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ABSTRACTS



which is characterized by fragmentation, subjectivity, multiplicity, "decentration". At the same time, postnonclassical science has as its object of study objective reality, the world, the Universe.

– secondly, for postnonclassical science it is characteristic that the subject is included in the process of cognition, his enormous influence on this process, as well as the creation of human systems, while postmodernism does not clearly distinguish the concept of the subject. According to M. Foucault, it is always necessary to clarify – the subject of what he is: discourse, desire, economic process, etc. ;

– thirdly, the most important difference is the fact that the essence of postmodernism is plurality in considering the theoretical problems that it raises, while postnonclassical science considers the principle of integrity (holism) as its main principle;

– fourthly, postmodernism in the analysis of modern science focuses on the transformed functions and forms of science, while postnonclassical science does not deny the movement towards truth.

Thus, it is too early to put an end to the problem of the relationship between postmodernism and post-non-classical science, these phenomena are interconnected, require special terminological caution and reflectivity on the part of researchers.

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A BRIEF INTRODUCTION TO PHILOSOPHY OF MEDICINE

Philosophical problems arise in every sphere of the science. Philosophers should be able to recognize a problem and give a reasonable response. Medicine is especial sphere, where one can discover many philosophical questions about the nature of human health and diseases, limits of scientific methodology, etc. Since ancient times philosophers have been engaged in medicine. Pythagoras, Empedocles, Democritus, Aristotle, Avicenna, Rene Descartes were famous in both areas: philosophy and medicine. Nowadays, links between these spheres in their strong meaning are reflected in three types: philosophy for medicine, philosophy in medicine and philosophy of medicine.

According to Tristram Engelhardt and Edmund Erde "philosophy for medicine" uses some concepts and notions to make medical explanations [Tristram Engelhardt, Edmund Erde (1978) *Philosophy of medicine in: Reich W(ed) Encyclopedia of bioethics, vol. 3-4, New York, pp. 1049-1054*].

As it is claimed by the Edmund Pellegrino "philosophy in medicine" applies analytical tools (critical reflection, dialectical reasoning, and asking

first-order questions) to display logical structure of medical knowledge. "Philosophy of medicine" considers medicine-qua-medicine, the meaning of medical practice, examines its conceptual foundations, its ideologies, and ethos [Pellegrino ED (1976) *Philosophy of medicine: problematic and potential*. *J Med Philos* 1 (1): 5-31]. In a weak sense, "philosophy of medicine" as a philosophy of science includes general functions of "philosophy in medicine".

Philosophy of medicine has been organized into a discipline in the fortieth years of the last century. Since that time philosophical reflection has been playing an important role in medicine.

Firstly, philosophers make a clarification of terms. For example, such notions as cure (to remove disease), therapy (to ease the suffering caused by disease) and medicine (removal of distress of the sick) have different meanings and are not synonymous in a strict sense.

Secondly, philosophers ask a question about the core, main goal and essence of medicine. According to the philosopher of medicine Alex Broadbent, the core business of medicine is inquiry – that is, understanding and predicting health and disease [Alex Broadbent, *Philosophy of Medicine*, 2018, p. 91]. Of course, cure is the main medicine purposes, but not a core. Because, "you cannot have prediction without cure" [Alex Broadbent, p. 101]. The essence to ask a question "What medicine is and ought to be?".

For the third, philosophers consider ontological status of health and diseases. Is health an objective value-free natural fact – naturalistic conception by Christopher Boorse or a subjective value in the hierarchy of human values, that depend on our interests – as in the normativists' conception by Rachel Cooper? These are two popular contradictory philosophical approaches among numerous theories in the contemporary philosophy of medicine. Along with these approaches, there is a neo-Aristotelian version by Philippa Foot, that tries to deny difference between them. "Simply put, Aristotelian consider there is a natural norm for all biological entities that governs what humans and other biological entities ought to be. These norms are grounded in the kind of thing an entity is" [Elselijn Kingma *Contemporary Accounts of Health/Health: a history* / edited by Peter Adamson, 2018, p. 177]. As a prove to Aristotle's conception, there is an idea that health is the natural good for body, like virtues are the natural good for soul. "...Some good is in the soul – for instance, the virtues; some in the body – for instance, health, beauty..." [1184b, Aristotle, *Magna moralia*].

Fourth, inside the philosophy of medicine have emerged new directions – philosophy of epidemiology. Philosophy of epidemiology focuses on such questions as connection between causation and induction, biological individuality and clonal selection theory, definition of life, interaction between mind and body.

Fifth, the philosophical methods such as phenomenology, hermeneutics or conceptual analysis can be applied to medical notions or medical practices [Thomas Schramme Steven Edwards (2017). *Handbook of the*

Philosophy of Medicine, Springer Science+Business Media Dordrecht, p. 6]. For example, phenomenologists consider pain as phenomena; philosophy of sciences tries to understand other person's mind.

Finally, philosophy of medicine has deep connections with bioethics, but they are not the same. Bioethics is a practical discipline, which discusses normative problems in ethic. Philosophy of medicine is a more speculative or theoretical discipline, which "focusing on conceptual, methodological, axiological and other philosophical issues" [Thomas Schramme (2017) p. 4].

Philosophy of medicine takes a meta-level relating to the different areas of medicine and develops a new cognitive field of philosophical investigation in science.

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CONSCIOUSNESS IN THE LIGHT OF NEUROSCIENCE

If humanity is indeed moving towards a state of "posthumanity" and if transhumanists are right in their confidence in human evolution through the use of NBIC technological convergence, then modern biology is responsible for those global advancements that are taking place in many fields of modern science and technology.

Among the top projects, there are certainly intentions to discover the subtle mechanisms of actions of the human brain responsible for the possibility and reality of consciousness. That is why the achievements of neuroscience create that scientific discourse in which the search for philosophical answers that represent the understanding of consciousness takes on new meanings. The fantastic advances in discovering the subtle neurobiological mechanisms that underlie cognition, understanding, memory, empathy, etc., make neuroscience a symbol of the 21st century.

Neuroscience is a complex area of knowledge that combines, on an interdisciplinary basis, the scientific disciplines of biology, psychology, linguistics, medicine, computer science, etc., their conceptual and methodological approaches. The object of study is the central nervous system and the human brain. The purpose of neuroscience research is to represent the functioning of a designated object as a holistically complex system that guarantees human cognition – the ability to sense, think, explain, memorize, and much more pertaining to human consciousness. On the dry end: neuroscience is the study of consciousness by the methods, conceptual and methodological means of science.