

## **Husserl's Account of Intersubjectivity as an Approach to the Other in Modern Medical Ethics**

Veselina Slavova

“Prof. Dr. Paraskev Stoyanov” Medical University – Varna

### **Abstract**

This work considers the problem of otherness in modern medical ethics through the prism of Husserl's phenomenology. The main goal of this investigation is to apply Husserl's notion of phenomenological intersubjectivity to the ethical relations between physicians and patients. To achieve this, the phenomenological method is used which takes the experience of the subject as a starting point. This provides an opportunity to overcome the purely scientific approach to medicine which alienates the participants in the clinical situation from each other. The phenomenological approach allows the Other to exist in the subject's world not only as a physical object but also as living body. This shift from a purely naturalistic approach to medicine to using the phenomenological method enhances the importance of the patient's experience of his own illness but also his social responsibility to the physician since they both belong to a world of common values and ideas.

**Keywords:** phenomenology, medical ethics, intersubjectivity, otherness, Husserl

### **Introduction**

Irreconcilable social disagreements give rise to severe social crises. To address and resolve those, we, as a society, need to find answers to the following questions: how to speak a common language, how to build a common world, and how to reach the Other. Discovering common ground despite the numerous differences is a challenge facing all human activities including the attainment of knowledge, the achievement of social and political stability, and the building of harmonious personalities and interpersonal relations.

Finding a way to the Other is also a challenge for the science and practice of medicine. It must reconcile the respect for the individual person with the boundless scientific interest; the respect for autonomy with the common morality; the subjective acceptance of the body with the generally accepted standard of medical science. These issues are part of the field of medical ethics, which in turn is not independent and solely focused on the relationships within the medical profession. Medical ethics examines the specific ethical situation of the relationship between the suffering patient and the physician seeking a way to him. But relationships in medical ethics are part of the broader ethical relationships in society and are based on moral values and norms.

The rapid pace of development of scientific knowledge and the contradictions between the different philosophical and ethical concepts shift the focus from discussions of the causes of bioethical problems to discussions of their consequences instead. This leads to the standardization and formalization of the relationship between the physician and the patient, which consequently makes it less productive. Resolving ethical dilemmas thus limits itself to a form of "moral first aid", i.e., dealing with first-order concerns without looking for the root of the problem in a broader philosophical context (Clouser & Gert 2004, 121).

At the heart of medicine is always the attitude towards the Other, manifested in the correct diagnosis, the effective treatment, and the prevention of diseases. At its core, medical science is knowledge about the human, and physicians master this knowledge by developing additional skills in the ethical treatment of the patient. In this sense, the communication between medicine and phenomenology would be very useful for understanding the problematic relations in this profession, burdened with pain, suffering, denial, and sometimes misunderstanding and disrespect for the otherness. Opportunities for coexistence and full cooperation of the subject with the Other can be sought in the idea of intersubjectivity, developed by Husserl's phenomenology. The application of the phenomenological method can contribute to a greater understanding of the points of contact between the patient and

the physician in order to illuminate the way to an ethical relationship based on a common world with common goals and ideas.

The aim of this work is to draw on the phenomenological tradition of intersubjectivity and apply it in the context of modern medical ethics. In order to achieve this, the phenomenological method is used, which brings us closer to the concept of otherness, without presupposing an image constructed by the cognitive subject (the ego) and thus shows how the ego allows others into his subjective world.

The first part of the article explores the concept of the Other in Husserl's *Cartesian Meditations* (1982), which is considered central to the discussion of intersubjectivity. Next, the concept of the Other is compared to the idea of intersubjectivity as discussed in *The Crisis of European Sciences and Transcendental Phenomenology* (1970). In the second part, the points of contact between Husserl's phenomenology and the ethical relations in modern medicine are identified and explored. Finally, this work derives a medical approach to otherness and outlines the opportunities for cooperation with the Other, whether a patient or a physician, provided by the phenomenology of modern medical ethics.

Husserl's phenomenology discusses issues related to the perception and understanding of the Other and is thus particularly applicable to the field of medical ethics. The question of whether it is possible to know the person opposite us by comparing him to ourselves and attributing our experience to him is the key to solving many ethical problems in the medical profession. This constitutes a central issue to the relations in the practice of medicine since the approach to the Other and the ability to understand him are at the heart of the process of healing and maintaining health. The point of view of the physician and the patient are sometimes so different and incompatible that it hinders the achievement of the set goal. Sometimes they are two completely different worlds that have no points of overlap.

## 1. The idea of Intersubjectivity as the constitution of the self and the other

The main question posed in the *Fifth Cartesian Meditation*, which has acquired an independent role in Husserl's philosophy, is how to overcome solipsism and how to reach the Other. It begins with the key question:

But what about other egos, who surely are not a mere intending and intended in me, merely synthetic unities of possible verification in me, but, according to their sense, precisely others? (Husserl 1982, 89)

It aims to resolve the questions about the transcendental consciousness and its access to the Other that have arisen in the previous meditations. The goal is to understand how the Other becomes a part of our world, as constituted by our consciousness, but without being fully burdened with our intentions and while continuing to be something completely different from us.

In the *Fifth Meditation*, Husserl's task is to exclude everything that belongs to the objective reality from the transcendental consciousness by applying phenomenological reduction. In the so-called "bracketing" of the objective reality, the subject must remain alone in his consciousness. This isolation in one's sphere of ownness is speculative and represents a "thought experiment" that should show the connection between the ego and the alter ego in the transcendental consciousness (McIntyre 2012, 64). In the *Fifth Meditation*, Husserl proves that there is something beyond the solipsistic attitude, something that goes beyond one's sphere of ownness. The Other, as a transcendental consciousness, is unattainable for our consciousness, but as a living presence in the world, it reveals itself to us as a body that performs actions similar to ours. The Other can be experienced only through analogical apperception from the transcendental consciousness of the ego. On this note, Husserl writes:

I must first explicate my own as such, in order to understand that, within my own, what is not my own likewise receives existential sense and does so as something appresented analogically. (Husserl 1982, 150)

At the level of consciousness, the Other remains independent of us. But from the point of view of our existence in a common world, they appear as living bodies that perform actions and express emotions, and thanks to this it is possible to combine these "monads", as Husserl calls them.

The immediate perception of the Other is not enough to enter his world. Sensory experience only gives us knowledge of him as a natural thing. The way to him is the body – not the body-object (*Körper*), but rather the living body (*Leib*). Since we have an experience of our own body as living and not as a physical object, we perceive the Other in this way too, because “Even the physical things of this world that are unknown to us are, to speak generally, known in respect of their type” (Husserl 1982, 111). When perceiving the living body of the Other we evoke our equivalent bodily experiences in order to relate to him. To know oneself means to perceive oneself as a psychophysical unity, and the knowledge based on this mental experience leads to the perception of the Other as a similar union of body and soul. According to Kern (2019, 25), “Husserl’s answer is that this association is made possible by the constitutive correspondence of every external distance and movement to one’s own “kinesthetic movements”. The movement that the other body performs is perceived by mine based on the association with the experience that my body has. Husserl draws the line between the ego and the Other by defining the sphere of the subject and the sphere of experience of the Other.

The association of one's own body with the Other's makes it possible to perceive the otherness, realized in the pairing of bodies. It represents the transfer of one's own experience to the Other, but also the influence of the Other's experience on the ego: “When I encounter another, my prior self-experience will serve as a reservoir of meaning that is transferred onto the other in a purely passive manner” (Zahavi 2012, 235). The lowest level of pairing is when the ego and the alter ego reside in the unity of consciousness at the first level of intersubjectivity - in the commonness of nature (Husserl 1982, 120). The foreign body that appears in our perceptual field and that is recognised by analogy with our own bodily experience is

not our double. In essence, it has its position "there", which complements my position "here", and as Carr (2019, 250) says, this is "the phenomenology of the first and second persons". For the classical philosophical theories preceding phenomenology, the cognitive subject and the object of his cognition are of interest, and in this sense, the otherness is reduced to being identical with the ego. Overcoming this attitude is possible with the idea of intersubjectivity, which opens the way to the ethical formulation of responsibility as a metaphysical situation that binds us permanently to the Other. In the course of his meditations on the perception of the Other as a body, Husserl lays the foundations of an ethical attitude – to put oneself in the place of the Other is to transition from the "here"-mode of one's own body to the "there"-mode of the Other.

The perception of the Other's body gives us information about his experiences, his thoughts. The body is mobile, it occupies a place in space, but also in the world. Therefore, the body provokes the ego with sounds expressing the emotions of the Other, and with words showing his point of view. In this sense, the initial existence of the ego and the Other as objects passes to the level of intersubjectivity, cemented by interbodyness. At the same time, the emergence of the otherness as a psychophysical unity may remain inaccessible due to the desire to assimilate the Other and turn him into our own. The initial perception of the external manifestations of corporeality is not the same as approaching it. Understanding it can erase it, even replace it. Husserl discusses the way in which the empathic connection takes place, without assimilating the otherness into something of our own. What does it mean to put yourself in the Other's position? This is first of all your own opportunity to change, to possess the mode of otherness in yourself as the Other's point of view, e.g., as what you do not see at the moment, but would be revealed to you from another angle. In this sense, the otherness is embedded in us as an unrealized potentiality.

The access to the foreign culture is achieved through the act of empathy. The relationship with the Other is not based on his perception as a physical object. It is transferred to the level of commonness of ideas and values. Community is based on

trust and common values: "Like shared goals and interests, shared values and feelings can be seen as a condition for the trust needed to belong to a community" (McIntyre 2012, 85).

Due to the ego's potentiality to exist for the Others, as well as theirs to exist for him, the individual monads combine in the transcendental intersubjectivity. The relation with the Other is realized on the basis of a common existence in the same world. Outside the field (sphere) of the ego's own consciousness are the objects that exist both for him and for the Other, i.e., they are present in the world horizon. The consciousness of the Other does not belong to the ego, it exists independently. The ego cannot tell what the Other feels or thinks solely relying on his own consciousness. At the same time, the ego's point of view with respect to the outside world is incomplete without the existence of the point of view of the Other, who sees what remains inaccessible. "Transcendence alone requires the explicit introduction of the sense of 'other subject' into the theme" (Hutcheson 1982, 269). The Other appears where a subject has distanced himself from everything else and has thus drawn the line between his sphere ownness and that of the Other. In this sense, in order to be aware of oneself, the Other is needed. The idea that the Other exists is present in the ego's consciousness, but the essence of otherness is unattainable for it. The presence of the idea of the Other in the ego's own consciousness supports the idea that the intersubjectivity is a path to achieving harmonious coexistence of individual subjects, capable of constituting a world from their own horizon.

With the writing of *The Crisis of European Sciences and Transcendental Phenomenology* in 1936, Husserl supplemented his concept of intersubjectivity with new ideas. At first, it is closely connected with the transcendental consciousness and its cognitive experience, but in his late philosophy, the ideas of historicity, sociality, and culture appear. With the introduction of the concept of life-world, the world ceases to be just a horizon of perception of the otherness but is instead perceived as a pre-theoretical fact and a condition for common existence. The idea of the world as a stage on which the intersubjective relations take place is replaced by a new one: the world is the pregiven

basis for our consciousness. It is the context without which we cannot produce any knowledge about ourselves, about reality, and the others. The emphasis is shifted from the transcendental consciousness of the self (ego), which "brackets" the world in order to subsequently constitute it to the life-world that serves as a pregiven basis for the existence of the ego and the Other. This also changes the idea of intersubjectivity that precedes the ego's transcendental experience. The Other is no longer taken out of the ego's consciousness but is an integral part of the life-world and thus coexists with the ego in an indivisible unity.

Thus, in whatever way we may be conscious of the world as universal horizon, as coherent universe of existing objects, we, each "I-the-man" and all of us together, belong to the world as living with one another in the world; and the world is our world, valid for our consciousness as existing precisely through this "living together". (Husserl 1970, 127)

The world is now seen as a unifier of our activities, in it we speak, create, and act. It is thanks to the fact that we exist in it that we-subjectivity is born, in which we can build a common reality. The isolation of science from the life-world cuts the thread that connects it to human nature. The generation of scientific knowledge based only on facts, in order to be more objective, leads to its dehumanization. Knowledge is knowledge about the life-world and the relations in it. The subject is the one who generates knowledge, but not in isolation from the world and the others. If in the *Cartesian Meditations* knowledge began with the transcendental subject, now in *The Crisis* knowledge is a product of the common mind. Caminada (2019, 275-276) analyses the connection of the common mind with the life-world. According to him, the common mind is not synonymous with the life-world, but is closely related to it, as it is its theoretical interpretation. The life-world is the basis, the practical orientation of the individuals residing in a pregiven unity. The common mind is the theoretical formulation of the humanities, studying the structure of the life-world. The life-world is the beginning of every scientific experience, but not in the sense of the object of that experience. Husserl seeks to set a new direction for knowledge that is not isolated from the



history and culture of mankind. It unites the subjects, as creators of common values, realized in the communication with one other.

Along with the purely phenomenological idea of consciousness and the objects it considers, we could also problematize the relationship with the Other as empathy, which goes beyond the epistemological sphere and enters the sphere of ethics.

## **2. The influence of the idea of Intersubjectivity on the ethical relations in medicine**

The interest in the influence of phenomenology on medicine dates back to the end of the 20<sup>th</sup> century with the emergence of a new movement called "phenomenology of medicine" (Svenaeus, 2019). With the recognition of the Other's point of view as significant in this process, it provides new opportunities for diagnosis and treatment in modern medicine. Pellegrino points out the advantages of Husserl's methodology for medical ethics over other ethical theories:

First, phenomenology is primarily a method of philosophizing and not the whole content of a philosophical system applied from without, as is the case with the standard ethical theories today, like Kantian deontology, Millian utilitarianism, or Ross' prima facie principles as elaborated by Beauchamp and Childress. (Pellegrino 2004, 189)

Due to its lack of presuppositions, the phenomenological method is easily applicable to clinical situations in which the physician-patient contact is considered in the context of individual experiences and social relationships. If we are to use Husserl's terminology, we would say that each subject represents a monad that is open to the otherness, due to the world we live in. In this encounter, the Other's body is the starting point for empathy as a willingness to understand and accept the Other's position. The ego must assume that he could be in the position of the Other "there", and through this, he is able to carry out his own experience as joint with the experience of the Other. This reciprocity in the relationship presupposes an engagement of both parties with the process of diagnosis and treatment and stimulates taking responsibility

for the Other. Making a choice in this sense means assuming that there is another point of view that complements yours.

The phenomenological method frees us from the literal perception of others as objects given to our consciousness. As it was already established in the previous section, thanks to the body, we possess the idea of otherness. It is simultaneously our own and the Other's, it is perceiving and perceived. This is precisely the remarkable contribution of phenomenology: it allows the body to be perceived as alive, suffering, and not merely as an observed and described scientific object (Marcum 2008, 49). This idea, applied to the clinical situation in medicine, makes us think of the patient's body as moving and producing meanings that the physician must perceive and use in the process of diagnosis and treatment. At the same time, the physician should not be seen as a "conductor" of scientific knowledge. He also owns his body and expresses his world in an individual way. But this does not mean that their individual worlds do not intersect, because they are open to each other, and each one is incomplete in the dialogue with the other, each one constitutes himself and discovers himself through the experience of others. The position of the physician is charged with the responsibility of knowledge and duty. The patient's position is that of a support-seeking subject. The intersection of the two worlds is in the trust and respect of Other's experience, the commitment, proactiveness and empathy on both sides. "This healing is the "act" of medicine in which patient and physician come together" (Pellegrino 2004, 196). Pellegrino emphasizes this bilateral commitment of those involved in this process, basing it on moral responsibility to the Other. In this sense, regarding the patient solely as a physical object distances the physician from the dialogical attitude based on empathy. Using Husserl's terms, we would say that this approach is characteristic of the "objective sciences" and presupposes a type of knowledge to which all objects are equated. In this case, the physician presupposes objective knowledge, to which he "pulls" his object, i.e., the patient, and ignores his entire experience as a human being, composed of emotions, ideas, and values. In *The Crisis...*, Husserl states that:

The exclusiveness with which the total world-view of modern man, in the second half of the nineteenth century, let itself be determined by the positive sciences and be blinded by the "prosperity" they produced, meant an indifferent turning-away from the questions which are decisive for a genuine humanity. Merely fact-minded sciences make merely fact-minded people. (Husserl 1970, 18)

This applies to medicine, which should not be seen as a science composed of objective facts, but as knowledge in development, influenced by social attitudes and values. All knowledge must be derived from the life-world. This applies to medical knowledge, which must be knowledge of the human as a psychophysical unity, but also as a person.

The application of the phenomenological method to the ethical relations in medicine aids the establishment of the figure of the Other (not only as a patient but also as a medical professional). The figures of the ego and the Other are both independent and worthy of respect but at the same time are part of a common context. The lack of presuppositions of this method preserves the idea of independence of the otherness from the sphere of ownness of the subject but at the same time does not preclude the pairing of the two independent monads. The pairing is a combination of monads which can exist independently but are united by some community and thus their identities are enriched. This also applies to the relationship between the physician and the patient. The pairing is based on empathy, trust, the search for the best end result, not only in a purely pragmatic sense, but also in an emotional one. The physician's feeling of satisfaction with the achieved results and the patient's gratitude for the support and efforts of the physician are a result of this pairing, which Husserl discusses. In this sense, the idea of community precedes the communication. The collocutors are able to communicate precisely because they are part of a common world and because the idea of otherness exists in their individual consciousnesses. From the point of view of phenomenology, the subject does not exist independently from the experience of the Other. Enclosing him and limiting him to his sphere of ownness precludes us from knowing him and from being able to treat him ethically by putting ourselves in his position (be that of the patient or of the physician). Overcoming solipsism is crucial for finding a way to

the Other. The constitution of the Other as another subject is interrelated with one's own constitution. To perceive the Other sitting opposite you is to find meaning in his words and gestures, by transferring the sense from yourself to him (Smith 2014, 137). This "pairing" is enabled by the existence of my body and that of the Other in a common world. This is also how the reciprocity in the relation is realized – we are open to the others just as they are to us. We all perceive the objects around us but from our own unique point of view. It is thanks to this that the intersubjective connection with the Other is established in a social context. The "empathic apperception" according to McIntyre (2012, 70) is the perception of the Other by analogy. It is a continuous process of perceiving his vitality composed of movements and emotions as opposed to the fragmented perception of first his body and then him. In this sense, placing oneself in the Other's position is a transfer of one's own experiences to him, but also a self-experience through him.

Insofar as the Other is present in the horizon of my perception, I have a certain point of view, but I do not limit him only to it. The same applies to him - he looks at me from his horizon and perceives me in the context of many other factors. My own experience and that of the Other are bound by the common world that we exist and perceive in (Husserl 1970, 321). Assuming that the object is the disease, then the points of view of the physician and the patient must intersect due to their common interest in that object. Just as I can see a table frontally but am simultaneously aware that there is another point of view of the same table accessible to the Other, the disease is perceived in one way by the physician and in another by the patient. Carel (2011) sees the phenomenological method as an opportunity to improve the effectiveness of medical practice by taking into account the patient's personal experiences of the illness. She further suggests that by developing an apparatus for examining the patient's experiences of the illness from the first-person perspective, the distance separating the points of view of the patient and the physician would be diminished.

Limiting the patient or the physician solely to their respective spheres of ownness cannot lead to a good result for either one of them. The conflict between paternalism and autonomy is the result of the reluctance to overcome the monadological thinking. Both positions are based on a strong presence of the ego and on a refusal for the ego to open himself to the Other's experience. In this case, the physician, guided by the accumulated professional experience and knowledge, does not respect the patient's experience of the disease. On the other hand, the patient, absorbed by his experience of the disease, does not trust the judgment of the physician. According to phenomenology, one needs the Other to achieve his own identity. Thus, the physician and the patient are in a symbiotic relationship and united by a common goal.

The task of the phenomenological method is to locate this person and this doctor in the full structure of the complexity of the respective and shared worlds of life. It is at this crossroads of the worlds of life that the whole specialized activity of medicine is located. (Pellegrino 2004, 194)

## Conclusion

With the introduction of the term intersubjectivity in the 19th century, the aim was initially to achieve epistemological results in scientific knowledge. Husserl's concept opened a discussion about the knowledge of other subjects, which continues today. The original metaphysical and epistemological aspect laid down by Husserl gradually gave way to the ethical one. If in *Cartesian Meditations* he introduced the term intersubjectivity to explain the presence of the idea of the Other in the subject's transcendental consciousness and to prevent the subject's metaphysical loneliness that stems from classical philosophical theories, in his last work, *The Crisis...*, Husserl linked intersubjectivity to social relations. With the help of the pre-positated potentiality for perceiving the otherness, the ego and the Other in their inseparable existence in the world now form we-subjectivity.

Husserl's philosophical experience with the concept of intersubjectivity aids the understanding of the attitude towards the patient and the disease. The conclusion we can draw is that

phenomenology, as a philosophical theory, and medicine have many points of contact, which develop in the following aspects:

1. The body is interpreted as an approach to otherness (one's own and the Other's), from which it follows that it is a living presence in a world in which our joint activities take place;
2. Phenomenology's rejection of the naturalistic treatment of the body merely as an object provides medicine with the opportunity to cooperate with other areas of human knowledge;
3. The idea of otherness, on the basis of which we form our identity, is always embedded in our own consciousness;
4. The Other and I exist in a common world of values and ideas, which makes us empathetic;
5. Assuming that the idea of otherness is embedded in our consciousness, we can never think of ourselves as alone and independent in our choices, which in turn leads to a rethinking of the idea of autonomy. Based on this, we can think of physicians and patients as part of a common world and belonging to a shared community of values.

The experience we have through our own body can determine empathy – to heal means to have experience of suffering. Putting yourself in the Other's position does not mean duplicating his experience, but rather developing the ability to acknowledge the Other's point of view.

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**Veselina Slavova** is an Associate Professor in Medical ethics at Medical University "Prof. Dr. Paraskev Stoyanov" – Varna. Her research is in the fields of Medical Ethics, Phenomenology, and Philosophy of Medicine. Her recent publications include: "On the necessity of a multidisciplinary approach to the teaching of medical ethics", *Strategies for policy in science and education-strategii na obrazovatel'nata i nauchnata politika* 2020, 28 (5), pp, 519-531, and "Contemporary Medicine – Science or Art?", *Filosofiya-Philosophy* 2019, 28 (2), pp.128 – 134.

Address:

Veselina Slavova

Medical University "Prof. Dr. Paraskev Stoyanov"

55 Marin Drinov St., Varna, 9000, Bulgaria

E-mail: [veselina.slavova@mu-varna.bg](mailto:veselina.slavova@mu-varna.bg)