

An In-Depth Analysis of the Patient-Doctor Relationship from a Holistic Perspective

An In-Depth Analysis of the Patient-Doctor Relationship from a Holistic Perspective:

Ars Medica

By

Jesús Bastida Iñarrea

**Cambridge
Scholars
Publishing**



An In-Depth Analysis of the Patient-Doctor Relationship from a Holistic Perspective:
Ars Medica

By Jesús Bastida Iñarrea

This book first published 2024

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Copyright © 2024 by Jesús Bastida Iñarrea

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-0364-0378-5

ISBN (13): 978-1-0364-0378-2

To my wife, María Aser, who knew how to see me as I truly am, through my phenomenon, and thereby saved me from myself. Only when I met you did I begin to truly enjoy life. I love you.

To my children, Mónica and José Manuel, the masterpiece of our lives. I am proud to be their father and to think that a part of me will live on in them.

To all my patients who have taught me so much.

To everyone who has helped me.

TABLE OF CONTENTS

LIST OF ILLUSTRATIONS.....	x
PREFACE	xi
ACKNOWLEDGEMENTS.....	xiv
INTRODUCTION.....	1
CHAPTER 1	4
PHILOSOPHY OF THE PATIENT-DOCTOR RELATIONSHIP	
PHYSICS AND METAPHYSICS.....	4
PHYSICS AND METAPHYSICS ARE INDISSOCIABLE	5
MATERIALISM VS. SPIRITUALISM.....	5
THE MATERIALIST PREJUDICE AT THE FOUNDATION OF THE CURRENT	
EXPLANATION OF THE WORLD.....	6
SCIENCE EXPLORES THE PHYSICAL WORLD: THE PROMETHEAN MAN..	10
ART EXPLORES THE METAPHYSICAL WORLD. SHAMANISM AS ART	20
THE PHYSICIAN MUST USE BOTH SCIENCE AND ART IN THEIR	
RELATIONSHIP WITH THE PATIENT. MACHINE AND SHAMAN.....	26
PREMINENCE OF ART OVER SCIENCE IN MEDICAL PRACTICE	32
CHAPTER 2.....	37
INFLUENCE OF THE PERSONALITY OF THE PHYSICIAN	
AND THE PATIENT IN THE CONSULTATION	
THE CHARACTER AND BEHAVIOR OF THE DOCTOR	37
CONFLICT WITH PATIENTS	39
THE SUGGESTION OF BOTH THE PATIENT AND THE DOCTOR.....	41
THE HYPERBOLIC PERIOD.....	49
HIPPOCRATIC VS. GALENIC DOCTOR	52

CHAPTER 3	63
THE FORMATION OF THE PHYSICIAN	
THE SYSTEM FAVORS GALENIC PHYSICIANS	63
GOOD TEACHERS, SELF-EDUCATION, AND THE VICES ACQUIRED	
THROUGH IT	71
CLINICAL SESSIONS	77
MATURITY	79
CHAPTER 4	82
DIAGNOSIS IN THE PRACTICE OF MEDICINE	
SOME UNIQUE CHARACTERISTICS OF PRACTICING DERMATOLOGY	
IN COMPARISON TO OTHER MEDICAL SPECIALTIES	82
THE MYTH OF ACHIEVING DIAGNOSTIC CERTAINTY THROUGH	
EXPERIMENTAL SCIENCE.	84
DIAGNOSTIC ERROR IS INEVITABLE	90
THE ODYSSEUS SYNDROME	93
DIAGNOSE WHAT YOU SEE, NOT WHAT YOU KNOW	101
THE ERROR IS THE PRIMARY SOURCE OF LEARNING: THE DIAGNOSTIC	
SKILL CURVE OF THE PHYSICIAN	102
THE TWO MAIN TYPES OF DIAGNOSTIC APPROACHES: INTUITIVE	
AND ANALYTICAL DIAGNOSIS	107
THE NEGATIVE DIAGNOSIS	113
CHAPTER 5	115
TREATMENT AS THE OPERATIONAL MOMENT IN THE DOCTOR-	
PATIENT RELATIONSHIP	
COMPASSION IN THE PRACTICE OF MEDICINE	115
THERAPEUTIC PARALYSIS	118
PRIMUM NON NOCERE	119
THERAPEUTIC RELENTLESSNESS	120
THE THEATER OF THE CONSULTATION	123
CHRONOTHERAPY	125
THE ROLE OF LYING IN THE DOCTOR-PATIENT RELATIONSHIP	127
THE LEGITIMACY OF USING PLACEBOS IN MEDICINE	131
THE AESTHETICS AND DERMATOLOGISTS	135
CHAPTER 6	138
THE ENEMIES OF <i>ARS MEDICA</i>	
THE BURNOUT SYNDROME IN MEDICINE	139
CAUSES OF BURNOUT SYNDROME IN PHYSICIANS	141
SOME MATERIAL CAUSES OF PHYSICIAN BURNOUT	142

PHYSICIAN SALARY	142
THE PROFIT-DRIVEN DOCTOR	144
THE LACK OF TIME AND POOR ORGANIZATION OF THE SYSTEM	147
THE METAPHYSICAL CAUSES OF BURNOUT.....	150
THE MEANING OF FREEDOM IN THE DOCTOR-PATIENT RELATIONSHIP	150
THE LACK OF FREE CHOICE OF A DOCTOR BY THE PATIENT	151
THE PROLIFERATION OF FALSE OR PSEUDO-CONSULTATIONS.....	153
ILLEGITIMATE SCIENTIFIC CONSENSUS.....	159
THE IMPOSITION OF INSUFFICIENTLY DEMONSTRATED SCIENTIFIC EVIDENCE.....	166
EXCESSIVELY RESTRICTIVE PROTOCOLS	168
COMMON SENSE: THE ANTIDOTE AGAINST THE METAPHYSICAL ENEMIES OF FREE MEDICAL PRACTICE.....	170
COMMON SENSE CAN BE CULTIVATED	171
CONFLICT OF INTERESTS.....	175
ENEMIES OF PATIENT FREEDOM	182
THE RESTORATION OF A HEALTHY DOCTOR-PATIENT RELATIONSHIP AS THE MOST SUITABLE TREATMENT FOR MEDICAL BURNOUT	184
 EPILOGUE	 186
A MEDICAL CONSULTATION TOLD IN THE MANNER OF HOMER	186
 BIBLIOGRAPHY	 188

LIST OF ILLUSTRATIONS

- Figure 1-1. “New Prometheus”.
- Figure 1-2. “What illness will he die of?”
- Figure 1-3. “Unraveling modern art”.
- Figure 2-1. “Thomas Quart, ‘le Gueux’”.
- Figure 2-2. “Porrigo favosa”.
- Figure 2-3. “The signature of Thomas Bateman”.
- Figure 2-4. “Jean Louis Alibert’s Tree of Dermatoses”.
- Figure 4-1. “Do you really think I need more tests, doctor?”
- Figure 6-1. “Lurkin!”
- Figure 6-2. “The Hell of Medical Call Centers”.

PREFACE

Great thinkers, the geniuses who have existed, share a common way of viewing the world. The German philosopher Arthur Schopenhauer expressed it in this manner:

“All original thinkers fundamentally agree. Their divergence arises only from the point of view, and when this does not modify anything, they all say the same thing because they only announce what they have objectively perceived”.¹

This is the true essence of the classics and what makes them endure over time, extending their profound influence on us, forming our tradition. In this sense, my Latin teacher aptly stated that “a classic is what is studied in class”. In my case, this entire book is imbued with a deep Greco-Latin and European classical tradition that is mine and from which I cannot depart. Thus, to support the ideas I present in this work, I have included many quotations from authors belonging to the same tradition, from antiquity to the present day.

Most of what I discuss in this book pertains to the simplest yet most important medical act of our profession: the outpatient consultation, where there is a patient and a doctor separated by a table within the examination room. It is in this narrow framework where both exhibit a dual existence, one real, material, and physical, and the other spiritual, immaterial, and metaphysical.²

In accordance with this duality, I have extensively used two groups of words in its composition: in the first group, I include those related to the real world, such as material, physics, science, phenomenon, or representation; and in the second group, those related to the metaphysical world, such as spirit, soul or art. Furthermore, at times, I use some of these words as if they were synonymous, such as spirit and soul, and other times as polysemic, meaning they can have multiple meanings depending on the context in which they appear, like the word art or the word scientism.

¹ Schopenhauer, *La lectura los libros y otros ensayos*, 159.

² In this book, I do not address the bureaucratic or social aspects of medicine such as the development of health campaigns, the organization of public health services, the population's rights to health, etc...

A special mention should be made regarding the restricted use of the word *science* that I employ throughout this book. In general, when I use it, I am referring to experimental science, intentionally avoiding the Aristotelian and Thomistic concepts of science, which imply a defined epistemological structure but do not employ the experimental scientific method as a tool. I believe this decisively benefits the clarity of my exposition because, from this perspective, I can refrain from labeling most humanistic disciplines as sciences, such as Psychology, Sociology, Semiotics, Economics, Law, and even Theology, whose object is primarily metaphysical. I consider this necessary in a work of this nature because failing to do so would introduce significant ambiguity in some important concepts and would ultimately lead to equivocal comparisons and arguments in this work.

As for the word *Metaphysics*, I use it here with a literal meaning: “what is beyond physics”³, that is, I refer to the spiritual, to that which is not material, a much broader meaning than that used by philosophers since Aristotle, which refers more to the end of man and being. In this book, it alludes to the immaterial world that we indirectly perceive in nature and especially in humanity, encompassing, among many other things, emotions, morality, aesthetics, etc.

Gregorio Marañón, the great humanistic Spanish endocrinologist, once wrote in beautiful pages that the ancient medical treatises, so valuable in the past, now lie forgotten and obsolete. Only those books containing the human element, the clinical histories of patients, commented upon by great masters, retain their relevance⁴. Therefore, in this book, I have wanted to reflect not

³ It is said that Andronicus of Rhodes, a philosopher from the 1st century BC, conducted the first critical edition of Aristotle's works. He divided the philosopher's work into two groups: on one hand, those related to Physics, and on the other, the remaining ones that lacked titles until then. He generically referred to these as *Metaphysics*, which would literally mean “that which is beyond physics on the shelf”. (“*Metaphysics*”, Wikipedia.)

⁴ The complete quote is as follows:

“Melancholically, after a few years of absence – long in number, short in their intense fertility – I gazed upon my medical library of yesteryears. There they were, waiting for me in silence, the books from the cheerful student years, those from the busy days of medical training, those from the prime of life. Truly, nothing conveys the vanity of humanity like this review—in its strict sense of 'seeing again'—of the rows of monographs, manuals, and treatises that a few years ago seemed brimming with vitality and now lie like unburied corpses. How much effort, how much reading, how many hours of work and enthusiasm in each of those volumes brimming with concepts and citations! And yet, now it seems that their essence, like that of an uncorked

only my own reflections but also some true clinical stories and autobiographical events that I believe have influenced the way I practice my profession. I have also included some illustrations made by me which I believe help to better understand some of the ideas expressed in the text. It is an attempt, perhaps in vain, to ensure that this book endures over time.

Finally, I have also tried to avoid technical medical language by simplifying scientific terms where possible. My intention is for this book to be accessible not only to physicians but also to the public, who are potential patients after all. They too can draw some valuable conclusions from it if they ever find themselves navigating in dark waters while suffering from an Odysseus syndrome.

perfume, has completely evaporated. The useful substance of this thousand-page volume that we could hardly put down in the past can now be condensed into very brief lines. Of this other one, which was also famous, even less has survived. Of that one over there, nothing, nothing...

“And here are the clinical narratives, almost humble, written without the trappings of science – but with the anonymous science incorporated into the spirit, which is part of the observer's senses and judgment – still alive and fragrant, imbued with the painful humanity that inspired them, ready to continue teaching us the never-ending lesson of abnormal life”.

(Marañón, “Libros médicos”, I:217).

ACKNOWLEDGEMENTS

Several individuals have read the text, providing me with their valuable suggestions that have decisively shaped this work, particularly Alfredo García Layana with his insightful comments, María José Martín Velasco who has overseen the proper use of the Greco-Latin locutions I employ throughout the text, and my brothers Juan Antonio and Edurne who have read the manuscript with patience and attention.

INTRODUCTION

“Nihil novum sub sole”.⁵

—Ecclesiastes

Everything I am about to say in this book is not new; it has already been spoken by many others before me. In fact, any experienced physician knows it. However, it does not hurt to repeat it because we have long strayed from our primary goal, which is to heal or at least improve our patients. Some of the new doctors seem to have forgotten it, or perhaps they have not even learned it. I wanted to convey some ideas here that, while not novel, as I mentioned, are original in the sense that they have arisen in my mind through direct reflection on my professional practice as a dermatologist. Initially, they emerged gradually, seemingly disconnected and disjointed, but as I organized them to write this book, they have revealed themselves as parts of a whole, as a way of life. This work is an attempt, whether successful or not, to ensure that my thoughts endure and do not vanish like tears in the rain when I am no longer here.

Since my youth, I have had a great curiosity to understand the reasons that influence human actions: what leads a human being to act in one way and not another? What role do passions, fear, hatred, generosity, selfishness, envy, or resentment play in life? In my early years, I read countless history books and was fascinated and perplexed, trying to comprehend the hidden motivations that drove so many great figures to do what they did. Why did Hannibal refrain from entering Rome when he had it at his mercy, without defenders, after the battle of Cannae? This attitude of the carthaginian undoubtedly changed the course of human history as we know it today.⁶

⁵ “There is nothing new under the sun”. (Ecclesiastes, 1:9)

⁶ Titus Livy recounts it as follows:

“Then Maharbal, the commander of the cavalry, convinced that not a moment should be wasted, said, ‘On the contrary, so that you know what has been wagered in this battle, within five days, you will celebrate victory with a banquet on the Capitol. Follow me; I will go ahead with the cavalry so that they find out we have arrived before they even realize we are coming.’ Hannibal found the idea too optimistic and beyond what he could grasp so suddenly. Therefore, he said that he praised Maharbal’s determination, but that it required time to weigh the proposal. Maharbal replied, ‘The truth is,

After a tumultuous adolescence, I found myself perplexed, not knowing which direction to take. My father was a doctor, and in my family, it was taken for granted that all siblings had to pursue a university degree. Driven by the unspoken family mandate, the opportunity, and probably my intuition, despite possessing certain artistic abilities, I decided to study Medicine, albeit without a true calling. Although I was a mediocre student, I managed to pass all my subjects and eventually obtained my degree.

Subsequently, thanks to achieving a respectable score in the MIR, the postgraduate examination conducted in my country that grants access to specialized training, I was able to choose to become a dermatologist. I was briefly torn between pursuing Psychiatry or Dermatology but ultimately opted for the latter. As I progressed through the period of residency training, I realized that a significant part of my new profession dealt precisely with the metaphysical or spiritual aspects of the patient. Ultimately, the practice of this specialty has completely captivated me, and I have discovered my late vocation in it, as I have firsthand observed the decisive influence of the psyche on both patients and me. This has firmly connected with that interest I felt in my youth about the motivations behind human actions. Now, I frequently wonder: what role do fear, shame, or the beliefs of the patient and my own beliefs play in the outcome of the consultation?

However, despite it being evident to me that a significant part of our medical practice focuses on the spiritual and metaphysical aspects presented by our patients, these are seldom addressed in current medical literature. Most books, major treatises, and medical journals that I have diligently studied over the past thirty years are written from an essentially scientific perspective. I believe this might be because we are currently living in a profoundly materialistic and relativistic era, a Promethean age where science has been mythologized due to its great achievements. It is an era that somewhat disregards these metaphysical aspects I speak of, in favor of the physical. This work aims to fill that perceived void as it primarily focuses on analyzing the spiritual aspects of our profession and how they influence the material ones.

The dermatologist Shelley states that “clinical thinking constantly oscillates between science and art”.⁷ Yes, I agree with this statement, but I believe, taking it a step further, that in the practice of Medicine, in the

the gods do not grant everything to the same person. You know how to win, Hannibal; you do not know how to take advantage of victory.' There are many reasons to believe that that one day of delay was the salvation of Rome and its empire”.

(Tito Livio, *Ab Urbe Condita. Historia de Roma desde su fundación*, XXII;51.)

⁷ Shelley and Shelley, *Advanced dermatologic therapy*, 1.

humble consultation where the medical act takes place, science is subservient to art. This forms the central idea and theme of this book: the art of diagnosing and treating the patient, the *Ars medica*, in other words, the art of physicians.

So, reader, please enjoy this work, whether you are a layperson or a professional. Set aside your prejudices, if you have any, and think for yourself. Ask yourself if what I write on these pages might perhaps be true. If you do not believe it to be so, if you think that the patient needs a predominantly scientific approach rather than an artistic one, consider that at least you have entertained another perspective, perhaps incorrect, but always enriching.

CHAPTER 1

PHILOSOPHY OF THE PATIENT-DOCTOR RELATIONSHIP

Physics and Metaphysics

By observing attentively the incessant world that occurs in front of our senses, we perceive the deep evidence that all beings and things that populate it have a double existence: one physical and other metaphysical. The first is that related to the world that we can perceive directly through our senses: the aspect, the appearance of concrete matter. Descartes called it *res extensa*, Kant the *phenomenon* and Schopenhauer *the representation*. The second is that which we perceive indirectly through reason or intuition, the metaphysical, spiritual existence, which Descartes called *res cogitans*, Kant the *noumenos*, and Schopenhauer *the will*.

A book is paper and ink, but it is also Don Quixote and all quixotes are Don Quixote. A movie is a celluloid tape or digital data, but it is also The Godfather, or Gilda. A chair is an object constructed from materials diverse but must have a defined design that offers at least a horizontal surface and backrest on which a person can sit.

This double substance present in all things has its culmination in the human being, in whom it is more developed than in any other being or thing in this world. Body and soul, as Plato called them, are the two faces of the existence of the human being, formed by atoms, molecules, proteins, genes, cells, tissues, organs, apparatuses and systems but also by instincts, emotions, feelings and beliefs.

Physics and Metaphysics are Indissociable

“Just as you should not attempt to heal the eyes without the head nor the head without the body, you should not treat the body without also treating the soul”.⁸

—Socrates

Therefore, in the human being, these two substances we speak of are intertwined with each other, they are simultaneous and not exclusive, and they exert a powerful influence on each other, and what is most important for the case at hand, both are susceptible to illness: an imbalance in neurotransmitter levels, for example, an adrenaline surge, can cause an emotional disturbance. Conversely, an emotional disturbance can lead to a change in adrenaline levels or other neurotransmitters. However, these two spheres, although inseparable, are ultimately independent: it is not possible to cure a perforated appendix solely through metaphysical or spiritual means, and likewise, it does not seem possible to achieve genuine love simply by altering the levels of certain neurotransmitters, even though they do influence that feeling.

This intimate intertwining we speak of, means that illness originating in either of these two domains affects the whole person, and that is why a patient will always present themselves to the doctor with objective, real physical signs and subjective, spiritual metaphysical symptoms. In some patients, physical aspects will predominate over spiritual ones, and in others, spiritual aspects will predominate over physical ones. In my experience as a dermatologist for over 30 years, and as we will see throughout this book, it is rare for a patient to present a purely physical illness or one with little metaphysical involvement, but it is relatively common for them to have a disease with a strong metaphysical predominance, and even practically no physical component at all.

Materialism vs. Spiritualism

When we philosophically analyze the doctor-patient relationship, we must consider the perspective we adopt regarding the world around us, which can be interpreted within a spectrum from Materialism to Spiritualism. Materialists believe that the world is solely composed of matter, and the intangible metaphysical aspects that we indirectly perceive in it are mere byproducts of it. For these individuals, metaphysics would be nothing more than an illusion. Thus, the analysis of the world around us can

⁸ Platón, “Cármides”, 1:199.

only be done through the scientific method and its experiments. Those who hold this view to an extreme can be referred to as “scientism advocates”, meaning those who, driven by a scientism builded on materialistic bias, only accept knowledge derived from the application of the experimental scientific method while disregarding other forms of knowledge such as artistic or philosophical. At the foundation of this scientific materialism lies a stubborn idealism, as I will explain later.

On the other end of the spectrum are the spiritualists, for whom reality is a kind of dream or perception of our consciousness without a real physical basis, with solipsism, a philosophical doctrine upheld by those who believe that the world around us is nothing more than a dream of our consciousness, without real existence, being the furthest boundary. For them, the scientific method is meaningless because the physical world is not real and, therefore, not amenable to analysis through experiments. These individuals use art, religion, and other sources of metaphysical knowledge in their interaction with the real world, making these doctrines true pseudo sciences. When applied to medicine, they become spiritualist pseudoscientific medical practices, such as Dr. Hamer’s New Germanic Medicine, which advocates that all diseases, notably cancer, are caused by emotional shock and can be cured through metaphysical means. As I will explain later, these pseudo sciences frequently fall into charlatanism, as they irresponsibly deprive patients of the powerful tool of scientific medicine, and likely their money as well.

In this book, I argue that the doctors, in their relationship with patients, should adopt an intermediate approach between these two philosophical stances. They should practice medicine using science but not scientism and avoiding being exclusively spiritualistic also. They should acknowledge that patients may be ill in either of these two spheres or both and should practice in a humanistic and holistic manner to properly perform their profession, using both science and art while avoiding extreme scientism and spiritualism.

The Materialist prejudice at the Foundation of the Current Explanation of the World

As we are seeing, despite the evident duality that continually presents itself before our eyes, a duality recognized by the most eminent philosophers throughout history and by all religions, our Western culture currently leans toward a philosophical view of the world that, stemming from a widespread materialistic bias, explains metaphysical substance as a result or consequence of the matter. For example, it is relatively common to hear opinions of this kind: “Love is an imbalance in neurotransmitter levels”, or “death is the

cessation of homeostatic functions”.

Those who think this way do not believe that the metaphysical realm exists on its own but rather see it as a phenomenon or consequence subordinate to matter. However, if this were true, one could, for example, make anyone fall in love by administering the appropriate neurotransmitters at the correct dosage, which I do not believe is possible, as I have already mentioned. Or it would be possible to instill a specific thought in a person by altering some physical parameters. When you ask these materialistic individuals to explain what love, happiness, morality, or aesthetics consist of, the responses tend to be disappointing, along the lines of “the physiological bases of these emotions have not yet been discovered, but undoubtedly, as scientific progress advances, they will eventually be understood”. As Schopenhauer wrote about them:

“That the world has a purely physical meaning and lacks moral significance is the greatest error, the most pernicious and fundamental, a genuine perversion of consciousness. [...] However, and despite all religions asserting the opposite—and, in their own way, attempting to explain it through myths—this fundamental error never completely disappears but occasionally rears its head again until general outrage forces it to hide once more”.⁹

This bias has gradually permeated official orthodox medicine, which currently lives in a predominantly materialistic era, striving to deny the metaphysical aspects of our patients and diligently attempting to study them almost exclusively through observations and scientific experiments. In my opinion, this leads to imprecise results because science is not the appropriate tool for this purpose. Utilizing a solely scientific approach based on materialistic prejudice in our doctor-patient relationship prevents us from grasping the metaphysical aspects underlying it, ultimately dehumanizing both the patient and the doctor, and treating them as objects. On the contrary, as I have mentioned before, I believe that to practice our profession correctly and fully understand its essence, it is necessary to consider both aspects of our patients, the material and the spiritual. Therefore, we must use other tools in addition to science to achieve this, as I will detail later in full.

The predominance of the materialistic bias is clearly observed in the approach taken by medical scientific journals, the vehicles of expression for orthodox medicine, which serve as incredible instruments for science. Through their pages, up-to-date scientific knowledge is universally and almost instantly disseminated, keeping all doctors informed of the latest

⁹ Schopenhauer, “El arte de insultar”, 179.

developments and advances in the field.

The most prestigious medical journals are very demanding and publish only articles that have passed a rigorous selection process: the editor conducts an initial screening, rejecting most articles that come their way, usually due to lack of space. The few articles that pass this filter are sent to several independent reviewers, who are supposedly experts in the subject matter being addressed. These reviewers inform the editor whether the article in question meets certain requirements necessary to maintain the scientific level of the journal. These reviewers or advisors are independent, not part of the journal's staff, and perform their function altruistically.

In any case, the editor has the last word and decides whether the article is published or not, considering its quality, novelty, and the recommendations of the reviewers. Thus, many articles are also rejected at this stage of the process. With all these filters, publishing an article in one of the most important medical journals can be a herculean task, but if you succeed, it can bring you a high degree of personal satisfaction and even recognition and prestige among your medical colleagues¹⁰.

Many years ago, in the last third of the 20th century, medical journals predominantly embraced a humanistic approach to medicine. However, they gradually became influenced by the materialistic bias, and currently, they place an undue emphasis on scientific and technical aspects in their content. For example, in an opinion article published in the US journal JAMA, one of the world's most important general medicine journals, you can read:

“Concurrently, new computational machine learning approaches promise ever-more-accurate prediction. The marvel of Google and of Watson, the inexorability of Moore's law (ie, computing power doubles every 2 years for the same cost), suggest a future in which medicine will be transformed into an information science, and each clinical decision may be optimized based on a forecasting of outcomes under alternative treatment options, beyond the knowledge and understanding of the individual physician”.¹¹

Or in the journal JAMA Dermatology, one of the most important in my specialty, where you can read:

“The future of dermatology depends on the continued development of breakthrough technologies that improve patient care. From aesthetics to

¹⁰ “JAMA's acceptance rate is 12% of the more than 9,200 annual submissions and 5% of the more than 4,900 research manuscripts received”. Extracted from the web page of the journal. (“Editorial information”. JAMA Network.)

¹¹ Shah, Steyerberg, and Kent, “Big data and predictive analytics: Recalibrating expectations”, 27-28. <https://doi.org/10.1001/jama.2018.5602>.

medical dermatology, the field has seen an acceleration of progress driven by new therapeutics”.¹²

However, reality is persistent, and medical journals are compelled to continue publishing a steady stream of articles in their pages that address the inevitable metaphysical aspects presented by our patients, as they cannot escape the evidence of their existence or their mysterious strength and vitality. Let’s consider, for example, this paragraph taken from an article published in the significant journal JAMA Internal Medicine in 2016:

“Attending religious services more than once a week was associated with a 33% lower risk of all-cause mortality compared with women who never attended (relative risk 0.67; 95% confidence interval, 0.62-0.71; $p < .001$). “Frequent attendance at religious services was associated with significantly lower risk of all-cause, cardiovascular, and cancer mortality among women”.¹³

The underlying materialistic bias can lead to some confusion among commentators when they encounter these metaphysical manifestations exhibited by our patients, forcing them to acknowledge their existence and holding materialism in check through the force of evidence. For example, in another article published recently in the JAMA Dermatology journal, you can read:

“To our knowledge, the role of spirituality and its connection with dermatologic disease has not been investigated. We propose that there is a need to include spirituality as an important component when caring for those with skin disease. In addition, we want to address the need for incorporation of spirituality within the quality of life (QOL) questionnaires used in dermatology”.¹⁴

The frivolity of these authors is surprising: perhaps the spirituality of dermatological patients has not been investigated through rigorous scientific methodology, but the fact that every patient, whether dermatological or not, possesses significant spiritual aspects has been known since ancient times by generations of shamans and doctors, as it is something evident and thus

¹² Xu, Breslin, and Ju, “Catalyzing future drug, device, and information technology breakthroughs in dermatology. Announcing advancing innovation in dermatology’s accelerator funds”, 154:517.

<https://doi.org/10.1001/jamadermatol.2018.0590>

¹³ Li, Stampfer, Williams, and VanderWeele. “Assotiation of religious service attendance with mortality among women”, 777-785.

¹⁴ Roman, and Elpern, “Spirituality in Dermatology Practice. Return to the soul”, 153:629.

does not require demonstration. I am also surprised by the candor with which the authors propose to assess spirituality through a questionnaire: in my opinion, using this crude and impersonal tool is, as I will explain later, a very imperfect and inaccurate way of doing so.

But something is better than nothing, and it comforts me to see that official medicine, currently plagued by materialistic bias, is reconnecting with these metaphysical aspects that somewhat perplex scientific individuals and is experiencing a certain return to humanistic medicine:

“Investigating, respecting, and working with surgical patients’ spiritualities is as critical a skill as the proficient technical performance of operations. When spirituality is ignored, sacred patient values remain undiscovered, authentic trust is hindered, and healthy shared decision-making processes suffer”.¹⁵

Welcome is the fact that it is once again considering the spirituality of our patients, an aspect it should never have neglected!

Science explores the physical world: The Promethean Man

“In science, only magnitudes can be compared. For example, we can compare mass or height, but not beauty or sadness”.¹⁶

—From my teenage son’s Physics and Chemistry textbook

As we can see, our patients always exhibit spiritual traits that sometimes dominate the clinical picture with which they present themselves in the office. It is in this humble setting, between those four walls, when the patient is seated across from us separated by a table, that we can rightly say: “There are no diseases, only patients”.¹⁷

On the other hand, many other aspects of our profession are developed under the rule of science. Clinical research, for example, is science and is very useful when applied to the study or treatment of our patients. For

¹⁵ Marterre, Hinshaw, and Shinall. “Spirituality in Surgery-A Double-Edged Scalpel”, 1347-1351.

¹⁶ Andrés, Larrondo, Martínez, and Bolea. “Física y Química 4º ESO”. Unidad 1.

¹⁷ Recently, scientists have rediscovered this age-old concept, which they euphemistically refer to as “precision medicine”, or “personalized medicine”. However, they define it from a materialistic perspective, stating that it is “an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person”. (Genetics Home Reference, “What is precisión medicine?” May 17, 2022.)

instance, I can review the medical records in my office of those patients from whom I have removed skin cancer and study the rate of recurrence among them. If I find that it is higher than that published by other doctors in a scientific journal, the results may lead me to modify specific aspects of my practice that will ultimately provide better care for my next patient. This is essentially using science as a tool, and it is in these circumstances that the opposite statement to the previous one can be accurately stated: "There are no patients, only diseases".

Or when we consider the powerful role that science plays in the development of new drugs that later have a decisive impact on the success of our patients' treatment: when I think of a medication like some biological treatments, which has allowed a patient with extensive psoriasis to achieve complete and sustained remission, meaning that all skin lesions disappear with only four annual injections, I think: "This is a miracle!" But no, it's not a miracle; rather, it's using science as an effective tool to help our patients.

And it's true that the role of science is irreplaceable and indispensable in our profession, which cannot be practiced correctly without it. Not using it is deeply immoral, the worst form of charlatanism because it is the most important weapon we have to achieve our goal that is to cure the patient or, if that is not possible, at least to improve their condition:

"Without compassion, dedication, equanimity, common sense, and the highest ethical standards, no one can be a truly great physician. But alone, these are not enough. Compassion will not impede the logarithmic phase of bacterial growth. Dedication will not diminish the azotemia of renal failure. Equanimity is not an appropriate response to acute abdominal pain... The highest compassion of the physician may be in make a correct diagnosis and applying the correct treatment. The truly great physician, therefore, will be one who can synthesize science and humanism within the traditional and ethical standards of the profession".¹⁸

The real world is governed by the law of causality or the principle of sufficient reason, known since ancient times but articulated by Leibniz, according to which every phenomenon is the consequence of a prior cause, which in turn is the consequence of another preceding cause, and so on. It is precisely this epistemological principle that allows many disciplines to be called sciences, in the Aristotelian and Thomistic sense of the term, even if they do not use the experimental scientific method as a tool. This is where names like social sciences, economic sciences, political sciences, and even theological sciences come from! As I have explained in the preliminary

¹⁸ Smith and Thiers, *Pathophysiology: The biological principles of disease*, XIII-XIV.

note, in this essay, I intentionally avoid this designation to avoid ambiguity and adhere exclusively to the term *science* for those that use the experimental scientific method as a tool for analyzing their subject of study.

Laplace, based on this law, formulated the principles of scientific determinism: given that a ponderable physical phenomenon is the result of a rigorous chain of causes and effects governed by immutable laws, if we know the initial state of a phenomenon and the causes and laws to which it is subject, we can predict the consequence:

“We ought to regard the present state of the universe as the effect of its antecedent state and as the cause of the state that is to follow. An intelligence which at a given instant knew all the forces that animate nature, as well as the relative positions of the beings that compose it, if this intelligence were vast enough to submit the data to analysis, could condense into a single formula the movements of the greatest bodies in the universe and those of the tiniest atom; for such an intelligence nothing would be uncertain and the future, just like the past, would be present before its eyes”.¹⁹

This is very interesting because, according to Laplace, in theory, we can predict the future! We can accurately predict when a phenomenon will occur if we know the initial state of the system at a given moment, the causes that trigger the change, and the laws governing it, by applying formulas. That’s why genuinely scientific disciplines were formerly called exact sciences.

For example, we can predict with great precision when the next solar eclipse will occur because we know certain current parameters and the laws governing their changes. Or when we will see Halley’s Comet again, or at what speed an object will impact the ground when falling from a given height. Physically phenomena with complex causes and laws, such as atmospheric weather, will probably be predicted quite accurately in the future, once all the factors involved are perfectly known and super powerful computers are developed to perform the necessary calculations.

However, as I have explained earlier, I believe that all beings and objects that populate this world, even the most rudimentary, also exhibit spiritual aspects that cannot be precisely analyzed through the experimental scientific method. The predictability of physics, that is, the application of mathematics to the real world, will be more accurate the more rudimentary the entity on which it is applied and therefore will have a lesser metaphysical component. From this, it follows that no science, except mathematics, which is purely abstract, will be exact, in line with Heisenberg’s uncertainty principle, which states that exact observations of physical phenomena are not possible.

¹⁹ Laplace, *Ensayo filosófico sobre las posibilidades* (1814), 25.

This becomes even more evident when we try to study the sick patient who presents themselves in our office, a human being who exhibits spiritual aspects to the highest degree. At this point, we could say, paraphrasing the latter author, that the observer's metaphysics decisively influences the measurement of the concept, and therefore the experimental scientific method cannot analyze how the patient's aesthetics, morals, or beliefs influence their illness because these are primarily subjective concepts and, as such, cannot be objectively defined. Consequently, the results of experiments, no matter how well-designed they are, cannot be adequately compared with each other, or at best can only be compared coarsely. Therefore, the conclusions that can be drawn from such studies, although sometimes correct, often turn out to be unreliable and even erroneous.

For example, we can try to measure the pain, itching, or distress caused by a specific disease in our patients through a questionnaire or a scale. However, each of us has a subjective idea of these concepts, and there is no objective parameter for them that we can measure uniformly. There are even many problems in defining what is normal and what is not, and therefore, what is health and what is disease.²⁰

Applying the experimental scientific method to the metaphysical world clashes, above all, with the impossibility of objectively defining concepts and, therefore, of drawing valid conclusions from the results of experiments. These conclusions will be approximate to the truth, which remains hidden and unattainable, with the inevitable risk of significant biases.

Even with this in mind, throughout this book, I cite many studies that have attempted to analyze these metaphysical aspects through the experimental scientific method because I consider that the conclusions of these studies, although crude and rough, are useful as they indicate a trend and a more or less valid approximation to the subject at hand, even if it is not exact and has a "low level of scientific evidence", which sometimes makes them unreliable. They would be comparable to pre-election polling results, which reveal a general voting trend but cannot accurately inform us in advance of the final election results and sometimes make significant errors.

Another notable epistemological fact is that if we trace back the chain of causes and effects, we reach the conclusion that at the origin of a science lies an inexplicable axiom, inaccessible to the scientific method: What is the origin of time, space, mathematics, or physics? What about the origin of the Universe or the Big Bang? What was there before it? Or what is the origin of economics, history, or law? And so on. This is also a strong indication of

²⁰ Manrai, Patel, and Ioannidis, "In the era of precision medicine and big data, who is normal?", 1981-1982.

the existence of a metaphysical world preceding science and not analyzable by it.

Even the scientific materialists themselves are aware of this, as exemplified by Stephen Hawking, the renowned theoretical physicist known for his popular science books, who has also expressed this idea:

“All our theories of cosmology are formulated on the assumption that space-time is smooth and nearly flat. That means that all our theories break down at the big bang: a space-time with infinite curvature can hardly be called nearly flat! Thus, even if there were events before the big bang, we could not use them to determine what would happen afterward, because predictability would have broken down at the big bang.

“Correspondingly, if, as is the case, we know only what has happened since the big bang, we cannot determine what happened beforehand. As far as we are concerned, events before the big bang can have no consequences and so should not form part of a scientific model of the universe. We should therefore cut them out of the model and say that the big bang was the beginning of time. This means that questions such as who set up the conditions for the big bang are not questions that science addresses”.²¹

Hawking’s statement highlights that science is not the appropriate tool for explaining the origin of the Universe and suggests that it is not even interested in doing so, which, to me, ultimately acknowledges the inadequacy of experimental science in exploring the metaphysical origin of the world. He explicitly renounces explaining it, positioning himself as the representative of this new and unprecedented era in which humanity stops asking questions about its own origin. However, this quest lies at the foundation of all religions and philosophies, leading great thinkers throughout history to attempted to answer it, each in their own way, with varying degrees of success.

We can see how even some of the most prominent scientific materialists indirectly acknowledge that the powerful experimental scientific method is not the suitable tool for explaining the mysterious metaphysical aspects of the world. Nevertheless, in today’s postmodern world, there is a prevailing consensus based on the materialistic bias as an explanation of the world.

Materialism as a philosophical vision of the world has always been present throughout the history of thought. Initially, it existed in a somewhat anecdotal form in antiquity, where mythical and religious explanations of the world predominated until philosophy made its appearance in classical Greece. Subsequently, it has periodically reemerged with increasing influence, leading up to today, where it reigns hegemonic in our Western

²¹ Hawking and Mlodinow, *A briefer history of time*, 89-90.

culture. At the foundation of this current materialism lies an idealistic philosophical perspective that seeks to transform the real world to conform to human ideas. It considers that it consists solely of matter that can be studied and modified through the scientific experimental method.

The direct precursors of the current surge of materialism include figures like Francis Bacon, Hume, enlightenment thinkers like Kant and Hegel, and Comte, the founder of Positivism in the mid-19th century. Positivism is a philosophical doctrine that denies the validity of any *a priori* knowledge and only accepts that which is acquired through experience, particularly through scientific experiments.²² However, as we will see later on, the knowledge provided by the scientific method is always incomplete because it is impossible to conduct infinite experiments to explore all aspects of reality, and the results are subject to a degree of uncertainty, as they could always be refuted by subsequent experiments. In my opinion, it is important to add that the scientific method is not suitable for exploring the metaphysical world, as I have previously mentioned.

At this point, it would be excessively lengthy to describe here how, gradually over the 20th century, starting with the global spread of Marxism after World War II, this materialist-idealistic worldview has achieved hegemony in our Western hemisphere, particularly in the academic world, where it is currently referred to as Postmodernism.²³ For now, it suffices to know that the roots of Postmodernism trace back to Hegelian idealism and its successor, Marxism, continuing through Existentialism and Structuralism,

²² "Positivism", Wikipedia.

²³ For a comprehensive description of this process, I recommend Sokal and Bricmont's book titled *Intellectual Impostures*. In this excellent book these authors convincingly demonstrate that many famous postmodern authors in the field of social sciences, such as Lacan, Kristeva, Baudrillard, Latour, Foucault, etc, had used mathematical and physical scientific terms in their writings without truly understanding their meaning:

"The intellectual abuses criticized in this book are not homogeneous; they can be roughly classified into two distinct categories that roughly correspond to two periods in French intellectual life. The first period, extending until the early seventies, is that of extreme structuralism: authors desperately attempt to provide a veneer of 'scientificity' to vague discourses from the humanities using mathematical adornments. The works of Lacan and the early writings of Kristeva fall into this category. The second period is that of post-structuralism, which begins in the mid-seventies: all pretensions of 'scientificity' are abandoned, and the prevailing philosophy (as far as one can discern) leans towards irrationalism or nihilism. The texts of Baudrillard, Deleuze, and Guattari exemplify this attitude".

(Sokal and Bricmont, *Intellectual impostures*, 30-31).

all movements characterized by their strong underlying materialistic nihilism. The peak of this issue at hand was reached with Post-structuralism, deeply irrational, which paradoxically ended up considering science as a mythical construction devoid of real basis²⁴. All of this has resulted in the discrediting of the humanities disciplines that we currently witness.

The average citizen was initially bewildered by this philosophy, which not only seemed incomprehensible but also went against common sense and their deeply rooted traditions. Moreover, it suffered from a profound contradiction: if science were merely a mythical construction, how could one explain the incredible successes achieved through technology? How could one explain the existence of the internet, smartphones, or the remarkable advancements in scientific medicine?

Faced with the perceived decline of the humanities, Western society has embraced science as the most prestigious tool for unraveling and explaining the world. In doing so, the contemporary Promethean man has emerged, another iteration of materialistic idealism (Figure 1-1).

²⁴ They say Einstein said that "it is easier to destroy an atom than a prejudice".