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# Plato in Contemporary Medical Ethics: Holism and Care

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## Abstract

There is a gap of twenty-four centuries between us and the Greek philosopher Plato. But what he had to say about illness, healing and the human being can be unexpectedly relevant in contemporary medical ethics. We argue that the contemporary principles of autonomy and beneficence can be revisited by means of platonic philosophy. We present an old and consistent idea of care which includes the empowerment of people in choosing the good by means of a virtuous character. We connect this idea to the contemporary notion of autonomy. We also show how a holistic approach was present for a long time in our cultural history. We argue that, despite its almost definitive loss, holism can and should be present in revisiting the principle of beneficence. For both holism and care, we provide samples of philosophical history. We conclude that an autonomous choice should be revisited as a wise choice and that medical beneficence should be reconsidered as holistic.

**Keywords:** Plato, autonomy, beneficence, care, holism

## 1. Introduction

Connecting the ancient philosopher Plato with contemporary medical ethics seems a bold endeavor. However, such a connection is relevant and useful. Many of the contemporary medical ethics' problems stem from how we define life, choices, beneficence and similar difficult notions. And, throughout history, the various implicit definitions of such notions have changed. Therefore, how human life was philosophically understood from one era to another had an impact on the practice of medicine. From the magical medicine of the XVIII<sup>th</sup> century B.C. until the contemporary evidence-based medicine, the way of acting with respect to an illness, to the body and to the human being has changed [1, 2]. There is, however, one especially relevant nexus of ideas in history, with respect to how we understand life, healing and what it is to be human. This work gathers older and important ideas from its past but also serves as an influential philosophy for the whole subsequent way of Western thinking. These ideas are important now, because tracing back some crucial elements of our cultural DNA can provide valuable insights to the contemporary struggles of medical ethics. Such philosophical nexus is Plato. His Dialogs are ingrained with two key implicit notions that are essential to medicine: holism and care. We try to trace back these two implicit notions and to connect them to the contemporary principles of autonomy and beneficence. In summary, we explore what Plato can unexpectedly teach us when it comes to solving current bioethical issues.

## 2. Contemporary autonomy and the platonic *therapeia*

The precise meaning of “autonomy” in contemporary biomedical ethics is still in dispute. A minimal definition of autonomy includes a self-governance, free from both the controlling influence of others and free from any other form of interference that would prevent a meaningful choice. Such an interference would be, for instance, an incomplete understanding or some type of coercion. For many contemporary bioethicists, an autonomous person is one who acts freely in line with a plan of their choosing. On the other hand, a person with diminished autonomy is, in some significant respect, controlled by other people or unable to deliberate and act based on their own plans and desires. Almost all theories of “autonomy” consider two crucial prerequisites. One of them is freedom, and the other is agency or ability to act with intent [3]. Autonomy includes both the capacity to distinguish between alternatives and the capacity to put one’s plan into action [4]. There is no mention about the nature of what the patient is about to choose.

But, the way Plato understood the meaningful choice is intriguing. This is because the philosopher reveals two ways of doing something one “wants” in his Dialogs. One type is doing something that seems good for a person’s opinion or in line with appearances. The other one is doing something a person genuinely wants. The difference lies in pursuing the good or pursuing the mere pleasure or appearance. The passage in Gorgias<sup>1</sup> is obvious: “For I say, Polus, that the orators and the despots alike have the least power in their cities, as I have stated just now; since they *do nothing that they wish* to do, practically speaking, *though they do whatever they think to be best*” [5]. An alternate translation of the original Greek fragment ἂν αὐτοῖς δόξη βέλτιστον εἶναι would be “though they do whatever looks better to their opinion” [6].

The distinction uses two families of words. With respect to appearance, the preferred verb is δοκέω (to expect, suppose, imagine, seem). Its family of words includes δόξα (expectation, mere opinion, conjecture). On the other hand, with respect to what is real, the preferred verb is βούλομαι (will, wish, be willing) [7]. This separation between two types of “doing what one wants” mirrors the thorough classifications of human endeavors<sup>2</sup> in the Gorgias dialog and the distinction between what is apparent and what is real. It also includes medicine among the arts of restoring what is true and not what is merely apparent.

On the side of doing what looks better for an individual’s opinion (expressions using δοκέω), there are basic practices (ἐμπειρία) that target mere flattery, including apparent health. These practices are meant for pleasure, and Plato classifies them according to their aim of creating appearances (like sophistry and cosmetics) or restoring appearances (like rhetoric and cooking). All four practices pretend to deal with health, either in the soul (sophistry and rhetoric) or in the body (cooking and cosmetics). Oppositely, doing what one really wants (expressions with βούλομαι) deal with knowledge. They are the arts (τέχναι). Their quality resides in the fact that they do not target pleasure but the good. Legislation and gymnastics are generators of real health, while justice and medicine are ways of restoring real health. Finally, legislation and justice deal with the soul, while gymnastics and medicine deal with the body. A previously published table can offer more details on this classification [8].

In many parts of Plato’s Dialogs, they make mention about *θεραπεία*, a term which holds meanings like service, attendance, treatment, cure and care [7]. But, this term holds strong connections with the whole platonic philosophy about the

<sup>1</sup> Gorgias, 466d-e

<sup>2</sup> Gorgias, 462c-469

betterment of the human being<sup>3</sup>. “The approach of the ultimately real, in Plato’s thought, is properly made by way of his interpretation of man, man whose rational existence is in jeopardy, because he is divorced from his ground of Being despite de telltale signs of his essential kinship with it” [9].

I argue that platonic *θεραπεία* is meant to restore wisdom, which can be considered as an authentic form of autonomy, based on doing the things a person genuinely wants (*βούλομαι*) and not on things that one finds best in appearance (*δόξη βέλτιστον εἶναι*). This authentic form of autonomy includes the basic attitude of care. Plato’s cave is a symbol of the inverted life of man<sup>4</sup>, who cheerfully exchanges shadows for reality, ignorant of himself and of his own bondage. For this very condition Plato tries to devise a *θεραπεία*, a scheme of educating the man in adequately coping with it [9].

Now, returning to the field of contemporary medical ethics, we can explore new meanings about what it is to care about one’s patient and what their autonomy might mean. For a patient, to act in accordance with what they genuinely want, the patient should act in line with what is good for them. In a platonic understanding, this would be true, because true *τέχναι* deal with the real health and with authentic volition<sup>5</sup>. If we are to understand autonomy in a platonic way, being autonomous implies knowledge about what is genuinely good for oneself and not the freedom to do what merely appears to be good.

Did Plato speak about the patient’s freedom to choose? We argue that he did but with the appropriate vocabulary of his time and of his philosophy. For Plato, freedom to choose is genuinely exerted in the realm of good. The good, as the patients understands it at a given moment in time, might not be properly grasped. There is always the danger of substitution the true good for the apparent one. And one fragment of Alcibiades<sup>6</sup> is illustrative in this sense: “Socrates: For if a man, my dear Alcibiades, is at liberty to do what he pleases, but is lacking in mind, what is the probable result to him personally, or to the state as well? For instance, if he is sick and at liberty to do what he pleases, without a medical mind, but with a despot’s power, which prevents anyone from even reproving him, what will the result be? Will not his health, likely, be shattered?” [10].

From these platonic fragments we draw some valuable information. Not only can we map a superposition over the contemporary definition of autonomy (capacity and information), but there is also a nuance which deals with what a patient should really know and do. So, *θεραπεία* as care should prepare one to be the type of person who is able to genuinely want something that is good for themselves. In short, *θεραπεία* makes one wiser, when and if it is possible. The battle between what a patient genuinely wants and what merely seems appropriate is externalized in another example of Gorgias<sup>7</sup>. By a values inversion, those who pursued the patient’s good get blamed: “servants you tell me of, and caterers to appetites, fellows who have no proper and respectable knowledge of them, and who peradventure will first stuff and fatten men’s bodies to the tune of their praises, and then cause them to lose even the flesh they had to start with; and these in their turn will be too ignorant to cast the blame of their maladies and their loss of original weight upon their regalers, but any people who chance to be by at the time and offer them some advice—just when the previous stuffing has brought, after the lapse of some time, its train of disease, since it was done without regard to what is wholesome, these are the people they will accuse and

<sup>3</sup> p. xvi

<sup>4</sup> p. 47

<sup>5</sup> Gorgias, 466d-e

<sup>6</sup> Alcibiades, 135a

<sup>7</sup> 518c-d

chide and harm as far as they can, while they will sing the praises of that former crew who caused the mischief” [5].

Does platonic *θεραπεία* mean caring for the person? I argue that it does. Since<sup>8</sup> “the tragedy of human existence and, therewith, the problem of *philosophia* as a method of education, are signalized in men’s contentment with living an unreal and alien life [...] the art is not one of conveying truth to man in the form of propositions, but rather one of conducting men, by exacting scrutiny of opinions, into the presence of reality” [9]. What Plato desired for people is, in this sense, unexpectedly actual.

Plato’s type of care consisted of enabling people to seize the good and make right decisions about it. However, this type of *θεραπεία* was not the only way of understanding the relationship among the patient, illness and choices. Even before Plato, the complete care for the person started to be conceptually dismantled. This was due, in part, to the Hippocratic tradition, which focused more on the specifics of the disease and on the interaction between signs of illness and individual particularities in showing these signs<sup>9</sup>. “The physician must be able to tell the antecedents, who know the present and foretell the future—must meditate these things and have two special objects in view with regard to diseases, namely, to do good or to do no harm. The art consists of three things—the disease, the patient and the physician. The physician is the servant of the art, and the patient must combat the disease along with the physician” [11]. We can notice that the good this section refers to does not seem to have the same meaning as Plato’s good in *Gorgias*. While Plato’s good seems to have more to do with how we should understand autonomy, Hippocrates’s good sound like the current-day principle of beneficence. One of them seems more preoccupied with servicing the person; the other one is more inclined in servicing the profession.

However, in history, medicine was on the brink of losing care altogether. Beginning with the spectacular discoveries of the XVIII<sup>th</sup> century, the disease, once an element of the Hippocratic triad, almost became the sole center of attention. And Foucault<sup>10</sup> unmasked it: “In the rational space of disease, doctors and patients do not occupy a place as of right; they are tolerated as disturbances that can hardly be avoided: the paradoxical role of medicine consists, above all, in neutralizing them, in maintaining the maximum difference between them, so that, in the void that appears between them, the ideal configuration of the disease becomes a concrete, free form, totalized at last in a motionless, simultaneous picture, lacking both density and secrecy, where recognition opens of itself onto the order of essences” [12]. Care, as a patient’s guidance towards the truth, is completely absent, and the only truth being sought is the scientific model of the illness itself.

In modern times, some philosophers were able to offer indirect explanations about the way in which care got lost on the way. For instance, we can draw some insight from the works of Emmanuel Lévinas. Phenomenologically, the philosopher shows that the relationship between “I” and “Other” cannot be a mere representation. A simple perception turns the Other into a mental object. But for a genuine understanding of the relationship between I and Other, “I” am forced to accept that the phenomenological distance between I and Other is infinite. In short, I cannot access their phenomena and experiences. All assertions using “we” are unable to circumvent totalization and lose the Other among all the objects of my mind. The only process at our disposal is to look towards the Other, to acknowledge the infinite distance. If infinity is acknowledged, the relationship with the Other ceases to be a

<sup>8</sup> p. 45

<sup>9</sup> Epidemics, Book 1, Sect II, 5. p. 360

<sup>10</sup> p. 9

mere relationship like the one I have with the objects of my mind. Looking towards the Other becomes an ethical relationship, and its only honest feature becomes care [13]. For current-day medicine, Lévinas' conclusion is valuable: it shows us that care is embedded in the very core of the human relationship. Since Hippocrates made the physician the servant of the profession (ὁ ἰατρὸς ὑπηρέτης τῆς τέχνης) and not of the Other, the understanding of care gradually changed.

Today, we understand autonomy in terms of agency and ability to choose. But what is chosen by patients and communities is in dispute. This is because, in the patient-physician relationship, free choice has become an honored process but with no moral content. It is a procedural morality, based on the principle of permission, but often lacking in content [14]. We hold dear values that allow us to choose, but medicine and care have no true insight in what should be chosen as good and for whom. Therefore, the process itself of choosing is doubtful since appearance and truth can easily switch places. Plato held a view that the patient (on a physical and spiritual level) must be accompanied towards the truth and enabled to choose the appropriate path; this included healing situations and medicine. Getting back to some of these incredibly old insights might trigger a certain degree of reconsideration of the actual tenets in medical ethics: autonomy, not separated of care, but enhanced by care itself might be a provocation worth exploring.

### **3. Contemporary beneficence and Plato's holism**

Beneficence is another celebrated principle of medical ethics, from the time of the Belmont report itself [15]. This principle demands doctors and researchers to make an active contribution to the welfare of patients. In the common morality, it includes obligations<sup>11</sup> of persons like protecting the rights of others, preventing harm from occurring to others, remove conditions that cause harm to others, help persons with disabilities and rescue those in danger [3]. In contemporary medical practice, many efforts have been directed towards what we call Evidence Based Medicine, a methodic approach that aims to validate or to invalidate separate interventions for separate pathologies. The process is meant to guarantee the beneficial effect of medical interventions. However, many professionals feel that this type of partitioning in medical knowledge misses the very art of healing and loses touch with the human patient [2].

This is where the holistic approach comes into discussion. The word's etymology is self-explanatory. It comes from the Ancient Greek term ὅλος, -η, -ον, meaning whole, entire, utter [7]. A contemporary definition of "holism" states that it is "the theory that certain wholes are greater than the sum of their parts, the opposite of atomism. In medicine, it is the treating of the whole person, rather than just the symptoms of a disease" [16]. We can notice in the above definition two elements. The first one deals with the whole as superior to a mere sum of parts. The second one speaks specifically about the entirety of the human being in medical thinking. On the opposite side, the term "atomism" means "a theoretical approach that regards something as interpretable through analysis into distinct, separable, and independent elementary components, the opposite of holism" [16].

Although contemporary medicine seems to lean towards atomist thinking, Plato held a more holistic view about what was beneficial for a person or a community. This view was still popular in his time and culture. Setting aside the enormous differences in medical scientific knowledge between current day practices and the medicine in the 5th and 4th centuries, the philosophy Plato held about the human

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<sup>11</sup> p. 204

being was intriguing. We argue that many passages in the Dialogs demonstrate a holistic approach. For instance, in *Charmides*<sup>12</sup>, Plato shows us the important relationship between the part and the whole. In order to cure Charmides' headache, Socrates states that one cannot look for a cure destined to the part without a cure for the whole: "This Thracian said that the Greeks were right in advising as I told you just now: "but Zalmoxis," he said, "our king, who is a god, says that as you ought not to attempt to cure eyes without a head, or a head without body, so you should not treat a body without a soul"; and this was the reason why most maladies evaded the physicians of Greece—that they neglected the whole, on which they ought to spend their pains, for if this were out of order, it would have been impossible for the part to be in order" [10].

In the *Republic*<sup>13</sup> Plato mentions a connecting order with respect to parts of the soul and parts of the body. This is illustrative for holism in platonic thinking: "But, to produce health is to establish the elements in a body in the natural relation of dominating and being dominated by one another, while to cause disease is to bring it about that one rules or is ruled by the other, contrary to nature. - Yes, that is so. - And is it not likewise the production of justice in the soul to establish its principles in the natural relation of controlling and being controlled by one another, while injustice is to cause the one to rule or be ruled by the other, contrary to nature? - Exactly so, he said. - Virtue, then, as it seems, would be a kind of health" [17] .

In the *Laws*<sup>14</sup>, Plato teaches about different global lifestyles, suggesting that disease and lack of virtue are somehow connected: "The lives of us men must all be regarded as naturally bound up in these feelings, and what kinds of lives we naturally desire is what we must distinguish, but if we assert that we desire anything else, we only say so through ignorance and inexperience of the lives as they really are. What, then, and how many are the lives in which a man—when he has chosen the desirable and voluntary in preference to the undesirable and the involuntary, and has made it into a private law for himself, by choosing what is at once both congenial and pleasant and most good and noble—may live as happily as man can? Let us pronounce that one of them is the temperate life, one the wise, one the brave, and let us class the healthy life as one; and to these let us oppose four others—the foolish, the cowardly, the licentious and the diseased" [18].

We can see that, in Plato's view, healing was almost never meant to be some isolated intervention. We can also notice that, partially, Plato did not hold the views of ancient religious medicine which connected all health states with maleficent spirits [1]. Plato shows that one could not heal the part without healing the whole. This was the case for body parts, soul parts or city parts. We argue elsewhere that Plato's obvious holistic approach can entirely change the semantics of what we understand by "patient" in the Dialogs [19]. On the other hand, what constitutes health and justice is an appropriate order or hierarchy of those parts that constitute the whole to be healed. As but not least, health and virtue go hand in hand: one cannot expect to restore health without restoring virtue in the entire individual.

This cultural DNA string did not begin with Plato and did not disappear entirely in the following centuries. We could say it "traveled" in parallel with a more atomist approach, for a long time until it almost got lost in the XVIII<sup>th</sup> century. We start our argument by mentioning the millennium that passed between the documentary attesting of doctors in Egypt and the doctors' attestation in Greece. The Egyptians are the first to speak about surgery around 1550 B.C. [1]. We can consider this moment as the first known separation between a more "rational" and atomist

<sup>12</sup> 156d-e

<sup>13</sup> 444d

<sup>14</sup> 733d-e

approach of the human being and the magic-religious medicine that held exclusive ground until then. This first rupture marks different attitudes towards man as a whole and as a sum of reparable parts.

The Greeks took on this task of separation. The reputation of Hippocrates as the father of medicine comes, especially, from the majority who currently practices a “scientific” medicine. This type of approach systematically studies components of the human body. For instance, we speak today about gastroenterology, cardiology, nephrology and so on. Indeed, there are numerous physical explanations in Hippocrates’s works. However, he and his followers were not alienated from the whole-part relationship. They did not totally abandon the global explanations either. For instance, there are examples<sup>15</sup> where astronomical explanations leaned towards some kind of religious or magic effect: “One ought to also be guarded about the rising of the stars, especially of the Dogstar, then of Arcturus, and then the setting of the Pleiades; for diseases are especially apt to prove critical in those days, and some prove fatal, some pass off, and all others change to another form and another constitution. So it is with regard to them” [11].

However, the Hippocratic doctrine gives a secondary place when it comes to holistic approaches, frequently preferring an atomist explanation. The most important feature of these teachings makes room for the doctrine of the four humors: phlegm, yellow bile, black bile and blood. Many diagnostics<sup>16</sup> turn to this way of thinking: “That vomiting is of most service which consists of phlegm and bile mixed together, and neither very thick nor in great quantity; but those vomitings, which are more unmixed, are worse. But if that which is vomited be of the color of leeks, or livid, or black, whatever of these colors it be, it is to be reckoned bad; but if the same man vomits all these colors, a very fatal symptom is to be reckoned. But of all the vomitings, the livid indicates the most imminent danger of death, provided it is of a fetid smell. But all the smells, which are somewhat putrid and fetid, are bad in all vomitings” [11]. This direction of medicine, seeking physical or “naturalistic” explanations for disease will make history and will lead, in time, to present-day scientific medicine.

Later, Avicenna will still use holistic notions. The humors doctrine will continue to hold an important place but will be frequently connected to the person’s entire demeanor<sup>17</sup>: “One must not get the idea that every temperament gives rise to its like and never its opposite. A temperament often gives rise to its exact opposite, indirectly (of course); it cannot do so directly. A cold and dry temperament may give rise to visible moisture, though this would not be beneficial but would indicate that the digestion is feeble. A person with such a temperament would be thin, with supple joints, and hairless skin, cold to the touch, the surface veins narrow, and he would be gentle and timid in nature” [20].

The contemporary philosophy will succeed in demasking the total transformation of an individual in an object of observation. This phenomenon started in the 18th century. Michel Foucault explains<sup>18</sup> that the language of things started to be authorized with respect to humans as well: “The task lay with this language of things, and perhaps with it alone, to authorize knowledge of the individual that was not simply of a historic or esthetic order. That the definition of the individual should be an endless labor was no longer an obstacle to an experience, which, by accepting its own limits, extended its task into the infinite. By acquiring the status of object, its particular quality, its impalpable color, and its unique, transitory form

<sup>15</sup> Air, Waters and Places, 11 (p. 205)

<sup>16</sup> Prognostics, 13 (p. 245)

<sup>17</sup> 107, III (pp. 90-91)

<sup>18</sup> p. xiv



took on weight and solidity. No light could now dissolve them in ideal truths, but the gaze directed upon them would, in turn, awaken them and make them stand out against a background of objectivity. The gaze is no longer reductive; it is, rather, that which establishes the individual in his irreducible quality. And thus, it becomes possible to organize a rational language around it” [12]. The almost complete deterioration of the holistic attitude came to be as a natural consequence of another limiting principle: the separation of sciences and the separation of disciplines of study. Inside a certain discipline, the rules got more constraining. The production of discourses to cover global or holistic attitudes became an almost impossible task [21].

It is Gadamer<sup>19</sup> that links us back with Plato with respect to medicine. He shows that Plato tried to find the connections that tie the spheres of the soul, the city and the Universe as a whole. This type of awareness must be regarded as a superior type of wisdom compared with the arrogance inspired by our ever-expanding technical skills. The German philosopher denounces a crisis of humanity: we developed the technical aptitudes in such an extent, so they became an all-encompassing attitude [22]. Gadamer shows that doctors are, by virtue of their profession, involved with two key aspects of our life: life and death. Plato has shown us that is impossible to cure the body without knowing something about the soul. Or, more precisely, one cannot heal without knowing something about the nature of the whole. The notion of the “whole”, here, does not mean a mere methodological concept. It speaks about the unity of being itself<sup>20</sup>. “It is the whole in the sense of the movement of the stars above and the changes of weather below, the rise and fall of the oceans and living nature of the woods and fields. It is what surrounds and encompasses the nature of human beings that determines whether they find themselves in a condition of safe health or exposed to dangerous threats. Medicine seems to be a genuinely universal science, especially if this whole of nature is extended to include the whole that is our social world” [22].

Nowadays, we understand medical beneficence in terms of functionality, mobility, absence of suffering, alleviation of symptoms and removal of organic causes. But it is obvious that many medical acts fail to restore true health in an individual. The doubt in the physician-patient relationship, the psychiatric comorbidities, the side effects of various treatments, the lack of compliance in diet and lifestyle and the changes in a patient’s social network often make healing impossible. Philosophy teaches us that holism has survived for a long period of time in medicine, despite less scientific medical knowledge in the past centuries. But its presence was not a mere artifact of a primitive world. It was strongly connected with the intent of a genuine beneficence. Plato believed that healing occurs in the whole of an individual and even in the whole of society itself.

#### **4. Concrete ideas for contemporary medical ethics**

We argue that Plato may help us reconsider contemporary medical ethics in two ways at least. First, useful input might come by revisiting the respect for autonomy. Nowadays, respecting a patient’s autonomy includes making sure there is decisional capacity, agency, reasonable information, lack of coercion and all conditions for a meaningful deliberation between options. Plato taught us that “doing what seems best” and “doing what one really wants” are two different ways of acting. And what separates them is a will being directed towards the good, in contrast with a false

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<sup>19</sup> pp. 84-85

<sup>20</sup> p. 115

sense of choice in doing what looks best to one's opinion (δόξα). However, the will is directed towards the good when and only when one's character allows it to.

In a platonic reading, an autonomous choice is a *wise* choice. To the extreme, we might argue that some implicit definition of beneficence is present in the very substance of the wise choice. Doing what seems best and not what is good for oneself is not an exercise of wisdom, thus not an autonomous choice in the new semantics of this term. Even when all reasonable information is provided, a lack of virtuous character might prevent a potential patient from seeing what is genuinely good for oneself, thus invalidating what should have been a wise choice. Therefore, the question arises if respect for autonomy as we understand it nowadays is, indeed, sufficient for a competent (i.e. wise) decision.

The closest medical practice to this ideal would be the deliberative model of the patient-physician relationship. In contrast with paternalistic and informative models, in this type of relationship, the objective of the physician-patient interaction is to help the patient determine and choose the best health-related values that can be realized in that situation. The physician helps identify the values included in the available options but also suggests why certain health-related values are worthier of consideration. However, in this model, the physician discusses only health-related values and considers that many other values are unrelated to health and disease. The deliberative model allows the doctor to act as a teacher or friend who sees respect for autonomy as moral self-development. Objections to this model include the fact that physicians would not possess privileged knowledge of those values which should have priority in health situations. This objection is intimately linked to the pluralistic moral reality of modern societies. Other objections emphasize the fact that the physician should never engage in moral deliberation or that this type of endeavor might easily turn into unintended paternalism [23].

However, Plato offers us more. And it is not mandatory to adopt his theory of Forms or his ideas about learning as remembering to figure out that people can be accompanied towards more truth and better choices. Cushman explains to us what Plato means by his theory of ἀναμνέσις<sup>21</sup>: “however valid true opinion may be, ἐπιστήμη requires a community of kindred minds, wherein truth is jointly acknowledged and so, is removed from the closet of merely private surmise” [9]. In leading the other towards the truth, it is never a matter of coercion. Opinions arise in the individual soul, and it is by friction with other minds, that these become converted into matters of knowledge<sup>22</sup> [9].

The deliberative model allows the patient and doctor to discuss the worthiness of different health-related values. It also aspires to a certain moral self-development in a patient. These features match the message in the platonic dialogs. However, critics of this model argue that physicians do not possess privileged knowledge of values which should have priority in health situations. Inspired by Plato, I argue that they *should* possess this privileged knowledge. A certain type of wisdom *should* be a part of their build as doctors. This is especially true because, as Cushman explains<sup>23</sup>, one is unable to share the perspective of his own virtue unless they are in possession of true knowledge as an integrating part of their virtuous character [9]. In short, a physician would do his job properly when they are able to help a patient become wiser. In a platonic reading, we equate true autonomy to wisdom. Therefore, to help patients become wiser, the physicians themselves should have a virtuous character. *The only way a doctor can respect patient's true autonomy is for this doctor to be wise himself/herself.*

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<sup>21</sup> p. 93

<sup>22</sup> p. 103

<sup>23</sup> p. 93

Critics might argue that the definition of *good* is, often, a political one. They are right. But the platonic reconsideration of the doctor-patient relationship in terms of wisdom is not meant to violate the principle of permission. This principle remains the *sine qua non* condition of a peaceable secular community [14]. I argue that doctors have a duty to try, to the best of their ability, to stir a moral (not religious) development in their patients, as the only way to enable true autonomy. To do that, doctors have a duty to stir moral development in themselves. They cannot escape the essential universality of medical science Gadamer<sup>24</sup> speaks about [22]. If we are to believe Plato, failure to accomplish either of the two duties is, in fact, failure to respect the principle of autonomy. It becomes a “blind leading the blind” situation.

Secondly, Plato helps us rethink beneficence in more holistic terms. What is beneficial in a medical act should be beneficial for the entire human being but also for the entire community of beings. The over-specialization of medicine has helped scientists to expand knowledge and discover new and revolutionary treatments. However, I argue that, when it comes to medical practice, this partitioning of medical interventions represents a high risk of doing more harm than good. Patients often lack treatment compliance. They are, often, unable to change their lifestyle to make a treatment work or to avoid complications. What is mended by a medical specialty often gets broken by behaviors outside the medical area of expertise. It is the case with smoking, drug abuse or generally unhealthy behaviors. Multiple comorbidities get treated by separate specialists, with different protocols. They often result in a high number of drugs getting ingested daily. Similarly, depression is usually accompanied by lack of interest in one’s health and self-care behaviors. Psychosocial problems and difficulties are both causes and effects of depression and anxiety. Moreover, poverty, lack of education, different forms of discrimination and abuse towards minorities, all diminish or altogether block access to healthcare.

A more holistic approach should be able to put together the pieces of this medical, social, behavioral and spiritual puzzle. The nexus of information about disease, lifestyle, behaviors, genetics, social status, economic status and so on might be in the hands of the general practitioner in their role as the family doctor. They might be the most suitable physician to take on the difficult task of accompanying patients on their way to true, better lives. Besides technical skills, the family doctor might be particularly trained in deliberating values and shared decision making. They should be able to have a good understanding of spiritual, social, economic and educational aspects of life. This will enable them to direct the use medical and non-medical resources to empower patients to make beneficial decisions in the web of all medical specialties and non-medical realities. This would also give a special place to psychotherapies as a resource that might favor life-changing personal leaps. In short, multidisciplinary approaches cannot and should not become the patient’s task. The reason for it is that the patient is not able to build the holistic approach needed for their care on their own. The task of approaching things holistically should be in the hands of a doctor. This doctor is not required to be over-specialized in some areas of the human body. They are expected to be a wise mentor in the health of the human being.

## 5. Conclusions

The advancements in medical ethics and bioethics allow for more precise useful frameworks to judge different ethical dilemmas and questions. These frameworks are also easier to include in codes and regulations pertaining to the medical

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<sup>24</sup> p. 115

profession. However, it is still not clear what exactly an autonomous patient does when making a health-related choice. Nor it is clear what the moral content of beneficence is, since the patient is a whole in themselves and is part of a larger system of relationships and interactions. I have shown that Plato, twenty-four centuries ago, spoke about a type of choice that we can construe, today, as genuine autonomy. This type of choice has been cultivated inside a relationship of care between the doctor and the patient. The philosophy of care about one's genuine want of something good for oneself has traveled the history. It almost got lost once disease (and not the ill human) became the central focus of the medical profession. Plato also harbored a holistic approach about people and their illnesses. This holistic approach was present before him and survived after him, in parallel with an atomist view that began with the first Egyptian surgical attempts. Holism was almost completely lost in the 18th century. Recovering both holism and care is an endeavor that might dramatically change the way medicine is practiced but also the moral choices it implies. Empowering a patient for an autonomous choice means caring about them making a wise choice. Healing is not due to parts but to the whole of patients, communities and to the environment. It seems that Plato had this type of wisdom. We might want to recover something our Western culture had back at its roots. This content was lost once the scientific revolution promoted partitioned technical skills and reductive formulas of autonomy.

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