

**HUMANISM AND HEALTHCARE:
AN EXPLORATION.**

By

PETER OSIMIRI, PhD.

Associate Professor

Department of Philosophy

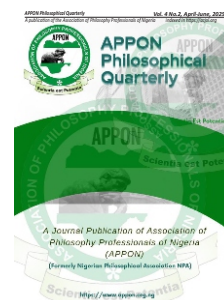
University of Lagos

Email: posimiri@unilag.edu.ng

Phone: 08147788881



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**ABSTRACT**

The paper examines the interface between the philosophical doctrine known as humanism and contemporary healthcare delivery. It argues that while humanism and medicine historically lay a common emphasis on the centrality of humans and their wellbeing, with the increasing technocratisation of medical treatment and patient overload, contemporary medicine is steadily experiencing an erosion of its humanistic ethos. With the aim of rehumanizing contemporary medical practice, the paper explores diverse definitions of humanism to spotlight its commitment to the values of human dignity and develops the concept of medical humanism as an approach to physician-patient relations. It shows how medical humanism stresses the importance of empathy, patient-centeredness, and shared decision-making, in contrast to institutionalised, evidence-based medical practice. Further, the paper contrasts the biomedical model, founded on in physicalistic monism and mechanistic understanding of the human person, with a dualistic framework that recognizes man's physical and psychological dimensions. This more nuanced perspective underpins holistic care and encourages physicians not only to address physical disorders but also the social, emotional, cognitive aspects of illness. Adopting the methodology of conceptual analysis and exegetical interpretation, the paper identifies a precipitous decline in humanistic values within contemporary medical practice and proposes reforms, including stronger emphasis on humanistic training, revised admission criteria that privileges the virtue of empathy, and improved working conditions for medical professionals.

Keywords: Humanism, Healthcare, medical practice,**Introduction**

A casual acquaintance with the idea of humanism and the central norms of the Hippocratic Oath administered to doctors in ancient times at their official initiation into the medical profession immediately suggests that there is some *prima facie* connection between the humanistic attitude and the ideals of medical practice. The Hippocratic Oath in particular, on the one hand, required that doctors refrain from engaging in any activity that is capable of harming the patient. On the other hand, they

are expected to relentlessly pursue courses of action that will bring benefit to their patient. In other words, the medical enterprise is ultimately about the patient whose interest ought to remain at the centre of the doctor-patient relations. The emphasis on the primary importance of the well-being of the human being represents the point of intersection between humanism and healthcare delivery. Thus, from its inception a certain form of humanism accompanied the practice of medicine. Lewis hints at this humanism when he refers to the importance

of having “physicians who are able to express themselves clearly, listen attentively to their patients” as well as capable of exhibiting “compassion and strong bedside manners.”¹ In the modern parlance, the relationship between humanism and medicine find expression in phrases such as *medical humanism*, *holistic medicine* or *humanistic medicine*. Medical humanism is often contrasted with a competing orientation in medicine known as evidenced based practice. While the medical humanism orientation “seeks to understand the patient as a person, focusing on individuals values, goals and preferences with respect to clinical decisions, in contrast, the evidence-based practice orientation aims to put medicine on a firm scientific pedestal by “evaluating the best available data and developing “clinical guidelines designed to standardize procedures and therapies.”² A major difference, therefore, between medical humanism and evidence-based approaches to healthcare is that while the former is attentive to patient’s preference/values in order to provide customized medical care, the latter focuses on scientific data and the cumulative experience in medicine to deliver standardised therapies.

In what follows I will provide a more detailed conceptualisation of humanism, develop its relation to healthcare by focusing on the idea of medical humanism. This would provide the spring board to examine the metaphysical underpinnings of medical humanism and the degree to which contemporary medicine has remained faithful to its humanistic commitments. In

the final part, I discuss how medical practice today could regain and deepen its humanistic edge in the service humanity and the sustenance of human flourishing.

What is Humanism?

Defining humanism is a peculiarly difficult endeavour because there is no universally acceptable or univocal conceptualization of the idea. Radest, for instance, has noted that a Google search of the “definition of humanisms” will result in over a million entries while a search of “humanism” will throw up something close to seven million entries.³ The idea of humanism is further compounded by the facility with which it could be qualified by a multiplicity of adjectives. Oyedokun has, for an example, highlighted a number of forms humanisms that can be found in the literature. These include literary humanism, Renaissance humanism, cultural humanism, philosophical humanism, religious humanism and secular humanism.⁴ Having noted the complexity of the concept of humanism, we must, however, proceed by examining a number of definitions that underscore in a general sense the meaning of humanism.

Radest defines humanism as naturalistic philosophy of living based on freedom, responsibility and rationality of human beings; a celebration of human creativity lived in the awareness of human finitude.⁵ For Sartre “humanism is a theory which upholds man as the end-in-itself and as the supreme value”.⁶ Lee (518) provides us with a lengthy but enlightening characterisation of humanism. According to him, humanism

¹ D. Lewis, “Humanism and the Art of Medicine.” *Momentum* 1.2 (2012): 1-11.

² P. Hartzband, and J. Groopman, “Keeping the Patient in the Equation — Humanism and Health Care Reform” *The New England Journal of Medicine* 36.16 (2009): 554-555, DOI:[10.1056/NEJMp0904813](https://doi.org/10.1056/NEJMp0904813)

³ Howard B. Radest, “Humanism as Experience”. *What is Humanism and Why Does it Matter* (ed) Pinn B. Anthony (New York: Routledge, 2013):1-27.

⁴ A. Oyedokun, “Between Humanism and Humanitarianism: A Need for Clarification”. *Humanism, Existential Predicaments and Africa: Essays in Honour of Olusegun Oladipo*. (ed) Francis Ofor, and Adeyemi Ademowo, (Ibadan: Hope Publications, 2014): 121-129.

⁵ Howard B. Radest, “Humanism”. *International Encyclopedia of Ethics*. Ed. Roth K. John. (London: F & D Publishers, 1995):411-413.

⁶ J.P. Sartre, *Existentialism is Humanism* Trans C. Macomber, (New Haven: Yale University Press, 2007): 51. Although Sartre ultimately dismissed this definition, it captures a very essence of humanism.

refers to:

An approach to understanding a living in the world focused first and foremost on humans rather than on nature. Although individualistic, never organized as a movement and highly variegated, including religious and non-religious forms, humanisms have exhibited various combinations of freedom and responsibility, learning and observation, reason and values.⁷

To take one more definition, the American Humanist Association says humanism is a progressive life stance that, without theism or other supernatural beliefs, affirms our ability and responsibility to lead meaningful, ethical lives capable of adding to the greater good of humanity.⁸

It is clear from the foregoing that rather than humanism we should be talking about humanisms. One thread that runs through all the different incarnations and definitions of humanism and which is germane for our discussion of medical humanism is the idea that humans possess supreme value and dignity and therefore the greater good of humans and their flourishing ought to be the primary pursuit of earthly existence. Or as Lamont sees it, humanism demands that we render joyous service for the greater good of all humanity.⁹ In essence, “man must be the point-of-care, the thing-of-focus, and the centrepiece of our attention.”¹⁰ This centrality of man in the scheme of things as advocated by the humanist philosophy is expressible in the diverse areas of human endeavour. Thus, we can speak of humanistic education, humanistic politics, humanistic science, humanistic literature,

etc. Applied to healthcare, humanistic medicine or medical humanism takes seriously the need to deepen the empathic connection between the patient and the physician with the aim of delivering fully-orbed, qualitative clinical care. With these prefatory remarks, we may now proceed by shedding more light on medical humanism.

Understanding Medical Humanism

Medical humanism, in general, points to an approach to medicine in which the deployment of medical science is accompanied by a patient-centeredness which is expressed by the physician’s warm disposition and caring towards the patient. This orientation radically departs from the conventional paternalistic approach in which the physician assumes the toga of a detached expert who authoritatively tells the patient what has to be done without factoring in the patient’s preferences and desires. Medical humanism substitutes paternalistic doctor-patient relationship with a form of partnership, a shared decision-making model which requires that the physician “provide the patient and family with the full range of information about the problem so that they can...make an informed decision about how to proceed.”¹¹ Thus, the patient is not viewed as a passive object to which treatment is to be administered but as an active participant who contributes to the decision about the choice of treatment.

Graber and Kilpatrick succinctly capture the idea of medical humanism when they described it as a professional orientation that “focuses on patient and family needs and interest through quality healthcare, empathy, advocacy, and dedication.”¹² This presupposes the abundant supply of medical professionals who naturally possessed these virtues or who have internalised the virtues

⁷ Richard Lee, “Humanism.” *International Encyclopedia of Social Sciences*. (ed) Darity William (New York: Cengage, 2008): 517-519.

⁸ American Humanist Association. Retrieved from americanhumanist.org. on 09, April, 2018

⁹ Corliss Lamont, *The Philosophy of Humanism*. (New York: Humanist Press, 1997)

¹⁰ Steven Lange, “Is Medical Humanism Humanism?” Retrieved from <https://in-training.org/medical-humanism> on 20 April, 2018

¹¹ P. Hartzband, and J. Groopman, “Keeping the Patient in the Equation,”:552.

¹² D Graber and O. A. Kilpatrick, “Introduction to the Symposium- Humanism in Healthcare Management.” *Journal of Health and Human Services Administration* 31.4 (2009): 405-411.

in the course of their medical training. The humanistic physicians typically exhibit “attitude and actions that demonstrate interest in and respect for the patient, and that address the patient’s concerns and values.”¹³ Similarly, the humanistic healthcare organization will have a strong focus on delivering quality healthcare, will exhibit caring towards its clients and foster positive interpersonal relationships between patients and all members of the organization.”¹⁴

The common denominators that run the through the diverse characterization of medical humanism are the notions of “caring”, “respect for the patient” and “patient-centeredness”. The question is why does humanistic healthcare delivery puts so much emphasis on these values? One response to this question would be that there is a strong connection between a group’s metaphysical assumptions and their axiological orientation. The Hindu’s belief in reincarnation and transmigration of souls, for instance, is the reason why most Hindus subscribe to vegetarianism.¹⁵ To understand the axiological commitments of medical humanism, therefore, it would be helpful to examine its underlying metaphysical assumptions about the nature of the human person, medicine and disease.

Metaphysical Basis of Medical Humanism

To flesh out the metaphysical assumptions behind medical humanism, this section draws heavily from Marcum’s book which is titled *Humanizing Modern Medicine*.¹⁶ Marcum sets out by making a fundamental distinction between two models of medicine

coexisting in the US and most other modern states, namely, *the biomedical* and *the humanistic models*. The biomedical model emphasises the biological determinant of ill-health and “explains disease as condition caused by external pathogens or disorders in the functions of organs and body systems.”¹⁷ The humanistic model, on the other hand, as have been explained severally in this presentation refers to “medical practice that focuses on the whole person and not solely on the patient’s disease.”¹⁸ The metaphysical principle underlying the biomedical model, according Marcus, is mechanistic monism which simply states that that there is but one fundamental reality.¹⁹ For the monist, the one fundamental reality could either be matter or mind or some combination of the two. For the biomedical model the one ultimate reality is matter and all its divergent incarnations. Thus, a basic metaphysical assumption of the biomedical model is physicalism from which flows the idea that ill-health has its origin in some physical disorder.

In addition to physicalistic monism, the biomedical model of medicine has a mechanistic dimension, which implies that, a person, and by extension the patient, is a whole consisting of parts which relates to each other in a systematic manner. Based on the idea of physicalistic monism, the biomedical views the patient as a human machine with a collection of parts which perform specific functions aimed at the well-being of the whole.²⁰

In contrast to the biomedical model, humanism subscribes to a different set of assumptions all together. Humanistic medicine operates by the metaphysical

¹³ Rachel Katz-Sidlow, 225 “The ‘Sick Visit’ (Bikkur Holim): A Model for Medical Humanism”. *The Tora U-Madda Journal* 11 (2002-3):224-237.

¹⁴ D. Graber and O. A. Kilpatrick, “Introduction to the Symposium”

¹⁵ S. Tharoor, *The Hindu Way: An Introduction to Hinduism* (New Delhi: Aleph, 2018)

¹⁶ James A. Marcum, *Humanizing Modern Medicine: An Introductory Philosophy of Medicine*. (New York: Springer, 2008)

¹⁷ Mladen Lucanin Jasminka Havelka and Damir Lucanin, “Biopsychosocial Model”

¹⁸ M.A. Schwartz and O.P. Wiggins, “Scientific and Humanistic Medicine.” *The Task of Medicine: Dialogue at Wickenburg*. Ed. White, K.L Menlo Park, CA: Henry J. Kaiser Family Foundation, (1988): 137–171.

¹⁹ Degobert Runes, ed., *Dictionary of Philosophy* (New Jersey: Littlefield Adams & Co., 1962)

²⁰ James A. Marcum, *Humanizing Modern Medicine*: 19

principle of dualism, the position that reality is composed of two distinct and separate entities.²¹ The entities in question here are the body and the mind. According to Descartes who is easily the most popular defender of dualism, the mind is a non-physical, thinking substance (*res cogitans*), while the body is a physical, spatially extended entity (*res extensa*).²² Though these substances are radically different, and not reducible to one other, Descartes argued that they interact with each other.

The implication of dualism for humanistic medicine is quite evident: medical practitioners must practice holistic medicine, according to which the causes and the cure for illness could emanate from a multiplicity of sources which would include physical disorder (as held by the biomedical model) as well as cognitive and emotional disturbances. This is how Marcum captures part of the implication of dualism for humanistic medicine:

... for many humane practitioners, the body and mind are complementary aspects of the patient and both must be considered when making a diagnosis or choosing a therapy. For the patient's illness may be more than simply organic but may also include the psychological and the informational.²³

In medical humanism, the physician brings to medical practice a gaze that goes beyond the body to cover the cognitive and the emotional dimensions of the mind as well as the "patient's environmental and social or cultural context."²⁴

Irene Switankowski's article titled *Dualism and the Importance for Medicine* identified four benefits of adhering to

interactive dualism that informs medical humanism. Two of the benefits shall be examined. First, she notes that interactive dualism leads to a form of medicine that focuses on treating the whole patient.²⁵ According to Switankowski the biomedical paradigm operates on an account of medicine which by treating man as a machine abstracts the body from the self and thereby undervalues the personhood and the integrity of the patient.²⁶ Interactive dualism avoids this problem; because it posits an intimate connection between the body and the mind, making it possible for the "physician to take the whole patient into consideration."²⁷

A second benefit of interactive dualism is that it enables the humanistic physician to treat the "lived experience of illness". If illness is conceived as a diseased state of the body as assumed by the biomedical model, the physician would concentrate on curing the body by the use of drug or surgery. From a dualistic, humanistic framework, however illness is conceived as a "lived experience" that could potentially affect or disrupt the patient's life. Treating the "lived experience" of illness in the words of Switankowski:

presupposes that the physician pay particular attention to the psychological and physical disturbances caused by the patient during illness. It is essential that the physician shifts his/her focus from the objective features of disease to the subjective, personal features of the illness during the clinical encounter. Many times the physician will have to reassure the patient by giving him/her confidence to endure and persevere the symptoms of the

²¹ James A. Marcum, *Humanizing Modern Medicine*:20

²² James A. Marcum, *Humanizing Modern Medicine*:20

²³ James A. Marcum, *Humanizing Modern Medicine*: 20

²⁴ James A. Marcum, *Humanizing Modern Medicine*:20

²⁵ Irene Switankowski, "Dualism and the Importance for Medicine." *Theoretical Medicine* 21 (2000):567–580.

²⁶ Irene Switankowski, "Dualism and the Importance for Medicine.":574.

²⁷ Irene Switankowski, "Dualism and the Importance for Medicine.":574.

illness, and by helping him/her gain the strength to resume his/her normal daily activities and long and short term projects.²⁸

From the foregoing, we could clearly infer the connection between the metaphysical assumptions and the normative commitments of medical humanism. By virtue of its attentiveness to the complexity of man and all the elements and factors that could be at play when he is sick, the humanistic physician would not narrowly focus on curing diseased bodies. Instead, he/she would deploy a host of strategies that address the various aspects of illness and healing. This is why virtues such as empathy, listening, communication, humility, good bedside manners and respect for patients are central to the practice of medical humanism. The commitment of the humanistic physician to treating whole person requires, and is context sensitive, to patient centeredness. It invariably leads to certain categorical imperatives about the appropriate ways to treat and not treat a patient. It is not surprising therefore humanistic physicians regard their relationship with their patient as an ethical one, demanding the display of empathy, compassion and kindness.

The Loss of Medical Humanism

Given the portrait of medical humanism painted so vividly above, it would appear that the infusion of humanistic values into medical practice would deepen and enrich the doctor-patient relationship and ultimately enhance the quality of care and healing. In recent times, however, there has been a volley of complaints from within and outside the medical community about the

rapid erosion of the humanistic touch in contemporary medicine. The complaints here is that although the remarkable advances in medical technology has resulted in medical “miracles”, the delivery of medical care “has become more institutionalized and depersonalized.”²⁹ Graber and Kilpatrick laments over how the healthcare in the US has “descended into the abyss of officiousness and impersonality, lacking in human warmth and caring that should be integral to the delivery of healthcare.”³⁰ Dr Lori Arviso echoes the same concern when he bemoans how medical tutelage in the US has come under the leadership of a group of “physicians who placed much more emphasis on their technical abilities and clinical skills than on their ability to be caring and sensitive.”³¹ The rise of medical technology and the overrating of technical abilities, according to Marcum, have precipitated a big quality-of-care crisis in contemporary medicine.³² The gradual loss of medical humanism is not, however, exclusive to the US or other highly technologically advanced countries of the world. Beyond the technocratisation of medicine other factors such as patient overload, physician burn out, and a medical training that prioritises competence over patient centeredness are implicated in the dehumanisation of the physician-patient relations. Only recently the Nigerian government had to ban medical doctors from private practice apparently because that leaves the doctors with less time to attend to the patients in public hospitals.³³ Beyond this, it is well-known fact that physician working in public hospitals in Nigeria are overwhelmed by patients’ overload and therefore highly predisposed towards burnout. It is quite instructive that in a 2018 study on patients’ perception of quality of

²⁸ Irene Switankowski, “Dualism and the Importance for Medicine.”:575

²⁹ James A. Marcum, *Humanizing Modern Medicine*: v

³⁰ D. Graber and O. A. Kilpatrick, “Introduction to the Symposium”: 405

³¹ Lori Arviso, quoted in Richard Shaefer, *Sociology* (New York: McGraw-Hill, 2001): 483

³² James A. Marcum, *Humanizing Modern Medicine* :405

³³ J. Agbakwuru “Why FG Banned Medical Doctors from Private Practice.” *Vanguard*, 12, Oct. 2017.

care in the Federal Capital Territory (FCT) that FCT doctors scored the least in the domain of humanism.³⁴

Promoting Medical Humanism.

If it is correct as have been argued in this paper, the infusion of humanism into the contemporary technologically-driven healthcare system, which have become the norm around the world today, will enrich the practice of medicine. And if it is the case that the virtue of empathy and the ability of doctors to be patient-centred are eroding due to the inundation of medical technology and patients' overload, the question that becomes germane at this point is what is the way forward? How do we ensure that humanism becomes a major driven force in contemporary medicine? A number of proposals will be critically examined as this essay draws towards its conclusion. First, is that medical schools should be careful to recruit students with a strong humanistic orientation. The prevailing wisdom and conventional practice amongst medical schools is to select students with the best scholastic and highest standardised test scores. Increasingly, however, there have been calls for a more humanistic and compassionate care which requires that while not discarding the premium on high scholastic achievement, medical school admission procedures should put greater emphasis on assessing "applicants' humanity and empathy."³⁵ The question that arises, however, is how objective test of empathic disposition of candidates for medical school can be carried out? Riess has pointed out for instance that the admission procedures for candidate aspiring to study at the University of McMaster Medical School involves newly developed multiple-mini interview requiring applicants to "interact with simulated patient who present

interpersonal challenges to the applicant"³⁶ The problem with this approach is that when the multiple mini interviews become the norm, and a conventional part of admission procedures into medical schools, soon future applicants will learn how simulate empathy and compassion.

A second approach to ensuring that the humanistic orientation informs modern medicine is to put a strong emphasis on humanistic training. Assuming medical schools manage to recruit students with traces of humanistic disposition; such humanistic position certainly could be reinforced and strengthened by a robust medical humanities curriculum. While not neglecting the biomedical aspects of medicine, a strong humanistic curriculum will encourage the development of empathy, interpersonal skills and generally the ability of the physician-in-training to connect deeply with their patient. Unfortunately, even when the curriculum reflects a strong humanistic dimension the contemporary medical environment works to undermine humanistic dispositions. In the pre-clinical years for instance, the formal teaching of pathophysiology and molecular biology, which reduces the human to a quantifiable unit tends to displace the students initial understanding of metaphysical understanding of man.³⁷ Apart from this, the increasing population of patients, poor working conditions and the popularization of "managed care models which place greater premium on "productivity and efficiency" raises the stress level of physicians, predisposing them to burnouts.³⁸ It would appear then that in medicine, a strong humanistic training is necessary but not sufficient guarantee for medical humanism. A study of metaphysics which emphasizes the composite nature of man will be expedient in sensitising physicians to

³⁴ B. Lawal, S. Agboola, Q. Bola-Lawal, M. Afolabi and E. Ihaji, "Patients Satisfaction with Care from Nigerian Federal Capital Territory's Public Secondary Hospitals." *Journal of Patient Experience* (2018):1-8.

³⁵ Helen Reiss, "A Proposed Sea Change in Medical School Admissions: Humanism Was Lost With the Rise of Technology, But It's Time to Get It Back" retrieved from <https://www.huffpost.com> on 17, April, 2018

³⁶ Helen Reiss, "A Proposed Sea Change in Medical School Admissions": 2

³⁷ Rachel Katz-Sidlow, "The 'Sick Visit' (Bikkur Holim): 225

³⁸ Rachel Katz-Sidlow, "The 'Sick Visit' (Bikkur Holim): 226.

the need to deliver holistic care to their patients. In addition, the authorities must provide excellent working condition, more leisure time and financial incentives to physician. All these will contribute to job satisfaction and emergence of a frame of mind that is conducive to medical humanism.

Conclusion

In this paper an attempt has been made to demonstrate the connection between humanism as a philosophy that celebrates the centrality of man in the world and the patient centeredness of medical humanism. In the end, the patient to whom the physician must show empathy, kindness and attentiveness is a human whose wellbeing has come under a threat as result of disorders that may be physiological, psychological or even sociological. On this reading, medicine, it would appear, is a supremely humanistic discipline given its potential to contribute to human well-being and flourishing. However, as we have noted in this presentation, a host of factors ranging from the increasing technocratisation of medicine, a materialist metaphysics to patient overload is dehumanizing physician-patient relations, precipitating, in the process, a quality-of-care crisis which we must undercut in order to restore the spirit humanism into contemporary medicine.

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