

HEALTH, DISEASE AND NORMATIVITY: A PHILOSOPHICAL INQUIRY

[SAÚDE, DOENÇA E NORMATIVIDADE: UMA ABORDAGEM FILOSÓFICA]

Nguyen The Phuc¹
Hue University, Vietnam

ABSTRACT: This paper examines the concept of health from a philosophical perspective, tracing its evolution from ancient to modern and contemporary contexts. It argues that health is not a static or universal condition but a dynamic and multidimensional phenomenon encompassing biological, psychological, social, and cultural dimensions. Drawing on the works of Hippocrates, Avicenna, Al-Razi, Claude Bernard, Nietzsche, Canguilhem, and others, the study highlights the shifting meanings of health—from balance and harmony in ancient medicine, to mechanism and reductionism in modern science, and finally to normativity and adaptability in contemporary philosophy. The analysis shows that health and disease are not logical opposites but variations of life, revealing both the fragility and the resilience of human existence. By situating health within the broader framework of normativity, the paper underscores its ethical significance and its inseparability from cultural values and visions of the good life.

KEYWORDS: Health; Philosophy of Medicine; Ancient Medicine

RESUMO: Este artigo aborda, a partir de uma perspectiva filosófico-histórica, o conceito de medicina, em contextos que abrangem dos antigos aos modernos e contemporâneos. Defende-se que a saúde não é uma condição estática ou universal, mas, antes de tudo, um fenômeno multidimensional e dinâmico, que abrange dimensões biológica, psicológica, social e cultural. Partindo das obras de Hipócrates, Avicena, AL-Razi, Claude Bernard, Friedrich Nietzsche, Canguilhem, além de outros, a pesquisa destaca a variedade de significados para a saúde – a exemplo da diversidade e da harmonia na medicina antiga ao mecanicismo e ao reducionismo na ciência moderna, assim como a normatividade e a adaptabilidade na filosofia contemporânea. A pesquisa revela que a saúde e a doença não constituem contraposições lógicas; antes, mostram variações próprias da vida, exibindo tanto a fragilidade quanto a resiliência do existir humano. Dentro de um quadro referencial ampliado, a pesquisa revela o significado ético da saúde e uma certa inseparabilidade de valores culturais, além de visões variadas do que seria uma vida boa.

PALAVRAS-CHAVE: Saúde; Filosofia da medicina; Medicina antiga

INTRODUCTION

The philosophical foundations of medical science are deeply rooted in the long history of human thought. From antiquity to the present, philosophers and physicians alike have reflected on the

¹ *Adjunct Professor of Philosophy at University of Hue. The author has over 100 research papers, reference books, monographs, and articles published in specialized journals. His research focuses on philosophy, history of philosophy, and political philosophy. Currently, the author is head of the Department of Philosophy at the Faculty of Science, University of Hue. E-mail: nphuckh@hueuni.edu.vn*

meaning of life, death, health, and disease, thereby shaping paradigms of understanding that continue to influence medicine and healthcare practices today. Health, in particular, has never been a merely biological condition but has always carried profound philosophical, cultural, and ethical implications. As such, the philosophy of medical science does not only examine technical definitions of disease or clinical procedures but also addresses broader existential questions: *What does it mean to live well? What role does suffering play in human life? Can health be reduced to the absence of disease, or does it imply a positive condition of flourishing?*

In this regard, the concept of health cannot be divorced from the cultural and social contexts in which it is defined. Every society, from ancient civilizations to modern states, has developed specific understandings of health that correspond with its worldview, ethical values, and systems of knowledge. For instance, in antiquity, health was associated with harmony and balance, whether understood through the Hippocratic notion of the four humors or in the Islamic-Arabic tradition that emphasized the equilibrium between body and soul. In modernity, by contrast, health became strongly linked to empirical sciences, with figures such as Claude Bernard grounding medicine in physiology and experimental methodology (Bernard, 1966).

It is within this long intellectual trajectory that philosophy has played a central role in questioning, defining, and even contesting the boundaries of health and disease. As Deleuze (1996) argues, philosophy must be present whenever health is defined, for health and disease are not simply medical categories but existential states of life itself. Similarly, Nietzsche (2001, 116–117) insists that there is no single, universal definition of health; rather, health depends on one's goals, impulses, and ideals. This diversity of perspectives reveals that the concept of health is not static but dynamic, shaped by history, culture, and individual experience.

Understanding the conceptual foundations of health is therefore crucial, not only for the philosophy of medicine but also for the practical organization of healthcare in contemporary societies. Health, as this paper will argue, is not confined to the narrow medical sphere. Instead, it encompasses emotional, social, psychological, and cultural dimensions, making it a complex and multidimensional phenomenon. To investigate health philosophically means to engage with its plurality of meanings, its historical transformations, and its implications for human existence.

The following study will thus explore different conceptions of health and disease across philosophical traditions. It will begin with the problem of defining health, then analyze ancient perspectives (Greek and Arab medicine), move on to modern conceptions shaped by positivism and scientific rationality, and finally discuss the normative dimension of health in contemporary philosophy. Through this inquiry, it becomes evident that health is not an absolute or fixed state but a relative and evolving concept—one that reflects the interplay of biology, culture, and philosophy in shaping

the lived experience of human beings.

THE ISSUE OF DEFINING HEALTH

Defining health has always been one of the most contested questions in both philosophy and medical science. At first glance, it might appear straightforward to distinguish health from disease: the healthy individual functions normally, while the diseased individual experiences dysfunction or pain. Yet upon closer inspection, the boundary between health and disease becomes far less clear. Indeed, as many philosophers and physicians have emphasized, there is no universally valid or absolute definition of health that applies to all people, all times, and all cultures.

For the ordinary person, identifying disease often seems simple: one “feels ill” and therefore concludes that health has been lost. However, as the text notes, “he or she is the last one who has the ability to determine this case because the determination of the disease is the role of the specialists, who are not ‘common people’”

Medical Philosophy, this raises the fundamental epistemological question: *who has the authority to define health—the patient through subjective experience, or the physician through scientific expertise?* The answer reveals a tension that runs throughout the history of medicine and philosophy.

Philosophers such as Gilles Deleuze (1996) highlight that health and disease are not simple opposites but states that reflect different modalities of life. The healthy and the sick, the normal and the pathological, the sane and the mad—all are modes of human existence that cannot be reduced to binary categories. For this reason, Nietzsche (2001, 116–117) provocatively argues that there is no “health in itself.” What counts as health depends on the goals, horizons, impulses, and ideals of the individual. One person may find health in physical strength and athletic performance, another in intellectual creativity despite chronic illness. Thus, health is always relative, contingent, and plural.

The implication of this perspective is profound: disease should not merely be viewed as the negation of health. As Nietzsche suggests, pathological experiences often serve as the very conditions under which life manifests itself most intensely. Illness can reveal hidden capacities of the body and mind, forcing the individual into new modes of adaptation and creativity. Vioulac (2011, 289–290) supports this view, noting that the pathological experience is not an aberration to be dismissed but a decisive methodological access to the essence of life. In this sense, suffering illuminates the body by exposing its finitude and vulnerability, but also its capacity for resilience and meaning-making.

From a phenomenological standpoint, the difference between health

and disease lies not in two separate substances but in two modes of bodily experience. Health allows individuals to live in “naive harmony” with their environment, focusing on external concerns without being aware of the conditions that make such activity possible. Disease, by contrast, disrupts this harmony, placing the body itself at the center of attention. It is in illness that the body reveals its limits, its finitude, and ultimately its ontological fragility. Thus, health is not simply the absence of disease; rather, it is the capacity to engage in the world without being constantly aware of one’s corporeal foundations.

Canguilhem (1993, 137–139) deepens this analysis by arguing that health and disease are not logical opposites. Instead, they are biological variations within the continuum of life. To say that a person is sick is not to claim the absence of norms, but rather the existence of alternative norms. In this view, disease is not merely a diminishment but can also be a form of innovation—a new dimension of life that requires adaptation. Hence, “sick” is not the logical opposite of “normal” but its vital counterpart.

Ultimately, the challenge of defining health lies in its complexity. Health can be seen as the ability to recover from disease, as Nietzsche suggests; as the silent equilibrium of the body, as Leriche described; or as complete well-being, as defined by the World Health Organization (1948). Each of these definitions captures an aspect of health, yet none can claim universality. What emerges instead is a pluralistic and context-dependent understanding, one that reflects the diversity of human life itself.

In light of this, the philosophy of medical science must resist the temptation to impose rigid definitions. Instead, it should embrace the ambiguity of health as a concept that is at once biological, cultural, existential, and ethical. This openness allows for a more nuanced understanding of the lived experience of patients and the varied ways in which human beings interpret the states of health and illness.

THE CONCEPT OF HEALTH IN ANCIENT MEDICINE

The ancient world laid the foundation for many of the concepts of health and disease that still resonate in medical thought today. From the Greek tradition of Hippocrates to the Arab-Islamic contributions of Avicenna and Al-Razi, health was not seen merely as a technical or biological matter but as an issue deeply intertwined with cosmology, ethics, and the understanding of human nature.

HEALTH IN GREEK MEDICINE

Hippocrates, often referred to as the “Father of Medicine,” provided

one of the earliest systematic frameworks for understanding health. His theory of the four humors—blood, phlegm, yellow bile, and black bile—was not simply a medical hypothesis but also a philosophical expression of harmony between the microcosm (the human being) and the macrocosm (the universe). Each humor corresponded to one of the four elements (fire, water, earth, air), and health was understood as the balance (eucrasia) among them (Hippocrates 1839–1861, 39–53). Disease, conversely, resulted from imbalance (dyscrasia), leading to dysfunction of the body’s organs.

This conception reveals how ancient Greek medicine was inseparable from broader philosophical doctrines, particularly the emphasis on moderation (*sophrosyne*) and ethical virtue as the foundation for harmony. Health was not just the body’s proper functioning but also a reflection of living in accordance with nature and reason. Moreover, Hippocrates rejected supernatural explanations of illness, such as curses or divine punishment, thereby paving the way for a naturalistic understanding of disease. Treatment, accordingly, was guided by the principle of *Natura Mediatrix*—the belief that nature itself has the capacity to restore balance. Physicians were thus advised to “assist” nature through diet, exercise, massage, or baths, rather than attempt radical interventions (Pichot 1993, 39).

Greek medicine therefore presents a profoundly philosophical model: the body as a site of equilibrium, life as a struggle for harmony, and disease as a natural phenomenon to be understood rather than feared. This framework not only influenced medical practice for centuries but also shaped ethical and political thought by linking bodily health to civic and cosmic order.

HEALTH IN ARAB-ISLAMIC MEDICINE

The Greek heritage was inherited, developed, and transformed by the scholars of the Arab-Islamic world. Avicenna (Ibn Sīnā), in his *Canon of Medicine*, defined medicine as the science of understanding the conditions that preserve health and the causes that undermine it. Like Hippocrates, he adhered to the theory of the four humors, emphasizing balance as the criterion of health (Abu ‘Ali al-Husayn 2013, 65). Yet Avicenna enriched this model by situating it within a broader metaphysical and ethical framework, linking the preservation of bodily health with the cultivation of the soul. For him, medicine was not merely a science but also a moral endeavor aimed at preserving the wholeness of the human being.

Al-Razi (Rhazes), another major figure, extended these insights by incorporating psychological well-being into the very definition of health. In addition to advancing therapeutic chemistry and pharmacology, Al-Razi emphasized that physicians must pay attention to patients’ mental states, instilling hope and optimism even when cure seemed uncertain (Ibn Abi Usaybi’ah 2010, 3). His recognition of the interdependence of body and soul anticipated modern holistic approaches to medicine. For Al-Razi, health was not only the absence of disease but also the active cultivation of

resilience, both physically and psychologically (Razi 1592, 57).

This integration of physical and mental dimensions reveals the depth of Arab-Islamic medical philosophy. Health was conceptualized as an art of living, grounded in harmony between body and soul, nature and society, reason and faith. Moreover, medicine was regarded as both a science and an ethical responsibility. The physician's role was not only technical but also moral: to heal, to comfort, and to uphold the dignity of the patient.

SIGNIFICANCE OF ANCIENT CONCEPTIONS

When comparing Greek and Arab perspectives, one sees both continuity and innovation. Greek medicine emphasized natural balance and the self-regulating power of nature, while Arab medicine enriched this vision by incorporating spiritual and psychological dimensions. Together, these traditions laid the groundwork for later philosophical reflections on health, demonstrating that the concept of health has always been broader than mere physiology.

In modern times, these ancient models remain relevant. The Hippocratic emphasis on natural balance resonates with contemporary holistic health practices, while Al-Razi's insistence on psychological well-being prefigures the World Health Organization's definition of health as encompassing physical, mental, and social well-being (Préambule à la Constitution de l'O.M.S. 1948). By situating health within a comprehensive vision of human life, ancient medicine provides not only historical insight but also enduring philosophical lessons for the present.

THE CONCEPT OF HEALTH IN MODERN MEDICINE

With the rise of modern science in the seventeenth and nineteenth centuries, conceptions of health underwent a profound transformation. The metaphysical and teleological frameworks of antiquity gradually gave way to a mechanistic, experimental, and positivist paradigm. Modern medicine no longer viewed health as cosmic balance or as a moral-spiritual harmony but as a biological and physiological state governed by laws of causality. This shift marked a decisive moment in the history of both medicine and philosophy.

THE BIRTH OF EXPERIMENTAL MEDICINE

The French physician Claude Bernard, often regarded as the founder of modern experimental medicine, epitomized this transformation. In his *Introduction à l'étude de la médecine expérimentale* (1865), Bernard insisted that medicine must be grounded in physiology as an exact science

(Bernard 1966, 279). For him, health and disease were not separate realities but variations of the same biological processes. “The world makes no difference between medicine and physiology” (Bernard 1966, 205), he argued, meaning that pathology must be understood as physiology gone awry.

This idea was radical compared to ancient models. Whereas Hippocrates and Avicenna understood disease in terms of imbalance and causation rooted in diet, climate, or humors, Bernard emphasized experimental induction, laboratory analysis, and mechanistic explanations. Biological functions were to be understood not teleologically (“for the sake of something”) but mechanistically (“how things work”). In this sense, modern medicine followed the positivist principle of Auguste Comte (1934), focusing on laws and mechanisms rather than metaphysical causes.

POSITIVISM, MECHANISM, AND REDUCTIONISM

Bernard’s framework reflects three defining features of modern medicine:

1. *Empirical induction*: knowledge derived from experiment, not speculation.
2. *Mechanism and determinism*: the body conceived as a machine governed by cause-and-effect relations.
3. *Reductionism*: the tendency to reduce life processes to chemical and physical components, separating the patient’s lived experience from scientific explanation.

These principles allowed medicine to advance rapidly in diagnostics, physiology, and surgery. Yet they also led to what critics such as Georges Canguilhem (1965, 139) called the dehumanization of medicine—the exclusion of the patient’s subjective experience. By privileging objectivity, experimental medicine risked neglecting the lived reality of suffering, which had been central to earlier philosophical reflections on disease.

THE TENSION BETWEEN SCIENCE AND EXPERIENCE

The positivist view is exemplified in Bernard’s claim that “the pathological state produces nothing” beyond what already exists in physiology (Bernard 1947, 138). Disease, in this view, is not a unique entity but a dysfunction within normal biological laws. While this perspective advanced medical science, it also diminished the significance of the patient’s narrative, as Leriche later warned: “In scientific medicine, the least important thing is the truth: man” (Canguilhem 1993, 53).

This reductionist approach reveals a deep philosophical tension. On

the one hand, medicine as a science must abstract from individual experience in order to formulate general laws. On the other hand, healing as a practice inevitably confronts the concrete suffering of particular individuals. Thus, the question arises: can medicine remain both a science and an art of healing?

HUMANISTIC CRITIQUES AND ALTERNATIVE VISIONS

In response to the limitations of positivism, later thinkers such as Georges Canguilhem reasserted the value of lived experience. In *Le normal et le pathologique* (1993), he argued that health cannot be defined by reference to a universal norm but must be understood as the capacity of an organism to establish its own norms in relation to its environment. In this sense, health is not a fixed state but a dynamic process of adaptation. Disease, therefore, is not simply a deviation but a new mode of existence that forces the organism to redefine its relation to life.

This perspective resonates with phenomenological approaches that emphasize the body as lived, not just as an object of science. As such, modern debates in the philosophy of medicine reveal an ongoing struggle: between the scientific desire for universality and the existential reality of singular suffering.

CONTINUITIES AND CONTRASTS

Compared to ancient medicine, modern medicine brought enormous advances in empirical accuracy, laboratory methods, and the ability to treat and prevent diseases. Yet in its quest for objectivity, it risked neglecting the holistic vision of health as balance, harmony, and ethical well-being. Ancient medicine integrated the body, soul, and society, whereas modern medicine increasingly fragmented these domains into specialized sciences. The challenge, then, is to reconcile the precision of modern biology with the richness of philosophical and cultural perspectives on health.

In sum, modern medicine transformed the concept of health into a mechanistic and scientific notion, grounding it in physiology and experimental method. But this very success raised new philosophical questions about reductionism, dehumanization, and the meaning of suffering—questions that remain central to contemporary debates in medical ethics and philosophy.

HEALTH AND THE NORM

The relationship between health and normativity represents one of the most important philosophical issues in medical science. To speak of health is inevitably to invoke some notion of the “normal.” But what does

“normal” mean? And who determines the standards by which health and disease are defined? These questions highlight that health is not merely a biological state but also a normative concept, shaped by philosophical, cultural, and social frameworks.

FROM ONTOLOGICAL NORMS TO SOCIAL NORMS

In classical thought, the norm of health was understood in ontological terms. To be healthy was to embody the essential qualities of the human species as part of the natural order (Bourdin 2002, 11). Yet such an ontological standard proved insufficient, since it could not adequately distinguish between states of health and disease in individual cases. With the rise of modern science and the social sciences, this ontological conception gave way to social and cultural norms. Health became defined not only by biological criteria but also by societal expectations, values, and practices. This transition reflects the fact that life is lived in diverse ways. Since human existence can be understood biologically, socially, and psychologically, health itself acquires multiple dimensions and standards. A person may be considered biologically healthy but socially “abnormal,” or socially well-adjusted but psychologically unwell. Thus, the determination of health always involves judgments beyond pure biology.

NATURALISM VERSUS CONSTRUCTIVISM

In contemporary philosophy of medicine, two major positions emerge:

1. *Naturalism*: Health and disease are biological facts, independent of cultural or social values. Disease is defined as a deviation from typical species functioning, measurable in objective terms.
2. *Constructivism*: Health and disease are shaped by social and cultural values. What counts as “normal” in one society may be considered “abnormal” in another, and thus health cannot be defined apart from its cultural context.

The constructivist approach is exemplified by Lennart Nordenfelt’s holistic theory of health, which emphasizes both the analytical and the holistic levels of distinction between health and disease. At the analytical level, health is studied through measurable biological parameters. At the holistic level, health is understood as the capacity of the organism to achieve its goals and adapt to its environment, which inevitably involves cultural and social factors (Arnaud 2017, 25).

PSYCHOLOGICAL AND SOCIOCULTURAL NORMS

288

Psychologists and social scientists have further elaborated a variety of norms that shape our understanding of health:

- *The ideal norm*: Mental health as an aspirational goal, defined by cultural ideals.
- *The statistical norm*: Normality determined by what behaviors are most common in a given population.
- *The clinical norm*: Health defined by the absence of pathological symptoms as determined through medical diagnosis.
- *The sociocultural norm*: Health and illness defined by cultural patterns, varying across societies (Foulque 1962, 481).

These multiple levels of normativity underscore the relativity of health. What is considered normal in one context may be abnormal in another. For example, behaviors classified as mental illness in one cultural setting may be interpreted as spiritual experiences in another.

HEALTH AS DYNAMIC NORMATIVITY

Georges Canguilhem offers perhaps the most influential account of health as normativity. In *Le normal et le pathologique* (1993), he argues that health is not the conformity to a fixed, universal standard but the capacity of the organism to create new norms in response to challenges. In this sense, health is not stability but adaptability. Disease is not simply a lack of norms but the inability to generate new norms. Thus, health is dynamic, creative, and situated in the lived experience of individuals.

This conception reorients the discussion of health away from rigid definitions toward a more existential understanding. Health is not a universal criterion imposed from outside but a process through which individuals and societies negotiate the meaning of life, survival, and flourishing.

THE ETHICAL DIMENSION OF NORMS

To think of health in normative terms is also to recognize its ethical dimension. As Paul Ricœur (1990, 200) suggests, ethics concerns the aim of a fulfilled life, while morality articulates this aim in universal rules. Health, insofar as it is a condition of living well, cannot be separated from ethical reflection. A society's health norms reflect its moral vision of the "good life." For instance, the WHO definition of health as complete well-being (1948) expresses an aspirational, even utopian vision of human flourishing.

At the same time, such normative definitions risk becoming ideological if they impose unattainable ideals or medicalize ordinary human experiences

such as sadness, grief, or disability (Folsheid & Wunenburger 1997, 146). Thus, the philosophy of medicine must remain critical, questioning the assumptions behind normative claims and ensuring that health remains a concept rooted in the lived realities of individuals.

CONCLUSION

From the foregoing discussion, it becomes evident that the concept of health cannot be reduced to a single, universal definition. Rather, health emerges as a multidimensional and context-dependent phenomenon, encompassing biological, psychological, social, and philosophical dimensions. To speak of health is to speak of life itself, with all its diversity, fragility, and potential for resilience.

First, it is clear that no *global definition of health* is possible. As the study has shown, the meaning of health varies across different intellectual traditions—from the humoral balance of Hippocratic medicine, to the integration of body and soul in Arab-Islamic medicine, to the mechanistic precision of modern experimental medicine. Each framework reflects the epistemological and cultural assumptions of its time, while also contributing enduring insights into the nature of health and disease.

Second, health must be understood as a *relative and dynamic state*. In ancient medicine, health was prized as the highest good, inseparable from virtue and harmony. With modern medicine, the focus shifted toward empirical observation and the scientific explanation of disease as physiological dysfunction. Yet this very progress highlighted the limitations of positivism, which risked excluding the lived experience of suffering. As Canguilhem (1993, 137) emphasizes, health and disease are not logical opposites but different expressions of life's variability. Health is the ability to create new norms in response to challenges, while disease represents the difficulty or failure to do so.

Third, health is deeply *normative and cultural*. It is not merely a biological fact but also a social and ethical construct. As Ricœur (1990, 200) reminds us, health is inseparable from the aim of a fulfilled life, which varies across societies and individuals. What counts as “normal” or “abnormal” is therefore always mediated by cultural values, social expectations, and ethical visions of the good life. This explains why the WHO's definition of health as complete well-being (1948) continues to inspire debate: it reflects an aspirational vision but risks medicalizing ordinary aspects of human existence.

Finally, health carries a profound *philosophical significance*. To inquire into health is to confront fundamental questions about the human condition: How do we live in the face of finitude? What role do suffering and disease play in shaping our understanding of life? How can medicine integrate scientific rigor with humanistic care? Nietzsche (2001, 6) reminds us that disease itself can be a source of philosophical creativity, prompting

reflection and transformation. Thus, health cannot be understood merely as the absence of disease but must be seen as the capacity to endure, adapt, and flourish despite life's inevitable trials.

In sum, the philosophy of medical sciences reveals that health is both a *biological condition and an existential project*. It is not static but dynamic, not uniform but plural, not merely individual but also social and cultural. To recognize this complexity is to acknowledge that medicine must remain both a science and an art—grounded in empirical knowledge yet attentive to the lived realities of human beings. In this sense, health is less a final state than a continuous process: the ongoing negotiation between body and world, self and society, suffering and meaning.

REFERENCES

- Nietzsche, F. (2001). *The Gay Science*. Cambridge: Cambridge University Press. (116–117, 6).
- Deleuze, G. (1996). *Essays Critical and Clinical*. London: Verso.
- Vioulac, J. (2011). *La logique totalitaire*. Paris: PUF. (289–290).
- Canguilhem, G. (1993). *Le normal et le pathologique*. Paris: PUF. (53, 137, 139).
- Bernard, C. (1966). *Introduction à l'étude de la médecine expérimentale*. Paris: Garnier-Flammarion. (205, 279).
- Bernard, C. (1947). *Principes de médecine expérimentale*. Paris: PUF. (138).
- Comte, A. (1934). *Cours de philosophie positive*. Paris: Hermann.
- Hippocrates. (1839–1861). *Œuvres complètes d'Hippocrate*, vols. 1–10. Paris: Baillière. (39–53).
- Pichot, A. (1993). *Histoire de la notion de vie*. Paris: Gallimard. (39).
- Abu 'Ali al-Husaynm (Avicenna). (2013). *Canon of Medicine*. Beirut: Dar al-Kotob al-Ilmiyah. (65).
- Ibn Abi Usaybi'ah. (2010). *'Uyūn al-anbā' fī ṭabaqāt al-aṭibbā'* (Lives of the Physicians). Frankfurt am Main: Institute for the History of Arabic-Islamic Science. (: 3).
- Razi, M. Zakariyā (Al-Razi). (1592). *Kitab al-Hawi* (Liber Continens). Venice: Bonetus Locatellus. (57).
- Préambule à la Constitution de l'O.M.S. (1948). Genève: Organisation mondiale de la santé.
- Bourdin, J.-C. (2002). *Santé et maladie: Essai de philosophie biologique*. Paris: Vrin. (11).
- Arnaud, P. (2017). *La philosophie de la médecine contemporaine*. Paris: Ellipses. (25).
- Foulque, P. (1962). *Dictionnaire de la philosophie*. Paris: PUF. (481).
- Ricœur, P. (1990). *Soi-même comme un autre*. Paris: Seuil. (200).
- Folsheid, D., & Wunenburger, J.-J. (1997). *La philosophie de la médecine*. Paris: PUF. (146).