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**ON KANT'S CONTRIBUTION TO THE
COOPERATION OF PHILOSOPHY AND
MEDICINE THROUGH EXAMPLES OF
REASON AND BODY**

**O KANTOVU DOPRINOSU SURADNJI FILOZOFIJE I
MEDICINE NA PRIMJERIMA UMA I TIJELA**

Kant's critical philosophy poses a challenge to any thinker who seeks to address the relationship between reason and body, health and mental disorders, biology and anthropology, medicine and philosophy. These relationships had profound implications for Kant himself, as a natural and social being. Philosophy, which is accountable only to the individual and autonomous reason, has both the right and the duty to speak on topics not exclusively within its original domain of inquiry. These philosophical reflections extend to ethical concepts of autonomy and dignity, which today are particularly important in medical ethics. Despite the clear demarcation between philosophy and medicine in terms of the lower and higher faculties, the relationship between these disciplines and their representatives is inevitable. On the other hand, a closer reading reveals that Kant does not merely suggest that philosophy has the right to study the subjects of medicine; he also offers his own interpretations of certain mental disorders, human character, bodily discipline, emotional self-control, the suppression of unruly desires, moderation in food and drink consumption, and the benefits of daily walks—practices widely recommended and adopted today. Kant's writings on medicine, consistent with his overall theoretical and practical philosophy, advocate the development of one's own moral gymnastics, dietetics, and ascetics. Joint considerations of fundamen-

tal, broadly philosophical-medical questions, as well as the philosophical-medical transformation of topics such as euthanasia, abortion, debates on brain death, pre-implantation diagnostics, stem cell research, and the use of artificial intelligence, aim to examine these ambivalences and test their applicability for the contemporary construction of systematic moral theory. Although the results can never be definitive, their consideration can always begin with interpretations grounded in Kant's works.

Not only does the affirmative invocation of Kant, particularly concerning the connection between morality and medicine, lead to continually new practical orientations, but the critical reformation of Kant's ideas also significantly shapes the bioethical philosophy of today's world. This issue applies to the philosophical grounding of human dignity based on reason, attributed to Kant as the thinker who most strongly influenced contemporary discussions on human dignity. For Kant, this dignity lies in the universal human potential to legislate moral action for oneself, marked by humanity's demand for respect. From this arises Kant's prohibition against instrumentalization, which forbids reducing people to mere means for the ends of others. This is the fundamental challenge to the identity of Kant's deontological medical philosophy. The criterion of rationality, embedded in Kant's conception of human dignity, is problematic because the absolute authority of reason does not, as Kant believed, necessarily lead to moral action. Furthermore, if the capacity for reason is considered central to justifying human dignity, then all those who fail to meet this criterion are excluded from the dignity they desperately need. This includes individuals with dementia, who, in advanced stages of the disease, lose self-awareness, rationality, the capacity for moral judgment, and autonomy. The concept of autonomy, while seemingly consistent at first glance, proves upon closer analysis to be ambivalent, allowing for various and often contradictory interpretations. Concepts of positive or negative freedom fail to meet the needs of groups of people dependent on direct positive support, such as children or individuals requiring care for any reason. Many ethical and political theories are built on the idea of an atomistic, self-sufficient, and individualistic subject, thereby neglecting the inherent human capacity for inevitable interdependence and this essential aspect of our human existence.

Such concrete examples urgently call for new interpretations of the problems related to the historical and systemic roots of the deontological tradition. These examples make it clear that an open discourse on medical-bioethical principles in ethics is more necessary today than ever. Recent approaches to (bio)medical science cannot avoid presupposing certain concepts from Kant's moral philosophy, the acceptance of which by representatives of other medical disciplines cannot be

taken for granted. Despite the ambiguities surrounding the definitions of human dignity and autonomy, it can be assumed that abandoning the effort to address the ideas of human dignity and autonomy, as elaborated by Kant, would lead to a reduction in responsibility at both individual and societal levels. This would pose significant challenges to both philosophical theory and everyday medical practice.

The contribution of Immanuel Kant to the historical development and identity of (bio)medical sciences (which Kant himself did not precisely locate) encapsulates a discomfort regarding (bio)medical sciences felt not only by moral philosophers but also by Kantians. This does not merely denote the problem that moral philosophy has grappled with concerning the autonomy and dignity of patients but also highlights a weak point in contemporary Kant research. Rarely is the question raised as to the extent to which Kant's moral philosophy can be situated within the history of the (bio)medical tradition. This still insufficiently explored topic was the focus of a conference held in Rijeka at the Faculty of Medicine, University of Rijeka, on June 13, 2024, titled "The Contribution of Immanuel Kant in the Historical Development and Identity of (Bio)medical Sciences." Three papers in this special issue of AMHA, dedicated to Kant's contribution to the cooperation of philosophy and medicine through the examples of reason and body, are based on presentations delivered at the conference, which have been significantly revised for publication. Other presentations have since been published elsewhere and are not included here.

The study *The Knowability of Biomedical Laws: A Kantian Approach* by Predrag Šustar focuses on exploring biological traces in Kant's work. His arguments first aim to highlight the fundamental "biological" elements in Kant's philosophy in a formal sense. Šustar interprets the knowability of empirical laws as an implicitly critical foundation within Kant's discursive cognitive capacity. According to him, this foundation "relies on subsuming procedures, which, in the life sciences—primarily biology and its application to medical practices—consist of an explanatory integration between normative teleological judgments and causal-mechanical ones." In this context, the key concepts include the issue of knowability, the reflective power of judgment, discursive intellect, discussions on biological functions, explanatory integration, and teleological normativity. The necessity and knowability of biological and medical laws lead to four interpretations of the problem of necessity and knowability and their apparent connection to "the unity of experience as a system" in Kant's philosophy. Thus, Šustar's work should be understood as both an indication of and a solution to the problem concerning the appropriate role of the biological sciences and their application in medical practice.

Annette Sell, in her article *Kant's Concept of Health as an Interaction of Mind and Body*, explains the concept of health through the key notions of psychosomatics and common sense. In this process, epistemic concepts also play a role. This becomes particularly evident in Kant's approach to disease and health. Although, according to Sell, this approach is guided by distinctions between the body and the mind, Kant's interpretations of health and his evaluations of psychosomatics clearly reveal inconsistencies. These inconsistencies can be explained by the philosophical concept involved, which continually forces the physician to expand beyond the boundaries of their designated discipline. For this reason, Sell concludes that Kant's understanding of both his own health and health in general is epistemologically highly ambiguous. It is neither purely a philosophical self-explanation of health nor an observation of health exclusively from a medical standpoint but rather an act in which philosophy distinguishes itself from medicine while simultaneously reformulating its content. Therefore, the concept of health demands reinforcement through philosophical and societal discourse. In other words, health is a hybrid of philosophical-medical education, as presented in Kant's philosophy of health, clearly establishing the unity and cooperation of mind and body in the treatment of illness.

A particularly intriguing exploration of a specific medical problem is found in Franjo Mijatović's article, *Hypochondria as a Distraction of the Reason within Kant's Transcendental Philosophy*. Kant's attempts to understand mental disorders clearly establish the connection between reason and body and the associated need for self-discipline. At the outset, Mijatović highlights the role of moral self-control as a determining factor in countering the distractions of the reason, emphasizing the necessity of dietetics as a condition for overcoming hypochondriacal anxieties. Kant's reflections on hypochondria and *the maladies of the head* continue to hold relevance for modern psychological and psychiatric research on the disturbed mind. Not only does Kant interpret hypochondria within the context of a healthy reason, but he also consistently links its origin to the physical and imaginative aspects of human beings. He advises hypochondriacs, as well as himself, to practice both bodily and mental self-control. As Mijatović highlights: "For hypochondriacs, this Kantian advice can represent a way out of the vicious cycle of self-observation and a return to a state of bodily and mental unity. It is undeniable that we must follow Kant in recognizing that body and mind are interconnected. This is a crucial indicator that a person must distance themselves from their deceptive feelings and choose the approach imposed by reason: distracting from distractions and recollecting oneself."

The issues presented in this special issue of AMHA are also highly relevant to the relationship between contemporary medicine and philosophical analysis. In this context, medical-historical and philosophical arguments do not necessarily need to be separated. The connection between the contemporary interests of medical scientists and the historical applicability of Kant's philosophy provides a framework for clarifying approaches to disease and health, as well as biological laws. In doing so, the foundational insights of philosophical medicine inspired by Kant's thought significantly enrich psychiatry, psychology, biology, and medical anthropology. Revisiting the philosophical dimension within medicine encourages a reassessment and renewed understanding of the human being while demonstrating how philosophy can contribute to medicine not only as therapy but also as dietetics. This philosophical contribution stems from the Stoic principle "sustine et abstine", which can be declared a general principle of philosophical dietetics. By applying this principle, medicine becomes philosophical "when the sheer power of man's reason to master his sensuous feelings by a self-imposed principle determines his manner of living."¹

Kant's moral and (bio)medical philosophy achieves its full significance only in connection with a disciplined and self-governed individual who actively employs their reason and respects others. Every human reason requires guidance, and Kant's moral and (bio)medical principles, in this sense, open up possibilities for achieving a more perfect relationship with patients. Kant's moral philosophy helps ensure that physicians and philosophers reflect collaboratively, bearing in mind that their actions and ideas are not isolated—as they might initially seem—but instead have an impact on society and humanity as a whole. In this respect, philosophy and medicine are closely interconnected. An independent and reason-guided way of thinking pertains to what a person can and should become through their own efforts. Such rational beings must be willing and obligated to address the shortcomings of the past and the injustices that could harm the future. The call for mutual collaboration and improvement is not merely a need of the times nor just a heuristic tool to organize our knowledge. On the contrary, it is the most essential aspect of what it means to be a rational being in the world. Thus, Kant, as one of the greatest minds, can and should serve as a starting point in our medico-philosophical reflections on health, the body, and the reason.

¹ Kant, I. (1979). *The Conflict of the Faculties*. Translation and introduction by Mary J. Gregor. New York: Abaris Books, p. 181–182; 7:100.