meaning in the Struggle Against Childhood Cancer
is Inspirational.*

*And to Exoria and Eliana Campbell, Olivia and Noah MacRury,
Jillian, Maria and Bella Bryson*

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Foreword

To Kenneth Bryson's Systems Analysis of Medicine
Alexander L. Gungov

To see medicine as part and parcel of human life, the medical perspective alone is not sufficient. It is necessary that one both be immersed in medicine and look beyond it so as to capture the entire picture of the human condition. A philosophical perspective on medicine would be an appropriate approach as it connects the specificities of medical care to the entire meaning of being a human and a person. Philosophy is capable of seeing the forest and the trees, as well as the person who is the patient. Moreover, philosophy is capable of a radical change of perspective leading to the realization of the fundamental truth that, in Kenneth Bryson's words, "the person has a disease, but the disease does not have a person."

Disease is but one of the relationships constituting someone's personality, which also includes the relationship between patients and their doctor, between patients and their loved ones, between patients and their community/society, and finally, between them and nature. The patient is an ill person who lives in a simultaneous combination of the above relationships and not a particular human being serving as an example (representation) of a given nosological unit in the way medical textbooks describe it. Besides being a patient, every person is involved in a variety of other relationships. Against this multifaceted background of relationships, disease is manifested within the relationship of being a patient.

Being involved in many person-forming relationships is the central layer of human personality, that is, the social self, according to Bryson's analysis. Medicine usually focuses all its efforts on the lowest biochemical layer of a person, the so-called carbon self. This is the ground for the advancement and triumph of the highly sophisticated, but also entirely impersonal, medical technology, and in particular its IT resources. Technology providers are proud of supplying means for health surveillance and control of actual and prospective patients from the stage of statistical disease risk estimation, to prevention measures, diagnoses, and foreseeing prognoses. The patient is reduced to a single atom; he/she is transformed into a subject of mathematically precise calculations. Such an approach

would be opposed and discarded by most veterinary doctors and gifted and experienced clinicians practicing human medicine. To deal with a real patient in the flesh, not only the social-self dimension is indispensable, but also that of the inner self, the rich ensemble of personal awareness including desires, plans, hopes, and worries, as well as self-reflection.

The inseparable and harmonized blend of the carbon self, social self, and inner self when viewed through the prism of the relationship of an illness comprise the real patient. Evidence-based medicine is only one of the aspects of medical care. It necessarily needs the supplement of patient-centered medicine. Behind the patient, the person should always appear, leading to person-centered or personalized medicine. Personalized medicine in this book is not understood just as an individualized approach to patients or patient empowerment. Personalized medicine values and treats the person consisting of the above-mentioned three levels of the self. The attending doctor and the entire health care providing system should recognize the difference between curing the carbon self and healing the whole person on the three levels of the self and within the multitude of human relationships. Unlike a mechanic repairing a car in the garage, a physician cannot help but reach the sacred dimension of the patient-person no matter whether the physician or the particular patient are religious or whether the treatment happens to be conducted in a church-affiliated hospital. The sacred meaning of healing a person transcends the fighting and overcoming a specific manifestation of the nosological unit identified in a patient. This process of transcending is realized not in the sense that repairing a car aims at bringing it back to use by its owner or curing an animal with mainstream veterinary medicine aims primarily at avoiding harm to humans. The sacred character of the doctor-patient relationship and of the entire process of healing a person consists in comprehending this person within the whole complex of the person's relationships and self-awareness.

A holistic attitude to a person's relationships and self-awareness goes beyond the perfunctory social roles and a superficial attitude to oneself. Viewed in such a way, the patient and medicine acquire a sacred character in the sense that the patient is treated not as an isolated individual but is healed as a real person living for and making an impact on his/her family, community, and society. Even extremely lonely people tend to live, at least

potentially, for the sake of somebody else.¹ This sacred perspective to medicine is available even to ordinary non-religious humanism. This perspective overcomes the reductionist one-dimensional disposition to the patient and to medicine in general. Humanism, however, is by no means doomed to constrain itself to regarding the human being as the ultimate reality, as is brilliantly shown by Renaissance humanism. Renaissance humanists have no doubts that the ultimate reality transcends the mundane vision of humans but is not solely transcendent. On the contrary, the transcendent has an immanent dimension, elevating humans to the status that exists in ultimate reality.

Medicine is definitely concerned with ultimate reality as it deals with health, life, and death. In Bryson's interpretation, death includes unconcealment of Being. Unlike in Martin Heidegger's phenomenological analysis, for Bryson, death is not just a reason to concentrate on authentic life but is itself sacred. If the immortality of the soul is assumed, death is a step towards the ultimate reality of Being and, therefore, into the unconcealment of the ultimate reality. However, the ultimate reality does not contradict life since *eschaton* is not only about the end of this world. *Eschaton* indicates an opening towards the sacred and divine, towards the transcendence that has descended onto this world and has gained at least partial immanence. Divine grace is exactly such an opening into the ultimate things within mundane time and history. According to the Christian doctrine, the Second Coming and the Last Judgment are not the only way to witness and participate in eschatology and get in touch with the ultimate things. Stepping beyond the unilateral notion of eschatology, which is linked only to the end of linear time, endows the current time and current reality with a sacred dimension available by divine grace and other uncreated divine energies such as love and the light of transfiguration.

Medicine heals the body and the soul; it heals the entire person. One does not have to be a Christian who believes that true healing and health are possible only in Christ to perceive that medicine is a sacred science and art, which alludes to the basic dicta of all Abrahamic religions: medicine opposes death, the archenemy of humans, so also that of the benevolent design of their Creator; medicine helps women give birth and collaborates in carrying out the will of God in this respect; it bestows the blessing

¹ The almost impossible cases of total fixation on oneself can be easily judged as a social and psychic deviation.

of life via insulin, dialysis, kidney and liver transplantation, heart and brain surgery, as well as by cancer surgery and various cancer therapies; medicine has destroyed the archenemy in the guise of the plague, cholera, malaria, tuberculosis, hepatitis B and C, etc.; medicine is already powerful enough to preserve life when encountered by such an invincible adversary as HIV/AIDS. Still, patients and doctors should be aware that any human endeavor works only by divine grace and the archenemy will never be brought to naught, as antibiotic-resistant bacteria remind us.

According to the Abrahamic doctrine, man is created in God's image and likeness. God has created man and the world out of his infinite benevolence and love. The capability to love is transferred from the creator to his creatures. Furthermore, in the Christian Trinitarian God, love is the relationship between the three divine persons. Love becomes a pattern of interhuman relationships. The doctor-patient relationship is within the current of these religious examples and it embodies the three divine virtues of faith, hope, and charity (love). The doctor's attitude to his/her patient is a very special case: on the one hand, a certain distance is necessary as it is obvious that the doctor cannot love the patient as his/her family and will burn out if he/she tries to do so; on the other hand, caring about the patient, the doctor gradually overcomes diseased self-love, and learns to feel balanced compassion and to practice spiritual charity.² For his/her part, the patient starts feeling a special gratitude which goes beyond any imaginable monetary expression. Within the process of treatment, both the doctor and patient keep hoping for the best development and outcome even when the chances seem to be meager or null; the doctor and patient learn to be humble when it is evident that only palliative or end-of-life care is feasible.

The sacred character of medicine provides grounds for metaphysical considerations. Metaphysics is about what transcends empirical reality but also determines it, and in this manner dialectically permeates the mundane empirical world. Metaphysics, claims Bryson, established virtue ethics on which deontological ethics and the Hippocratic oath are founded. Adhering to the Hippocratic oath, the doctor practices divine virtues of compassion, hope, and spiritual charity as well as a certain faith, even if s/he is

² This statement could be opposed to the observation that the first concern of doctors nowadays is to avoid litigation, the second is not to seem incompetent but rather smart and trustworthy, and only third is to possibly cure the patient. If this is the case, however, medical practice itself and the society it belongs to suffer a severe malady; therefore, some immediate measures need to be taken to heal them.

agnostic or a staunch humanist.³ The patient does not remain alienated from these virtues although his/her destiny and role seem to be more passive and of secondary importance. Collaborating in healing, both the doctor and the patient surmount the estrangement from God committed in Eden and redeemed at Golgotha. In the science and art of healing, divine *kenosis* meets human *theosis*. Medical practice significantly contributes to restoring the sacred image and likeness of persons in the contemporary relativistic and secular globalized world. In the contemporary predicament where manipulation and being manipulated are the prevailing *modus operandi* and *modus vivendi*, the sacred elements in the doctor-patient relationship make a healing impact on the entire social climate. This is the reason Bryson's *Systems Analysis of Medicine* offers some indispensable light in the clearing leading out of the ethical relativism and spiritual darkness in healthcare and beyond.

³ In this particular sentence by "humanist" I mean "atheist."