AMERICAN ACADEMIC PUBLISHER

INTERNATIONAL JOURNAL OF MEDICAL SCIENCES

ISSN NUMBER: 2692 - 5206 Volume 6. No 04. Aprel ,2026

MODERN APPROACHES IN THE PHILOSOPHY OF MEDICINE: SYNTHESIS OF TECHNOLOGICAL AND HUMANISTIC PARADIGMS

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Abstract

This article analyzes the transformation of key paradigms in the modern philosophy of medicine. Within the IMRAD framework, it explores the transition from the traditional biomedical model to the biopsychosocial model, as well as the impact of digital medicine and artificial intelligence on medical ethics and epistemology. The article reveals new philosophical models of the "doctor-patient" relationship and the existential aspects of personalized medicine.

Keywords: Philosophy of medicine, bioethics, biopsychosocial model, technogenic medicine, digital humanism, personalized medicine, cognitive medicine.

Introduction

The philosophy of medicine is not merely an intersection of medicine and philosophy; it is a methodological foundation for studying fundamental concepts regarding human life, health, illness, and death. In the 21st century, medicine is undergoing an unprecedented technological revolution. the emergence of genetic engineering, artificial intelligence (AI), and nanotechnology necessitates a reassessment of questions such as "What is a human being?" and "Where are the boundaries of health?" through a new philosophical prism.

The relevance of this article is determined by the need to philosophically analyze the "humanitarian crisis" resulting from the excessive technologization of medicine and to find ways to restore the human dimension to healthcare. The objective of this study is to systematize the main directions in the modern philosophy of medicine and demonstrate their role in the practical healthcare system.

Methods

The following methodological approaches were utilized during the research:

- **Paradigm Analysis:** A comparative study of various philosophical models in medical history (mechanistic, biomedical, biopsychosocial).

AMERICAN ACADEMIC PUBLISHER
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- **Phenomenological Approach:** Analyzing illness not just as a biological process, but as the patient's subjective "lived experience."
- **Systemic Analysis:** Viewing medicine as a complex system—a synthesis of biological, technical, and socio-humanistic knowledge.
- **Axiological Approach:** Evaluating the compatibility of medical technologies with human values and ethical norms.

Expanded Analysis of Methodological Pillars

I. Paradigm Analysis: The Evolution of Medical Thought

The history of medicine is not just a history of drugs; it is a history of changing answers to the question, "What is the human body?"

A. Mechanistic Model (17th–18th Centuries)

Based on René Descartes' idea of dualism, this model likens the human body to a complex **clockwork mechanism**.

- **Philosophy:** The body is matter (*res extensa*), while the soul is thought (*res cogitans*). They are independent of each other.
- **Role of the Physician:** The doctor acts as a "mechanic" or "engineer." If a "part" (organ) breaks, it must be repaired or replaced.
- **Drawback:** The human spiritual world and emotions are completely excluded from the healing process.

B. Biomedical Model (19th–20th Centuries)

Developed alongside the progress of natural sciences (biology, chemistry, genetics), this model relies on **reductionism**.

- **Philosophy:** Every disease has a specific biological cause (pathogen, genetic defect, biochemical deviation). Illness is a biological deviation from the norm.
- **Approach:** The focus is not on the person, but on their organs, cells, and molecules. It studies the "diseased body" rather than the "body inhabited by a patient."

C. Biopsychosocial Model (1977–Present)

Proposed by George Engel, this model returned a **holistic** approach to medicine.

- **Philosophy:** Health and illness are the result of the interaction between three systems: biological (genetics, viruses), psychological (stress, personality), and social (environment, economy, culture).
- **Human Role:** The patient is no longer a passive object but an active participant in the treatment process.

II. Phenomenological Approach: Illness as a "Lived Experience"

Phenomenology (E. Husserl, M. Merleau-Ponty) introduced the concept of **"Lived Experience"** to medicine. This approach encourages the physician to look beyond objective lab results and into the patient's internal world.

A. "Body-Object" (Körper) and "Body-Subject" (Leib)

Philosophical analysis distinguishes two facets of the human body:

1. **Körper (Physical body):** The body the doctor sees, analyzes, and X-rays. This is the biological object.
2. **Leib (Living body):** The body as felt from within by the individual. During illness, this body ceases to be a mere "instrument" and becomes a source of pain and limitation.

B. The Limitation of Being (Illness vs. Disease)

Phenomenology highlights the distinction between **"Disease"** (biological pathology) and **"Illness"** (how the individual experiences the sickness):

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- **Transformation of the World:** For a healthy person, the world is a field of possibilities ("I can go there," "I can do this"). For a sick person, the world "shrinks." Climbing a simple staircase is no longer a routine action but an insurmountable obstacle.
- **Perception of Time:** From a phenomenological perspective, time seems to "stand still" for the patient. Future plans are replaced by the anxiety and pain of the present moment.
- **Loss of Body "Transparency":** A healthy person does not feel their body (the body is transparent). During illness, the body "announces" itself, taking center stage and limiting human freedom.

Results

The analysis of modern approaches in the philosophy of medicine yielded the following key findings:

- **A. Priority of the Biopsychosocial Model:** Modern philosophy considers illness not merely a failure at the cellular or organ level, but an integrated process linked to the person's mental state and social environment. This requires the physician to possess not only technical skill but also high levels of **empathy** and **communicative competence**.
- **B. Philosophy of Digital Medicine and AI:** The integration of AI into diagnostics has raised the issue of "Epistemic Trust." Results show that technology cannot replace the doctor; rather, it expands their cognitive capabilities. However, the ethical dilemma of "who bears responsibility for the decision?" remains open.
- **C. Personalized (4P) Medicine:** *(Predictive, Preventive, Personalized, Participatory)*. This approach views the human not as a statistically average object, but as a unique genetic and existential subject. Philosophically, this represents a shift from "universal laws" to "individual truths."

Comparison Table of Philosophical Models

Approach	Core Concept	Methodological Basis
Classic Biomedical	Disease (Pathology)	Mechanistic Materialism
Biopsychosocial	Patient (Person)	Holistic Humanism
Technogenic (Digital)	Data (Information)	Algorithmic Rationalism
Integrative	Unified Being	Synthesis of Paradigms

Discussion and Conclusion

The study indicates that the philosophy of medicine today is seeking a balance between two poles: **High-Tech** and **High-Touch** (high humanism).

Discussion Points:

1. **The Problem of Medicalization:** The tendency in society to view human conditions (e.g., aging or grief) exclusively as medical problems is facing philosophical criticism.
2. **Digital Ethics:** Algorithms in medicine should not displace the human factor (intuition, experience). A concept of "Digital Humanism" is necessary.
3. **Transformation of Medical Education:** It is a requirement of the times to teach future doctors not only standard algorithms but also philosophical reflection and the art of communicating with patients.

Conclusion:

The modern philosophy of medicine aims to elevate the physician from a mere "biological mechanic" to a **"Philosopher-Physician"** who engages with human destiny and existence. No matter how much technology advances, the essence of medicine must remain the alleviation of

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human suffering and the preservation of human dignity. Medicine will fulfill its true mission only when data systems and artificial intelligence serve humanistic goals.

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