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Barbara Hrovatin

Understandings of healing in biomedicine – reflections of physicians-teachers [Razumevanja celostnega zdravljenja v biomedicini – razmišljanja zdravnikov-učiteljev]

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Povzetek

Naloga je posvečena raziskovanju razumevanj celostnega zdravljenja (angl. *healing*) v biomedicini. Na prvi pogled se zdi koncept celostnega zdravljenja v biomedicini nenavadno neroden – kot nekaj tako samo po sebi umevnega, da ni vredno omembe, ali pa kot arhaični ostanek iz pred-znanstvene ere medicine, ki sodi bolj pod okrilje neznanstvenega »drugega« – komplementarne in alternativne medicine, duhovnosti ali religije – skratka nekaj, s čimer se ne velja aktivno ukvarjati in kar cilji in prakse moderne medicine ne zajemajo. Celostno zdravljenje in zdravilni odnos v medicinskem srečanju med zdravnikom in bolnikom sta v zadnjih letih postala integralni del dinamičnih dogajanj ob soočanju z biomedicinskimi omejitvami – na eni strani se v biomedicinskem raziskovanju, praksi in edukaciji v okoljih stalnega tehnološkega napredka vse bolj opuščata, obenem pa sta ponovno oživljena in postavljena v ospredje skozi ključne iniciative za izboljšanje kakovosti modernega zdravstva (kot sta denimo Na osebo osredišèena medicina in Skrb za celovito osebo).

Osrednja raziskovalna vprašanja te teze ne nagovarjajo iskanja opisa fenomena celostnega zdravljenja v biomedicini, ampak segajo v razumevanja celostnega zdravljenja kot smiselne resničnosti za zdravnike-učitelje. Se zdravniki zavedajo možnosti in pomena zdravilnih odnosov z bolniki ter svoje vloge v njih? Ali so zdravilni odnosi možni v obstoječih biomedicinskih strukturah? Fokus raziskovanja je tako usmerjen na diskurze o celostnem zdravljenju v biomedicini in ne na sam empiričen pojav.

V središču raziskave je biomedicina – ime odraža primarno osredotočenost na bolezni kot na spremembe v biologiji, ki jo biomedicinske tehnologije osvetlijo, analizirajo v vidne strukture in funkcije standardiziranega, uniformnega medicinskega telesa. Natančneje, v središču raziskave je etični temelj medicine – medicinsko srečanje bolnika, ki išče pomoč za svoje zdravje in zdravnice, ki prisega (angl. *to profess*), da zna zdraviti in bo zdravljenje dobro in pravo za dotičnega človeka. Fenomenologi utemeljujejo, da gre za interpretativno srečanje dveh oseb, dveh živetih svetov, kjer je medicina kot uporabna znanost le integralni del procesa pomoči bolnikom in ne njegov končni niti edini cilj. S konceptom utelešenja in živete izkušnje fenomenologija odpira prostor razumevanja zdravja, bolezni in zdravljenj kot nedeljivo prepletenih s človekovim osmišljanjem sveta.

Etimologija razkriva kompleksnost pojmov – v angleščini tako besede za celjenje, svetost in celost, izhajajo iz iste korenine: angl. *healing* (hal); *holy* (halig); *to heal* (haelan) – narediti spet celo in dobro. V slovenščini to pot v celost nakazuje beseda »celjenje«, katere pomen pa je najpogosteje, tako kot tudi v medicinski literaturi v angleškem jeziku, zamejen na celjenje ran in različnih telesnih tkiv (in ne celega človeškega bitja). Če celjenje razumemo bolj celostno pa bi lahko rekli, da zdravimo bolezen (telo), zaceli pa človek (oseba); lahko si pozdravljen in ne cel, lahko pa zaceliš tudi, kadar ozdravljenje ni mogoče. Definicije celjenja za to nalogo niso bile ključnega pomena – omenjam dve: transcendenca trpljenja (Egnew, 2008) ter rast v večjo celost, mir, povezanost z življenjem (Hutchinson, 2017).

Navkljub naslovu, ki vključuje le zdravnike, je resnični medij tega dela živeta izkušnja bolezni v srečevanjih bolnikov z zdravniki v zdravstvenih sistemih.

Poleg teoretično-analitskega dela z zbrano literaturo (članki, knjige, filmi, delavnice, predavanja) so ključne metode dela opazovanje z udeležbo, avto-etnografija in intervjuji.

Po mesec dni sem opazovala delo v ambulanti družinske medicine v ljubljanskem zdravstvenem domu in v Hiši Ljubhospic, prav tako v Ljubljani, kjer nudijo interdisciplinarno paliativno pomoč bolnikom v zadnjih šestih mesecih življenja. Načrtovana avto-etnografija vodenja izbirnega predmeta »Umetnost zdravljenja« na medicinski fakulteti v Ljubljani se je skozi moja nenačrtovana osebna srečanja s hudo boleznijo ter z izkušnjami ozaveščanja lastne uokvirjenosti v naravoslovni način razmišljanja razširila na celoten čas raziskovanja. Za pol-strukturirane intervjuje sem izbrala predvsem zdravnike, ki so se pri svojem delu že ukvarjali z vprašanji celostnega zdravljenja v medicini. Nejasne meje in prepletanja med antropologijo, filozofijo in medicino so kljub težji navigaciji omogočala področja srečevanj in dialoga. Zaradi obsežne interdisciplinarne materije in raznolikih metod raziskovanja vprašanj ni bilo mogoče osvetliti v zamejenih paketih sosledja poglavij. Ves čas pletem niti glasov bolnikov in glasov medicine, kot se prepletajo v medicinskih srečanjih, podprto z biomedicinskimi, antropološkimi in filozofskimi deli in mojim raziskovalnim delom, skozi štiri glavna poglavja:

1. In medias res. V prvem poglavju so v ospredju narativi bolnikov, njihove izkušnje bolezni in srečevanj v zdravstvenem sistemu, ki izpostavijo biomedicinski fokus na bolezni kot na depersonalizirane, ločene entitete. Skozi mnogotere izkušnje bolezni se v prvem poglavju riše vprašanje, kako je mogoče, da medicina, kot glavna institucija družbe, ki je posvečena lajšanju trpljenja z zdravljenjem in preprečevanjem bolezni, stopa v stik z ljudmi, ki prihajajo po medicinsko pomoč, tako pomanjkljivo, tako ločeno od osuplih bolnikov in njihovih svojcev, ki se sprašujejo, kako je to mogoče in ali res mora tako biti. Odkrivala sem, kako »glas medicine« vedno preglaša »glas živetega sveta bolnika«, ko se zdravnik osredotoči na prevod izkušnje bolezni v medicinski problem – na »tisto« znotraj telesa, kar je moč prevesti v kategorije bolezni, medtem ko »jaz bolnika« kot utelešenega bitja v živetem kontekstu ostaja v senci, neprepoznan, onkraj okvirjev biomedicinsko ustreznega in pomembnega. Utemeljujem fenomenološki koncept utelešenja kot ključnega za porajajoča razumevanja človeških bitij kot utelešenih in usvetovljenih, kot hkrati družbenih bitij in bioloških organizmov, tako premoščajoč zakoreninjene dihotomije duše in telesa, kulture in narave, vrednot in dejstev, ki so jih zadnje raziskave o negativnih izkušnjah v otroštvu in epigenetiki resno omajale – osvetlim nedeljivo povezanost (subjektivnega) smisla človeške izkušnje in (objektivne) biologije telesa za razumevanje bolezni in zdravljenj.

2. Mnogoteri izzivi z dokazi podprte medicine – z vpogledom v epistemološke temelje biomedicine odkrivam nejasnosti in trenja, povezanih s tako imenovano znanstveno utemeljeno medicino, ki konstantno reproducira standardizirano, depersonalizirano biomedicinsko telo, s predpostavko, da kakovost dokazov lahko določamo na podlagi metodologije. Razglabljam o učinku placeba kot o anomaliji, umeščeni v srce zlatega standarda biomedicinske raziskovalne metode (randomiziran kontroliran poskus). Kontekstualno celjenje, kot placebo tudi imenujemo, v ospredje prinaša odnos med dvema osebama v medicinskem srečanju kot nekaj pomembnega za vsakršni terapevtski izid. Kot raziskave na področju epigenetike in negativnih izkušenj v otroštvu, tudi raziskovanje placeba izziva dediščino naturaliziranih dihotomij objektivnega in subjektivnega v medicini, ki opredeljujejo človeško subjektivno izkušnjo kot nekaj manj pomembnega in manj zanesljivega za biomedicinske obravnave in jo izpostavlja kot neustrezno, neutemeljeno.

Osvetlim frustrirajoče vmešavanje elektronskih zdravstvenih kartotek v klinično prakso z mnogimi nenačrtovanimi posledicami. Elektronska zdravstvena kartoteka ne le popisuje

temveč strukturira medicinska srečanja in spreminja vloge zdravnikov in bolnikov v zdravstvenih sistemih ter pomembno vpliva na njihove odnose. V tem poglavju izpostavim tudi tako imenovano precizno ali personalizirano medicino kot zadnji epistemološki obrat znanstveno utemeljene medicine, ki skupaj z rastočim mandatom digitalnih tehnologij, predstavlja korak stran od na osebo osredišče ne skrbi za bolnike, korak k poglabljanju molekularizacije zdravja in bolezni in k poglabljanju medikalizacije. Precizno medicino razumem kot nadaljevanje procesa pomikanja v na objekt orientirano medicinsko kozmologijo, še en korak stran od človeškega bitja kot osebe - tako bolnika kot zdravnika, z zmanjševanjem možnosti njunega medosebnega odnosa, kjer se porajajo in krepijo možnosti za celostno zdravljenje.

3. Na osebo osredišče na medicina – o njej razglabljam kot o enem zadnjih v vrsti poskusov obračanja k osebi v političnih in profesionalnih programih, ki si tudi na ta način prizadevajo za izboljšanje kakovosti zdravstvene oskrbe. Skozi glasove bolnikov in njihovih izkušenj bolezni, osvetlim vrzel med objektificirajočim, profesionalnim glasom, ki je osredišče n na bolezen kot na biološke mehanizme znotraj telesa in subjektivnim glasom živete izkušnje bolezni, ki razlamlja biti v svetu in ga naredi nedomačega. Delo zdravnikov opišem kot medicinsko procesiranje, prevajanje, dekodiranje bolnikovih živetih izkušenj, zato da izpostavimo, izluščimo, definiramo biomedicinsko uporabne medicinske probleme, pri tem pa odplaknemo, izločimo eksistencialno – osebne vrednote, cilje, izkušnje trpljenja, smisel. V medicinskem esencializiranju z ekistencijalnim filtriranjem preberemo tisto, kar je moč obravnavati znotraj biomedicinskih okvirjev. Drugače kot živeto telo, ki govori o življenju, se v rutinskem medicinskem srečanju oblikuje depersonalizirano, standardizirano, uniformno telo z biomedicinskimi kategorijami bolezni in zdravljenj, kar pogosto vodi v občutek dehumanizirane, distancirane – nezainteresirane obravnave, kjer bolnik izgublja občutek integritete in vrednosti kot človeškega bitja.

Skozi pripovedi izkušenj bolezni bolnikov in njihovih svojcev skupaj z nekaterimi raziskovalci-zdravniki izluščim rdečo nit, da je človeški aspekt skrbi za bolnika (angl. *care*) v biomedicinski praksi prej naključje kot pravilo, celo več – da so za to potrebni »atipični« posamezniki v zdravstvenem sistemu, ki deluje kot ovira za človeške odnose; da se skrbna oskrba v sistemu zgodi bolj pomotoma, ko zdravstveni delavec ignorira protokole, naredi izjemo, se ne drži biomedicinske logike.

Izpostavljam izziv in možne sinergije vzdrževanja obeh leč – biomedicinske in narativne, oscilacije med reševanjem problemov in vzpostavljanjem medčloveškega odnosa s prepoznavanjem in podpiranjem potenciala celovite osebe, da raste proti celosti kot odziv kompleksnega organizma na izziv bolezni, poškodbe, travme.

4. Celostno zdravljenje – neprijetno, protislovno, samo po sebi umevno, ključno? V tem poglavju gradim na prejšnjih nitih in celostno zdravljenje v medicini osvetljujem predvsem skozi glasove zdravnikov-učiteljev, ki razkrivajo napetosti v razumevanju konceptov celjenja ter različne načine – porajajoče poskuse odpiranja prostora za priznanje, sprejemanje bolnikove izkušnje bolezni kot temeljnega dela medicine, ki jih moji sogovorniki aktivno soustvarjajo, kot so: Narativna medicina (Rita Charon), Drugačna vizita (Valdemar Erling), Skrb za celovito osebo (Balfour Mount, Tom Hutchinson), Umetnost zdravljenja (Rachel Naomi Remen), Razlagalni model (Arthur Kleinman), pristop DušaTelo (Brian Broom). Utemeljujem medicinsko srečanje kot etični temelj medicine, kot hermenevtično srečanje oseb, živetih svetov, s potencialom vzajemne prepoznave, ki je pomembna za človeški bitji na obeh straneh stetoskopa.

Globoko poslušanje in pristna prisotnost sta izpostavljeni kot esencialni kvaliteti v sprejemanju živete izkušnje – za vzpostavitev stika in graditev medčloveškega odnosa, za videnje trpljenja, za priznanje, prepoznanje in potrditev drugega na skupnem terenu naše utelešene izkušnje. Gre za načine medčloveške interakcije – odnosa med dvema celovitima osebama in načine vedenja, ki so v diametralnem nasprotju s procesom esencializiranja, ki poustvarja depersonalizirani objekt biomedicinskega znanja.

Če ilustrativno nadaljujem v smeri uveljavljenih dihotomij, bi za terapevtski odnos, ki temelji na utelešenem človeškem bitju, lahko povzela, da premošča vrzeli med zgodbo – osebno izkušnjo bolezni in znanstvenimi podatki; med kontekstom in specifičnimi vzroki; med prepoznanjem, priznanjem in spremljanjem človeškega bitja in tehnično racionalnostjo naslavljanja medicinskih problemov; med celovito osebo in kategorijami bolezni; med »biti z« in »delovati na«; med ekspertom, ki rešuje probleme in celovitim človekom, ki zna medicino in razume, da je koristen, pomemben tudi s svojo človeško prisotnostjo ne le s svojim biomedicinskim znanjem (kot se tudi zaveda, da lahko škoduje z izključno tehnično racionalnostjo).

Vprašanje ostaja, kaj se lahko zgodi, ko skušamo spremenjene načine vedenja razvijati v okolju enakih, nepreizprašanih epistemoloških temeljev raz-osebljenega telesa, ki narekujejo obstoječo medicinsko prakso.

Z nekaterimi avtorji potrjujem, da potrebujemo etično epistemologijo medicine, utemeljeno na živetem telesu, upoštevajoč nerazdružljivo prepletenost (objektivne) biologije s (subjektivnim) smislom človeške izkušnje, ne le kot izboljšavo in reševanje iz trenutnih zagat, ampak kot temelj biomedicine. Iluzorno je namreč pričakovati, da bi lahko na osebo osredišèena medicina izhajala iz epistemoloških temeljev raz-osebljenega znanja.

Z utemeljiteljico narativne medicine (Charon, 2014) osvetlim, da je globoki namen medicine videti trpljenje – pomagati človeku ne le z ustreznim obravnavanjem bolezni temveč s prepoznavo in s priznanjem drugega kot človeškega bitja, s spremljanjem, s podpiranjem, z razumevanjem, z enakovrednim partnerstvom na poti k bolj domačnemu občutku v svetu (angl. *homelike being-in-the-world*), ki je možen v kateremkoli obdobju življenja in ne glede na stopnjo razvoja bolezni. Morda celostno zdravljenje pomeni to, »da gre bolnik od mene boljši, kot je prišel,« kot sta razmišljali zdravnici – moji sogovornici, in jaz dodajam – da sta v medčloveškem odnosu prepoznani in okrepljeni osebi na obeh straneh stetoskopa, kar je pomembno tudi v luči naraščajočega bremena izgorevanja in moralne poškodbe zdravstvenih delavcev.

Ključne besede: celostno zdravljenje, biomedicina, z dokazi podprta medicina, utelešenje, izkušnja bolezni, medicinsko srečanje, poslušanje, prisotnost

Summary

This thesis is devoted to exploring the understandings of healing in biomedicine. At first glance, the concept of healing in biomedicine may seem intriguingly awkward – as something so self-evident that it deserves no attention, or as an archaic, pre-scientific residue that belongs more to the unscientific 'other' – to complementary and alternative medicine, to spirituality or religion – all in all, something not really worth dealing with, something not encompassed by the goals and practices of modern medicine. Recently, healing and healing relationship in the medical encounter between patient and physician have become integral parts of dynamic developments confronting limitations of biomedicine - on the one hand, they are becoming increasingly redundant in biomedical research, practice, and education in the environment of ongoing technological development; on the other hand, they are being revived and brought to the forefront by key initiatives to improve the quality of modern health care (such as Person-centred care and Whole person care).

The central question does not seek to describe the phenomenon of healing in biomedicine, but to examine healing as a meaningful reality for physicians-teachers. Are physicians aware of the possibility and importance of healing relationships with patients and their role in those relationships? Are healing relationships possible in biomedical structures? The focus of the research is on discourses of healing in biomedicine as they occur in medical encounters, rather than on empirical healing *per se.*

Biomedicine is in the centre of this research – the name indicates its predominant focus on diseases as changes in biology that are illuminated by biomedical technologies and analysed into visible structures and functions of a standardised, unified biomedical body. More precisely, what is in the centre of this research is the ethical basis of medicine – the medical encounter of the patient who seeks help for her health, and the physician who professes her knowledge of medicine and for providing the good and the right healing action for this particular human being. Phenomenologists argue that this is an interpretive encounter of two persons, two lifeworlds where medicine as an applied science is not its only or ultimate goal, but an integral part of the process of helping the patient. The phenomenological concepts of embodiment and lived experience open up the space of understanding health, diseases and treatments as inextricably intertwined with the person's meaning infused world.

Etymology reveals complexity of main concepts. In English, the words healing, holy and whole derive from the common root - *healing* (hal); *holy* (halig); *to heal* (haelan) – to make whole and good again. In Slovene language 'celjenje' depicts this path to wholeness, but its use, similarly to medical literature in English, is narrowed to healing of wounds and different bodily tissues (and not the human being as a whole). Taking healing more holistically, we could say that we cure the disease (the body), but it is the human being (the person) that heals; one can be cured but not whole, yet one can heal even when curing is not possible. Definitions of healing were not of importance for this work – I mention two: transcendence of suffering (Egnew, 2008) and growth towards greater wholeness, peace and connectedness with life (Hutchinson, 2017).

Despite the title of this work which addresses physicians only, the true *medium* of this work is the lived experience of illness and patients' encounters with physicians in the health care systems.

Along with theoretical-analytical part, gathering and reviewing the literature (articles, books, movies, workshops, lectures) methodological foundations of the thesis are participant observation, auto-ethnography and interviews. I have been observing (with participation) the work in the family medicine practice at a primary health care centre as well as in House Ljubhospic, where interdisciplinary care is offered to patients during their last six months of life (both located in Ljubljana, one month each, respectively). The initially planned auto-ethnography of the process of leading an elective course 'The Art of the Healer' at the Medical University of Ljubljana was expanded through my unplanned personal encounters with serious illness and growing awareness of my own embeddedness in the previously unrecognized naturalistic frameworks of thought. Preselected group of physicians was chosen for semi-structured interviews on the basis of their previous involvement with questions on healing in medicine. Despite the difficulty of navigation, the permeable boundaries and interconnections between anthropology, philosophy, and medicine enabled places of meetings and dialogue. The substantial interdisciplinary materials and different research methods would not allow for the questions to be neatly delineated in successive chapters. Throughout this work I'm weaving threads of the voice of patients and the voice of medicine as they intertwine in medical encounters, supporting them with biomedical, anthropological and philosophical research as well as my own, through four main chapters:

1. *In medias res*. The first chapter foregrounds patients' narratives, their experiences of illness and meetings in health care system, exposing biomedical focus on diseases as depersonalized, separate entities. Through many different experiences of illness, the question arises as to how it is possible that medicine, as the societal institution, dedicated to alleviating suffering by curing and preventing diseases, encounters people who seek medical help so insufficiently, so disconnected from the bewildered patients and their relatives, who wonder how this is possible and whether it must be so. I've been uncovering how the voice of medicine always overrides the voice of the patient's lifeworld with physician focusing on translating lived experience into medical problems – into 'it' inside the body, which can be translated into disease categories, while the 'I' of the patient as an embodied being in the lived context remains hidden, unrecognized, beyond the frames of the biomedically meaningful and important. I argue for the fundamental importance of the phenomenological concept of embodiment for the emerging understandings of human beings as embodied and enworlded, as simultaneously societal beings and biological organisms, thereby transcending the entrenched dichotomies of soul and body, culture and nature, values and facts, which have been seriously challenged by recent studies on adverse child experiences and epigenetics – I illuminate the inseparable connectedness of the (subjective) meaning of human experience and the (objective) bodily biology.

2. *The many challenges of evidence-based medicine* – looking more closely at the epistemological foundations of biomedicine, I discover many tensions related to the so-called science-based or evidence-based medicine, which constantly reproduces the standardized, depersonalized biomedical body based on the assumption, that the quality of evidence can be determined methodologically. I consider the placebo effect as an anomaly placed in the heart of the golden standard of biomedical research method (the randomized controlled trial). Contextual healing, as placebo is also termed, foregrounds relationships between two persons in medical encounter as something important for every kind of therapeutic outcome. Placebo studies, as well as research in epigenetics and adverse childhood experiences, challenge the legacy of naturalised dichotomies of

objective and subjective in medicine, which ascribe human subjective experience as something less important and less reliable in biomedical care, as unsubstantiated.

I illuminate the frustrating intrusion of electronic health records in clinical practice with many unintentional consequences. The electronic health record is not only documenting but also structuring medical encounters and changing the roles of physicians and patients in health care systems, significantly influencing their relationship. In this chapter, I also expose the so-called personalized or precision medicine as the latest epistemological twist on evidence-based medicine, which – together with the growing mandate of digital technologies – represents a further step away from person-centred patient care, deepening the molecularization of health and disease and medicalisation. I understand precision medicine as a continuation of the process toward an object-oriented medical cosmology, another step away from the human being on both sides of the stethoscope, narrowing the possibilities of their interpersonal relationship, where the possibilities of healing emerge and are strengthened.

3. *Person-centred care* – I'm discussing it as one of the latest turns toward personhood in the professional and political agendas for improving the quality of health care. Through voices of patients and their experiences of illness, I illuminate the rift between the objectifying professional voice that focuses on disease as a biological mechanism in the body, and the subjective voice of the lived experience of illness, that disrupts the being-in-the-world and makes it unhomelike. The work of physicians is described as medical processing – translating, decoding the lived experience of patients to produce biomedically useful medical problems, eschewing the existential in the process – personal values, goals, experiences of suffering, meaning. Through existential filtering in the process of medical essentialization, we are sifting out what can be managed within the biomedical knowledge framework. Unlike the lived body that speaks about life as lived, the routine medical encounter shapes the depersonalized, standardized, uniform body with biomedical categories of diseases and treatments, a process that often leads to a sense of dehumanised, distanced, disinterested care in which the patient's integrity and value as a human being is diminished.

Using accounts of illness from patients and their caregivers, and together with the work of some physicians-researchers, an underlying thread of the 'accidentality of care' was illuminated – that caring for patients in biomedical practice is more of a coincidence than a rule, and more, that this requires atypical individuals working in health care systems which are becoming a barrier to caring human relationships, that caring care is only possible when the healthcare worker ignores the protocols, makes an exception, does not follow biomedical logic.

I highlight the challenge and potential synergies of holding both lenses – the biomedical and the narrative – oscillating between problem solving and recognizing, supporting the potentials of healing, of growth toward wholeness as the inherent response of the complex organism to the challenges of illness, injury, and trauma.

4. *Healing in medicine – uncomfortable, contradicted, self-evident, paramount?* The fourth chapter builds on the previous themes and discusses healing in medicine primarily through the voices of physicians-teachers, revealing tensions in the understanding of the concept as well as different ways – emerging attempts to open the space for the recognition and acceptance of patients' experiences of illness as the fundamental work of medicine. Some of these approaches, which my collocutors are actively involved in,

are: Narrative medicine (Rita Charon), A different ward round (Valdemar Erling), Whole person care (Balfour Mount, Tom Hutchinson), The healer's art (Rachel Naomi Remen), Explanatory model (Arthur Kleinman), The MindBody approach (Brian Broom). I argue for medical encounters as the ethical basis of medicine, as hermeneutic encounters of persons, of life worlds, with a potential for mutual recognition, important for both – the physician and the patient. Deep listening and authentic presence are brought to the fore as essential qualities in receiving the lived experience of another – to make contact and build an interpersonal relationship, to see the suffering, to recognize and affirm the other on the common ground of our embodied experience. It is about ways of human to human interaction between two whole persons and different ways of knowing that are in opposition to the process of essentialising, recreating the depersonalized object of biomedical knowledge.

Continuing with the established dichotomies for illustration, I could describe the therapeutic relationship, based on the embodied human beings as transcending the schisms between the story as personal experience of illness and scientific data; between context and specific causes; between recognizing, affirming, and accompanying a human being and the technical rationality of addressing medical problems; between the whole person and the categories of the disease; between the 'being with' and the 'doing to'; between the expert, solving problems and a whole person who is knowledgeable in medicine, and understands that her worth, her importance also lies in her human presence, not only in biomedical knowledge (as she is also aware that she can cause harm through technical rationality only).

It remains an open question what happens when we try to apply the different ways of knowing in an environment where the same, unquestioned epistemological foundations dictate medical practice.

Along with some researchers, I show that we need an ethical epistemology of medicine based on the lived body and taking into account the irreducible interconnectedness of (objective) biology and (subjective) meaning of human experience, not only as an improvement and solution to current challenges, but as the foundation of biomedicine. It is illusory to expect that person-centered care can be practiced on the epistemological basis of depersonalized knowledge.

Along with the founder of narrative medicine (Charon, 2014), I expose that the deep meaning of medicine is to see suffering – to help a human being not only with an accurate approach to disease but also with recognition and affirmation of the other as a human being, with companionship, support, understanding, in egalitarian partnership toward homelike being-in-the-world that is possible throughout life, regardless of stages of disease. Perhaps healing means 'that patients leave in a better way than when they came in', as two of my physician collocutors summarized, and I'd like to add – that both persons are recognized and strengthened in an interpersonal relationship, which is also important in view of the increasing burden of burnout and moral offense among healthcare workers.

Key words: healing, biomedicine, evidence-based medicine, embodiment, illness experience, medical encounter, listening, presence