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THE EVOLUTIONARY MECHANISMS FOR TOLERANCE AND SOCIAL HUMANISM DEVELOPMENT IN EDUCATION AND MEDICINE: A POST-CAPITALIST DISCOURSE

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Abstract: The article is concerned with the substantive nature of late capitalism, which determines all spheres of social existence. It is clarified that neoliberal ideology forms a special type of socio-cultural relations, in which the politics’ technocratic nature disregards humanitarian and cultural aspects and doubts the very existence of the social. Under the circumstances of IT intensified development and real crisis of capitalism, the fundamental process of human-human interaction is ignored, consequently resulting in the loss of the human’s fundamental feature, that is, his sociality. Socio-philosophical research in modern realities is assigned to actualize the issues of spiritual production related to preservation of the social as the ontological essence of society existence in the future. Therefore, our paper aims to analyze the socio-productive function of education and medicine in the formation of a humanitarian and anthropological model of preserving social partnership and tolerance in modern society as opposed to the disappointing and disturbing experience of chronic social pathologies, medicalization and formation of the “remission society” model within the framework of capitalism.

The formation of a humanitarian and anthropological model of preserving the social consists in actualizing the evolutionary mechanisms for social humanism, which is the basic characteristic of the post-capitalist reality.

Keywords: post-capitalism, humanitarian and anthropological model, education, medicine, sociality, social partnership, tolerance, academic migration.

Introduction

A deep crisis of capitalism, which is exhausting the resources for development on a global scale

and accumulating internal contradictions, as well as numerous social, economic, and technological trends that indicate the emergence of fundamentally new social relations have actualized the re-

searches of post-capitalism and made this issue even more relevant and significant in view of modern conditions.

Many theorists, ideologists and public figures of our time are serious about a decline of capitalism and prospects of transition to a post-capitalist society. Among them, special attention should be paid to the researches by Paul Mason (2015), Nick Smicek and Alex Williams (2016), Jodi Dean (2017), Fredric Jameson (2008), Olena Obukhivska (2004), Enzo Rullani (2007), André Gorz (2010), Guy Standing (2016), Slavoj Žižek (1992, 2009), Gilles Deleuze (1990). Not only do the works of these scholars present a real renaissance of Marxism, thus activating the political struggle against the “left-wing trend”, but they also predict the emergence of a new society “without labor” with the prospects of “technological prosperity” and liberation of people from forced work, which will allow them to get engaged in free, creative activities. In their opinion, this trend can consequently result in the formation of cognitive, communicative capitalism or another more human type of reality, which is often positioned as post-capitalism. There are quite a lot of similar scenarios for the development of new social relations in the modern intellectual discourse.

In this regard, there arises a natural question of whether late capitalism is able to preserve social partnership, tolerance and sociality in general or the singular processes in capitalist society are already irreversible. Moreover, it is especially important to dwell upon this issue when the unprecedented war was unleashed on the territory of Ukraine, with the mechanism of “crude violence” launched, which returns humanity to an “animal kingdom” where the principles of force are more important than the principles of law (in his letter to Einstein, Freud (1993) emphasized on this issue responding to the question “Is there any way of delivering mankind from the menace of war?” (p. 4)).

Returning to our research topic, we cannot but recall the achievements of Wolfgang Streeck, who argued that since the 1970s, late capitalism has been characterized by an increase in the long-standing fundamental contradictions between capitalism and democracy. Giving our point of view, we would also add sociality, which was embodied in a kind of “gradual process that broke up the forced marriage arranged

between the two after the Second World War” (Streeck, 2014, p. 19), in which the formation of the social and the legal advanced successfully over several decades and led to an increase in the vital activity of the entire Western European space, with the countries of the post-Soviet space quite actively ‘fitting’ into it. But, depending on how “the legitimation problems of democratic capitalism turned into accumulation problems, their solution called for a progressive emancipation of the capitalist economy from democratic intervention” (Streeck, 2014, p. 19).

Thus, the mass foothold for modern capitalism has shifted from the sphere of politics to the market, which represents the mechanism of dominance in Western society of “greed and fear”, in the context of increasing separation of economy from mass democracy. Streeck describes this development as “the transformation of the Keynesian political-economic institutional system of postwar capitalism into a neo-Hayekian economic regime” (Streeck, 2014, p. 19).

The represented substantive nature of late capitalism constitutes and determines all the spheres of social existence in full accordance with its logic, the logic of capital. As shown by the reality, the progressive nature of capitalism (constant expansion and accumulation) has exhausted itself. At the same time, not all players in the geopolitical reality can claim for adequate harmonious development of the social, the economic, and the technological. The modern world is strictly hierarchized, and the ontology of increased poverty leads to total instability, geopolitical reformatting and spiritual catastrophe.

In the modern world, neoliberal ideology establishes a special type of socio-cultural relations, in which the technocratic nature of politics completely ignores humanitarian and cultural aspects and calls into question the very existence of the social. The active development of the Information Technology contemporaneity and real crisis of capitalism do not reckon with the fundamental process of human-human interaction, which leads to the loss of the human’s fundamental feature, that is, his sociality. All these have resulted in a range of negative social outcomes, which are accompanied by intensification of migration processes. Their intensity, conditionality, scale and geo-economic consequences present a serious challenge for countries all over the world, posing threats to national security. For

Ukraine of today, the problem of adopting effective measures to prevent and counteract the negative results of academic migration also remains unresolved, given its prerequisites, internal and external factors, and consequences, especially the impact of the war unleashed by Russia against the Ukrainian people. According to various estimates, more than 9 million people have already emigrated from Ukraine since February 2022, among whom a significant share is made of professors and scientists.

Therefore, the task of socio-philosophical research in modern realities is to actualize the problems of spiritual production associated with the preservation of the social as an ontological essence of the future society existence. And, of course, a huge responsibility in the process of preserving the social shall be assigned to the system of education and medicine as the institutional and social spheres fighting for the preservation of *the human*.

Therefore, *the aim of our paper* is to analyze the socio-productive function of education and medicine in the formation of a humanitarian and anthropological model of preserving social partnership and tolerance in modern society as opposed to the disappointing and disturbing experience of chronic social pathologies, medicalization and formation of the “remission society” model within the framework of capitalism. The formation of a humanitarian and anthropological model of preserving the social involves actualization of the evolutionary mechanisms for social humanism, which is a basic characteristic of the future post-capitalist reality. The core of modern socio-humanitarian state is man, his harmonious development, which includes an increase in the integral complex of human capital components: vital, intellectual and spiritual. In the post-capitalist reality, the economy should cease to be the goal; it should become a means of harmonious human development.

Education as a Mechanism for Shaping a Humanitarian and Anthropological Model of the Social

At any time and in any space, the existence of man does not occur automatically, in a given mode once and for all. Living in the original mode means to constantly behave in a human

manner, in the mode with such human phenomena as good, love, honor, reason. All of them only come into being on the basis of continuous human effort. In case such specific effort disappears, the human in man dissolves as well. It is the concern for preserving the human that represents the universal mechanism for changing human capabilities. This concern is shaped by institutional areas such as medicine and education, which are always culturally determined and socially significant.

However, the reality of the modern man existence contains some obvious signs of blurring the contours of human existence, its dehumanization and depersonalization, transformation into a commodity within the space of a mass consumption society. Using the term *nothingness* as a feature of the current situation, George Ritzer (2010) points out that the existence of modern society embodies “(largely) empty forms relatively devoid of distinctive content” (p. 574) of the social, which leads to the threat of destructing the human. At all times, living in the original mode meant showing courage: constantly overcoming the animality in oneself, “staying awake”, being responsible for life in this world and trying not to depersonalize oneself. It is this context, in which Nietzsche (2002) presents his philosophy of the human spirit, not the history of the masses.

According to Ritzer (2010), this process often occurs “dramatically”. In this connection, we would like to draw a particular attention to the dynamic and contradictory consequences of globalization, alleged nothingness of the social and cultural life of peoples, especially of those countries (nations), which do not belong to the core countries of the world system.

In the plane of social life organization, globalization resulted in a *mass society* with its trivial values of consumption and pleasure almost all over the globe. The capitalist economy is not only based on these principles, it needs to constantly reproduce them, dragging more and more people into the “consumer swamp” and “credit slavery”.

A vivid example of the capitalist principles penetration into the spheres uncharacteristic of them is the inspiration in medicine and education of the elements of glam culture as the main marketing principle of the modern capitalist system and the total *McDonalization* of the immanent

space of medicine and education. In this aspect, neither medicine nor education can be considered as systems of human and social capital. These spheres are losing their civilizational role as a mechanism for preserving and reviving the human, socially determined space, with preservation of health, healthcare, and education becoming increasingly dependent on the principle of economic centrism and business expediency. And, as Semyon Frank (1989) rightly noted, the so-called cultured man suddenly appears to be a delusive phantom. In such a reality, man can be found to be an unheard-of cruel, morally blind savage, whose culture is only manifested in one thing – refining and improving the means of torturing and killing the others.

However, this is not the scenario for the “cultured man” future; the portrait of a “delusive phantom” has already been painted and exists. This is what is proved by the mass practices of dehumanization of man and “commercialization of everything related to man” – the catastrophe has already struck the modern social reality.

Consequently, humanitarization of modern education is a necessity, the primary basis for harmonious civilizational development of mankind. Education and science represent the core and the most important resource for a qualitatively new stage in the development of civilization based on high-tech technologies (bio-, nano-, info-, electrochemistry, etc.). The process of humanitarian construction of the image of the mankind’s future sets the meaning of the society development with the leading role of man as a creator with adequate moral beliefs, value orientations, and creative abilities.

Focusing on the analysis of the objective reality formation of the post-capitalist future, which attends the content goals of modern university education and training in general, we should note that intellectual work and intellectual product in the form of knowledge cannot be accurately measured empirically and evaluated objectively, since the outcomes may only become evident in decades. The characteristics related to creativity, communication skills and self-organization skills of specialists are of particular importance in manufacturing an intangible intellectual product. First and foremost, these are flexible, soft skills of specialists, which are also essential constituents of professional competencies. These skills acquire a special value in the knowledge society,

actively integrating into the universal global processes of production and consumption, whereas being impossible to assess in an objective quantitative manner.

In this regard, the words by Victor Frankl about education in the modern world as a key institution for improving human capacities, within which man is given a possibility to find unique meanings, seem to be of utmost importance. Frankl (2014) argues that “...today education cannot afford to proceed along the lines of tradition, but must elicit the ability to make independent and authentic decisions” (p. 53). Consequently, the demand for creativity and ability to substantiate qualitatively new knowledge will only increase in university education. Therefore, a significant number of experts consider the need to enhance the role of socio-humanitarian knowledge in the higher education system to be obvious. In the discussions about the role of education in the modern world, we mainly address, as Jacque Fresco (2002) rightly notes, the development of critical, creative thinking, a semantic sphere of the individual as well as “straightforward redesign”, formation of a prosperity society – the one without “the age-old problems of war, poverty, hunger, debt, and unnecessary suffering” (p. 8).

In addition to humanization, the digitalization and technologization of university as an educational platform and extensive system of expert knowledge is a necessary process that can control the level of services and knowledge provided as well as ensure certain guarantees. At the same time, according to Yann Moulier-Boutang (2011), knowledge acquisition and scientific research in the university structure are combined and transformed into the leading force of the production process, receiving the name of “knowledge-based economy”, that is, an economy grounded on knowledge (p. 51). It is difficult not to agree with another statement of Moulier-Boutang that the economy of knowledge, innovation is always a collective product and project, a public good, so the new education paradigm has resulted from joint activities of people on social networks (Moulier-Boutang, 2011, p. 51). Thus, the establishment of modern humanization-oriented and effective university education should be based on information capabilities of the Internet to present and realize itself.

It is for this purpose that Taras Shevchenko

National University of Kyiv, Zaporizhzhia State Medical University, Ivan Franko Zhytomyr State University, Zaporizhzhia National University, and the Institute of Postgraduate Pedagogical Education as well as a range of other institutions of higher education have developed a holistic system of both training students in their professional activities and preparing them for adaptation to the changing social environment of the post-industrial era. Socio-humanitarian sciences, primarily philosophical disciplines, are considered to be the “methodological regulator” of social development. This regulator is presented by philosophical culture of individual, which is shaped and developed through analytics, criticism of knowledge, ideals, values, and norms of the culture of thinking in the day-to-day being of a student. The preservation of socio-humanitarian and philosophical disciplines in the educational discourse enables systematic shaping the man’s worldview as an ontological factor to guide human existence.

Not only has modern education acquired a significant number of the latest technological tools, which the student should learn to use in the optimal manner, the education is also becoming an important political, social and therapeutic technology itself. Therefore, teachers of socio-humanitarian and philosophical disciplines should take into account the need to use the latest technologies in order to avoid the disaster of global dehumanization. If socio-humanitarian disciplines get a chance for further development, provided that depersonalized technologies are used, they should be applied, at least, in order to turn students from passive observers and researchers into active creators of a new reality, in which Man will take the leading place.

The project for active development and implementation of philosophical and socio-humanitarian knowledge and, consequently, a new, more humane reality design is so relevant that it enables providing philosophy with a new innovative status, saving it from vain metaphysics and retransmission of outdated or extremely subjective politicized views. It will also enable intensifying the introduction of new interdisciplinary, inter-university projects which will allow us to practically implement modern methodological meanings of socio-humanitarian disciplines. The interdisciplinary project “Philosophy of Medicine” can be taken as an example to represent the

synthesis of philosophical and medical integral knowledge.

The vision of humanitarian education contributes to the expansion of man’s horizons, increase in the level of intelligence, spirituality, critical and creative thinking. The relevance of the development of the interdisciplinary project “Philosophy of Medicine”, which is being implemented in the inter-university space of Ukraine, is caused by the non-compliance of the existing disciplines to the demands of man and society, to the needs and modern innovative achievements, social prestige of education and intellectual activity. It is within the framework of sciences about man and for man, where new scientific technologies and discoveries can be applied. Accordingly, it is medicine, in which the role of the socio-humanitarian and philosophical component is quite significant (Utiuzh & Spytisia, 2020).

For instance, the social consequences of digitalization in medicine involve the change in the structure of the labor market of medical staff, primarily related to maintenance of the latest information platforms, which use the processing of Big Data. Telemedicine is already being actively implemented, and the practitioner’s workplace is turning into an electronic one. Therefore, understanding social changes in the healthcare system allows us to preserve and improve the main segment of medicine – doctor-patient relationship.

In the context of digitalization and Internetization, the excessive bureaucratization, which regulates the activities of specialists in the field of education and medicine, produces impersonality, dehumanization, and indifference. The very phenomenon of life under the influence of narrow-mindedness and bureaucratization is viewed as a “conveyor belt”, which should only increase the efficiency of the medical education structure functioning. At the same time, active use in the medical field of test tasks only results in destruction of mental activity, especially critical one. Unfortunately, as far as modern medicine is concerned, the protocol only regulates the work of a “mass doctor”, whereas personalized medicine focused on treatment of a particular person is not even discussed.

Such trends in medical education resemble the universal technology of *McDonalization of Social Spheres*. In the understanding of Ritzer (2010), the phenomenon of McDonalization is

not just the process of spreading fast food restaurants of McDonald's chain around the world, but, first of all, transforming the functional principles of this restaurant business into the basic principles of organizing the entire modern social life. These principles are based on the idea of searching for the most rational goals to achieve results, enabling Ritzer to describe the growth of formal rationality as a process of McDonalization of various spheres of social being, in particular the development of the healthcare sphere.

Problems of Transformation of the Modern Medical System: Dehumanization and Medicalization

The circumstances stated above necessarily affect the qualitative transformation of the healthcare system, and consequently, the concept of dehumanization has quickly penetrated into scientific discourse, in particular, in philosophical and socio-humanitarian sciences. In the process of defining the concept of dehumanization of man, we should address a whole range of socio-technological issues related both to the field of medicine and being of man in the modern world in general.

Recently, the Australian researchers Nick Haslam and Steve Loughnan (2014) conducted a comprehensive study of various dehumanization and infrahumanization theories, identifying a wide range of ways to conceptualize and demonstrate the perception of lesser humanness of some people towards others. In their paper, Haslam and Loughnan examined the goals, objectives, targets, motivations, and consequences of dehumanization. The problem of possible reduction of dehumanization was given special attention. Among various manifestations of dehumanization in society, the researchers focused on dehumanization of patients by exhausted doctors, viewing them as inert bodies. According to Haslam and Loughnan, patients feel that such a depersonalized approach in healthcare deprives them of their individuality.

As well, the researchers drew attention to the fact that dehumanization occurs not only in "killing fields and torture chambers". In their opinion, it was the theory of infrahumanization that became a major theoretical advance, as within its framework it was proved that dehumanization of

man can also occur in quite ordinary situations, e.g. in the interaction between patient and doctor (Haslam & Loughnan, 2014).

Combining different forms of dehumanization, Haslam and Loughnan (2014) identified some essential features of dehumanization: the tendency of some people to perceive others based on hostile and disagreeable characteristics, emotional aversion to unfamiliar persons, a belief in human supremacy over animals, social disconnection and deficient empathy, given the link to autistic traits (p. 411). As far as dehumanization at the patient-doctor level is concerned, its key factors can be emotional aversion to unfamiliar persons and deficient empathy of the doctor. However, we should remember that exhaustion of the doctor, his/her emotional burnout and prolonged stressful situations can also play a significant role in the processes of the patient's dehumanization.

In the context of studying the elements of dehumanizing attitude towards patients in the situation of the medical space technologization, the study of an international group of scientists led by Eva Diniz and Paula Castro, dedicated to elucidating the role of class affiliation in the process of dehumanization of pain perception, is of particular interest. The researchers concluded that given the lack of research on the class-based dehumanization in health, it can be concluded that people of lower socio-economic status (SES) tend to be more dehumanized in healthcare. These conclusions were made by scientists based on the analysis of the process and results of treatment by nurses of lower SES patients, during which such patients were given different recommendations regarding the process and prospects of treatment compared to higher SES patients. The reasons for this difference were the dehumanizing conclusions made by nurses about the pain manifestations of patients depending on their different socio-economic status. Female patients of average SES were perceived by nurses as unique sociable autonomous individuals who had positive prospects for the course of the disease and could independently manage pain in a competent manner. In contrast, female patients of lower SES were considered by nurses as able-bodied and those who had less positive prospects for the course of the disease (Diniz et al., 2020).

According to the Polish researcher Alicja Głębocka, another aspect of dehumanizing per-

ception of patients in modern society is the impact of stressful situations on the activities of medical staff. The author defines dehumanization as “aggressive behaviors which offend people’s dignity” (Głębocka, 2019, p. 97), points out that dehumanization processes affect the interaction between medical professionals and patients, patients’ well-being, and their capability of following medical recommendations. Głębocka (2019) argues that attributive signs of dehumanization involve infrahumanization as a process of dehumanizing, perceiving patients as nonhuman beings, compassion fatigue, and stress. Thus, the researcher concludes that exposure to stress of healthcare professionals has the greatest impact on their cognitive assessments of patients, causing dehumanization of their image. These research results enabled the conclusion that reducing the level of stressful situations in the activities of medical staff is the basis for reducing dehumanizing practices in the medical field.

Another research conducted in 2017 by a group of scholars headed by Dimitra Lekka analyzed the processes of dehumanization and self-dehumanization of patients with psychosis and organic diseases based on the sample of patients from Athens. According to the research results, the patients hospitalized with psychosis disorders and organic diseases did not perform mechanistic and animalistic dehumanization of themselves. Still, the research found that states of anxiety and obsession contributed positively to their mechanistic dehumanization and affected negatively the processes of their mechanistic self-dehumanization. It was proved that the level of the patients’ mechanistic dehumanization is affected by the level of stress and obsession. Thus, the researchers conclude that these processes should be taken into account while training medical specialists so that they can level dehumanization and self-dehumanization the patients resort to as a defense reaction to the stress of hospitalization (Lekka et al., 2022).

In the study conducted by Monica Kwande, Sanne Angel and Anne Nielsen, the processes of dehumanizing patients in intensive care units are associated with experiences of discomfort, loss of control, and surreal experiences. On the basis of the results analysis of multiple researches from Spain and Brazil, the scholars conclude that the processes of patients’ dehumanization in intensive care can be overcome through a holistic

approach with a greater emphasis on individual patients, their relatives and social context (Kvande et al., 2022). These positive practices should lay the basis for humanization of intensive care, primarily as regards the attitude of nurses and other medical professionals to patients.

In general, we understand dehumanization in medicine as a large-scale and steady process of blurring the system of traditional humanistic values of medical activities, which are reduced to the departure of doctors and medical institutions from the established norms of morality. Simultaneously, professional values are reassessed, with deviations from the principles of honor, duty and accountability to one’s conscience for oneself and others. All these occur under the influence of further technologization, digitalization, and robotization of medical practices.

Alongside with these processes, the paternal relationships in medicine are undergoing a qualitative change. In the system of doctor-patient interaction, the autonomy of patients, who form “self-care” using all the information available, is beginning to come first. Therefore, it is clear that the professional worldview of future medical workers should change towards establishing partnership relations between doctor and patient.

The importance of partnership relations in the patient-doctor interaction is proved by the results of the National Survey *Health Index Ukraine – 2019*. According to it, in terms of evaluating the quality of outpatient care, treatment efficacy naturally remains the most important aspect for Ukrainians, as stated by 78.6% of respondents. Number two is the opportunity to undergo free-of-charge diagnostic work-up, lab tests and treatments (46.3%). However, the third and fourth place were taken by the criteria related to partnership at the doctor-patient level: clarity of doctors’ explanations to patients (23.3 %) and doctors’ manners in communicating with patients (22.3%) (Barska, 2020, p. 40).

However, according to the statistics, the healthcare system of Ukraine is not changing actively. In Ukraine, the lack of opportunities for the transition to partnership relations at the patient-doctor level can be explained by a significant distrust of the state healthcare system. Thus, according to the results of the National Survey *Health Index Ukraine – 2019*, the main barriers for Ukrainians to getting medical care were as

follows: the tendency to self-medicate, since they knew their symptoms as they already had experience treating them before (47.7% of respondents); 29.3% of the surveyed hoped that their disease will subside on its own; 18.0% were stopped by long waiting lines, and 17.7% were limited by expected high treatment cost. However, 17.5% did not seek care because of lack of trust towards healthcare workers (Barska, 2020, p. 27).

Lack of trust towards the healthcare system has resulted in the fact that modern, progressive methods of maintaining health focused on establishing a healthy lifestyle rather than treating diseases are not implemented both by healthcare institutions and the majority of patients. In most countries of the world, healthcare institutions are not interested in healthy people. This is despite the fact that the new European philosophy, Philosophy of Enlightenment, contributed to the shaping of a humane attitude towards man, taking care of his interests and needs. In this paradigm, health rather than disease was chosen as the starting point.

However, in a vast majority of countries all over the world there is another path dominating in modern medicine – focusing on treatment of diseases of the bodily origin. Consequently, pathocentrism is still reigning over healthcare. The “cult of disease” affects adversely the formation of medical professionals, giving a one-sided idea of the relationship between the disease and the patient’s lifestyle. In modern medical practice, when training doctors, the main focus is on the etiology, pathogenesis and diagnosis of various painful conditions of the body. This approach of modern medical education inevitably shifts the emphasis from the paradigm of “treat the patient” to the false paradigm of “treat the disease”.

The next aspect, which represents dehumanization of the treatment process in modern medicine, is associated with the accelerated development of scientific and technological progress and technological innovations in the field of preserving human health. It is dehumanization of medicine which is brought into correlation with “super-specialization” of medical knowledge, instrumentalism that replaces clinical thinking, depersonalization in the doctor-patient relationship, psychosomatic dualism, and standardization of somatic, physiological and mental parameters in

clinical discourse.

There is no doubt that the innovative methods of diagnosis and treatment help doctors in clinical practice. However, there is one detail we cannot but stress on, that is the loss of the art of communicating with patients, since at a certain stage, modern technologies have allowed doctors to distance themselves from the patient’s personality, which is “replaced” by a cardiogram, tomography image, and test results.

Conclusion

In the context of innovative and technological growth we have seen in recent decades, humanization and humanitarianization of the educational environment in general and medical education in particular is of a paramount importance. At the same time, in educational and medical activities, there is an urgent need for educating and forming scientists who are able to think critically, take non-standard and creative approaches to solving tasks, and create something qualitatively new. The transformation of the medical education sphere lies in the paradigm of the need for cognitive communicative capitalism, post-capitalism, as a more humane type of reality, with the principle of universal care for preservation of human health being its key mechanism.

The introduction of utilitarian practices in medicine and medical education, focus on technology and business expediency have resulted in the dehumanization of patient and are adversely affecting the relationship between doctor and patient. Consequently, more and more people believe that doctors are cynical, indifferent people who disregard the patient while performing their professional duties.

The socio-philosophical understanding of education and modern science, in particular medicine, contrasts with the economic dimension image of the scientific and technological progress, in which fundamental knowledge is devalued, and the role of the instrumental product of science, only considered as a commodity, is absolutized. Therefore, there arises the need to maintain the humanitarian plane of scientific knowledge and social practices. For instance, such a phenomenon as academic migration is a complex process of personal and professional development, in which the individual is constantly faced

with the challenges of coping with dynamic life situations, thus actualizing a wide range of specific skills, namely: a capability of intercultural communication, ability to think in terms of tolerance, distancing himself/herself from any manifestation of discrimination as well as capability of self-reflection, existential openness, etc. Currently, the increased migration of Ukrainians abroad, mainly caused by the adverse trends in the national socio-economic sphere development as a result of the war, has become a challenge to the security of the state, which is losing human capital at enormous rates. Intellectual migration processes are particularly threatening. Without a proper level of intellectual resources, no country has a chance to implement successful modernization, thus approaching the pace of development of the world's leading countries. In order to successfully overcome the negative consequences of the processes of "loss" of sociality in modern society and with a view of preserving and developing intellectual capital in Ukraine, a system of effective measures should be elaborated and implemented. Humanization of education and medicine is among them, accompanied by reducing various forms of dehumanization. In particular, dehumanization of medicine is understood as a large-scale and steady process of blurring the system of traditional humanistic values of medical activities, departure of doctors and medical institutions from the established norms of morality, deviations from the principles of honor, duty and responsibility. The processes of dehumanization in the doctor-patient relationship can be seen in perceiving others based on hostile and disagreeable characteristics, emotional aversion to unfamiliar persons, deficient empathy of medical workers, their exhaustion and emotional burnout, prolonged stressful situations, etc. Also, dehumanization of medicine is correlated with "super-specialization" of medical knowledge, instrumentalism that replaces clinical thinking, depersonification of the doctor-patient relationship, psychosomatic dualism, and standardization of somatic, physiological and mental parameters in clinical discourse.

The humanization of medical education should go along with shaping the need to convince medical workers to depart from focusing on the etiology, pathogenesis and diagnosis of various painful conditions of the body, which further results in shifting the emphasis from

"treating the patient" to the false paradigm of "treating the disease". The introduction of humanization elements in medical education should take place through actualization of the knowledge economy as a collective product and project, which results from joint purposeful activities of people. In addition, digitalization and Internetization of both medical professionals' work and education should be realized primarily through the introduction of Big Data processing technologies and spread of telemedicine.

In order to eliminate the practices of patients' dehumanization in the medical field, the actualization of the social and cognitive function of philosophy as a humanitarian discipline can represent an important mechanism, which shall contribute to formation of humaneness and, in a broad sense, of spirituality both at the individual and social levels of existence. In this regard, the introduction of a new humanitarian discipline, Philosophy of Medicine, and other interdisciplinary or transdisciplinary projects is in great demand in medical education. It is specialists in Philosophy of Medicine who are able to develop and implement a synthetic methodology, creating inter-, trans-, meta-paradigm disciplinarity, with creative and critical thinking along with the capability of departing from clichés and standard constructs of science being key competences of these professionals. It is them who should contribute to the correction and rational design of new humanitarian and anthropological technologies in the medical field, thus shaping the socio-humanitarian space of the future.

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