

Introduction

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Searching for medical assistance in case of sickness, one goes to see a doctor. *Seeing* a doctor implies some expectation on the part of the human-being-turned-patient in terms of anticipated treatments. The patient sees the doctor, but the doctor *sees* the patient too. The doctor applies a particular type of perception – medical perception – in the communication with and examination of the patient. It is this medical perception, and further conceptualization, that stands in the center of this anthology on *The Conception of the Human Person in Medicine*. This conception differs depending on the frequented doctor. Already with the large field of Western Medicine, the conception of the human person is considerably different among, for example, general practitioners, psychiatrists, gerontologists, and cardiologists. The differences in the conception of the human person are aggravated if we take different medical approaches into consideration. As expressed in the subtitle, this anthology addresses the ideas of the human being mainly in two medical traditions: *Exploring Boundaries between Traditional Chinese and Western Medicine*.

The anthology thus deals with an implicit rather than explicit aspect of medicine, i.e. its underlying understanding of the human person. Medicine as a practical science builds equally upon elements from natural science and the humanities. Health and illness are not just brute facts “out there” to be detected by the empirical methods of natural science. Rather, they are also socially and culturally constructed. The conception of the human person thus depends on the particular medical tradition. Exploring the question at stake requires an interdisciplinary approach involving experts from the fields of Traditional Chinese Medicine (TCM), Western Medicine, Philosophy, Theology, Anthropology, and Medical History. This wide range of expertise allows for a multifaceted perspective on the way the human person is perceived in the different medical traditions.

The anthology originates from a joint seminar, between scholars from Taiwan and Austria, which took place in Vienna in September 2011 on *The Conception of the Human Being in Medicine*. This seminar was jointly organized by the *Institute for Ethics and Law in Medicine*, *University of Vienna* and the *Medical School of the Chang Gung University* and funded by the *Austrian Science Fund (FWF)* and the *Na-*

tional Science Council (NSC) from Taiwan. The submitted papers have been internally reviewed by the editorial board consisting of *Lukas Kaelin, Ulrich Körtner, Ya-Ping Lin, Michael Shiyung Liu, Sigrid Müller, and Yao-Ming Tsai*. The following introduction provides an overview over the structure of the book and gives a short outline of each individual contribution.

The key question of the book is concerned with the notion of the human person implicit in medical theory and practice. In view of the increasing specialization and differentiation of the medical system, and given the rapid technological progress in the field of biotechnology, the conception of the human person is becoming more and more questionable. This anthology puts the question of the conception of the human person in medicine into a wider context as experts in the field of medicine and the humanities from Austria and Taiwan are brought together to discuss the way the human being is perceived in the medical encounter. The anthology consists of four parts: The first part reflects on the concept of the idea of “man,” the human image, the notion of the human person – the *Menschenbild* – which stood at the very start of this cooperation. What is the idea of “man” in Traditional Chinese Medicine, and how should we understand one of the basic dimensions of our life – our embodiedness? How can we philosophically make sense of the human image and the conception of the human person? These questions are addressed in the first part. The second part explores different perceptions of the *human being as patient*. What does it mean for the human person to be a patient in the different medical traditions? A particular focus will lie on the psychiatric patient. The third part explores health and illness from a Christian and a Buddhist perspective. In this comparison, the diverging anthropological vantage points become visible, as well as the different traditions of the context of physical and spiritual healing. The last part deals with contemporary questions in medical practice and their implications for the conception of the human person. The Confucian take on the moral status of the embryo, and the use of TCM for dealing with modernity, are equally addressed, as are the recent rise of complementary medicine in Austria, and the changed focus of medical care in Taiwan.

The first part of the anthology focuses on the foundation of the conception of the human person. *Hen-Hong Chang* and *Po-Hsun Chen* provide an in-depth analysis of the idea of man implicit in Traditional Chinese Medicine (TCM). *Chang* and *Chen* provide a comprehensive account of the TCM understanding of the human person, e.g. the way the body and mind communicate through Qi, the different compounds of the soul. The spirit is made up of, the functions and correlation to body organs of the five elements, and the cycle of human life in relation to Qi. Inasmuch as the human body is understood “as a network communicating between internal and external structures,”

different parts of the body reflect the health of the whole. Different parts of the tongue, for example, correspond to different parts of the body at large. In case of illness, the main principle of treatment is “supplementing insufficiency and draining superabundance,” aiming thereby at the achievement of balance and harmony, which is conceived in relation to the physical, social and natural environment.

Günther Pöltner starts off in his contribution on *Embodiedness* with a clarification concerning the concept of phenomenology, which is, first of all, a method in terms of a specific access to an area of investigation. This method is far from trivial, especially in an age of science and technology which inclines people to understand themselves from a particular vantage point. This is particularly true for the notion of the body; a key notion for our conception of the human person in medicine. From the start, the way we gain methodological access to the lived body has to counter modern medicine’s approach of reducing it to an organism. It is through the lived body’s experience that we gain access to ourselves and the double relation of an identity of the lived body with the self (if the body gets hurt, we get hurt) and a difference (we have our body). In cases of illness this double relation becomes particularly palpable. The lived body serves us “as an essential medium of an existence open to the world.” This openness to the world changes when we are suffering from an illness. Illness has first to be understood in terms of a lived body and should not be reduced beforehand to a dysfunctional organism.

In his paper, *Lukas Kaelin* provides an analysis of the conceptual limits of the image of the human person and critically evaluates the attempt of a moralization of human nature. Due to its theological implications, its ideological background and its conceptual vagueness, the human image cannot serve as the vantage point for an understanding of the human person. The morality of human nature can serve as a better ground for ethical deliberation than the human image. The question to ask is how we want to understand ourselves as human beings. Autonomy, in terms of a self-understanding as the author of one’s life-story, and equality are certainly basic dimensions of such a human self-understanding; yet, such moralization of the human nature fails to account for the social embeddedness of these two dimensions.

The **second part**, dedicated to the **human person as patient**, starts with a general overview by *Michael Cheng-tek Tai* on the oriental understanding of health and illness. *Tai* presents the understanding of health in Chinese medicine and in Hindu conception based on a holistic worldview. With regard to Chinese medicine *Tai* highlights three elements: Yin and Yang, the Five Elements and Qi (Chi). Illness is understood to be caused by an imbalance of Yin and Yang, healing in turn is brought about in rebalancing the imbalance of Yin and Yang, i.e. a heat pathogen is counteracted with cold agents. A similar logic is at work