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FROM DIAGNOSIS TO REFLECTION: PHILOSOPHICAL PERSPECTIVES ON PATIENT SUBJECTIVITY AND LIFE MANAGEMENT IN HEALTHCARE

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The study emphasizes the positioning of the patient within the framework of contemporary philosophical concepts centered on the human dimension. It highlights the rapid decline of the traditional biomedical model of healthcare in the modern public sphere. The niche of the subject–object balance within the sociocultural paradigm of medicine is increasingly occupied by the biopsychosocial model. Its consolidation is actively supported through governance mechanisms at various organizational and community levels.

The issue of patient subjectivity in contemporary healthcare is reduced to fundamental dimensions, ranging from privacy and initiative to subordination and identity. The application of methodological principles of critical philosophical analysis reveals the active role of power institutions, both governmental and medical, in granting a new status to the patient. The concepts of biopower and biopolitics, first articulated by M. Foucault, reorient the classical dichotomy of “the right to life and death” toward more flexible strategies of life management. Phenomenological approaches shift the medical model of the “physical body” toward the format of the “living body” within the health-preservation paradigm. The contemporary information and technological environment contributes to the emergence of the human biomedical organism. The medical sphere is noted for its receptivity to the implementation of new human-centered concepts. Emphasis is placed on the priority of managing the life space through healthcare. The standards of the contemporary information and technological society reinforce the practical and instrumental capacity to exercise control over the human body via the medical system. At the same time, human-centered constants come into conflict with attempts to standardize individual health characteristics. The right to privacy, the consideration of individual traits, and psycho-emotional coherence of the person all serve as balancing factors in relation to the implementation of biopolitical standards.

Counteracting the fragmentation of subjectivity or its overt subjectivization within the medical sphere emerges as a priority of contemporary philosophical and anthropological inquiry. Thus, modern medicine faces contradictions that are familiar to the philosophical and worldview discourse: on the one hand, the principles of centralization grounded in the ideas of biopower, global society, and information-technological control; on the other, human-centered guidelines intended to preserve the humanistic priorities of civilizational development.

Key words: biopower, M. Foucault, biopsychosocial model, medical sphere, subjectivity, philosophical and anthropological discourse, human-dimensionality, medical ethics.

Introduction. The contemporary sociocultural environment generates new formats of synergy and dichotomy rooted in the human dimension across all spheres of activity. Medicine is no exception to these trends, as it attributes new characteristics of subjectivity to the patient. At the same time, the system of public governance remains focused on maintaining its influence over the individual by identifying the person primarily as a consumer of medical services.

Within the framework of the information and technological society, the individual is increasingly defined through digital dimensions. Public health governance relies on socially

agreed guidelines that establish principles for controlling the bodily dimension of the human being. The outcome of such social consensus is a reciprocal process in which governing institutions ensure the functioning of the healthcare system with full awareness of the individual's protection from diseases, both global and personal. In turn, the individual, when following the medical paradigm, delegates a portion of their autonomy, which requires adherence to standards and recommendations aimed at maintaining and enhancing physical and psycho-emotional well-being.

Adherence to the conditions of interaction at the level of the individual (patient) and healthcare authorities ensures synergistic processes in the medical sphere. A model of relations emerges that involves the collection of all information about the individual necessary for the realization of medical objectives. At the same time, this information is managed by healthcare organizations, which synchronize the data obtained from the patient with other sources and databases concerning the individual.

The contemporary digital world diversifies the methods of collecting information about individuals. A patient's status provides healthcare organizations with essential data on medical history and current health conditions, the presence or predisposition to specific diseases, engagement within the healthcare system, and personal requests for medical services. These data are subsequently integrated into other digital clusters of personal information, including financial, educational, and legal records. In this way, an individual's digital dossier is constructed within the framework of the modern information society.

The fundamental philosophical and worldview issue lies in reconciling the existential dimensions of freedom and dependence, rights and obligations, as they are actualized in the relationship between the individual and authority in the socio-medical space. By serving as the organizer of a coherent and effective healthcare system for both individuals and society, authority in practice shapes the functioning of the system. A pressing subject of philosophical inquiry is the reconciliation of these processes in medicine, with attention to the interests of both sides in maintaining a balance between guidance and autonomy within the sociocultural sphere.

The aim of the study is to identify the philosophical implications of the fragmentation of patient subjectivity and the problem of managing private information within the modern healthcare system.

The objectives of the article are as follows:

1. To analyze conceptual frameworks that guide the alignment of healthcare operations with the individual aspirations of patients.
2. To define the value and scope of individual privacy within the socio-medical context.
3. To examine the role of philosophical approaches, phenomenology, and the postmodern perspectives of M. Foucault in understanding the practical processes of balancing organizational and individual interests.
4. To substantiate the significance of digitalization as a factor shaping a synergistic model of informational and digital support for the patient.

The methodological foundation of the study is grounded in philosophical analysis, which enables the identification of the value and scope of individual privacy in the socio-medical context. The application of phenomenology and postmodernist approaches formulated by M. Foucault provides a framework for understanding the practical processes of reconciling organizational and individual priorities within the healthcare system.

Digitalization of society emerges as a key factor in shaping a synergistic model of social interaction that establishes new standards for the informational and digital support of patients.

Research Results. The problem of socio-philosophical analysis of the individual's positioning within the modern healthcare system has acquired qualitatively new and specific

characteristics. The shift away from the traditional biomedical interpretation of human dimensionality has created the need for a new understanding of the value-based and goal-oriented foundations of the medical sphere. Within the contemporary sociocultural context, the patient is no longer perceived within a linear framework of disease and treatment. Current guidelines for the information and technological development of society integrate the individual into a holistic medical and, consequently, sociocultural paradigm. This, in turn, creates conditions in which the individual relinquishes a portion of personal freedom and autonomy.

Disease operates as a determinant of human dependence on sociocultural institutions that deliver the full spectrum of medical services. State institutions serve as organizers, while medical institutions act as executors, jointly constructing a space defined by the function of safeguarding health as a fundamental indicator of quality of life. Ensuring protection against illness and establishing global mechanisms for managing diseases effectively institutionalize an individual's dependence on the healthcare system. It is evident that such realities have become a significant argument in shaping the organization of healthcare interactions. All institutions that ensure the sustainable development of the healthcare system participate in guiding and supporting the individual within the medical environment. This approach is not an exclusive aspiration of the medical cluster but is characteristic of all spheres of social activity. For example, the law enforcement sector, by ensuring the security of the social order, establishes a system of norms and rules that creates the principles of its governability. Similarly, the financial system, by offering society orderliness in matters of property, labor, and welfare, exercises governance at the socio-economic level.

The worldview orientation of medical influence on the individual has traditionally been rooted in ideological and mental characteristics. Society regarded medicine and the healing process as stable and unquestionable dimensions of activity inherent to the medical and pharmaceutical community. The managerial activity of governing institutions through medicine was carried out by appealing to the individual's vulnerability to disease and the exceptional capacity of physicians to overcome it. As I. Shapovalova notes, "societal control over the individual began to be exercised not only through consciousness and ideology but also within and through the body. The human body came to be perceived as a biopolitical reality, and medicine, with its technologies, as a political strategy" [10].

The contemporary dynamics of sociocultural development necessitate new frameworks for guiding and supporting individuals within the medical sphere. Direct influence over personal decision-making in the modern information and technological society is no longer unconditionally effective. Immersed in the information environment, individuals can quickly access alternatives to fundamental therapeutic guidelines, thereby reducing the perception of medicine and, consequently, the physician as an indisputable authority. In other words, modern individuals live in conditions that allow them to exercise greater autonomy within the healthcare environment.

At the same time, the healthcare system, which has historically played a central role in shaping patient practices, seeks to maintain its relevance. The managerial paradigm now faces the challenge of establishing effective frameworks for guiding individuals in their role as patients. The development of biotechnology, genetic engineering, digital medicine, and public health systems highlights the importance of philosophical reflection, or more precisely, the reinterpretation of the biopolitical potential of medicine [1].

To establish a coherent managerial paradigm, healthcare and organizational institutions utilize a range of methods. Among these are philosophical and ideological concepts that shape social understanding and public discourse. Since the latter half of the twentieth century, trends of information and technological development have become evident globally, and the twenty-first century has added a digital dimension to this process. This evolution has prompted a

reconsideration of the socially negotiated status of individuals and the scope of personal autonomy within society. As a result, new frameworks have emerged for guiding individuals in decision-making and participation within healthcare contexts. Medicine has, in turn, become a key platform for aligning institutional practices with the individual's engagement in managing health and well-being.

Postmodernist philosophical ideas have unreservedly articulated the actual demands of authority regarding the guidance of individual activity within the medical cluster [16]. The concepts of "biopower" and "biopolitics" proposed by M. Foucault came to embody the intentions of authority to ensure the continuous optimization of life and population [3]. The emphasis on continuity and the need for constant renewal and refinement of instruments of influence fully aligns with the trend toward intensifying the dynamics of sociocultural development.

According to M. Foucault's ideas, at the global civilizational level authority performs two key regulatory missions (see Fig. 1).

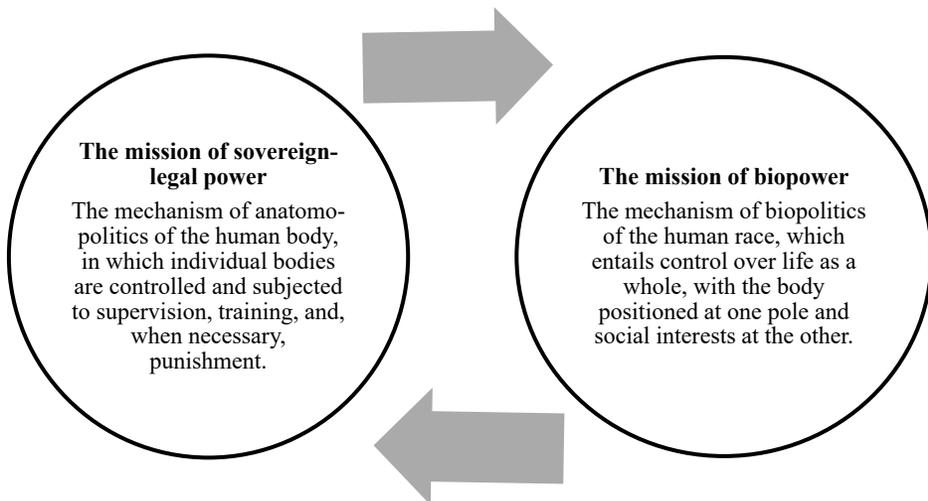


Fig. 1. Missions of biopolitics in the organization of social control Source: summarized by the author based on [8]

According to A. Kravets, such guidelines of biopolitics have been transformed into axiological imperatives:

- biopower, authority that promotes life;
- sovereign-legal power, authority over life [5].

It is evident that the medical sphere provides a favorable environment for the development of the principles of biopower. Philosophical reflection on the degree of authority's influence over the individual is complemented by phenomenological orientations of an existential nature [6]. M. Shymchyshyn emphasizes the phenomenological shift from the "physical body" to the "living body" [11]. Clearly, the influence of authority over the "living body" presupposes the use of an expanded set of mechanisms of guidance.

One of the defining elements of biopolitics is the process of normalization, through which the medical sphere contributes to shaping a cohesive community of individuals. Medicine

functions as a regulator of processes related to human vitality and functionality. In this way, an existential framework for engaging with the individual is established, which, unlike the purely practical and sectoral dimension, employs deeper and more effective mechanisms of value-based and goal-oriented guidance.

Another significant aspect of biopolitical activity is medical naming, which involves the classification of diseases and patient conditions. Generalization based on specific medical characteristics makes it possible to identify socially oriented groups, thereby facilitating targeted interventions. The principle of categorization assigns a medically informed status to an individual or social group, streamlining the organization and management of healthcare practices.

Within the framework of these two biopolitical processes, the digital dimension is becoming increasingly relevant, as it enables the rapid recording of all data related to the functioning of the healthcare system. The scale and intensity of socio-medical development require appropriate tools for information and communication support to assist all participants. Digitalization has effectively addressed the challenge of systematizing and promptly updating patient-related data. The principle of the modern world, “informed means empowered,” promotes comprehensive engagement with patients in the medical environment. Under conditions of informational inclusiveness, it becomes possible to record not only diseases but also to model prospects for preserving health, thereby identifying pathways for improving the healthcare system.

In this context, a key contradiction emerges that requires philosophical reflection and interpretation. The comprehensive nature of information and digital technologies can restrict an individual’s flexibility and autonomy within the sociocultural space. For institutions, this situation is acceptable because it provides additional mechanisms for coordinating and managing healthcare processes. For individuals, however, the protection of biological health through medicine may come at the cost of diminished personal freedom and independence.

The philosophical community confronts a complex dilemma regarding the relationship between the principles of biopolitics and the democratic values of contemporary progressive society. It is evident that the dominance of either dimension is practically unattainable within the current framework of social relations. On one hand, institutions consider it important to supplement traditional legal mechanisms with additional means of coordination and regulation. Biopolitics serves as a relevant and effective factor within the modern socio-medical environment, as its emphasis on the functional characteristics of the human organism broadens the scope of institutional engagement with individual well-being.

On the other hand, biopolitics presents a series of challenges to the democratic principles of social development, where humanistic values remain paramount [15]. The reduction of privacy, objectification, and reliance on the medical system represent some of the constraints on individual autonomy at the sociocultural level. Philosophical discourse also discusses radical concepts with controversial implications, including necropolitics [14] and transhumanism [12]. It should be noted that such philosophical ideas may be interpreted in ways that favor structured governance models in specific contexts. [9].

The contemporary philosophical discourse proposes a universal synergistic model, which defines both the goal-oriented activities of the individual within the healthcare system and the corresponding guidance of institutions in supporting these activities. At the same time, this participation is governed by legal, ethical, and sociocultural principles. The integration of a value dimension into these processes fosters a synergistic effect that allows institutions to provide appropriate guidance while ensuring that the individual retains a personal space protected from unnecessary intrusion, even when such measures are justified by medical considerations.

Among the key tasks for ensuring a synergistic model of interaction between the patient, the healthcare institution, and governing authorities, the following should be highlighted:

- integrity of the patient at the physical, psycho-mental, and sociocultural levels, preventing human-dimensional fragmentation that emphasizes only the body, disease, or condition of the organism.
- adherence to ethical standards at all levels of medical care, with the complete elimination of discriminatory characteristics and factors of patient dependence on their condition.
- primacy of the patient's interests in the processes of diagnosis, treatment, and rehabilitation as the foundation of integrity in the medical sphere.

A striking cultural and historical moment that highlighted the need to reconcile the principles of biopolitics was the occurrence of several major epidemics and pandemics [4]. These force majeure situations in the global healthcare system exposed the limitations of biopolitical approaches and the risks associated with the reduction of individual autonomy. The experience of these periods demonstrated the challenges faced by institutions in responding effectively to global healthcare crises while relying on assumptions about human vulnerability. At the same time, this raises questions about the appropriateness of extensive oversight over human health proposed to modern society. In other words, despite adherence to recommended protocols and the partial surrender of personal autonomy, individuals did not always receive effective support. These events intensified the issue of interaction quality within the triangle of institutions, medical establishments, and patients.

Excessive dependence of patients on medical frameworks and the centralized management of medical data may limit processes of social self-organization. Yet, experiences from major epidemics have demonstrated that elements of self-organization, specifically the individual's capacity to act independently and maintain a degree of autonomy, contribute to the resilience and stability of public health systems [7].

Biopolitical principles require adaptation in the context of evolving patient engagement and the associated responsibilities. Experiences from major epidemics have demonstrated the individual's capacity for greater involvement and a higher degree of autonomy within the medical sphere.

The factor that strengthens the biopolitical potential of the individual is the digital environment, which enables real-time monitoring of health-preserving activity. This ensures the timely provision of medical assistance and offers effective and accessible tools for navigating the medical space. Healthsing, biohacking, and online monitoring are innovative instruments that enhance individual autonomy in the medical sphere [2]. At the same time, digitalization plays a crucial role in ensuring privacy by eliminating the human factor in the disclosure of patient data. Compliance with the principles of information culture and security makes it possible to optimize the information and communication cluster of the contemporary medical paradigm.

A promising direction of philosophical research on the dynamics of influence within the medical sphere lies in the innovative characteristics of human biopotential and the digital dimensions of the sociocultural space. The proposed transformation of corporeality in the contemporary philosophical context enables the implementation of a synergistic interaction scenario (see Fig. 2).

Overall, contemporary sociocultural space requires consideration of both the interests of institutions and the personal boundaries of the individual. Medicine serves as a platform for innovative synergistic implementations that reconcile the principles of biopolitics with human-centered and democratic values in modern society.

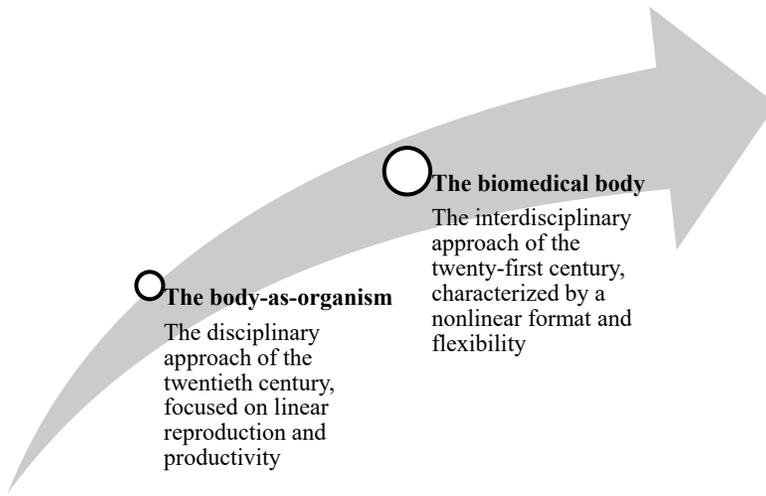


Fig. 2. Transformation of corporeality in innovative philosophical and medical understanding

Source: summarized by the author based on [13]

Conclusions. The current stage of medical development is characterized by constant dynamism, leading to new forms of interaction between governing institutions and patients. Medicine has long served as a field for implementing state policies that shape the relationship between the individual and society. The culmination of the philosophical and ideological characterization of authority's influence can be seen in the concepts of biopolitics, which emphasize the biopotential of the human being. At the same time, philosophical discourse reveals the vulnerable dimensions of this biopotential. Dependence on global medical and social trends, increasingly reinforced by medical and pharmaceutical dynamics, the threat of losing freedom and autonomy in the medical sphere, the encroachment on privacy, and the erosion of principles of social self-organization during socio-medical crises are all realities of the contemporary socio-medical space. If biopolitics contributes to such trends, gaining advantages by reinforcing human subordination, democratic values reject any manifestations of inhumane dimensions.

Medical and administrative intervention in private life is carried out systematically. However, contemporary philosophical and synergistic orientations advocate the prioritization of patient self-organization within the medical sphere and the establishment of clear boundaries for personal medical information in the public domain. In this context, the patient's diagnosis becomes a symbolic factor. For a progressive society, the concept of diagnosis is being reframed from a potentially stigmatizing public statement to a dynamic understanding and response to a health concern, with measures in place to prevent social or personal repercussions for the patient in their subsequent life.

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ВІД ДІАГНОСТИКИ ДО РЕФЛЕКСІЇ: ФІЛОСОФСЬКІ ПЕРСПЕКТИВИ СУБ'ЄКТИВНОСТІ ПАЦІЄНТА ТА УПРАВЛІННЯ ЖИТТЯМ У СИСТЕМІ ОХОРОНИ ЗДОРОВ'Я

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Дослідження акцентує увагу на позиціонуванні пацієнта в межах сучасних філософських концепцій, зосереджених на людському вимірі. Підкреслюється стрімкий занепад традиційної біомедичної моделі охорони здоров'я в умовах сучасного публічного простору. Нішу суб'єктно-об'єктного балансу в соціокультурній парадигмі медицини дедалі більше посідає біопсихосоціальна модель, консолідація якої активно підтримується за допомогою механізмів управління на різних організаційних і суспільних рівнях.

Проблема суб'єктності пацієнта в сучасній медичній сфері зводиться до фундаментальних вимірів: від приватності та ініціативності до підпорядкованості й ідентичності. Використання методологічних принципів критичного філософського аналізу виявляє активність владних інституцій – як державних, так і медичних – у наданні пацієнтові нового статусу. Концепції біовлади та біополітики, розроблені М. Фуко, трансформують класичну дихотомію «право на життя та смерть» у напрямі більш гнучких стратегій управління життям.

Феноменологічні підходи переорієнтують медичну модель «фізичного тіла» у формат «живого тіла» в парадигмі здоров'язбереження. Сучасне інформаційно-технологічне середовище сприяє формуванню біомедійного організму людини. Відзначається відкритість медичного простору до впровадження нових людиновимірних концепцій, а також пріоритетність управління життєвим простором через медичну сферу.

Стандарти сучасного інформаційно-технологічного суспільства посилюють практично-інструментальну здатність контролювати організм людини через медичну систему. Водночас людиновимірні константи суперечать спробам уніфікації індивідуальних характеристик здоров'я. Право на приватність, урахування особистісних відмінностей, психоемоційна узгодженість – усе це формує баланс у процесі впровадження стандартів біополітики.

Протидія фрагментації суб'єктивності або надмірній суб'єктивації в медичному просторі постає пріоритетом сучасного філософсько-антропологічного аналізу. Наголошується, що сучасна медицина стикається зі звичними для філософсько-світоглядного дискурсу суперечностями: між принципами централізації, зосередженими довкола ідей біовлади, глобального суспільства та інформаційно-технологічного контролю, та людиновимірними орієнтирами, спрямованими на збереження гуманістичних пріоритетів розвитку цивілізації.

Ключові слова: біовлада, М. Фуко, біопсихосоціальна модель, медичний простір, суб'єктивність, філософсько-антропологічний дискурс, людиновимірність, медична етика.

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