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ABSTRACT OF THE PHD THESIS

Existential implications of the political ideas and values

**Political determinism in the decisions made by the patients,
the healers and the policy makers**

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Table of contents

1. Introduction

1.1 The theme of the research

1.2. The classification of the research in the science system

1.3 Terminological classification

1.4. The modernity of scientific research of the theme

1.5. Overview of preliminary research results

1.5.1. The theme's appearance in the publications of the last five years

1.5.2. The fundamental bibliography of the present research

1.5.3. Personal research regarding the theme

1.6. Thesis

1.7. The objectives of the research

1.8. The applied research methods

2. The freedom of decision making between the dominant knowledge and cultural definiteness

2.1 Objectives

2.2. The thesis and hypothesis

2.3. The disease's criteria, concept and social norms

2.4. The social costs of the sick person

2.5. The loss of working capacity as a disease criterion

2.6.. The criterion of curability, the issue of infirmity and invalidism

2.7. The affliction as a disease criteria and its contradictions

2.8. The model of the individual's perception of disease

2.9. The notion of disease and health

2.10. The consciousness of death, disease and fear

2.10.1. The inevitability of death and the meaning of life

2.10.2 The issue of the meaning of life – logo therapy approach

2.10.3. The disease as the limitation of opportunities

2.10.4. The perspective of death

2.11. The condition of recovery: subalternation

2.12. The hospital as the place of death

2.13. The disease as a situation of forced decision

2.14. The scientific healing, as an official therapy based on the dominant knowledge

2.14.1. The scientific healing as a legitimate treatment

- 2.14.2. The procedures of the legitimate scientific healing*
- 2.14.3. The rights and obligation of the patient*
- 2.14.4. The barriers of the official and scientific healing*
- 2.14.5. The claim for a scientific cosmology*
- 2.14.6. The reaction of the doctors on the lack of a solid scientific cosmology*
- 2.14.7. The struggle with the medical insecurity*

2.15. Healing and magic

2.16. The picture of scientific healing

2.17. The attitude of the patient towards the scientific healing

2.18. The exclusion of the layman of the medical knowledge' sphere

2.19. The languages of cognition

2.20. The promises and the reality of alternative therapy

2.21. The life goal and achieving the meaning of life in sick person's case

2.22. The culturally determinative identity

2.23. The personal decision

2.24. Resume of the chapter

3. The state's legitimacy of knowledge in healing

3.1. Overview of the former research results

3.1.1. The profit-oriented effect of the healing industry on the healing practice

3.1.2. The status- problems of the alternative healing

3.1.3. The issues of social responsibility in medical research

3.1.4. Actual medical-ethic matters

3.1.5. Evaluations knowing the bibliography of the topic

3.1.6. The objectives of the study

3.1.7. Thesis and work hypothesis

3.1.7.1. Thesis

3.1.7.2. Work hypothesises

3.2. The duties of the state in the political control of public health

3.3. Healing under the influence of science, economics and politics

3.3.1. Dependency of medical knowledge

3.3.2. Mistrust towards medical knowledge

3.3.3. Partial aspect of scientific medical knowledge

3.4. The conditions and consequences of the economical support of knowledge

3.4.1. Reality itself: owned by the one holding the truth

3.5. Means of manipulation: expert's opinions, slogans and political ideas

3.6. The political points of view of the legitimacy of knowledge

3.6.1. Demands of economic-investor's groups

3.6.2. Demands of the healer, the research and education

3.6.3. Demands of political policy-maker

3.6.4. Viewpoint of the citizens

3.7. Resume of the chapter

4. The oportunities and barriers of the spiritual healer between the freedom of decision and the knowledge formalised by the government

4.1. The chapter's thesis

4.2. Work hypothesis

4.3. Freedom of decision of the patient between the personal life meaning and self-imposed social values

4.3.1. Freedom of decison of the patient

4.3.2 The formalised knowledge in the healing

4.4.. The options of the healung profession

4.5. The complex aspect of the healing

4.5.1. The dynamic of the healing knowledge's development

4.5.2. Paradox aspect of the healing: holism and dogmatism

4.6. Models of healing

4.6.1. The biomedical model

4.6.2. The psychosocial model

4.6.3. The biopsychosocial model

4.6.4. The bio-psycho-social-spiritul model

4.6.5. The model of humanistic healing

4.6.6 Evaluation of the healing models

4.7. Consequences of medical specialization

4.8. The issue of the healing's impute

4.9. The role of the holistic and dualistic human model in the present western healing

4.10. Conclusions

4.11. Barriers

5. Distorsions of the modern medical ethos

5.1. Introduction

5.1.1. Definitions of ethos

5.1.2. The ethos' of modern healing

5.2. The legitimacy of modern healing

5.3. The discipline as word-games and the role of the scientific professional in the healing process

5.4. The scientific healing and the voluntary decisions

5.5. The slogan-like legitimacy and the exclusion of critics

5.6. The effects of the imperfections of the scientific healing

5.7. Historical perspectives and medical attitudes

5.8. The social and economic base of the contemporary approach of nature-based medicine and active substances

5.9. The medical ethos in grounding the reforms of the healing practice

5.10. Conclusions

6. The rivalry of knowledge traditions in the practice of healing

6.1. The actuality of the possession's phenomenon

6.2. The issues of diabolical possession and the exorcism from a scientific perspective

6.3. The Christian approach

6.4. The archaic approach

6.5. Conflict between the different approaches

6.6. The religious model of diabolical possession

6.7. Psychopathological model of the possession

6.8. Anthropological model and its clinical application

6.9. Consequences of the contrast between the approaches

6.10. The possibility of consensus between the two approaches

6.10.1. Hypotheses that are beneficial to the religious approach

6.10.2. Hypotheses that are beneficial to the scientific approach

6.11. Evaluation and barriers

7. Conclusions

7.1. The values and interests of the patient

7.2. The approach of the state government

7.3. Possibilities of the healer

7.4. Competition between the scientific and Christian-religious healing traditions

7.5. The legitimacy manipulative aspect of the slogans used in medicine

7.6. The evaluation of the thesis

7.6.1. Hypotheses against the thesis

7.7. The evaluation of the applied research method

7.8. Personal contribution to examination of the research area

7.9. Final conclusions and opportunities for further research

Bibliography

Keywords: sickness, political conceptions and values, political activity, life goal, commitment, self-determination, traditional knowledge in medicine, public health system, applied knowledge in medicine, economical interest, social status, rivalry.

Abstract

The theme of the research

In crucial existential moments such as life-threatening or chronic diseases the values of the patient, the healer and the decision-making representatives of the society can get in conflict. The patient has to take into account the price of the treatment (therapeutic limitations, side effects, and material cost), the therapeutic alternatives and his personal values and ideals that are either compatible with the healing process or in conflict with it. The healers also have to reconcile their personal values and ideas, their personal and professional interests to their professional activity and decisions (it is relevant in medical ethics). In order to fulfill the task of the government the government decision makers have to consult with the public health system, the professional groups of the healers, the government budget and the interests of investors and operators. Therefore it is comprehensible that these ideas are not always compatible.

In terms of our personal lives and our personal conception of the world we embrace certain values and ideas that according to our possibilities we try to represent with our own lives and to influence the world in such way that everyone support them. This can be considered a personal political activity. Therefore it may be diagnosed that our political ideas and values have an influence on not just our relationship with the world, but limiting the operation of certain systems and institutions can react to our critical life situations, each may have existential implications. This symptom is easy to be followed in the at serious diseases of the available therapeutic alternatives and our relationship to them.

The classification of the research in the science system

The theme of this research concerns the health issues from the field of political philosophy, in particular the influence of the political ideas and values along the existential dimensions. Although my research follows the internal logic of the paradigms that are relevant in healing, the paper itself does not identify with any of them. The goal is to analyze the interaction between the simultaneous influence of these paradigms and the value systems descended from them, and I am not arguing along or against none of them, but I outline the consequences. Adapted to the topics of this paper I

partially cover the general paradigm of scientific medicine, the healing paradigm of the Religious-Christian point of view and the archaic and esoteric healing paradigms.

Terminological classification

The very important concepts in the terminology of this paper should be interpreted in the following way:

The political activity means the activity of a person or of group by which every one try to influence the power in a way that it corresponds to his own interests (concepts and values). In the paper politics does not primarily mean exercising power concept in an institutionalized way, it means more individual decisions and actions that support the implementation of the required social structures.

During the existential dimension of the existence I mean the physical existence and its quality. From this point of view the risk of disability because of a serious illness or disease, and the death threats are those factors that influence the decisions that determine destiny. As it is obvious that public meets the perspective of illness and death I considered to discuss the effects of these life-event in existential dimension. Regarding the connection among the existence, the ideas and values, the examination of a serious illness and the perspective of death is a sufficient principle to examine the existential dimension.

The modernity of the research of the theme

The political dimension of the healing appears in the critical bibliography of western medicine. The economical limitations of scientific medicine, the social, professional and economic competition between the scientific and alternative medicine, the social claim for the recognition of traditional medicine, the medical technologies, the price, the quality and critics for the rate of accessibility, the surgical procedures without examining the effectiveness, the question of the compulsory vaccinations, and not at last the criticism of psychiatry are all areas of medicine, where is present the political dimension of medicine. Correlating to the above mentioned the discipline of political philosophy can be defined as an deficiency. There can not be found a paper that refers entirely to the power determination of the healing. This leads to the facts that that various players had different dedicated point of views in which an external perspective focuses to the problem can not be accomplished.

The Overview of the preliminary research results

In the literature of political dimension of the healing there stand out a few works, that are able to capture the technical nature of the healing process, the critical nature of the practice and the philosophical nature of medical problems. A characteristic of these is that they discuss separately the same questions regarding the theory and practice of healing, so these problems/questions can be found in different independent sources. In these sources there can be found also the phenomenon of the healing determined by power. In the basic bibliography of the research there can be found: Thomas Szasz, Jean-François Lyotard, Hans-Georg Gadamer, the philosophy of James Marcum and Michel Foucault, Janes Le Fanu, the works of philosophical medicine by Collins and Pinch, and the works of physician-philosophers Alfred I. Tauber, Andrzej Szczeklik, Bánki M. Csaba, Atul Gawande inspired by their own medical praxis, and the American and European classifications: DSM 4, the 5th chapter of ICD-10..

Personal researches and publications regarding the theme

The antecedent of this research was my final paper for Psychological Counseling and Psychotherapy Master, and the fragments of the present thesis were shown at two international and two local conferences, and published in two scientific publications.

Thesis

There can be expressed that in case of a serious disease our social and identity commitments are influencing us in accepting the healing interventions, this restricts our personal freedom and threatened our existence. According to the above mentioned it can be outlined the thesis of the paper: *The commitment to our political ideas and values determines our existential decisions.*

The objectives of the research

The aim of the research is the philosophical examination of the political dimension in the healing process. This aim is followed from the point of view of the three main stakeholder of the political dimension of the healing process: the patient, the healer and the political decision-maker. I examine separately the conflict of interests between the characters interested in the process, and the scientifically camouflaged slogans used by economic investors hiding their financial and power interests. At the end I examine the communication between the two traditions representing two

dominant point of views on the supposed „demonic possession” area, that is considered a competence area by both of them and all try to dominate each other. The phenomenon of demonic possession is an area, treated with special means by the Christian churches , but the medical science considers it a psychological illness.

The applied research methods

I used the analyzed and resorted arguments of the sources implemented in my research to according to the ideas and values of a hidden ideology to describe and analyze the discourses of a certain and the political ideology.

The logic structure of my paper covers the different point of views of the patient as an individual, the state policy makers, the economic investor and the healer, all driven by different kind of motivations in the process of healing.

In my paper I use the passages presenting argument on the philosophical level of different tendencies regarding the curing process. I haven't used independent empirical researches, respectively I haven't used directly the data of the empirical researches and statistics.

The values and the interests of the patient

For a sick person a serious disease means to be confronted with the fact that his options are becoming narrower, his lifestyle is changing and the threatening of death. The changes are forcing the patient to a decision-making situation. First of all what kind of healing methods he believes to be acceptable, which are the institutions he can apply for help, and what is he accepting of the help he is offered. Accepting a certain healing method means a certain attitude to the values that are behind the institution that offers the healing. The healers ask for lifestyle changes, that may be lifestyle changes, behavioral changes or the consumption of drugs with curative effects on a physiological level.

The knowledge of the healers or the healing institutions can be connected to a certain knowledge tradition like: science, religion, philosophical, artistic, archaic-esoteric or magical tradition. The knowledge traditions are in competition with each other on a certain level. The religious traditions usually do not accept the archaic-esoterica and magic traditions, and the scientific trends are questioning the signification of religious curing. So the values behind the curing process are influencing the patient in choosing the method for his curing process.

The efficiency of all the curing tendencies are limited. No method can bring guaranteed curing. On the other way the curing methods are requiring an ethical commitment from the patient

in an explicit or implicit way from the patient, the therapy is often exclusive. The scientific curing requires the healing interventions not to be combined with other methods, or if it is not possible the doctor should be informed about it. The chosen healer claims to dominate the patient's lifestyle, otherwise he is not taking the responsibility for the success of the curing.

The values represented by the different curative traditions are not representing only the patient's values and interest, but also collective values and interests. The individual and collective values and interests can be counteractive some time.

It is necessary to set apart these categories of values and interests, to ensure that the patient is able to make an individual decision in a forced-choice situation. The patient is expressing his values in his personal life. But for implementing his ideas, a person needs to connect to groups that represent similar ideas and this requires an attitude to their ideas. These attitudes are integrated in a person's identity. The identity of an adult person has a certain role in critical decisions, but this also implies values that are not personal. So the aspects of a sick person's decisions implies both his personal interests and the interests of different groups formulated in form of social expectations. The illness is limiting the patient's existential possibilities, so it is important to get back to his own fundamental values and interests, regardless of the different interests of the groups. This is the essential criterion of the decision of an autonomic person in an existential crisis.

The viewpoints of the government power

The healing process has a strong economic dimension, and behind this also appear political interests. The economic potential represented by the different areas of the healing raises the interests of more groups. First of all the healers, as the representatives of the profession and the administrative professionals' financial existence is dependent of the political state of a certain area. On the other hand for the capitalist investors the healing process is a business opportunity, for real, because the area of curing is one of the biggest industries. The return of the investments depends on the stage of the economics, the support of state and not at least because of their stability over time. Thirdly the government apparatus operators must implement the tasks of the state, as public health, the safety of the population and the ability of the economy to bind emphasis on curative activities. Policy makers have to justify the viability and the effectiveness of the system, to preserve their chances of retaining their positions of power. In the twentieth century the reference to the science of medicine works as a likely safe political strategy.

It is understandable that the interests and values of the professionals, traders, the representatives of the government apparatus and the policy makers do not fully overlap. Since the state's role in making official the knowledge used in the healing process implies complex and risky

tasks. In a democratic governance, the various political ideologies are supporting or restricting the interests of the different performers. The most important responsibility of public policy making is to find the balance situation that makes possible to fulfill the tasks of the government and to monitor them continuously.

The public policy making in the curing process should not rely fully on the scientific arguments. There stand several reasons for that.

First of all the scientific medicine and its methodology is economically compromised. The knowledge behind the technological developments that are based on biomedical model is vigorously in favor of the largest industrial companies, they own the business of the healing therapies and the development of the means.

On the other hand the criteria of scientific medicine creates the category patients and healers that are excluded from the system. The healers who dare to criticize the system can easily be excluded from the healing industry. The medical industry that requires economic profit clearly neglects or even discourages the healing alternatives that may be an economic concurrency. Most of the patients are not able to get the necessary and effective curing because of financial or economic-political reasons. These groups are promising or buying healing undertaking also the lack of political support in a partial or totally missing institutional framework. As each one is excluded from the frame of the scientific curing, their legitimizing discourses assumes an alternative (usually narrative) aspect.

Thirdly the interests and values of the dominant scientific curing that are interwoven with economic and political interests are not fully identical to the other tradition-based practice of healing. It is enough if we think of the principles of the Christian perspective of curing and its values or of the homeopathic curing. In a democratic government these alternative value-systems are taking the form of legitimate civil requirements and their function can not be prohibited until they don't violate any human or social rights.

The essential developing criterion of the science requires the preservation of the open system of the science, this can be the object of alternative ideas and inventions of future scientific studies, and the results of these studies may be the source of farther scientific knowledge development.

Considering all the above mentioned facts it can be affirmed that science can not be considered as a unique image-guiding reality for the political actors, but also the curing can not be limited to scientific research with a dominant status.

The potentials of the healer

The professional trends determine the financial sources of the healers, the healer is able to choose between the curing traditions with stronger or weaker status. The curing traditions with stronger status found institutions that have more beneficial support, but on the other hand their weakness is the powerful regulation of the activity and the limitation of healer's freedom of choice. The acquisition of the healing knowledge has a very restrained character. The length of studying and getting the professional practice does not make it possible to elaborate in the different healing traditions. The healer has to make the choice which way he wants to develop his knowledge and talents.

On the other hand the value-system often requires exclusive or restricted commitment of the healer. The different traditions also include the different types of therapeutic interventions. In the curing process the therapies with a manipulative character that intervene aggressively in the balance of the organism, and deliver its function to a different state, the techniques that aim to support the organism's defensive and self-healing mechanisms and the interventions that stop the body's disease-warning alarm can also get a role.

The curing process may include all the above mentioned mechanisms, regardless the variety of the healing techniques, without mentioning them in the discourse that follows the healing process. When the patient doesn't choose exclusively the techniques of a certain healing tradition to seek healing, it becomes uncertain to who can the healing be attributed to. Who owns the merit for the healing?

In the European History of healing those who were urging the development and change of the attitudes, were operating under the motto of rationality, truth and the return to the natural way of life. The returning phrases in the criticized traditions are: the thirst for money and power, incompetence, irrationality, the invalidity of the healing knowledge, the adaptation of techniques that endanger the life and the health of the patient, and the rolling away of the natural lifestyle.

The curing knowledge is not divided because of the traditional knowledge and of the cultural groups, but also with the specialization of the scientific healing. The dogmatically committed healer and the specialist has something in common, they both contemplate the healing from a restricted perspective. The accumulated amount of scientific and specialized knowledge and the hierarchic organization of the institutions aggravate the development of a comprehensive medical approach in the scientific healing. Both the medical education and the employment of the doctors requires doctors that can deal with special tasks, so that they organize their resources according to this.

The scientific healing that is based on fulfilling technical tasks and it is divided to specialties may give a significant sense of security, but this fact is reducing the sensibility for the patient's

personal needs and values. The economic values behind the scientific and technological healing can be validated only if the healing process is determined by an automatic operation. This has no place for the individuality of the patient, or the critical view of the doctor and his heuristic action. The ideal doctor fully trusts the medical technological equipment and the effectiveness of this knowledge.

The patient left alone with his individual need and values, and with the disappointment in the healing, looks for other alternatives. He looks for a healing method that, considers also the individual aspect of his sickness and his own life. He finds these requirements in the activity of healers who have weaker state and who use alternative healing methods. There is developing a critical position against the scientific healing, called "crisis of quality care".

Regarding the possibilities of the healer there are outlining two possibilities: the applied treatments prefer the methods with legitimate status, and the second one is, that the healer is assuming the diminished safety that comes along with the methods that are weakly supported. In the first case the healer has to adapt to the rules of the system, and this fact provides him safety, but this also means that he has to support the institution and its values and interests with all his work. In the second case the freedom in making decisions, working, and the freedom of conscience of the healer is much bigger, but he has to take higher risks in his activity.

The difference between the approach of the „machine model" and the dualistic human model is that, the patients feel more safe and they are more content with the healing process when it happens in the aspect of the dualistic human model. On the other hand the holistic healing models cover more detailed the complex aspect of the healing (this may be observed in the dynamic of the history of scientific healing). Regardless thus the healers political situation, it seems that recognizing the holistic aspect of the healing and the practical usage of the dualistic human model is a requirement of the healing knowledge that helps the healer to a perspective orientation in his activity and to be able to fulfill the legal claims of the patients.

The competition between the healing traditions

The competition among the healing traditions can be examined through phenomenon that are considered phenomena of the religious context, but they are also mentioned by the scientific medicine among the pathologies. Such phenomena are the so called spiritual and possession cases.

In these phenomena it is valid a simultaneous interpretation in the purely scientific and purely religious aspects. The explanations of the scientific healing do not fulfill the needs of the patient, but the religious explanation sometimes leads to tragedy. The two aspects are reflecting the competition between the two ideologies, where both of them attempt to attract the above mentioned

phenomena to its own area of competence. Drawing a line, there exists independently the archaic-esoteric obsession model. The representatives of these are in competition both with religious or scientific professionals.

The representatives of the religious, scientific and archaic-esoteric model consider their own ritual and technological competence to be the best suitable to socially set this phenomenon. The tragical events in the opposite context are used to strengthen and legitimate their own aspects.

There can be marked that behind the different aspect of the phenomenon there is a power rivalry, the pragmatic approach situation is compatible with the form of the technical interventions and the aggressiveness is kept under control. The reason why this approach is not applied is that the representatives of the different aspects can think only in groups with hierarchic structures.

The legitimacy-manipulative aspect of the slogans used in medicine

The groups representing different interests and values are trying to validate their own interests with false slogans, and this fact makes it difficult to understand the political and economic interests of the stakeholders interested in the healing.

The economic stakeholders are trying to make the healing alternatives impossible with scientific arguments. So the recognized scientific methods are assuming a character that is in favor of the big companies with economic power.

It is part of the business politics to ruin the credit of the alternative development. The therapeutic interventions with a technical aspect are enjoying an advantage with no foundation in front of the medical prescriptions regarding the change of lifestyle. The healer is taking less professional risks when he recommends a technically based therapy to the patient, than when he doesn't do it at all.

The vendition of the technical based healing methods on the market really exceeds their grounded necessity. The slogan, that health and human life worth more than anything is justifying the aggressive character of the selling.

The healers are trying to establish their financial existence using the political state of the healing, by the financial and professional responsibility. Using the slogans of scientific medicine they often refer to arguments that are scientifically outdated. These refer to the integrity and exclusive validity of the knowledge represented by the medicine, the ethical superiority of the medical profession and the insecurity of the alternative healing methods and the ethical inadequacy of the healers.

They enjoy the financial and state support of the industry by supporting the interests of the healing industry. On the other hand, the representatives of the alternative healing are using the

imperfection of the scientific healing to establish their own legitimacy. They are using the narrative language formulas in their practice, using fake arguments which can not be distinguished by a certain part of the society from the real scientific arguments.

The political policy makers and the state officials prefer those healing methods that emphasize the efficiency of their own activity. From this point of view research methods of the manipulated, partial and elitist medicine gives quite a strong legitimacy to their decisions. Those who aspire for power position use the arguments of the discontent patients to reach their interests.

The real meaning of the slogans applied in the healing is unveiled when it is correlated to the hidden aims. The consideration of the economic, professional and political interests points out the expected impact of the slogans. It has to be acknowledged that the groups with a role in the healing process are willing to prove their existential, economic and power based needs. They try to assure these interests with political regulation.

The evaluation of the thesis

For patient with a serious disease achieving the goal of his life can mean the victory in the battle with the fate. Logo-therapy is the specialty that deals accentuated with these problems. Because of the fact that life goal is something we can leave as a heritage, we must take care of it, not only to achieve it. The healing has to be appreciated also from the point of view of the life goal, and its aim is to give us back our capacity of performance. Accepting the healing does not mean the achieved life goal is not valid, to appreciate this it is necessary to be aware of how the healing process works. As a conclusion we can state that our diligence to support or change the world according to our values and principles, has to be in correlation with this great goal. This is our personal political activity, and this is the fund of our personal political commitment. The fact that achieving the goal of our life requires serious resources, so it will have an impact maintaining our existence. According to the above mentioned facts the thesis of the present research: *The commitment to our political ideas and values determines our existential decisions/choices* can be considered proven.

This coherency in the case of our existential decisions that appear after a serious disease may be pointed out at the patient, the healer and the political stakeholder.

The expectations towards the patient are not only outlined in the requirements of personal existence, but also includes the values of the groups the patient is part of. This conciliation presumes an obvious selecting process, and its controversial values are narrowing the frames. This fact leads to limitation of the possibilities that assure someone's existence.

The political stakeholder has to live up to his political role beside the interests and values of his ideology and identity. He has to keep in mind the adherence of state's roles and the needs of the electing citizens. The controversy between his own values and the expectations of the political function may lead to reduce the possibilities to keep his role. On the other hand the decisions with ethic aspect have an effect also on their own identity and the law of the society. Both of them have a restrictive aspect in accepting existential possibilities.

Possible opposite theses

The opposite the thesis - The political ideas and values have a significant effect on our existential decisions – it can be stated as „*the professional, economic and groups values, ideas and requirements have a significant effect on our existential decisions*”. Or as „*the values and interests belonging to our identity have a significant effect on our existential decisions*”. It can also be stated as „*the effect of our existential needs is significant on our existential decisions*”.

The concepts applied in alternative hypothesizes are organized in certain hierarchy in the psyche. In the motivational theory of Maslow the biological needs, that assure the biological preservation of our existence, become a priority for the person. Therefore the argument that these needs are put in the position of deciding factors seems reasonable. The human entity is not restricted to the subsistence, and the psychic function develops a more complex system. The superior needs include the existential needs, which are considered as a priority. The possibility self-sacrifice sometimes overwrites the survival instinct. So it is more adequate to perceive them in the complex psychic system of human.

The professional values, ideas and requirements are able to affect our existential decisions significantly, when they are integrated in our own existential values, or they are threatening our existential being.

It is obvious that the hypothesis opposal to the thesis can emphasize the 1) existential needs, 2) professional, economic and group interests and values, or 3) interests and ideas of the identity opposite the stated political ideas and values. The political ideas and values, as parts of a more complex mechanism are synthetizing the above mentioned dimensions. There can be affirmed that these factors are modulating our political commitment, by emphasizing it it, or supporting the subsistence or the achievement of the life goal.

By this way our thesis can be considered more established than the alternatives.

The evaluation of the applied research method

The methodology applied in the research has been drawing the necessary data and theses for its arguments from the relevant scientific-philosophical texts that explain the healing aspect. Due to my basic assumption, in the works of the authors that talk about the healing there can be recognized in explicit or implicit way the issues and arguments that represent the political dimension of the healing. These arguments are structured according to the ideology represented by the author, groups and of the ideas and interests of the own identity. Both the personal role, and the represented political trend can be identified and categorized.

For this end these texts provide a satisfactory foundation for mapping the politico-philosophical issues of the healing and for discussing it from various aspects as well. Where the given data have not discussed adequately the arisen issues, there was possible to rebuild and reconstruct a possible discourse that was upheld by the ideology supportive philosophical trend.

Among sources that were used there present works of medical history, the profession-critical philosophical works of the healers, and the publications of the actual medical researches.

At the end of my research I can pronounce that the goal of the paper was proved to be realizable with this methodology.

Personal contribution to examine the research area

The literature combining the healing-economics-politics is typically emphasizing the exceeded and distorted effect of the economic ethos and setting back the patient-doctor relationship as a core value in the healing process. In the present paper the interaction of the three fields were successfully interpreted, in a way that points out the issue of professional responsibility. The advantage of this is, that the patient – no matter what his role is in the complex system of the healing process – is able to look for information for himself according to a theoretical model. After becoming conscious of his own values and ideas, the patient can make an effort to achieve the position that makes possible for him to highly optimize his own values. At the same knowing the complex network time the system, the interests and the ideas the patient is able to interpret the actions of the other stakeholders, and to recognize their values and motivation.

In the system of expectations that affect the patient, he can recognize that only he is able to make the right decision according to his values and his life goal. And he can understand the hidden mechanisms of the mental and emotional obstacles that are manipulating his decisions.

The responsibility of the political stakeholder is also important, because he can not recline upon following his own values when fulfilling tasks and reverse expectations or finding the optimal compromises.

In fulfilling the mission of healing the healer has to be aware that adequacy with the quality criteria of the healing process assumes the reconciliation of the political regulation, the condition of the economic support, the patient's values and self-conscience. This reconciliation requires serious compromises, that affect his financial resources, identity and existence.

So in the research of the political dimension of the healing appears the issue of a complex responsibility that may be placed in an ethical dimension. The novelty of this stays in the fact that knowing the system does not flash only the obligations but also the opportunities.

Conclusions and the opportunities for a further research

According to the results of the research it is justified the intuition that the philosophical and structured examination of the political dimension of the healing can approach the problems and difficulties appearing in the healing process from a different point of view, they can be settled in a structured model and this may lead to workable solutions.

The personal liability of the characters may seem a cliché in the first moment, but this present study points out, that this means a strong foundation, that may lead to understand and to solve these phenomena.

As an independent research area, the philosophical analysis of the political dimension of the healing it is appropriate for understanding the different interests, value-systems and ethos connected in the process of healing.

These studies may have a significant effect on the career orientation of the healers, and decision-making work of the political characters and on the professions dealing with patients and informing them.

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