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Philosophy in Medicine: Guiding Compassionate Medical Understanding

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Philosophy in medicine serves as a "midwifery of thought," revealing deeper understanding beyond science. It encourages reflection, dialogue, and empathy—empowering practitioners to see patients not as cases, but as unique human beings.

Socrates Today and the Art of Healing

Let us imagine for a moment that we are just like the people who, 2,500 years ago, encountered the philosopher Socrates (469–399 BC) — whose mother, incidentally, was a midwife — on the marketplace of Athens. Artists, craftsmen, politicians, physicians — people who were convinced they possessed knowledge, especially in their own fields.

Today, too, we possess vast knowledge in our respective areas. Thanks to digital technologies, we have nearly unlimited access to information, even beyond our own disciplines. Like Socrates' conversation partners back then, we tend to think we know a great deal—because we can access knowledge anytime. Our smartphone is our daily companion, our digital assistant powered by generative artificial intelligence.

Let us now take our thought experiment one step further: If Socrates were to encounter us today, smartphone in hand, in the marketplace, he might urge us to critically examine the claims of modern medicine as a natural science. Through dialogue, he would lead us to question the revolutionary changes brought about by digital technologies in medicine—not to reject them, but to recognize their limits and to place our knowledge within a framework of responsible understanding [1].

For even though we have made enormous advances in many areas of medicine — advances we believe we understand — Socrates, through his questioning, would likely help us uncover something we'd rather not admit: that there are many aspects of medicine that cannot be fully grasped by natural science, technology, or digital innovation alone.

Socrates was a master of insight because he was always aware of the limits of his own knowledge. He had an extraordinary ability to listen and to structure his dialogues in a way that made the answers of his interlocutors of the greatest interest. Through this dynamic exchange of living speech, something new, something of higher value, could emerge. He understood that true wisdom does not lie in know-

ing a lot or in the consumption of knowledge, but in the recognition of our capacity to think — as the foundation for our actions.

Are we just as self-reflective today? Do we have the courage to acknowledge and explore areas of medicine that elude scientific explanation — to recognize our own limitations and accept them?

Medicine is not only about facts and technologies — it is an art that constantly evolves. At its core, despite all progress, lies the admission of ignorance and uncertainty. The art of medicine also demands an awareness of what we do not — and cannot — know, and an ongoing reflection on how we deal with this not-knowing and the new questions it raises.

It is precisely here — in the space between knowledge and ignorance — that our true challenge lies today. Socrates was aware of the limits of his knowledge. Are we?

Philosophy as the Midwifery of Medicine

If we were to apply Socrates' approach to the way medical education and training are conducted today, we would need to redefine the role of educators. Rather than merely being transmitters of knowledge or digital learning programs, we would need people like Socrates — individuals who act as "midwives of thought". They would not only offer knowledge to students, young physicians, and to ourselves, but also encourage us to think independently, to question, and to act.

Diagnostic methods and techniques in medicine have gained new qualities in recent years. Communicating these appropriately to patients is mandatory under the concept of informed consent. This entails a particular collective responsibility for physicians.

However, in today's medical education, knowledge is usually delivered in pre-packaged form and oportunities for individual, creative discovery are often completely lost — both during studies and later on in clinical practice. The vast and ever-growing body of scientific findings and digital information tends to overwhelm aspiring doctors and ourselves more than it inspires independent thinking. The flood of information and specialized knowledge in medicine is immense and continues to expand. Medical knowledge is becoming increasingly differentiated, to the point that even experienced specialists are losing oversight of their own disciplines and are forced to narrow their focus ever further.

This is where the philosophy in medicine becomes essential!

Medicine, as an art of healing, requires active engagement with knowledge — not just its passive consumption through generative AI or its unquestioning acceptance. If we envision Socrates' role as a "midwife of thinking" in medicine — bringing forth new ideas through vibrant dialogue with others and with the fellow human being standing before us — we recognize that the aim is not merely to acquire knowledge, but to understand and critically examine the very process of knowing and our own capacity to know.

Socrates teaches us to find a natural, personal approach to knowledge and to develop our own thinking — so that knowledge does not merely press in on us from outside, but becomes something we actively shape and apply, with an awareness of its limits. In this way, knowledge becomes a skill in itself — not just a static pool of information to be retrieved.

In today's medical education, which is largely shaped by standardized assessments such as multiple-choice tests, what's missing are the "midwives" of thought and the art of dialogue — those who help students discover their own capacity for independent thought and action. The digital revolution has further transformed teaching methods, replacing educators in many areas with technical systems that serve up bite-sized portions of information. But this reveals an even deeper gap: what is lacking is philosophy — not philosophy that merely transmits knowledge, but one that helps students critically reflect on that knowledge and integrate it into their own thinking and practice.

Philosophy can bring back exactly this midwifery art to medicine — an art that not only imparts knowledge, but teaches people how to engage with it, to question it, and to evolve it [2]. It is a foundational requirement for medicine as a healing art — an art that remains aware of its own limits and is always searching for new paths.

But first, we must clarify what we actually mean when we speak of a philosophy of medicine, and philosophy in medicine: While the philosophy of medicine refers to the theoretical study of the foundations, methods, and ethical implications of medicine as a practice, it explores questions like the nature of health, disease, and medical knowledge. On the other hand, philosophy in medicine involves applying philosophical principles of knowing to clinical practice – it is about integrating philosophical judgment into everyday medical practices. Both approaches share the assumption that medicine raises fundamental philosophical questions that must ultimately be answered from within medicine itself: philosophy of medicine investigates these questions from a general, often theoretical perspective, while philosophy in medicine approaches them from the lived experience of the subject, from everybody one of us. Both philosophy of medicine and philosophy in medicine are crucial for the advancement of the field. However, for the purposes of this discussion, I will focus on the core aspect of philosophy in medicine, as it is directly relevant to all of us, influencing how we approach patient care, decision-making, and the ethical challenges faced in everyday clinical practice.

What is the foundation of Philosophy in Medicine?

Philosophy in medicine is not an independent scientific discipline, but rather an autonomous, active reflection on medicine itself — and consequently on the human being at its center. It urges us not only to consume knowledge but to question it ourselves and to develop our own position based on it. Those who think independently also act independently — and this very principle forms the foundation of the medical art for the benefit of the patient [3].

But how does this philosophy in medicine work in practice? What foundation does it need? Here, we must refer to an essential idea of Immanuel Kant (1724 – 1804) in order to understand our own thinking process. Kant distinguishes between two forms of judgment, which, for him, are essentially equivalent to thinking: the '*determining*' and the '*reflective*' judgment. Determining judgment works with given general rules and knowledge. In medicine, this corresponds to established guidelines, scientific findings, studies, and standards that serve as orientation for physicians. Its goal is to subsume the individual case — the patient — under these general rules and then decide.

The reflective judgment works quite differently. Here, thinking begins with the particular and starts with the individual patient. The physician then aims to find a solution together with the patient that does justice to the unique individual. This process of reflection is not mere determination but a reflective inward turning, where attention is redirected from the external world back to one's own thinking process, with the patient at its center. Physicians who systematically apply this reflective thinking are able to recognize the patient as a unique subject — not merely as a case to be classified under a general rule. *This learnable skill is crucial for recognizing the particularities of each patient in their individual life course and responding appropriately in diagnosis and therapy.*

Immanuel Kant describes this transition from the general to the particular in his Critique of Judgment roughly as follows: *Reflective judgment is that which gives the particular and must seek the general in relation to it* [4].

But this reflective thinking does not happen in an individual vacuum. It is always a communal process, one where we exchange ideas with others. Kant calls this expanded way of thinking the "*common sense*" (*Gemeinsinn*). He describes it as the ability to go beyond one's own subjective viewpoints and to empathize with the perspectives of others. This ability for empathy and perspective-taking is not only important in philosophy — it is also an essential foundation for the practice of medicine. By putting ourselves in the position of the other, we develop an understanding of shared human experiences that go beyond purely individual perspectives. This expanded way of thinking forms the basis of the philosophy in medicine.

From this perspective, philosophy in medicine calls us to think independently while simultaneously putting ourselves in the shoes of others — whether the patient or their relatives. It grants us freedom of thought, freed from external determinations, and enables us to make our own judgments. This

freedom is not just a theoretical ideal but a practical principle that empowers physicians to make decisions in an increasingly complex and differentiated world —decisions that are based on empirical evidence yet are rational and humane at the same time.

One example will illustrate this point, the case of Mrs. M., caught between guideline and lifeworld:

Mrs. M., 68 years old, is referred to my outpatient clinic recently with a newly diagnosed locally advanced lung cancer. The medical guidelines are clear: neoadjuvant radiochemotherapy combined with immunotherapy, followed by surgery, and then adjuvant therapy. The procedure, the evidence, and the prognostic curves for this case are well known. This is determining judgment in its pure form: the case seems to fit exactly into the framework of the therapy recommendations.

But even before I can begin explaining the treatment, Mrs. M. quietly says: "*I want to know how much time I have left if I do nothing. I have my husband at home, he has Alzheimer's. I am his only caregiver. If I fail, he will fall apart.*"

At that moment, the scheme breaks down. The "case" is no longer just a case but a person with a story, responsibilities, and a life that does not conform to therapeutic protocols. Now the reflective judgment comes into play. I no longer think for Mrs. M., but with her. I reflect within myself what it means not to see cure as the sole goal, but also to consider dignity, responsibility, and quality of life. I discuss with her the usual treatment options and their pros and cons, then also consult the oncologist, the radiation therapist, and the social services that organize home care support for her husband. After discussion in the tumor board, a therapy concept can be developed together with Mrs. M. that is less burdensome but still meaningful — tailored to her.

The joint decision that emerges in the end is humane and responsible. It does not simply apply rules but relates medicine (the general) through thinking anew to the individual person, Mrs. M. (the particular), so that together with Mrs. M. the best general solution for her can be determined.

In this case, it is clearly visible how determining judgment reaches its limits — and how reflective judgment can take over. It is not about rejecting rules but about a completely different approach to thinking: the critical application of rules starting from the individual. We know all too well that guideline recommendations cannot simply be imposed on patients, as this leads to a phenomenon that even the founder of Evidence-Based Medicine, David Sackett, warned against in no uncertain terms: the practice of so-called "*cookbook medicine*" [5]. In the Kantian tradition, medicine thus becomes not only a natural science-based, learnable technique but an art of humanity. Kant sums this up succinctly: "*Judgment is altogether the faculty of subsuming the particular under the universal. Therefore, if one cannot subsume the particular (the case) under the universal (the rule), then judgment is lacking*" [6].

Independent thinking is also indispensable with the rational use of digital technology and artificial intelligence in diagnostics and therapy, especially in the near future. This, too, carries a special medical responsibility [7].

Philosophy in medicine therefore means thinking for oneself and constantly putting oneself in the position of every other person. This is what makes its freedom of thought a principle — freedom from determination by others.

And what can philosophy in medicine concretely mean for medical students and physicians?

Philosophy in medicine is not an additional subject but, metaphorically speaking, like reverse graffiti. This is a special form of graffiti where an image is created by partially cleaning a gray wall or house facade outdoors. Some artists use stencils and remove dirt with a high-pressure cleaner. The image is not created by spraying paint but by removing what is already there.

By analogy, this method shows that philosophy in medicine is not yet another subject in the canon of disciplines — which medical students fear because of the enormous amount of knowledge they must master and feel like they face a wall of knowledge that they must memorize and understand — or doctors who consider it so vast that they do not want to take the time in their professional stress

and pressure to look closer — or other people who regard it as a tiny specialty of a few experts with no practical relevance or benefit.

Now let us assume the opposite is true. The mental reversal is: *Philosophy is not an additional subject or unnecessary extra knowledge, but an integral part of medicine itself!*

What does this mean? Returning to our analogy: Medicine corresponds to the large, gray, homogeneous house wall as a natural science discipline. Now we take a stencil — and this stencil is called philosophy in medicine and is made of knowledge and skills. We can place this stencil in different sizes on the gray wall or, if small enough, simply hold it against the wall. Then we take a high-pressure cleaner — this corresponds to our judgement and thinking—which we apply with varying intensity to the stencil and the wall behind it. Suddenly, on the surface, we see a lettering — the lettering that the stencil of philosophy in medicine reveals to us. For example, the concept of the *subject* can emerge from the grayness of the medical wall.

Through this mental reversal and our thinking, philosophy in medicine allows us to discover many things in medicine that were always there but previously invisible and seemed to have disappeared into the grayness of everyday medical and scientific life. Philosophy in medicine is thus inherent in medicine itself and opens up completely new perspectives, so that the large gray wall of medicine as a natural science can take on new perspectives through art and be brought to life to keep asking questions.

Philosophy in medicine opens new viewpoints on the theory and practice of medicine that help us recognize the human being as an individual with a unique life story — not just as an object of diagnosis and treatment. This philosophical perspective leads us to deeper reflection on the meaning of life and suffering, as described by Bernard Lown, the renowned cardiologist [8].

Philosophy in medicine is therefore not an additional subject designed to burden students or doctors unnecessarily. Rather, it is an integral part of medical theory and practice itself that helps us see and understand what already exists in a new light. Integrating philosophy into the medical context enriches medical practice and opens new paths of insight and independent thinking.

Summary

Medicine is more than a natural science — it is also a practice that deals with existential questions: What does it mean to be ill? What does healing mean? How do we cope with dying and death? Today, more than ever, we are called upon to understand philosophy as an integral part of medicine — not as an additional subject, but as a mode of thinking that helps us recognize patients as human beings, as subjects endowed with inherent dignity [9]. In this regard, the Socratic method of questioning and lively dialogue represents a timeless and still highly relevant approach. Inspired by Socrates as the “midwife of thought”, students and physicians should not only apply knowledge but also develop the ability to critically reflect on that knowledge. Central to this is Immanuel Kant’s concept of “reflective judgment”: we should not merely apply general rules to individual cases but develop new answers starting from the individual patient — the subject — through dialogue, empathy, and responsibility.

Philosophy in medicine helps us look beyond the facade of natural scientific routine — much like reverse graffiti: the image does not arise from applying new knowledge of any kind but from uncovering what is already there. Philosophical thinking makes visible what is often overlooked in medicine: subjectivity, meaning, freedom, human dignity and responsibility.

It is not about acquiring more knowledge, but about deeper understanding in the sense of Plato 427-347 BC), who said: “*For it is not the eye of the body that turns from darkness to light, but the eye of the soul*” [10].

We all can do this; each of us is capable of philosophizing! The goal is a humane way of living and practicing medicine.

Resumo

Filozofio en medicino servas kiel "akuŝistiko de penso", rivelante pli profundan komprenon preter scienco. Ĝi instigas reflektadon, dialogon kaj empation — rajtigante

praktikistojn vidi pacientojn ne kiel kazojn, sed kiel unikajn homojn.

Conflict of Interest

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