

ANALECTA HUSSERLIANA

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Volume LXIV

Edited by

Anna-Teresa Tymieniecka



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LIFE

THE HUMAN BEING BETWEEN LIFE AND DEATH

*A Dialogue between Medicine and Philosophy:
Recurrent Issues and New Approaches*

ANALECTA HUSSERLIANA
THE YEARBOOK OF PHENOMENOLOGICAL RESEARCH
VOLUME LXIV

Editor-in-Chief:

ANNA-TERESA TYMIENIECKA

*The World Institute for Advanced Phenomenological Research and Learning
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For sequel volumes see the end of this volume.

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*A Dialogue between
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Edited by

ANNA-TERESA TYMIENIECKA

The World Phenomenology Institute

and

ZBIGNIEW ZALEWSKI

The Jagiellonian University, Kraków, Poland

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ACKNOWLEDGEMENTS

Here we bring to the public a selection of studies presented at the International Congress of Philosophy of Medicine that took place at the Jagiellonian University, Kraków, May 9–11, 1996.

This conference commemorated the seventy-fifth anniversary of the founding of a chair for the History and Philosophy of Medicine at that university. It brought together international representative medical scholars, historians, and philosophers who sought the clarification of a spectrum of issues of increasing urgency in medical science, clinical practice, and social policy.

Their focus on the human being in nature and society lends to philosophical anthropology, psychology, and sociology insights that should be welcomed there for the challenge they present to our thinking.

I am most thankful that Professor Zbigniew Zalewski, the chief organizer of the conference, has entrusted this collection to us for inclusion among the volumes on the philosophy/phenomenology of life that we are publishing in our *Analecta Husserliana* series. I believe that medicine and phenomenology of life form a natural alliance and hope that this volume will initiate closer collaboration between them.

To Isabelle Houthakker and Robert Wise go our thanks for expertly editing these papers.

A-T. T.

THE THEME

TOWARD A MEDICO-PHILOSOPHICAL ENTENTE

The art of healing has from time immemorial been at the heart of human concern. The maintenance of good health is an innermost human concern. The capacity to perform the many tasks necessitated by circumstance or prompted by desire in the course of each person's life, to accomplish the plans the human heart devises, is critical to us. But in principle we think about our medical needs only when our health is broken, when we are incapacitated and/or are suffering pain, that is, when we feel ill. We then expect that the physician will find out what is causing our illness, will locate the agents of disease or pain, and prescribe a cure or therapy.

Medical reflection and experience have developed alongside the progress of our knowledge of nature and life, and alongside our interaction with the world as we draw on the world and contribute to it. In modern times, then, medicine finds itself at a crossroads of the biological sciences and the human sciences. Yet it is raised above them by a unique concern, the life and death of the human being. Moving in the territory that stretches between conception and death, it tugs at all the existential strings that carry or obstruct the unfolding course of human life, encountering the crucial concern of every human being: his or her existence.

Here the great questions are those of the origins of life, the unfolding of the human individual, the unavoidable path to physical extinction, the question of which physical or mental condition of the individual is optimal, what is passable. Our plans, our impetus endure, but their physical platform, the forces at work in the body and its functioning, undergoes attack and suffers decline. Whatever investigations in depth can offer to revise our view of health and disease immediately interests us.

With the progress of the biological sciences, medicine became very scientifically minded, and it remains full of expectation of ever new scientific discoveries and technological inventions that it can avail itself of in maintaining people's health and curing their diseases.

While medicine and the life sciences have been forging their alliance, the practice of medicine has in our culture become ever more institutionalized and socialized. Our societies are taking on greater and greater responsibility for the health and well-being of their citizens.

Culture plays a lurking (and lingering) role in the way in which we think of health and illness, entering into the criteria of clinical decisions. More

immediately evident is the role of the media in shaping expectations and opinions. Just the speed with which the world now becomes aware of new treatments, drugs, surgical procedures, therapies, and the further reach of such knowledge, is changing the ways in which physicians and patients relate to each other. Debates, controversies, legal actions, political struggles abound.

The enormous institutionalization of societal life, the laws and other measures taken to protect workers, their families, students, the unemployed, the handicapped, have extended the scope of medical reflection far into matters of social life.

A push to give the patient autonomy, to let him or her decide on treatment is undoing the traditional dependency of the patient on the physician. Personality as well as the social sphere then come into medicine's purview.

The present collection presents the panorama of the issues currently being discussed in medicine in all their practical urgency, bringing out their philosophical underpinnings. It is evident that medical reflection and bedside experience are not self-explanatory, self-sufficient. On the contrary, in every sector of theory and practice there emerge questions that refer to human nature, the human place within the unity-of-everything-that-is-alive, and human entanglements in the social network of life. These questions ask for criteria by which to appreciate situations, criteria for making judgements, making decisions, for a gradation of values, the setting of social priorities, the determination of individual rights, the weighing of autonomy versus the common good.

All such issues are by nature philosophical. Hence, the great surge of interest in our day in a philosophy of medicine. No philosophy, given its particular assumptions and biases, may do justice to these life and death issues. Yet, as much as medical reflection and theory demand philosophical insight, philosophy may in turn gain from medicine fresh insight into the nature of the human being, of society, of life. Where philosophical anthropology only deals with universals, medicine brings it face to face with difficult situations, struggle, pain, suffering, especially the suffering of not being understood.

Even as medicine refers to philosophy, each philosophical theory falls short somewhere in its approach to the world. It is the merit of the philosophy/phenomenology of life that the entire span of human life is in its scope, the whole Human Condition within the unity-of-everything-that-is-alive.

All the issues raised in this encounter of medicine and the grand sweep of life seem to converge on a chain of questions concerning the norm, the

criterion, the measure for values – vital, social, and personal – when engaged in the struggle to maintain good health and vanquish or cope with illness.

It is fascinating to discover that the various philosophies of medicine not only exhibit awareness of this fact, but seek and propose answers strikingly like the main tenets of the phenomenology of life.

Thus it is that an “assay” of the two leading philosophical views on health and disease will open this collection, which points to their convergence in the phenomenology of life.

Anna-Teresa Tymieniecka

ZBIGNIEW ZALEWSKI

INTRODUCTION

A Survey of Current Issues and Approaches

Turning back to the great events of the past to celebrate them plays a relevant though mainly symbolic role in our culture. People often used to do that to reinforce their self-esteem or re-evaluate their present activities. However, the real value of such practices in our epoch, which is pragmatic and oriented toward the future, is relatively low. Going back to the great intellectual achievements of former generations of scientists or thinkers is considered by many people in practice as something similar to invoking ghosts. What can we really obtain by recollecting previous ideas and standpoints, apart from the conviction that we know more and better than our predecessors? What advantages might stem from studying former theories that may appear quite often as pretty naive oversimplifications, if not merely superstitions, in the light of our knowledge? What are, in general, the beneficial contributions to our understanding of the world that we can learn from the past?

The present collection of studies in the philosophical issues of present-day medicine is a striking example of how the urgent current concerns and debates in medical reflection as well as therapy find their ancestry in the past. It is the corroboration and often reformulation of these issues which fascinates both the medical scientist and the philosopher.

The papers in this book are a selection of those presented at the International Conference held at the Jagiellonian University, Kraków on May 9–11, 1996, commemorating the 75th anniversary of the founding of the chair of History and Philosophy of Medicine at this University. Among the great issues of present-day discussion, several are brought back to the original form in which they had been raised by eminent Polish scholars. This historical perspective gives additional depth and insights to the contemporary approaches.¹

Looking at the debates carried on by Polish physician–philosophers nearly a century ago, we find an answer to the questions raised. One finds there quite familiar topics and approaches. The origin and growth of scientific knowledge in medicine, ways of finding diagnostic and therapeutic indications, methods of reasoning and understanding in medicine, the place of knowledge and experience in medical endeavors, the methodological status of medicine as a science and art of healing at the same time, and moral quandaries stemming from everyday medical practice, are among the most

relevant issues which were intensively discussed then and are still discussed nowadays. However, not only were these topics discussed a century ago, but one can also realize that the answers given to the questions undertaken at that time are interesting and valid for related contemporary controversies. And the approach to medicine that was revealed at that time, such as the tendency to think about medicine from the bedside rather than from the summits of academic posts, while being an overt postulate in modern times, was undoubtedly unique and insightful.²

To find a vivid tradition resembling our present-day experience is merely the first step leading to its appreciation. The discovery of the relevance of thoughts from the past would not necessarily entail their approval by modern people or their inclusion in the debates over current controversies. And yet there are plenty of deep, wise and momentous ideas in the intellectual treasury of humankind, to which contemporary people are completely insensitive. Hence, there must be something either in the evoked historical period, or in a comprehension of the reality people are living in, which causes them to refer to their ancestors' ideas in order to seek inspiration for resolving their own problems. At least three domains of the medical field cultivated by Polish philosophers seem to be particularly interesting and valid in our own work of coping with medicine in the modern world.

Critical appraisal of scientific knowledge and its growth in medicine is one of the outputs of the Polish School, which can hardly be overestimated. Worshipping the sciences as such, a process which emerged in the nineteenth century but expanded to an enormous extent within our era, has confronted us with the problem of justifying the real value of scientific development. Seduced by the extraordinary progress of medical technology and fascinated by a gigantic increase of information, the modern physician is very often disorientated, and left with a scarcity of means and tools for comprehending the acquired data. The accompanying pressure of being up-to-date with the newest discoveries and achievements of medical sciences makes him accept any novelties that come along with a "trademark" of science, i.e., everything that appears in the latest issue of one of the respectable medical journals. Left alone in the face of all of this, the physician is quite often unable to understand exactly and evaluate properly what is presented as knowledge. Even worse, he seldom feels a need to do so. The situation described belongs to the most significant symptoms of the dehumanization syndrome, which is characteristic of modern medicine. That is why the ability to take a critical approach to and a rational distance from excessive demands to be scientific, together with an open-mindedness and willingness to approve and apply any

valuable innovations to one's own practice, are essential elements in the education of future healers, and among those currently practicing.

Looking at the patient through "scientific spectacles" allows a modern physician to discern failures and defects of different organs or tissues within the human body, and even to perceive malfunctions or deformities of individual cells. However, it does not allow him to become aware of the very nature of the entity standing face-to-face with him. An ill and suffering human being as such remains outside the scope of interest of a scientifically equipped physician. Everything but the encounter with a sick and deteriorated fellow person falls among the numerous tasks imposed on the physician by medical enterprise. The structure of scientific knowledge directs his attention to the diseases which, from the theoretically elaborated, scientific point of view, "are internal states that depress a functional ability below species-typical levels, [...] i.e., reduce one or more functional abilities below typical efficiency".³ Defined in such a way and strictly described in medical textbooks, diseases should be diagnosed and cured, which means: recognized and fought. These aims empower the physician to use a myriad of technical devices and gadgets in order to be effective in recognizing these "reduced functional abilities" and coping with them. Disease is transformed into a "disease unit" and is taken as an enemy, while the patient is nothing but a battlefield. Since the plea for objectivity ascribed to scientific medical knowledge distances disease from those who are diseased, medicine itself becomes an entirely depersonalized enterprise. Instead of being personal, the relationship between the physician and the patient is merely technical and devoid of sensitivity and compassion. However, the physician is only partly a chaplain in the temple of science. In the other part of his self, in his other embodiment, he is a healer dealing with the real suffering of real people. Yet those two roles of the modern physician are visibly incompatible with each other, which throws him into a kind of cognitive dissonance, if not into a split personality. Consequently, this incompatibility prevents him from recognizing the patient as a person. The latter remains an unknown entity to his healer. How to bridge that gap between scientific knowledge and the need for human feelings, how to enable a modern physician to reestablish humane relations with his patients and to see them, above all, as human beings – how to, roughly speaking, rehumanize modern medicine – is the greatest challenge to our conception of medicine and its functions on the threshold of the next millennium. The lessons of medicine practiced from the bedside, stemming from the past, might be very instructive for us.

Moral discourse has dominated the development of the philosophy of medicine in the last quarter of the twentieth century. Its enormous increase, as well as the fact that it has gained very broad public reception, is due to the growing relevance attributed to moral and legal aspects of controversies arising in the progress of biomedical sciences and their technical and technological utilization in medical practice. It is this emphasis placed on the moral dimensions of healing practices that leads to the use of the word "bioethics" as a proper name for that domain of intellectual activity. The time pressure stemming from the urgent need for immediate solutions to practical problems emerging in everyday medical proceedings has caused bioethics to fall rapidly into a state which might be called "a crisis of foundations".⁴ None of the proposed ways of approaching and answering moral queries proved satisfactory. None of them could lead to consensus in coping with controversies and establishing universally valid standards for solving moral dilemmas. Hence, none of them might appear as a handy tool for everyday use. Bioethics is also stigmatized by the moral diversity of modern pluralistic societies. Moreover, haste caused by a demand for quick answers to compelling questions and the requirement to deliver a universal algorithm for solving problems also marked bioethics in another way. Bioethical textbooks are full of very meticulous analyses of particular practical problems or cases approached from different angles and depicted in various aspects, but only a few of them contain more than an outline of general ethical quandaries. The abundance of practical deliberations is contrasted here with the scarcity of theoretical moral inquiries, so that solutions provided in such a way seem to be hung out in an intellectual vacuum. Integral approaches to human persons and their affairs disappear, being replaced by a mosaic of detailed items. Hence, the attempts to reunify human understanding of the surrounding world as a whole, and to perceive each problem in its reciprocal relationships, are so important for contemporary people. Looking back to the heritage of past, thinkers can help us deal with this task. Nonetheless, our turning toward tradition does not simply mean imitating solutions taken from the past and applying them to our problems. It should rather follow the appraisal we refer to. It can encourage us to rethink our own matters, including moral matters, and to find our own adequate solutions to the present state of affairs in a more comprehensive way.

Modern medicine, with its enormous progress, poses a huge challenge to our thinking about ourselves and the world we are living in. And not only can it save the life of ethics, as S. Toulmin stated in a somewhat pompous manner,⁵ but it can also give a strong invigorating impulse to all philosophical

inquiries. Scientific progress has caused many of our essential convictions regarding man himself and his position among other creatures in the world to become doubtful, if not evidently false. By transcending the borders between life and death through the excessive use of life-support machinery and the artificial creation of new human beings, by transplanting hearts, kidneys, livers etc., and by manipulating the human genetic heritage – those being the most eloquent examples – contemporary medicine demands that we shift our attention to its affairs. As its rapid progress considerably changes our lives and will give rise to further, much more far-reaching alterations, our thinking should follow these metamorphoses. We should again ask each of the great metaphysical, epistemological and moral questions and painstakingly try to find adequate answers to them, formulating our intellectual investigations from within the perspective structured by medicine. This is, or might be, the most suitable way to deal with the mental chaos of postmodernity and to try to overcome it, and this is, as well, the best way to pay homage to the dignified tradition.

The collection of essays presented here is an initial attempt of this kind. Referring directly or indirectly to the intellectual legacy of the Polish School of Philosophy of Medicine, the authors from various countries try to rethink a cluster of important issues posed by modern medicine, tracing the general patterns of thought established in the invoked tradition. Three most important domains of interest, which are mentioned above, are the leading subject matter of their considerations. Attention has shifted to the logical and methodological aspects of medical knowledge, and various approaches to the cardinal medical concepts of health and disease remind us that this area of intellectual explorations was a field of the greatest interest within the Polish School. As to our motto, we can take the title given to that part: “The Logic of Medicine or the Critique of Medical Understanding”,⁶ which is also the title of probably the most mature book (besides the aforementioned work of L. Fleck) in the output of the School. The book, quoted above, was written by Władysław Biegański, one of the leading members of the School.

Changing images of the human being in current medicine and contemporary philosophy are analyzed in the second part of the collection. Not only do the authors penetrate the different dimensions in which man is contemplated in the circle of European thought, but also, in their search for a deeper understanding of modern man, they break the limits established by West-centered culture, and try to find inspiration in Jewish and far-Eastern traditions. Finally, moral dilemmas put forward by modern medicine are dealt with. The value of life, the person’s autonomy and the principle of justice are

among other subjects discussed both in general and with regard to particular problems posed by everyday medical procedures.⁷

The set of problems covered under the name “Logic of Medicine” is undoubtedly of great value to current philosophical debates over medicine and may claim its ancestry in the output of the Polish School. Questions regarding the methodological status of medicine are crucial for the discernment of its place and role in society. Medicine is a complex venture which embraces knowing and acting, encompassing human beings as its subjects. Therefore, medical knowledge, contrary to other, so-called “pure sciences”, must inevitably be descriptive and evaluative at the same time. Any efforts to separate explanation from evaluation might thus be effective only to a very limited extent. Nonetheless, many biomedical scientists in our century, inspired by positivistic ideas concerning pure descriptiveness as *conditio sine qua non* of science, have tried to establish and develop medical sciences imitating patterns taken from other natural sciences. This approach, implemented into medical education and training for years, has structured the attitudes of a vast sector of the medical profession. It, however, has necessarily led to the reduction of manifold human phenomena to simpler processes occurring merely on the organic level, while mental and spiritual aspects of human life have been exorcised from the domain of science. For medicine, man has become nothing but the recipient of an organic dysfunction called disease, while illnesses or suffering occur as something that medicine has nothing to do with.

The rediscovery of the patient as a person appeared in contemporary discussions about medicine some thirty years ago.⁸ Biomedical models of medicine as science, and of man as its subject, have been challenged. New areas of human life (psychical, societal, environmental, and so on) have been included in the scope of medical interest. Values, previously distorted from the scientific realm of medicine, returned and affected the way man and his problems were comprehended. The myth of medical knowledge as free from evaluation vanished. Thus the account of medicine needed radical changes with this reappearance of values in the realm of pure science. The new model had to provide room for an axiological dimension of human life, and had to include human values and goals in its considerations (Zbigniew Szawarski), while not expunging purely biological knowledge of somatic processes, but setting the limits of its validity within the wider framework of understanding humanity. No longer could the logic of medical reasoning be exclusively the logic of discovery and explanation, it also had to be the logic of evaluation (Kevin Wildes). The coexistence of those different models and different forms of logic within them creates medicine as a unique type of knowledge

with complex methodological patterns and complicated networks of mutual interrelations between them. Hence the progress of medical knowledge depends on developing modes and models of reasoning and proceeding in each dimension, while staying in touch with, or at least keeping in mind, requirements stemming from the others. Thus the clear logical analysis by Jan Doroszewski, of basic empirical knowledge on a biomedical level, consisting of declarative (i.e. descriptive), operational and instrumental knowledge, which may be helpful in avoiding mistakes in everyday medical procedures, cannot be overestimated. Scientific medicine, however, is not the only type of healing practice currently existing in our culture. There are plenty of other practices based on different systems of healing knowledge and founded on different images of man. The significance of these alternative practices for medicine and philosophical reflection about medicine, as well as the reasons why so many people prefer those alternate practices to conventional medicine nowadays, are explored by Joachim Widder.

Health, disease and illness are among the basic themes of interest to those who focus their philosophical attention on medical matters. Debates concerning the meaning of these concepts have enormous longevity and recur in every epoch. One can even consider them as never-ending stories, especially as regards the recurrence of certain motifs discussed by Chalubiński *et al.* a century ago, and compare them to the famous controversy of the 1970s and 1980s. Two authors in this volume attempt to participate in this controversy. Piotr Mróz approaches mental disorders phenomenologically, finding inspiration in the existential phenomenology of Jean-Paul Sartre and Maurice Merleau-Ponty. Jan Hartman investigates the evils and goods of illness, visibly transcending the borders between the two forms of medical logic previously disclosed.

Another main topic of thought concerning medicine, namely the question of the relationship between medicine and art, is dealt with in two essays written by aestheticians. Maria Gołaszewska draws an outline of an aesthetics of medicine as it has been reflected in beaux arts since ancient Greece to modern literature and mass-culture productions (TV series). Grazyna Podraza-Ucińska presents an attentive analysis of different meanings in which a notion of art can be applied to medical practice. Stressing the role of creativity, intuition (in various senses) and practical skills in the actions performed by doctors, she emphasizes different aspects of similarity between the art of healing and the creation of works of art.

Although the questions about medicine as such and a bunch of issues stemming from its intellectual elaboration are a matter of enormous relevance

for a rational approach to the phenomena of health and disease, the human being himself in his manifold manifestations remains a central problem of each act of truly philosophical reflection. Whatever the subject of analysis might be, whether it be science or common-sense knowledge, medicine or art, ways of thinking inevitably lead to a human person, their bearer, and to different roles that a human person plays with regard to them. The second part of the book is devoted to the question, Kantian in its very essence, of “who a man is”, and to the various ways in which this question is posed in contemporary philosophy, while the answers take into account the intellectual stimulation of modern medicine.

Recent philosophy, which frequently calls itself “post-modern philosophy”, looks as if it had lost the solid ground of the universally valid ideals of truth, wisdom and rationality. A state of uncertainty and mental confusion, due to latest fashion trends in thinking (like deconstructionism or similar intellectual novelties), has resulted in a disintegration of the realm of philosophy. Instead of following strict rules of thought and analysis, philosophers quite often devote their inventiveness to multiplying the ways in which the modern *conditio humana*, is approached, causing a growth of confusion rather than a growth of knowledge and understanding of the matter. Thus, one is faced with a wide variety of philosophical beliefs, which are often nothing but the expression of someone’s convictions which are not necessarily well grounded or sufficiently justified. An omnipotent ghost of relativism is cruising over Western culture. Changing or “oscillating” images of man in contemporary philosophy and their validity for the medical comprehension of human beings are the subjects of deliberate study by Henk ten Have. Yet it is not only the development of philosophical thought that affects the vision of man in modern times. The rapid progress of biomedical sciences, also the concept of the human body, subjects resulting from that transformation, are carefully analyzed by Christian Byk. As the Western intellectual heritage seems to be too narrow for many thinkers nowadays, they reach out for the legacy of Eastern cultures. The human body in its relation to the whole human entity, as it is understood in Hindu and Yoga traditions, is the topic of the next two essays, written by Marta Kudelska and Marzenna Jakubczak.

Values were invented in twentieth-century philosophical anthropology as indispensably involved with human life, to such an extent that humanity would be incomprehensible without them. They pervade each dimension of human life. They structure our imagination, mold our cognition, set a hierarchy of goals, affect and organize our activity while directing it to

achieve those goals, and develop our sensitivity. They cause us to appreciate life as worth living, and health as worth preserving. Life and health taken as values can, however, be in collision. Considered on a deep existential level, as is done by Kornel Gibiński, they may lead to a radical dilemma: to have (good health) or to be (alive). Man confronted with death is the subject of Kazimierz Szewczyk's diligent inquiry, and existential values in general preoccupy Józef Lipiec. Personalism as a view of man as a moral entity from its very nature, and a particular type of personalism in its possible application to bioethics, are analyzed by Maurice de Wachter.

The problem of values and their impact on human life leads to the last part of the book, which is devoted to deliberate studies concerning moral dilemmas indicated by modern medicine. The value of life and the person's autonomy are the leitmotifs of these studies.

H. Tristram Engelhardt, Jr. confronts changing attitudes towards the borders of life in modern society (taking into account abortion and euthanasia), with the crisis of Christianity, the milestone of Western culture. Robert Barnet analyzes changing values against the background of the megatrends undermining the development of modern medicine, which are medicalization, technologization and commercialization.

A clash between paternalism and autonomy is another of the most resounding subjects for heated discussions in bioethics. Donald Evans investigates how the concept of impaired capacity is constructed and how is it used in cases of children and mentally disabled patients to legitimize procedures for making clinical decisions in surrogacy. Hans-Martin Sass explores the problem of who is entitled to make decisions regarding persons in terminal states and votes for advance directives, expressed in the form of a Living Will, as the ultimately moral way of solving that question. Other aspects of making decisions on behalf of a patient are discussed in the essays of Barbara Maroszyńska-Jezowska and Jacek Jaśtal. Anna Alichniewicz approaches the doctor-patient relationship from another angle, asking about the limits of paternalism and autonomy and about a balance between justice and beneficence in cases of scarcity of health-care resources. Finally, Ignacy Fiut follows the way in which the value of health is reflected in the Polish media.

Two essays closing the collection are devoted to the "lessons from the past". Ilana Löwy stresses essential features of thought developed by eminent members of the Polish School. By taking into account historical, socio-cultural and methodological contexts of scientific knowledge and linking theoretical considerations with concrete circumstances bound to