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## Philosophical dimensions of the concept of health

## ФІЛОСОФСЬКІ ВИМІРИ ПОНЯТТЯ ЗДОРОВ'Я

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Summary. The article is devoted to the philosophical aspects of interpretation and understanding of the concept of health. The study of the essence of the concept of health allows authors to get a complete picture of the dichotomy of the categories «health» - «disease». In the course of the work, the concept of Health is analyzed from the point of view of its methodological foundations, namely through the prism of holistic epistemology. Using the historical and genetic method, the stages of development of the concept of health from the ancient period to the latest are analyzed and highlighted. It is proved that the concept of Health has been the focus of many researchers for a very long time. Even the first philosophers and healers considered health as a complete complex phenomenon. At the same time, health has long remained on the periphery of research in the philosophy and theory of Medicine. The authors analyzed the concept of health as a basic concept of the philosophy of Medicine, based on the hermeneutical approach and current trends in considering the dichotomy of the categories «health» – «disease» based on holistic epistemology. Using the historical and genetic method, the authors identified the stages of development of the concept of Health. In contrast to the ancient period, when medical knowledge is formed, the basic principles of medical ethics are created, which have not yet lost their relevance (the famous «Hippocratic oath»), in the Middle Ages there is a significant departure from the ancient concept of Health, which is due to a new reading of the idea of integrity. The concept of medieval health is based on the ideas of sin and salvation. Man is devoid of integrity, because from birth he is defined as a sinful being. Life is understood as the path to death in the moment of salvation and resurrection, the transition from a divided, lower existence in sin to a holistic stay with God. Instead of the ancient ideal of harmony of soul and body, the idea of salvation becomes the leading one, which involves giving up bodily desires and mastering spiritual exercises. The transition to the classical concept of Health is taking place in our time and involves an appeal to the physical dimension of Health, the formation of a mechanistic view of the relationship between the categories «health» and «disease», which leads to the loss of a holistic vision of a person. The return to integrity in the interpretation of a person occurs with the formation of a non-classical concept of Health, in which life becomes the main object of study, taking into account rational-objective and irrational-subjective factors. The post-non-classical concept of Health is characterized by the desubstantialization of the categories «health» and «disease». Health is described as an integral phenomenon, an open dynamic system in the unity of biological, psychological, social and environmental factors.

Key words: health concept, health philosophy, holistic approach, disease, philosophical dimensions.

Анотація. Стаття присвячена філософським аспектам інтерпретації та розуміння поняття здоров'я. Вивчення сутності поняття здоров'я дозволяє авторам отримати цілісне уявлення про дихотомію категорій «здоров'я» — «хвороба». У ході роботи концепція здоров'я аналізується з точки зору її методологічних засад, а саме крізь призму холістичної епістемології. Використовуючи історико-генетичний метод, аналізуються і виділяються етапи розвитку концепції здоров'я від стародавнього періоду до новітнього. Доводиться, що концепція здоров'я була в центрі уваги багатьох дослідників протягом дуже довгого часу. Навіть перші філософи і цілителі розглядали здоров'я як цілісне комплексне явище. Водночас здоров'я досить довго залишалося на периферії досліджень філософії та теорії медицини. Автори проаналізували концепцію здоров'я як базового поняття філософії медицини, засноване на герменевтичному підході та сучасних тенденціях розгляду дихотомії категорій «здоров'я» — «хвороба» на основі холістичної епістемології. Використовуючи історико-генетичний метод, автори виявили етапи розвитку концепції здоров'я. На відміну від античного періоду, коли відбувається

формування медичних знань, створюються основні принципи лікарської етики, які досі не втратили своєї актуальності (знаменита «клятва Гіппократа»), у Середньовіччі спостерігається значний відхід від античної концепції здоров'я, що обумовлено новим прочитанням ідеї цілісності. Концепція здоров'я Середньовіччя заснована на ідеях гріха і спасіння. Людина позбавлена цілісності, тому що з народження вона визначена як гріховна істота. Життя осмислюється як шлях до смерті в моменті спасіння і воскресіння, переходу від розділеного, нижчого існування в гріху до цілісного перебування з Богом. Замість античного ідеалу гармонії душі і тіла провідною стає ідея порятунку, яка передбачає відмову від тілесних бажань та оволодіння духовними вправами. Перехід до класичної концепції здоров'я відбувається в Наш час і передбачає звернення до фізичного виміру здоров'я, формування механістичного погляду на співвідношення категорій «здоров'я» — «хвороба», що призводить до втрати цілісного бачення людини. Повернення до цілісності в трактуванні людини відбувається з формуванням некласичної концепції здоров'я, в якій життя стає головним об'єктом вивчення з урахуванням раціонально-об'єктивних та ірраціонально-суб'єктивних факторів. Постнекласична концепція здоров'я характеризується десубстанціалізацією категорій «здоров'я» та «хвороба». Здоров'я описується як цілісне явище, відкрита динамічна система в єдності біологічних, психологічних, соціальних факторів і факторів навколишнього середовища.

Ключові слова: концепція здоров'я, філософія здоров'я, холістичний підхід, хвороба, філософські виміри.

Introduction. The concept of health occupies an important place in modern theoretical medicine. Its analysis allows us to focus on the features of the occurrence and course of a particular disease and get a holistic view of the internal processes in the human body from the point of view of the dichotomy of health - disease categories. Focusing only on one side of treatment - the diagnosis of the disease-leads to a simplified approach to understanding the condition defined by the concept of health. In the current conditions, due to the global coronavirus epidemic, more careful attention to health is observed, and its impact on economic, political, and social processes is increasing. This increases the importance of rethinking the essence of the concept of health on a new methodological basis.

Analysis of recent publications. The concept of health has been in the spotlight of many researchers for a very long time. Even the first philosophers and healers considered health as a complete complex phenomenon. At the same time, health remained on the periphery of theoretical medicine research for quite a long time. Even a well-known doctor, academician N. N. Amosov, believed that the issue of health is beyond the competence of medicine, since doctors deal mainly with the disease [1, p. 120]. However, the development of the socio-preventive direction of medicine, which, in contrast to the clinical one, pays attention to the Prevention of diseases, determining the conditions for achieving health, has allowed us to take a new approach to understanding the essence of health. Ontological, epistemological and ethical issues of health are also considered within the framework of the philosophy of medicine, which is focused on the analysis of a wide range of questions about the place and role of medicine in modern society [17–22].

The purpose of the article is to determine the essence of the concept of health in different philosophical dimensions.

Presentation of the main material. We analyzed the concept of health as a basic concept of theoretical medicine based on the hermeneutical approach and current trends in considering the dichotomy of the categories «health»-wdisease» through the prism of holistic epistemology. Using the historical and genetic method, we analyzed and identified the stages of development of the concept of health from ancient to modern.

According to the WHO charter, «health is a dynamic state of complete physical, mental and social well-being,

not determined by the absence of illness or infirmity alone» [12]. Despite the apparent simplicity of this definition, in our opinion, it has a number of contradictions and needs additional interpretation. In particular, although it provides an understanding of health as a dynamic characteristic, it does not explain what else (other than the absence of illness or infirmity) can describe a state of health. it also remains an open question about the criteria for complete well-being as a condition of health. thus, it turns out that even the basic definition of «Health» requires additional reasoning. Paradoxically, until now, theoretical medicine does not have a clear understanding of both the concept of Health and the concept of disease, which are closely related.

To understand the essence of the «health» - «disease» dichotomy, one needs to have an idea of intermediate states, when there is a transition from a physiological state to a pathological one and vice versa. The main attention in theoretical medicine should be paid to the so-called subclinical conditions, understanding when exactly there is a qualitative leap from health to disease, when the corresponding threshold state occurs. So the modern concept of Health implies understanding it as a dynamic and dialectical process in its essence. The hidden element of the transition from health to disease is the «pathological process», which can have different duration and repeatability, that is, it can be fleeting or long-term, one-time or prolonged. In these cases, it is customary to talk about the presence of macrostrings or microstribks [14, p. 319]. This leads to significant or small changes, resulting in a transition to a qualitatively new state from health to illness or vice versa. It is understanding the genesis of these transitions that will speed up either the detection of the disease or the patient's recovery. This requires a qualitative update of the methods and principles of modern medicine, which should have the features not so much of a clinical as of a social and preventive field.

In this sense, the key aspect of forming the concept of health is the category «lifestyle», which defines the conditions of human existence that allow either to improve or worsen the human condition. This category is also an important component of holistic epistemology. From the point of view of this approach, health is a holistic phenomenon that includes not only the ability of the body (in particular, a person) to adapt, adapt to changes

in the environment (nature or society), but also its ability to implement internal, mental reactions (in the case of a person, we are talking about its ability to maintain a normal mood, well – being, mood for self-development).

Human health, therefore, in many cases depends on the way of life, namely, such activity characteristics that contribute to the harmonization of life. That is, human health is determined by a whole complex of both biological and psychological, social determinants, and has, in addition to objective and material foundations, also subjective and evaluative, normative and constituent foundations. That is why the concept of Health includes both physiological health and psychological or even spiritual health as its integral components [8, p. 119]. Their separation and non-accounting lead to clinical reductionism, not taking into account, in particular, the internal state of the patient, his lifestyle, and therefore ineffective diagnosis and treatment.

The category «lifestyle» is widely represented within the philosophy of health as a direction that studies the essential and meaningful characteristics of health, as well as the proportionality of the categories» health «and» disease», revealing such characteristics as binarity, integrity, as well as determining the border of transition from a state of Health to a state of disease and vice versa. Lifestyle is influenced by the external environment (a person's place of residence) and, at the same time, internal beliefs and values. In this sense, the concept of «healthy lifestyle» will characterize the conditions for maintaining and ensuring health.

Consider the evolution of the concept of health from antiquity to the present. The ancient view of the phenomenon of Health is based on the concept of harmony, which determines the balance of opposites in the dichotomy of the categories «health» - «disease». At the same time, a violation of the harmony of mind and body is defined as the main reason for the transition from a healthy state to an illness. In addition to the concept of Harmony, an important place for defining the concept of Health in the ancient period is occupied by the categories of good as what is useful for a person and his environment, as well as the concept of measure as a balance of internal needs and external factors. It is characteristic that these categories relate to both the person himself and his lifestyle. Hence the imperative «man is the measure of all things» and «nothing beyond measure». In turn, the principle of «Know Yourself» allows you to better understand internal processes, observe measures in building a healthy lifestyle, and achieve harmony of body and soul.

Plato describes different types of goods: «there are three kinds of goods – some of them can be possessed, some can be participated in, and some exist on their own. The first ones are those that can be owned, such as justice and health» [5, p. 180]. That is, health turns out to be the good that is associated with the strong-willed characteristics of a person. The binary category of good is evil, and health is disease. So, illness, from Plato's point of view, is evil for a person, a manifestation of weakness of Will and mental strength.

Aristotle, in turn, defined health as a certain harmonious state between the formal and material cause, as well as as a result of the absence of suffering [2, p. 198]. Health is

associated with the observance of virtues, charity Life, control of passions, moderation in lifestyle. Aristotle was also one of the first to point out the relationship between the state of Health and the human environment.

The principle of harmony of soul and body as the basis of a healthy lifestyle is reflected in the concept of «kalakogatia», which contains ideas about the unity of physical beauty and spiritual perfection of a person. This principle was the basis of the educational system and medical knowledge of Ancient Greece. Kalakogatia defines the integrity of the physical and spiritual, the manifestation of harmonious development of the individual, which is a consequence of a combination of physical exercises and spiritual and moral education. At the same time, beauty and morality, body and spirit act as an indissoluble integrity, cannot be opposed (good and beautiful are the same thing).

The ancient concept of health involves understanding the harmony between the bounded (body) and boundless (cosmos), where health determines the balance (measure) of these characteristics. Only when there is a violation of this measure, namely, either unlimited or limited begins to prevail, does the disease occur [11, p. 26]. At the same time, health is a product of harmony between the soul and the body, measures in the way of life, observance of the good in both moral actions and physical exercises. It is the ancient concept of Health that defines integrity as the theoretical foundation of Medicine of this time, which for the first time addresses the issues of the relationship between the body and the environment, internal and external factors. At the same time, due to the lack of technology, these ideas do not take into account the complexity and originality of the interaction of physical, chemical and biological processes occurring in the human body.

In contrast to the ancient period, when the formation of medical knowledge takes place, the main principles of medical ethics are formed, which have not yet lost their relevance (the famous «Hippocratic oath»), in the Middle Ages there is a significant departure from the ancient concept of Health, which is due to a new reading of the idea of integrity. The concept of health of the Middle Ages is based on the ideas of sin and salvation. A person is deprived of integrity, because from birth he is defined as a sinful being. Therefore, life is only a path to death as a moment of salvation and resurrection, a transition from a divided, inferior existence in sin to a holistic stay with God. In this case, the disease cannot be the subject of treatment. It is the result of God's punishment, which can only be overcome through prayer. Instead of the ancient ideal of harmony of soul and body, the idea of salvation becomes the leading one, which involves giving up bodily desires and mastering spiritual exercises. Therefore, during this period, any other methods of treating diseases are regarded as a violation of God's laws, and doctors in many cases are persecuted. The disease of the soul, namely certain sinful thoughts and related actions, are thought of as the causes of the disease.

Questions of physical health are permanently replaced by problems of spiritual health, which implies purification from sins both in actions and in thoughts. Wholeness is achieved through mastering the principles of faith, hope, and divine love, as well as through exercises of repentance and birth in Christ. The latter are therapeutic in nature, that is, they are the main tools for treating any human disease. On the other hand, the bodily aspect of Health is embodied in the concept of asceticism as the limitation of sinful desires through appropriate bodily restrictions and exercises, because «the ascetic in the development of his techniques not only does not neglect the body and its functions, but also uses them for spiritual action» [7, p. 57].

So, the concept of Health in the Middle Ages is limited to the idea of spiritual health - not the body is treated, but the soul. The holistic view of the binary relationship between the categories of «health» and «disease» disintegrates, the spirit and body cease to be perceived as an integral structure. The Middle Ages remain a period of persecution of medical scientists, as well as healers who are credited with magical properties. At the same time, it is impossible to deny certain breakthrough ideas about the role of spiritual practices in the development of health, as well as the impact on later studies of human psychological states.

During the Renaissance and modern times, a new concept of Health is gradually being formed, close to the modern one, which has the character of clinical reductionism. The crisis of Catholicism and the religious reformation rehabilitated the idea of human life as the highest value. In turn, Renaissance researchers rehabilitated the ancient model of harmony of body and soul, but on a new basis. If for the ancient concept of health harmony is a reflection of cosmic forces, then the concept of health of modern times is increasingly turning to the bodily aspect of Health. Intensive research in the field of anatomy leads to a deepening of ideas about the essence of the human body. The very understanding of health becomes more complicated, in particular, such health modes as physical, mental, and spiritual health are distinguished. In particular, F. Bacon noted that the main recipe for a long and happy life is a free and cheerful state of mind [4, p. 424–425].

The mechanistic reductionism of modern times, especially the Enlightenment period, as the basis of clinical reductionism, has led to the fact that individual organs are studied, and not the organism as a whole. Therefore, although the binary construction of «health» -«disease» loses its linear character, it is no longer thought of as a certain integrity. The influence of the mechanistic worldview on the concept of Health Leads to the fact that the body begins to be considered as a certain complex mechanism, in which the disease is the result of its improper operation, damage to individual parts. Hence the subject-object approach in the relationship between doctor and patient, where the patient acts as a passive object of influence. Such a mechanistic approach to understanding the nature of the disease and health still remains basic in the treatment of patients, which does not allow us to fully see all the factors of the disease, but also its consequences.

Clinical reductionism, in our opinion, underlies the socalled classical concept of health. within its framework, the patient's body is considered as a set of organs, and not a certain integrity. That is, the properties of the whole are derived from the sum of its parts. Therefore, when diagnosing the disease, only those factors that correspond to the specific specialization of the doctor are taken into account. Other factors that may be the cause of the disease, but are not within the competence of the doctor, are not taken into account. This reductionism leads to a simplified understanding of the genesis of the disease, as well as a vague understanding of the essence of the phenomenon of health.

The departure from mechanismism and reductionism is characteristic of the non-classical concept of health, which was formulated in the second half of the XIX century within the framework of the «philosophy of life». This philosophical direction contrasted the mechanical worldview with the concept of life as a primary phenomenon, outside of which there is no being. From the point of view of A. Schopenhauer and F. Nietzsche, life is a universal mode of human existence that determines its integrity. The will to live as an infinite becoming, drives all processes [9; 15]. Instead of the binary construction «soul» - «body», the idea of physicality is formed as an integral combination of these characteristics. If for the mechanistic worldview the body is separated from the soul, has no individual properties, then physicality in the non – classical sense is the personification of the integral existence of the individual in the unity of its physiological, psychological, and spiritual properties. It is corporeality that reflects the vital energy of the human self [10, p. 135]. Health at the same time becomes a manifestation of the fullness of possession of this energy (what is defined as the «will to live»).

The non-classical concept of Health, therefore, reveals a new aspect of the interpretation of the conditions for the occurrence of a state of illness or health, including not only rational-objective, but also irrational-subjective factors. This approach became particularly important with the formation of the psychoanalytic school. In particular, Z. Freud saw the main cause of diseases caused by culture phobias, stresses, fears, prohibitions restricting her freedom [13, p. 134]. He was one of the first at the scientific and research levels to show not only the physiological, but also the psychological origins of diseases, characterized the binary categories of «life» - «death» based on the concepts of the desire for life as manifestations of sexuality and self-preservation, as well as the desire for death as manifestations of aggression and self-destruction [13, p. 136].

In the late 50-s of the twentieth century, with the development of genetics, systems theory, and, later, cybernetics and synergetics, a post-non-classical concept of health was formed, which is based on dynamic and systemic models of the body's functioning. It is built on the principles of overcoming the binary opposition of the categories «health» - «disease», understanding health as a complex of physiological, psychological, social, economic and other factors in a dynamic, constantly changing system. The person himself is considered at several levels – biological organism (biological level), psyche (mental level), personality (personal level), social connections (social level), ecological environment (ecological level).

Changing a person's attitude to death and physicality is also important for understanding the essence of the post-non-classical concept of Health. M. Castels, in particular, notes that thanks to modern means of medical treatment, genetic engineering, and technical development, human life cycles are significantly disrupted, and life is constantly

lengthened [6, p. 415]. In turn, death is left out of the brackets of life, when the main interests of people are focused on finding pleasure and delaying death. The leading ideology is health consumption, which is embodied in the promotion of a healthy lifestyle, its identification with symbols of happiness, wealth, and satisfaction of desires [16, p. 121]. In this interpretation, there is a need for constant experimentation with one's body both in the context of achieving subjective impressions, and manipulation of the body as an object (from cosmetic interventions to complete gender reassignment). As J. Baudrillard points out, «within the framework of this functional aesthetics of the body, the process of subordination of the subject to his narcissistic self-ideal is no different from the process of his social compulsion to do so, when a person is left with no other alternative than self-love, self-investment according to socially prescribed rules» [3, p. 211].

Within the framework of theoretical medicine and medical practice, these trends lead to a change in the roles of the doctor and patient. If earlier the paternalistic model of relations (similar to the «parent» - «child» relationship) was the leading one, now the contractual model (based on contractual equivalent relations) is becoming increasingly widespread. The paternalistic model contained an attitude towards the patient as an unwise, inexperienced person, so the doctor did not consider it necessary to disclose the details of the course of treatment, was not interested in the internal state, and a priori encroached on the patient's freedom of choice. It should be noted that the paternalistic model of the «doctor» - «patient» relationship remains widespread in our society, which is also still paternalistic in its characteristics. Therefore, in many cases, it is acceptable and expected for the patient. However, a significant disadvantage of this model is that it detracts from the patient's role in the treatment process and restricts their rights.

The contract model, in contrast to the paternalistic one (in which the patient is a passive object, and the doctor is an active subject of influence) changes the nature of interaction between the doctor and the patient. The doctor in it acts as a provider of medical services, and the patientits active consumer [20, p. 293]. In this case, the protection of the patient's rights becomes the primary responsibility of the doctor, and the relationship between the doctor and the patient is equivalent, based on certain rules established by the contract. The contract model is the most common for a modern Western society based on consumer values. This model gives the patient more freedom in their actions, and also protects them from possible violence on the part of the doctor. On the other hand, the doctor's actions are also regulated by certain rules, which complicates their violation, including on the part of the patient. The

disadvantage of this model is the equidistance of the doctor and the patient, which reduces the manifestation of empathy for each other (which is sometimes so necessary for both the patient and the doctor). Also, the contract model is incapacitated in an undeveloped democracy and a weak legal system, so it has not yet been implemented in Ukraine. At the same time, the contract model is now increasingly integrated into the service model, which allows the relationship between doctor and patient to be built using modern information and communication technologies. This includes, in particular, the involvement of electronic services for registering, calling a patient, introducing electronic sick leave, prescriptions, and so on. The service model is gradually becoming the leading one in all modern medical systems.

Conclusions. 1. Today, theoretical medicine should be based on new methodological principles, abandoning clinical reductionism. Modern understanding of the phenomenon of Health implies a holistic approach to its definition in the interconnectedness of the body and the environment. The human body is a set of physiological and psychological processes in unity with external factors.

- 2. Tracing the evolution of views on the essence of the phenomenon of health, we can state that the development of ideas about the relationship between the categories of «Health» and «disease» is connected with the ideological characteristics of the person himself.
- 3. The concept of Health in the period of antiquity includes the idea of harmony of soul and body, measure and good, the indissoluble unity of beauty and moral action. In contrast, medieval views on the essence of the phenomenon of Health proceed from the postulate of sinfulness, non-wholeness of Man, opposition of soul and body, and the superiority of mental health over physical health.
- 4. The transition to the classical concept of Health takes place in modern times and involves an appeal to the physical dimension of Health, the formation of a mechanistic view of the correlation of the categories «health» «disease», which leads to the loss of a holistic vision of a person. A return to the holistic interpretation of the human phenomenon occurs with the formation of a non-classical concept of Health, in which life becomes the main object of study, taking into account rational-objective and irrational-subjective factors.
- 5. The Post-non-classical concept of Health is characterized by the desubstantialization of the categories «health» and «disease». Health is described as an integral phenomenon, an open dynamic system in the unity of biological, psychological, social and environmental factors. This creates conditions for the formation of new models of the doctor patient relationship, based on the departure from the paternalistic model to the contract or service one.

## Список використаних джерел

- 1. Амосов Н. М. Энциклопедия Амосова. Алгоритм здоровья. Москва: АСТ; Донецк: Сталкер, 2002. 590 с.
- 2. Арістотель. Нікомахова етика. Київ: Аквілон-Плюс, 2002. 480 с.
- 3. Бодрийяр Ж. Символический обмен и смерть; пер. с фр. и вступ. статья С. Н. Зенкина. Москва: Добросвет, 2000. 387 с.
- 4. Бэкон Ф. Соч.: В 2 т. Т.2. Москва: Мысль, 1972.
- 5. Диоген Лаэртский. О жизни, учениях и изречениях знаменитых философов. Пер. и прим. М. Л. Гаспарова. Москва: Мысль, 1979. 624 с.

- 6. Кастельс М. Информационная эпоха: экономика, общество и культура; пер. с англ. под науч. ред. О. И. Шкаратана. Москва: ГУ ВШЭ, 2000. 608 с.
  - 7. Киприан (Керн), архим. Антропология св. Григория Паламы. Москва, 1996.
- 8. Кузнецова Т. Г. Здоровье как философская проблема. *Философия медицины самосознание терапии /* Под ред. В. М. Князева. Екатеринбург: УГМУ, 2014. Т. 1. С. 118–123.
  - 9. Ницше Ф. Воля к власти: опыт переоценки всех ценностей. Москва: «REFL- book», 1994. 352 с.
- 10. Ніцше Ф. Повне зібрання творів. Том 4. Так мовив Заратустра. Переклад з німецької Олег Фешовець. Львів: Астролябія, 2010. 384 с.
  - 11. Платон. Филеб. Государство. Тимей. Критий. Москва: Мысль, 1999.
- 12. Устав (Конституция) Всемирной организации здравоохранения. URL: https://www.who.int/governance/eb/who\_constitution\_ru.pdf. (дата звернення: 09.07.2022).
  - 13. Фрейд 3. Будущее одной иллюзии. Вопросы философии. 1988. № 8. С. 132–160.
  - 14. Хрусталев Ю. М., Царегородцев Г. И. Философия науки и медицины. Москва: ГЭОТАР-Медиа, 2007. 512 с.
  - 15. Шопенгауэр А. Свобода воли и нравственность. Москва: Республика, 1992.
  - 16. Bauman Z. Life in Fragments: Essays on Postmodern Morality. Oxford; Cambridge [Mass.]: Blackwell, 1995.
- 17. Charlton B. G. Philosophy of medicine: alternative or scientific. *Journal of the Royal Society of Medicine*. 1992. Vol. 85, no. 8. P. 436–438.
  - 18. Gifford F. et al. Philosophy of Medicine. Elsevier, 2011.
  - 19. Howick J. H. The Philosophy of Evidence-based Medicine. John Wiley & Sons, 2011.
  - 20. Marcum J. A. An Introductory Philosophy of Medicine. Springer Netherlands, 2008.
  - 21. Pellegrino E. D. The Philosophy of Medicine Reborn. University of Notre Dame Press, 2008.
  - 22. Pellegrino E. D., Thomasma D. C. A philosophical basis of medical practice. Oxford University Press, 1981.

## References

- 1. Amosov, N. M. (2002). Entsiklopediya Amosova. Algoritm zdorovya [Encyclopedia of Amosov. Algorithm of health]. Moskva: AST; Donetsk: Stalker. [in Russian].
  - 2. Aristotel (2002). Nikomakhova etyka [Nicomachean ethics]. Kyiv: Aquilon-Plus, 2002. 480 p. [in Ukraine].
- 3. Baudrillard, J. (2000). Simvolicheskiy obmen i smert [Symbolic exchange and death]; trans. from fr. and intro. article by S. N. Zenkin. Moskva: Dobrosvet. [in Russian].
  - 4. Bacon, F. (1972). Soch. [Compositions]: In 2 vols. Vol.2. Moskva: Thought. [in Russian].
- 5. Diogenes Laertius (1979). O zhizni, ucheniyah i izrecheniyah znamenityih filosofov [On the life, teachings and Sayings of famous philosophers]. Trans. and note by M. L. Gasparov. Moskva, Mysl. [in Russian].
- 6. Castels, M. (2000). Informatsionnaya epoha: ekonomika, obschestvo i kultura [The Information Age: Economy, Society and Culture]; translated from English. under scientific ed. O. I. Shkaratana. Moskva: Higher School of Economics. [in Russian].
  - 7. Cyprian (Kern), Archim. (1996) Antropologiya sv. Grigoriya Palamyi [Anthropology of St. Gregory Palamas]. [in Russian].
- 8. Kuznetsova, T. G. (2014). Zdorove kak filosofskaya problema [Health as a philosophical problem]. *Filosofiya meditsinyi samosoznanie terapii* [Philosophy of medicine self-awareness of therapy] / Edited by V. M. Knyazev. Yekaterinburg: UGMU. Vol. 1. pp. 118–123. [in Russian].
- 9. Nietzsche, F. (1994). Volya k vlasti: opyit pereotsenki vseh tsennostey [The Will to power: the experience of revaluation of all values]. Moskva: «REFL- book». [in Russian].
- 10. Nietzsche, F. (2010). Povne zibrannia tvoriv [Complete collection of works]. Volume 4. *Tak movyv Zaratustra [Thus spake Zarathustra]*. Pereklad z nimetskoy Oleg Feshovets. Lviv: Astrolabe. [in Ukrainian].
  - 11. Plato. (1999). Platon. Fileb. Gosudarstvo. Timey. Kritiy [Phileb. State. Timaeus. Kritiy]. Moskva: Mysl. [in Russian].
- 12. Ustav (Konstitutsiya) Vsemirnoy organizatsii zdravoohraneniya [The Charter (Constitution) of the World Health Organization]. URL: https://www.who.int/governance/eb/who\_constitution\_ru.pdf. (accessed: 09.07.2022) [in Russian].
- 13. Freud, Z. (1988). Buduschee odnoy illyuzii. [The future of one illusion]. *Voprosyi filosofii [Questions of philosophy]*. № 8. pp. 132–160. [in Russian].
- 14. Khrustalev, Yu. M., Tsaregorodtsev, G. I. (2007). Filosofiya nauki i meditsinyi [Philosophy of Science and Medicine]. Moskva: GEOTAR-Media. [in Russian].
  - 15. Schopenhauer, A. (1992). Svoboda voli i nravstvennost [Freedom of will and Morality]. Moskva: Republic. [in Russian].
  - 16. Bauman, Z. (1995). Life in Fragments: Essays on Postmodern Morality. Oxford; Cambridge [Mass.]: Blackwell. [in English].
- 17. Charlton, B. G. (1992). Philosophy of medicine: alternative or scientific. *Journal of the Royal Society of Medicine*. Vol. 85, no. 8. P. 436–438. [in English].
  - 18. Gifford, F. et al. (2011). Philosophy of Medicine. Elsevier. [in English].
  - 19. Howick, J. H. (2011). The Philosophy of Evidence-based Medicine. John Wiley & Sons. [in English].
  - 20. Marcum, J. A. (2008). An Introductory Philosophy of Medicine. Springer Netherlands. [in English].
  - 21. Pellegrino, E. D. (2008). The Philosophy of Medicine Reborn. University of Notre Dame Press. [in English].
  - 22. Pellegrino, E. D., Thomasma, D. C. (1981). A philosophical basis of medical practice. Oxford University Press. [in English].