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The paradigm of anthropocentrism in contemporary pediatric surgery

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The idea of anthropocentrism is a key marker of the state of medical theory and practice in the technocratic society of the twenty-first century and demonstrates the global reflection of human society on its axiological attitudes.

Aim. The paper aims at theoretical and methodological analysis of the paradigmatic dimensions of anthropocentrism in pediatric surgery.

The theoretical basis of the study was formed by philosophical concepts of anthropocentric orientation, modern scientific substantiation of the problems of deontology and medical education. The methodology of the study was determined by the cultural approach based on the use of philosophical hermeneutics (interpretation of texts). The method of extrapolation allowed the use of philosophical heritage to analyze contemporary deontological issues. The method of synergetics provided an integrating function. The methods of analysis, synthesis, and generalization determined the logic of our scientific research.

Anthropocentrism is one of the leading trends in philosophy, which, at different historical stages, from ancient times to the present, defines topical issues, including deontological ones. Subject-object relations in medicine are relations in the «person-to-person» and «healthcare professional-to-patient» systems. The current and most realistic model is the contractual model, in which pediatric surgeons, parents of patients, and patients themselves establish relationships that are most acceptable to all participants in the treatment process.

Conclusions. The obtained results provide a more advanced level of analysis of both general and specific cognitive interests and preferences of pediatric surgery professionals from the angle of cognitions that characterize the discourse of the idea of anthropocentrism. The practical significance of the study is determined by the possibility of using the material of the paper in teaching deontological disciplines and as a factor that motivates medical students to scientific and worldview reflection.

No conflict of interests was declared by the authors.

Keywords: paradigm, personality, reductionism, technocracy, humanism, empathy, deontology, pediatric surgery.

Парадигма антропоцентризму в сучасній дитячій хірургії

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Ідея антропоцентризму є ключовим маркером стану медичної теорії та практики в технократичному суспільстві XXI століття і відображає глобальну рефлексію людини щодо її аксіологічних установок.

Мета – теоретико-методологічний аналіз парадигмальних вимірів антропоцентризму в дитячій хірургії.

Теоретичну базу дослідження становили філософські концепції антропоцентричного спрямування, сучасні наукові обґрунтування проблем деонтології та медичної освіти. Методологію дослідження визначив культурологічний підхід, який базується на використанні філософської герменевтики (інтерпретації текстів). Метод екстраполяції дозволив використати філософську спадщину для аналізу сучасної деонтологічної проблематики. Інтегруючу функцію забезпечив метод синергетики. Методи аналізу, синтезу та узагальнення визначили логіку нашого наукового пошуку.

Антропоцентризм є одним із провідних напрямів філософської думки, який на різних історичних етапах, з античних часів до сьогодення, визначає актуальну проблематику, зокрема деонтологічну. Суб'єктно-об'єктні відносини в медицині – це відносини в системі «людина-людина» «медичні працівники-пацієнти». Сучасною, найбільш реалістичною є контрактна модель, у межах якої

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лікарі дитячої хірургії, батьки пацієнтів і самі пацієнти встановлюють відносини, які є максимально прийнятними для всіх учасників процесу лікування.

Висновки. Отримані результати дають змогу вийти на більш сучасний рівень аналізу як загальних, так і конкретних когнітивних інтересів і переваг медичних працівників дитячої хірургії під кутом когніцій, які характеризують дискурс ідеї антропоцентризму. Практичне значення дослідження полягає у можливості використання матеріалу статті у викладанні дисциплін деонтологічної спрямованості та як фактору, що мотивує студентів медичних навчальних закладів до наукової та світоглядної рефлексії.

Автори заявляють про відсутність конфлікту інтересів.

Ключові слова: парадигма, особистість, редукціонізм, технократизм, гуманізм, емпатія, деонтологія, дитяча хірургія.

Introduction

The task of contemporary medical ethics is to cultivate a value-based attitude to life and a human being, so currently, much attention is paid to philosophical and ethical issues of medicine. The principles of humanism require each individual to respect other people, recognize the dignity of each person, and have a friendly attitude to the surrounding environment [11]. The main principles of medical ethics and deontology originate in the basic ideas of humanism, such as mercy, empathy, compassion, and personal autonomy. In this context, the concept of anthropocentrism is one of the main ones and meets the tasks of medical higher education dictated by the present-day world, the constant professional development of physicians [7].

The interpretation of anthropocentrism, one of the directions of contemporary philosophy, involves an attempt to describe anthropocentrism as a key idea of philosophical discourse, due to the nature of the idea, the importance, and even the fundamental nature of the cognitive attitude to understand the world based on the experience of understanding the laws of existence and human nature [6]. The relevance of this study is determined by the fact that anthropocentrism is one of the ideas that form the basic matrix of thinking about the person and, as a result, the attitude towards the person in medicine, in particular, in pediatric surgery.

The **aim** of the study is to analyze the paradigm of anthropocentrism in pediatric surgery, the interpretation of which is inextricably linked to the ability to describe current ideas about humans (physician and patient) and medicine.

Consequently, we can talk about the breadth and scope of the theoretical and methodological basis of the study, which is based on the works of philosophers created in different historical periods in the context of anthropocentric worldview constants, as well as current research on deontological issues. The choice of research methods is determined by its goals and objectives: in addition to the synergistic method and the method of philosophical interpretation, the paper uses methods of understanding deontological principles that have been widely applied in interdisciplinary research by culturologists, anthropologists, psychologists, and sociologists, as well as methods of systematic analysis and generalization.

The concept of anthropocentrism was introduced into philosophy by L. Feuerbach, who stated in his work «The Essence of Christianity» that a human being is the only and highest subject of philosophy. In a sense, this interpretation determined the moment of actualization of the idea of anthropocentrism in philosophical discourse.

However, the prehistory of anthropocentrism dates back to ancient times and has become a key constant in the ancient world. Socrates believed that in the universe there was no more interesting object of cognition for a human being than a human being himself/herself. Protagoras said something similar, emphasizing that a human being was the measure of all things. According to Aristotle, a human being is the essence of universal existence. In the Middle Ages, according to Thomas Aquinas, a human being occupied a special place in the world because he/she combined the material and spiritual worlds, which ensured the unity of the material perishable body and the immortal soul and made a human godlike.

In many modern foreign dictionaries, the concept of anthropocentrism is inextricably linked to the Christian religion. Despite the diversity of some judgements, anthropocentrism in contemporary worldview coordinates and post-non-classical science is becoming an extremely popular concept, which is both ambiguous and complex. It should be noted that the acquisition of the terminological apparatus of the anthropocentrism paradigm will contribute to the formation of students' terminological competence in the field of medicine and public health [3].

André Comte-Sponville states that anthropocentrism is the desire to put a person at the center, not of values, as humanism does, but of being [8]. The main advantage of the principle of anthropocentrism is that it points to the uniqueness of the human status in existence. Human life is understood as the highest value, which no one has the right to dispose of or endanger. Physical health is the key to a healthy lifestyle for future generations [12].

Everyone knows, for example, about the Hippocratic Oath, which has been creating the foundation of profes-

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sional ethics for physicians for many centuries. The main difference between contemporary medical ethics and Hippocratic ethics is that the latter was and still is purely corporate in nature. Its content is reduced to the physician's duty to the patient, who, according to the etymology of the word «patient», is passive and does not participate in making responsible decisions in those situations in which he/she is involved as an individual. Contemporary medical ethics in the context of anthropocentrism is based on the idea of an «active patient»; the theoretical recommendations of up-to-date deontology are a reminder to the physician of his/her mission [1]. The rules of professional behaviour of a medical professional in pediatric surgery outline the following principles of the anthropological paradigm:

- respect for human dignity;
- recognition of personal autonomy;
- beneficence(«do good!»);
- nonmaleficence(«do no harm!»);
- justice.

These are a kind of ethical «coordinates» that describe the moral status of the child in the system of social and medical relations in which he/she finds himself/herself in case of illness. Let us briefly analyze its anthropocentric orientation.

The principles of respect for dignity and recognition of individual autonomy. The term «autonomy» comes from the Greek autos and nomos which mean «self» and «law», respectively. In ancient Greece, this word meant self-government of city-states (polises). In modern philosophy, the term «autonomy» was coined by I. Kant to characterize an autonomous will that sets the law of its own action. «Autonomy» differs from «heteronomy» – the false existence of the human will, when, as a law, it is guided by an authority external to itself (for example, the Bible or the judgement of a physician). In medical ethics, this term is understood in a more pragmatic way: an individual is recognized as an «autonomous person» when he/she acts freely on the basis of a rational understanding of his/her own good. In pediatric surgery, the principle of recognizing individual autonomy implies not just a good attitude towards the patient. It is also an opportunity to allow conscious and responsible choices, primarily of the child's parents, regarding his/her health and life based on full information.

Avoidance of conflict situations demonstrates the professionalism of a pediatric surgeon and helps to coordinate the treatment process with the parents of the sick child and to understand the limits of the existing restrictions. In these cases, the physician must determine whether there is a risk of serious harm as a result of following the wishes of the child or parents. If such a possibility exists, the physician should seek a second opinion from his/her colleagues and act primarily to protect the interests of the child without stopping treatment or until another physician takes responsibility for this case [5].

The principles of beneficence and nonmaleficence («do good and do no harm!») seem self-evident. Isn't it appropriate to demand the pursuit of good and the avoidance of harm to oneself or others? However, very complex issues lie behind this apparent simplicity, especially when it comes to situations arising in current high-tech medicine. The concepts of «good» and «harm» are relative; their relativity is determined by the perspective of the «address» of good and the specific characteristics of a particular illness. The content of good also varies depending on who evaluates a particular situation. Traditionally, it was believed that only the physician could objectively assess what is good for the patient and what is not. A good patient was expected to obediently follow the physician's orders. In modern medicine, the situation is more complicated. Often, the interests of the physician and the patient do not align. In systems of free-of-charge distribution of healthcare services, there is potentially a threat of not receiving the necessary amount of care, especially in cases of scarcity. In the commercially oriented healthcare sector, the situation is directly opposite.

The physician is objectively interested in selling more services. In this case, the patient faces not «undertreatment» but «overtreatment». In both cases, the objectivity of the physician's judgement about the patient's welfare can be distorted by their specific interest, which contradicts the paradigm of anthropocentrism. Therefore, the commercialization of medical services, unfortunately, breeds distrust in medicine [4]. Noteworthy, in the conditions of medical commercialization, there is a serious interest among healthcare professionals in minimizing costs and maximizing income, which usually contradicts the interests of patients in maximizing available assistance and minimizing their own expenses to obtain it.

The situation is similar to the principle of doing no harm. Since ancient times, there has been a rule in medicine: Primum non nocere! (First, do no harm!). Pediatric surgeons should undoubtedly avoid harm caused by inaction, unprofessionalism, or accidental mistakes. When making decisions about surgical interventions, physicians are obliged to take into account all the facts of a particular case and consult with their colleagues. Possible critical remarks of more experienced colleagues should not be negative «criticism» but a motivator for further professional growth, a source of knowledge, and a guarantee of providing more professional surgical care to young patients in the future [2].

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Any treatment is called a medical «intervention» for a reason. It is surgical interventions that carry the greatest potential risk of causing significant harm to the patient's body. Often this harm can be compared to the benefit that such an intervention can achieve. When making a decision to perform a therapeutic, diagnostic, or preventive procedure, a pediatric surgeon is constantly forced to correlate the possible advantages and disadvantages of specific medical actions [10]. It is quite logical that if there are alternative methods of providing care, it is necessary to choose those that have a lower risk. Moreover, according to the paradigm of anthropocentrism, in modern pediatric surgery, the patient plays an increasingly important role in making decisions about a particular medical intervention. After all, it is his/her health and sometimes life that a surgeon has to risk in order to achieve the goal of recovery.

Current medical practice is a complexly differentiated system in which physicians and patients can engage in various forms of social interaction. Each of these forms reflects certain traditions of medical practice that exist in a given society. In order to describe different variants of the relationship between healthcare professionals and patients, the contemporary American philosopher R. Veatch, classifying them, identified the following basic models:

- engineering;
- priestly (paternalistic);
- collegial;
- contractual.

The fixed models are unequal in their moral value and represent a descent from the least morally justified engineering model to the most justified contractual model [9].

The engineering model is a kind of retrospective of the philosophical idea of the eighteenth-century French materialist-mechanist J. La Mettrie, according to which a person is a machine. Within the engineering model, the physician treats the patient as an impersonal mechanism that needs periodic prophylaxis and repair. Treatment means that the physician seeks to return this mechanism to a functional state by means of certain physical influences. The patient's benefit is restored health, which is described by quantitative indicators of blood pressure, biochemical parameters, etc. Medical knowledge is interpreted as value-neutral scientific knowledge, which, like science, should be «on the other side of good and evil». Science is by no means neutral. In pediatric surgery, the reductionism and technocracy that prevail within the engineering model are morally unacceptable, as they level the patient's personality and make him/her an object among objects. The anthropological paradigm defines medical science in a far from ethically neutral way. The criticism of the ideology of the engineering model is justified to the extent that it concerns the moral attitude of the consciousness of a physician or scientist.

However, is «depersonalization» always the result of a physician's morally inferior attitude towards the patient? The fact is that in several situations common in present-day medicine, the patient cannot be objectively treated as a person. The division of labour in modern medicine with high-tech equipment means that direct personal contact with a patient is usually carried out by a physician and a nurse. For centuries, treatment has existed as the activity of an individual professional who personally contacts the patient, makes decisions, and provides assistance. It should be acknowledged that the situation is now fundamentally different, with healthcare professionals forced, by virtue of their social role and place in the division of labour, to perform more or less technical functions. In this case, the depersonalization of the attitude towards the patient is not the result of an immoral attitude, but the result of the technical and technological division of highly specialized professional functions of a collective medical entity, for example, a team of pediatric surgeons.

The priestly (paternalistic) model. Within the paternalistic model, the relationship between a physician and patient resembles the parental relationship between a parent and child or a priest and parishioner. In fact, in this case, the priest is usually called father or priest, and the parishioners are called children of God. There has been significant progress in the moral transformation of the structure of the relationship between physicians and patients. It is no longer an impersonal manipulation of an object, as it is observed in the engineering model. The paternalistic attitude is full of personal meaning. It is motivated by the desire to help the patient and avoid harming him/her.

The moral principles of paternalism are the love of neighbour, charity, mercy, and justice. However, individuals are in an unequal position. The physician plays the role of a «parent» who has deep scientific knowledge and can apply it to help the patient. The patient plays the role of an ignorant child whose duty is to follow the physician's recommendations in a disciplined manner. The paternalistic model is clearly expressed in the Hippocratic Oath. Paternalism in dealing with patients remains the norm for a significant number of modern physicians, and not a few patients recognize paternalistic attitudes as the most adequate.

Is there a limitation of this model from the point of view of medical ethics? The paternalistic approach levels

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the rights of the patient as an autonomous person who independently and freely makes vital decisions and controls his/her condition. There is a humiliation of the patient's dignity, as the relationship turns from a «horizontal» – equal to a «vertical» – subordinate one. The patient is forced to look down on the physician.

There is a significant number of people for whom a paternalistic attitude of the physician is psychologically most acceptable. Paternalism is perfectly moral in the right place, at the right time, and to the right extent. Paternalism is an authoritarian attitude towards the patient. Just as a «parental» attitude towards the child changes, as he/she grows up, so a physician's attitude towards a patient should vary depending on the degree of the latter's capacity and take into account his/her readiness for responsible autonomous actions.

The collegial model. The collegial model of the relationship between medical professionals and patients in pediatric surgery creates a much larger space for the realization of the values of an autonomous personality. The role of the sick child and his/her parents is interpreted as the role of like-minded people and associates of the physician. They can participate in determining the ways of treatment after receiving a sufficient amount of objective information from the physician about the state of health, treatment options, the prognosis of the disease, possible complications, realizing the inalienable right of a person to freedom of choice, and acting, to some extent, as colleagues of the physician.

The contractual model. It envisages not only the legal meaning of the concept of «contract» («covenant») but also a more general, «mental» meaning. A contract or covenant is a certain form of establishing rules for the interaction of various social actors with each other.

The specificity of the contract is that the rules are developed by the parties voluntarily, taking into account mutual interests. By entering into a contract, the parties distribute powers among themselves, establish mutual responsibility, define goals and means of achieving them, avoiding the disadvantages inherent in the engineering and paternalistic model that are detrimental to the patient. The contractual model is not based on the illusion that the patient can participate as a «colleague» of the surgeon. The patient's parents and the patient himself/herself consciously establish a relationship with the physician on terms that they consider favourable and acceptable. This model is more realistic. It takes into account the impossibility of equality between physicians, patients and their relatives, and is based on the inevitability of «vertical» hierarchical relationships.

Another aspect of the anthropocentrism paradigm in pediatric surgery is related to the current problem of professional burnout of a medical professional. The term «burnout» was originally borrowed from the novel «A Burnt-Out Case» by Graham Greene in the second half of the twentieth century. In the public understanding, the concept of «professional burnout» is directly associated with professionals whose daily work involves helping other people. This problem in medicine has been exacerbated by military actions, the epicenter of which is Ukraine [11].

Undoubtedly, physicians, especially pediatric surgeons, have perhaps the largest number of risk factors for developing emotional burnout. Surgeons and nurses suffering from burnout provide inadequate care to their patients, which leads to increased risks of medical errors, decreased professionalism and empathy. In some cases, emotional exhaustion is combined with a high risk of depression.

No matter how resilient and trained a pediatric surgeon is, regular contact with difficult life situations of patients (diagnoses, deaths of patients) does not leave him/her indifferent, and to a certain extent, the physician lives through the emotions of patients and their families. The situation of a child's illness, and even more so an unfavourable prognosis for life and health, is extremely significant for parents; every action or word of a physician, in this case, is priceless both from a medical point of view and in the context of further acceptance of what is happening. The logical realization that it is impossible to save all patients does not negate the value choice of the profession, the premise of which for many physicians was the desire to save, treat, and help.

Due to the specifics of the work, emotional (professional) burnout in pediatric surgeons can develop quite often and quickly, with additional factors contributing to burnout:

- a large amount of workload;
- a lack of time for quality rest after work;
- a high level of empathy.

Currently, more and more attention is being paid to the problem of occupational stress and its consequences for healthcare professionals working in conditions of increased moral responsibility, constant interaction with people, their problems, and suffering, which is also a manifestation of the anthropocentricity of modern medicine.

Conclusions

In the present-day world, the idea of anthropocentrism, in a sense returning to its ancient origins, interprets the human being as the center of the macrocosm and the highest value. Anthropocentrism, being essentially a philosophical problem, goes beyond philoso-

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phical discourse and becomes one of the foundations of deontological discourse in medicine, the basis of modern medical ethics.

The anthropological orientation of the professional and ethical paradigm in pediatric surgery is characterized by a reorientation from traditional models of technicism and medical paternalism to contractual and collegial models, which, on the one hand, ensures the inheritance of traditional moral values of medicine and, on the other hand, contributes to the formation of the spiritual and ethical potential of medical specialists of the XXI century in the new sociocultural conditions.

The reconstruction of the concept of «anthropocentrism» opens up new opportunities for an up-to-date interpretation of not only the philosophical heritage but also the current medical issues in pediatric surgery, which can be fruitfully used in the system of medical education in the process of teaching deontological disciplines.

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