



All-Thing-Considered Misconception

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Editorial

Citation: Monajemi A. **All-Thing-Considered Misconception.** *Int J Body Mind Culture* 2018; 5(1): 1-2.

Received: 10 Oct. 2017

Accepted: 29 Oct. 2017

Modern medicine is facing a crisis. This crisis is the result of a gap between two sides of medicine: the techno-scientific and the humanistic. Modern medicine, however, often emphasizes techno-scientific side over the humanistic (e.g., psychological, emotional, existential, etc.). The straightforward and pragmatic solution of the gap is thought to be a comprehensive all-things-considered (i.e., biological, psychological, social, spiritual, etc.) model like the World Health Organization (WHO) approach. The advantages of this model are found in its holism, awareness of levels, and inclusiveness of diverse perspectives. It also highlights that reductionistic paradigm does not help in our understanding clinical problems. However, this does not mean that any all-things-considered model really works. Some of the claims may seem unconvincing to those who seek greater precision. One of the major problems with this model is that its inclusiveness results in an unscientific, “fluffy”, and eclectic approach where all perspectives have won and deserve prizes. From the theoretical

perspective, the potentially confusing and convoluted aspect of this model becomes particularly clear when we try to define these terms and their boundaries and interrelationships. Another related criticism exists on the pragmatic side of things and specifically the model is too all-encompassing for understanding clinical practice. By being all inclusive, the physician who adopts this model is in real danger of losing clear boundaries regarding their knowledge and expertise. Therefore, the idea that all-things-considered model is practical makes a strong *prima facie* case.

Furthermore, Engelhardt points out that “if health is a state of complete physical, mental, and social well-being, can anyone ever be healthy?” (Engelhardt, 1975, p. 126). This leads to medicalization of all aspects of our life. Healthcare providers “are well aware of the temptation of suggesting their own ideas to the patient instead of facilitating genuine self-liberation through the patient's own insights (Gadamer, 1996, p. 124). In other words, this all-things-considered model overlooks the point that healthcare team “involves the double obligation of combining highly specialized skills and abilities with participation in the shared life-world” (Gadamer, 1996, p. 101).

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The all-things-considered misconception is based on the idea that humanistic dimension supplements techno-scientific dimension, so this approach cannot balance these two dimensions forever. For this purpose, epistemological, educational, and organizational issues should be addressed.

The epistemology of the modern medicine presumes that knowledge emerging from inter-human encounters supplements techno-scientific knowledge in medical practice, and obviously it is far from the idea that techno-scientific and humanistic types of knowledge construction are intimately interwoven interplay.

At the educational level, there has been an emphasis on the techno-scientific which is reflected on meeting scientific requirements as undergraduates for entrance into medical school, generally with no requirements in the humanities. In addition, medical schools have almost exclusively focused on techno-scientific side, largely ignoring the humanistic side of it.

Concerning organizational level, the imbalance between techno-scientific and humanistic side is also reflected in healthcare

system. Primary and secondary healthcare systems are actually based on the medical specialization that is scientific oriented. Thus, adequate care might require equal stress on the both dimension depending on where in the system the healthcare is provided.

Finally, it should be noted that establishing boundaries, addressing issues, making decisions, and setting goals are not enough for balancing these two dimensions. Healthcare team should continue to make contact with one another and with society to know what needs to be done and who is going to do it.

Conflict of Interests

Authors have no conflict of interests.

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