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The Philosophy of Illness: Balancing Clinical Expertise and Human Experience

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Jalal al-Din Rumi[1]

in days my thought is and in nights it's my talk
that why I am unaware of my heart's condition
where I am from, what I've came for
where am I heading to? finally you won't show me my homeland
I am extremely amazed why he created me what was his point in creating me…

Patient's Family Perspective

As both a healthcare professional and someone intimately affected by cancer through a loved one's journey, I have come to recognize the profound challenges in discerning what truly holds significance in life. The boundaries between clinical objectivity and compassionate humanity often become blurred.

Seven years ago, my loved one was diagnosed with breast cancer. She underwent surgery, chemotherapy, and radiation treatment. Recently, we were devastated to learn that the cancer had metastasized to her brain. While I once believed I could not endure such an ordeal again, facing it now feels even more daunting.

She underwent major surgery, gamma knife therapy, and multiple rounds of whole-brain radiation. Although the medical procedures were successful, the subsequent period has been fraught with difficulty—not only because of the disease itself but also due to the severe side effects of her new medications. Symptoms such as fatigue, diarrhea, mouth ulcers, loss of appetite, and weakness might appear minor to some, but they profoundly disrupt everyday life.

Her thoughts have narrowed to fundamental concerns that many take for granted: Will I make it to the bathroom on time? Can I join my family for a meal? Will I be able to care for myself? What if this food worsens my condition?

It is heartbreaking to witness her mental focus shrink to these struggles, and to see our conversations revolve around her bowel movements, sleep disturbances, and relentless exhaustion. Meanwhile, her oncologist appears primarily concerned with optimizing medication doses, guided by laboratory data rather than the patient's lived experience.

This raises critical questions about the balance between extending treatment and maintaining quality of life. When does clinical expertise overshadow the essential need for empathy? Which should prevail?

I find myself adrift, uncertain about what is truly best for her. It pains me to see her life reduced to mere survival, with no room for the deeper, meaningful elements of existence. Here is a woman twice threatened by her illness, facing an uncertain future, whose current focus is consumed by the bare necessities of daily living.

Philosophical Insights

The five stages of grief described by Elisabeth Kübler-Ross[2]—denial and isolation, anger, bargaining, depression, and acceptance—are not confined to patients alone. Families, likewise, often go through these emotional phases. For many, this experience is further intensified by deep feelings of guilt, accompanied by persistent, disturbing thoughts

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such as, “What if I had taken him/her to the doctor sooner?” or “I should have noticed the changes earlier and urged him/her to seek help.” This self-reproach can be as overwhelming as the grief itself.

Meaningful support for a terminally ill patient is not possible without the active inclusion of their family—especially when a family member is a physician themselves. The family’s presence, attitudes, and responses play a pivotal role in shaping the patient’s own adaptation to illness. Like the patient, the family also seeks to understand the philosophy and meaning of life, illness, and suffering.

Hasdenteufel's systematic review highlighted key psychosocial and existential factors affecting the bereavement of family caregivers in cancer palliative care. The results emphasize the vital roles of effective communication, readiness for loss, and family interactions in influencing grief outcomes.[3]

The philosophy of illness explores how disease profoundly alters our perceptions of life, identity, and existence, extending far beyond physical symptoms to reshape our connections with the world and ourselves. In essence, the pain and suffering tied to illness can disrupt the very meanings we assign to our lives.

As Viktor Frankl[4] argued, if life possesses meaning, then suffering must hold significance as well, for pain and adversity are intrinsic to the human condition, much like fate and mortality—without them, existence feels incomplete.

Susan Sontag[5] also described illness as “the night-side of life, a more onerous citizenship,” a metaphor underscoring the dual realities inherent to human existence: the maintenance of health and the confrontation with disease. From birth, every individual is subject to both, and inevitably must at some point acknowledge a temporary passage through this shadowed domain.

While disease represents a clinical, biological phenomenon that physicians diagnose based on evidence and expertise, illness is a deeply subjective experience. This distinction underscores why patients should not be reduced to their medical labels—such as stage II gastric cancer or metastatic breast cancer—since each individual's journey through illness is uniquely personal.

Although Nietzsche[6] saw his illness as a catalyst for a shift in perspective and greater wisdom, implying that hardship can lead to deep psychological insight, Eric Cassell[7] noted that suffering endangers a person's overall integrity as a holistic being.

Whatever our philosophical approach, illness and suffering impact our emotional, social, and psychological well-being—and unfortunately, medical education, research, and practice often neglect these existential layers of humanity.

The 13th-century poet Rumi[1] also alludes to this concept, eloquently capturing the human quest for life's meaning in the poem referenced earlier, reflecting a shared uncertainty about origins, purpose, and destiny.

According to Norelle Lickiss[8] in her book *Medicine as a Human Science*, medicine should be valued not just for its scientific progress but also for its profound role in enhancing the human experience. Beyond merely addressing physical suffering, medicine should prioritize respecting patients' values and family preferences while fostering their path to personal development and dignity. In the same spirit, the medical humanist Mortimer[9] reminds us that medicine is not only about curing disease but about honoring life in its fullness. He speaks of its role in “emancipating man’s interior splendor,” suggesting that true healing goes beyond technical skill. For him, medicine is a moral and deeply human practice—one that helps people discover and preserve their inner strength and dignity, even when suffering cannot be avoided.

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