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The Philosophy of Medicine: On the Ethical Discussion about the Life and the Death

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Abstract: The purpose of the article is to highlight the key philosophical cases in the medical and ethical debate on life and death - ontological, axiological and anthropological. For the philosophy of medicine, the concepts of life and health are fundamental dimensions, as they combine elements of nature and human existence. The aim of the article is to differentiate the existential, value and human contexts of philosophy in the medical space. The methodology used in the study is focused mainly on the analytical cluster of general scientific knowledge. The analysis of the literature on the problem of life and death in medical and ethical discourse allowed us to separately group the medical, philosophical and scientific and worldview clusters of this problem. Through generalising and comparative analysis, an attempt is made to unify the problem of life and death in the context of a single philosophical and scientific paradigm. To achieve these objectives, it is advisable to use the principles of interdisciplinarity, which help to bring to a common understanding the various ideas and views on the ethical component

of the dichotomy of life and death in medicine. The results of the study indicate that the human-dimensional philosophical component dominates the ontological and axiological components in the modern worldview of human existence. This is the result of the policy of anthropocentrism in its global manifestation and the consequence of the use of a pragmatic approach in the system of human sciences. However, the COVID-19 pandemic, a minor factor by civilisational standards, has managed (albeit for a short period) to reorient the philosophical issues of life and death to existential dimensions. A promising area of research is modelling the situation of a socio-cultural crisis of a global scale in the healthcare system and the readiness of society to re-position the problem of life and death. Thus, the philosophy of medicine clearly structures the problem of life and death in three fundamental cases: ontological, axiological and anthropological, which change their priority in the scientific and philosophical discourse depending on the socio-cultural trends in the development of society and civilisation.

Keywords: existentiality of death, value of life, human existence, philosophy, medical and ethical discourse.

Introduction

The philosophy of medicine is designed to resolve the problems of a worldview and mental nature that arise in the process of medical activity. The concepts of health and illness relate mainly to the practical medical and biological dimension associated with routine everyday medical activity: diagnosis, treatment and rehabilitation. At the same time, the concepts of life and death, although regulated by medical standards, are much more distant from the purely medical case of human impact.

The peculiarity of the ethical problem of human existence is the non-alternative dimensions of life and death. While a disease or recovery process is characterised by such manifestations as indicators, dynamics, flexibility, changes, a living or dead person is characterised in the context of a non-alternative standard of biological vital signs. This factor has led to a specific interpretation of the problem of life and death in the context of medical ethics, adding ontology to the usual philosophical and medical cases of axiology and anthropology. Existential dimensions are characteristic of problems of a non-life nature, and questions of human existence in the system of the world order.

The philosophy of medicine emerges as a universal interdisciplinary dimension in which reflection intersects with knowledge, and thinking becomes not only rationally oriented but also involves moral experience. This is how a holistic view of a person or a global understanding of the problem of life and death is formed. It is worth noting a significant imbalance in the philosophical and ethical interpretation of these two existential concepts of human existence. While life activity is characterised by multi-coloured existential or value colours, the problem of death is actually shrouded in myths and assumptions that have no rational basis in faith, the sensual world, etc. Such realities of the worldview have led to the specificity of the interpretation of the problem of life and death in medicine. Given the inability of science to characterise the essence of death, medicine actually eliminates this element from the anthropological case of the philosophical and worldview paradigm.

At the same time, it is impossible to completely ignore death as a fundamental factor of human existence in medicine. Therefore, the scientific and medical discourse has focused on the value dimension of death, which is reflected in the accentuation of the medical and ethical theme of the dichotomy of life and death.

Research Problem

The research problem of the study is focused on the diversity of philosophical paradigms in which the problem of human existence is interpreted. Depending on the stage of socio-cultural activity (formation, prosperity or decline of the social order) of civilisational development, the problem of life and death in medicine acquires new manifestations of philosophical understanding. Periods of sustainability of social progress actualise the value and anthropological paradigm of being. Crises of a global scale cause a reorientation of the dichotomy of life and death to existential dimensions.

Research Focus

The focus of the article is to adapt the medical and ethical discourse to the factors that determine the dominant context of the problem of human existence. Medicine cannot vary the constants of life or health, as they are fundamental characteristics of the scientific paradigm. At the same time, the public perception of the concepts of human existence can be transformed in the context of external influences on life activity. Therefore, medical discourse faces a contradiction that is not always resolved in the context of biomedical ethics. The way to resolve these contradictions is to combine different philosophical cases in the interpretation of life and death in the medical context. The ethical debate in medicine on life and death is always marked by the diversity of topics and the relevance of meanings.

Research Aim and Research Questions

The purpose of the article is to provide a comprehensive philosophical and ethical interpretation of the dichotomy of life and death in the medical paradigm, taking into account the existential, value and human-oriented contexts. The tasks of scientific research are focused on analysing the share of philosophical clusters of ontological, axiological and anthropological elements in the discourse on the problem of human existence. In case of rapid growth of one of these cases in the medical and ethical discourse, it is worth signalling the impact of socio-cultural transformations that indicate the sustainability or turbulence of civilisational development.

The research question is focused on addressing the sufficiency of the existing potential in the scientific and medical discourse to fully justify the dichotomy of life and death. It is obvious that the dominant medical and ethical component, focused on the anthropological context, will not cope with the scale of the problem and the satisfaction of the public demand for the dichotomy of life and death. The inclusion of the existential component does not solve this problem, but only globalises it in the paradigm of being, without providing answers and multiplying the questions that arise in the minds of individuals and society regarding the problem of death and its expression in the medical field.

Theoretical Overview

The problem of life and death has always been relevant in scientific and philosophical discourse in various interpretations. For the medical environment, human existence in general is of great importance, so it is worth noting the increase in scientific research on this topic. A real boom in research on the problem of life and death in the medical and ethical cluster was observed with the onset of the COVID-19 pandemic. The focus of research has also changed, shifting from the value and anthropological to the existential dimension. Instead, as the pandemic has waned, the trend in the scientific literature is returning to value-based and human-centred characteristics of life and life activity.

The ontological interpretation of life and death through the prism of medical activity has been revealed by scholars in the following aspects:

- synchronisation of medical interventions (treatment) and a person's existential goals for their own recovery, which increases the chances of survival in any health problems (Hemberg & Bergdahl, 2020);

- awareness of the concepts of “beginning and end of the life cycle” (Kaufman & Morgan, 2023) by the doctor and the patient, which implies full mobilisation of available forces in accordance with the stage of life activity.

The axiological dimension of the problem of life and death is related to the issues of euthanasia, care for the terminally ill (Macedo, 2022), quality of life (Akdeniz, Yardımcı & Kavukcu, 2021), attributes of life cycle support (Fumincelli et al., 2019), and donation (Champney et al., 2019).

The anthropological nature of the dichotomy of life and death in medicine is related to the biological and moral potential of a person, which should be taken into account as a constant in treatment and medical threats. Human potential is characterised by such concepts as:

- the confrontation between the “clean body” and the “sick body” (Cooter, 2020), the outcome of which is determined by the quality of medical services and the preservation of human life;
- medical and anatomical measurements of human vital activity (Hildebrandt, 2019);
- Respect for the “autonomy of human life” and the limits of medical intervention (Gómez-Vírveda, de Maeseneer & Gastmans, 2020);
- the concept of existential loneliness in the medical field (Bolmsjö, Tengland & Rämgård, 2019);
- principles of patients' self-perception of themselves as a burden (Gudat et al., 2019);
- a psychological segment of awareness, perception and understanding of death (Sebring, 2021);
- the use of technological advances (Nordmann, 2020) in traditional anthropological clusters (especially artificial intelligence (O'Sullivan et al., 2019)) to interpret illness, disease, death, etc.

The overall impact of life and death issues on the development of the healthcare sector is outlined in Orentlicher (2021). Boldt (2019) emphasises that the entire healthcare system is invisibly permeated by the mortality factor. In the current scientific discourse, it is proposed to transfer the problem of mortality in medicine to a purely statistical indicator (Svenaeus, 2022). At the same time, Roberts (2020) speaks about the need to preserve the moral and ethical dimension in the philosophy of medicine regarding the problem of life and death due to the relevance of this element in medical education and the formation of a doctor as a person and a professional.

Research Methodology

General Background

The methodological component of the study was based on the synergy of general scientific and philosophical methods with the active use of the principles of interdisciplinarity. The basis of the current qualitative study was the analysis of sources that cover medical and ethical issues related to the treatment process or the natural and biological status of a person, which is actualised in medical activity. The researchers chose scientific studies of the last five years (starting from the COVID-19 pandemic) to analyse the impact of global socio-cultural medical factors on the philosophical and ethical discourse on the problem of life and death. In order to avoid unfocusing the problem, the search for works was carried out on one scientometric platform (GoogleScholar), where the issues of philosophy of medicine are clearly structured and unified in relation to the subject of research. Key words used in the selection of literature to analyse the problem of the article: philosophy of medicine, ethics, life, death, human existence. No regional restrictions were applied to the study of the problem of life and death.

The methodological arsenal of the study is reduced to the analytical cluster of the theoretical case of scientific research. The generalisation was used in the formation of the key conceptual dimension of the problem of life and death in the philosophy of medicine. Therefore, the philosophical and scientific-medical aspects were unified in the ethical context. At the same time, a comparative analysis was used to study the distribution of the orientation of the problem of human existence to different philosophical clusters. The modelling method was actualised in the context of analysing the impact of the socio-cultural factor (the COVID-19 pandemic) in the process of forming modern trends in the interpretation of the dichotomy of life and death in the philosophy of medicine.

Special attention should be paid to the use of methodological principles of interdisciplinarity. Given that the study paid much attention to the influence of various socio-cultural factors on the problem of interpreting life and death (which is also pluralistic in nature, combining medical, philosophical and ethical components), interdisciplinary discourse is relevant in explaining various aspects in the purely medical space that was studied.

Research Results

In the course of cultural and historical development, the problem of human existence has been transformed, acquiring new dimensions of philosophical interpretation. However, three cases remained fundamental in the context of the dichotomy of life and death: ontological, axiological and anthropological. In the medical space, specific characteristics of the concepts of life and death were formed, which were synchronised with the scientific, biological, philosophical and ethical context.

The medical and biological parameters of life and health are well established and scientifically proven, so the line between these states is clear and unbreakable. On the other hand, the philosophical interpretation of the dimensions of life and death has a much broader scope of perception and positioning, and therefore requires specific consideration in medical discourse. The format of understandable or “normal medicine” (Catita, Águas & Morgado, 2020) reduces the problem of life and death to an adequate response to the unknown. The philosophy of medicine is a kind of niche in human and social thinking in which existential concepts of death and anthropological dimensions of life activity are correlated.

In general, for the targeted priorities of medicine, the problem of death is outlined in the context of the existing capabilities of this field. It is clear that the priorities for the development of the medical sphere focus on such concepts as longevity, a significant increase in life expectancy (with an automatic delay in the state of death for a person). More radical views relate to the problem of immortality, but in the modern scientific and ideological context they are treated as fantastic.

In the cultural and historical dimension, the problem of death in medicine was sometimes levelled out altogether, as it was believed that earthly life was just a stage of functioning of the human essence in a biological body shell. In such realities, the ethical discussion of the dichotomy of life and death lost all meaning, since the contradiction did not exist in essence. After all, death was not associated with the end of human existence, but merely stated the transition to another dimension of existence. At the same time, it is worth noting that medicine itself in this worldview and semantic context was losing its usual target orientation. Therefore, in the current study, the key dimension of the identity of human existence is human life on a planetary scale. And medicine is a key factor that ensures the quality of life activity. But the question arises as to the positioning of death in the medical paradigm.

The issue of life and death has a significant impact on the key constants of medical activity - health and illness. If treatment or any other medical effect on a patient is successful, the practical and pragmatic context is actualised, which is characterised mainly by the anthropological dimension (indicators of

human health). However, as soon as a person's health condition becomes critical and there is a threat to human life, the problem of death automatically brings to the fore the existential and value dimensions of professional medical activity.

At certain points, medicine “delegates” the problem of life and death to non-scientific cases, such as religious or philosophical ones. This approach is justified, since in such circumstances the medical field is relieved of external pressure and can focus on the processes of prevention, diagnosis, treatment or rehabilitation. However, in practical life, the issue of death among medical professionals often arises without intermediaries. Therefore, the patient, the doctor, and stakeholders (relatives and friends on the part of the patient, the medical institution on the part of the doctor) should outline the moral and ethical framework of a potential discourse on life and death.

The stereotypes according to which a doctor only treats a disease and, for example, “God gives and takes life” are gradually losing their relevance in the modern socio-cultural space. The mystery of life force is still unexplored by the potential of man and humanity. This uncertainty plays an important role in the emergence of the problem of life and death in medicine. Medicine has reached an almost perfect level of understanding of human life (in the biological natural dimension). Medicine can confidently state a person's biological death and clearly identify the causes of death. At the same time, medicine is still far from perfect in the area of preventing death. And the irreversibility of death (absolute ignorance of what happens to a person after death) generally introduces existential turbulence into the modern scientific paradigm.

In philosophical discourse, the problem of life and death was interpreted in different clusters. At the turn of the twentieth and twenty-first centuries, the dominance of value-based and human-dimensional topics was a characteristic trend, which testified to the stability of the socio-cultural space. However, the COVID-19 pandemic has somewhat disrupted the established standards of philosophical and ethical discourse in medicine. This immediately affected the thematic content of medical and ethical issues in scientific research (Figure 1).

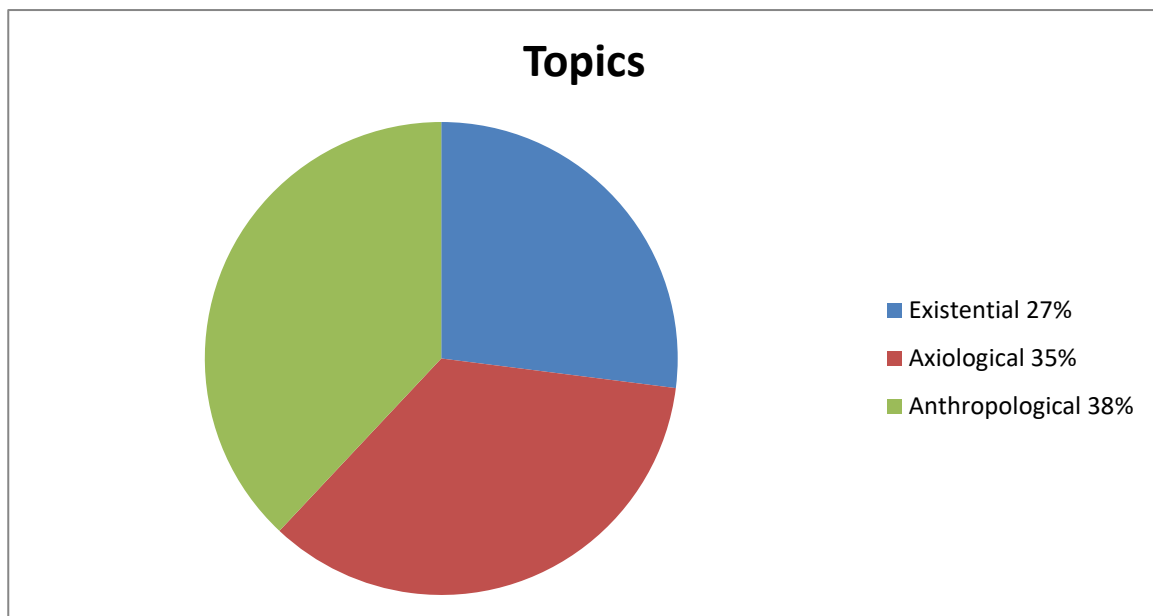


Figure 1: *Topics of philosophical and ethical discourse in medicine on the issue of life and death (based on the analysis of 52 sources in the period from 2020 to 2024).*

Source: authors' own development

According to the analysis of the thematic content of the philosophical and medical discourse on the ethical dimensions of life and death, ontological characteristics are gradually being updated in the works of scientists. Such realities are also the result of the influence of the socio-cultural factor on the medical paradigm (Berwick, 2020). The civilisational development of mankind continues, acquiring new characteristics in the context of scientific and technological progress, but the issue of death remains at the previous levels of knowledge. This leads to the search for an answer to the dilemma of life and death outside of scientific paradigms. At the same time, as a centralised scientific field, it is difficult for medicine to correlate non-scientific principles (such as religion) with its standards. Therefore, the problem of life and death in medicine is characterised by two contexts:

- uncertainty, which actualises the existential nature of human existence, but with a focus on the target dimension while eliminating the value philosophical case;
- vagueness, which implies a simultaneous and disordered philosophical interpretation of human existence by ontological, axiological and anthropological elements.

The widely popular contemporary philosopher Singer (2023) seeks to transform the idea of human life as something sacred, identifying it with the general flow of things, events and phenomena in this world. Under such conditions, medicine is given an exclusively functional status, but human life itself is also interpreted from a purely functional and pragmatic standpoint. Therefore, death in this case is interpreted as a tragedy for medicine, not for a person. Frankish & Sklutová (2022) even suggest using the effect of illusion to reduce the significance of a death in the treatment process.

Such realities only confirmed the cultural and historical experience that existential topics are revived in times of socio-cultural instability or crisis (Nerubasska, Palshkov & Maksymchuk, 2020). For medicine at the beginning of the 21st century, the issues of value constants in the industry and human-centred policy in the medical field were more characteristic in the philosophical and ethical context. This testified to the maturity of the civilisation paradigm and the orderliness of its structure and functionality. The pandemic acted as a kind of shock for the medical and ethical cluster, introducing elements of instability (and sometimes chaos) into the work of the medical sector as a whole. This resulted in a shift in worldview and ethical beliefs, with an emphasis on the existential dimensions of illness (the pandemic itself), life (its relevance increases with the possibility of its loss) and death (increased mortality due to the pandemic).

The impact of the pandemic was not even an increase in mortality rates on a global scale (and in global statistics, these figures did fluctuate within the statistical error). The key impact of the pandemic was on the organisational and functional capacity of the medical sector to respond to the realities of life. Under these conditions, changes have occurred in all aspects of medical activity. The question arises: how did the pandemic as a socio-cultural crisis affect the philosophical and ethical debate on life and death? Here, each philosophical case reacted differently to the external stimulus.

The ontological factor has become relevant due to the potential threat of a civilisational nature that has not been realised during the pandemic. The global thickening of colours around the interpretation of the prospects for the spread and mortality rate of the pandemic has led to an appeal to the problem of human existence (as opposed to traditional and familiar problems of life). Uncertainty about the threats has become a favourable environment for the actualisation of existential categories. Such manifestations have been repeatedly actualised in the cultural and historical experience when humanity faced realised large-scale crises or potential threats that could destroy it. Medicine in the context of a pandemic (especially at the initial stage of its spread) did not give a clear answer as to the ability to localise the disease, treat it or take preventive measures against its spread. The philosophy of

medicine from this perspective tried to refocus public attention from the specifics of professional discourse to the existential dimensions of human existence.

The axiological factor is facing the threat of transformation of its constants and guidelines. The pandemic situation caused a collapse of medical-functional and medical-organisational nature. Under such conditions, medicine as an institution (which was preserved) often faced not only medical difficulties but also value nuances. In particular, the large number of patients and the lack of medical personnel or medical equipment necessitated the prioritisation of medical care. This is where the ethical debate about who should be saved first, given the impossibility of providing full assistance to all, became relevant. It is clear that in such contexts, the usual discussion about life and death acquired real manifestations, rather than conventional interpretations.

The anthropological factor was determined by a new understanding of the activity of medical professionals. Doctors, patients, stakeholders - all faced global danger and mass hysteria. In such circumstances, the ethical problem of death turned from an imaginary or conditional factor into an everyday reality. It is clear that this positioning of mortality is not typical for the medical system. Therefore, society has begun to distrust medical potential and turn to non-scientific dimensions that are designed to fill the ideological and mental niche of hope for the best. A doctor who admits his or her inability to cure an illness turns from yesterday's hero into an object of disappointment.

Given the difference in the interpretation of the problem of life and death between the scientific and rational and philosophical clusters, medical ethics is experiencing tendentious changes in the conceptual priority of these elements. Modern medicine offers a number of innovative formats that form a qualitatively new perception of mortality in medical practice:

- the use of digital modelling, with the help of which a “digital twin” adapts the system of medical intervention to a real patient up to the state of death (Braun, 2021);
- Coordination of ethical and legal norms of mortality in medicine with the help of innovative artificial intelligence tools (Naik et al., 2022) and neural networks (Boveiri et al., 2020);
- introduction of innovative elements that strengthen the position of medicine, medical science and medical education in reducing mortality (Frank et al., 2020)\$
- global scenarios of healthcare activity (Menatti, Bich & Saborido, 2022) and a reorientation towards community activity as opposed to humanistic values that focus on human life.

It is important for scientific discourse to track the parameters of this dynamic, as this is how the understanding of the priority of fundamental medical and ethical issues is formed. The shift in emphasis towards existential issues is reflected in the loss of influence of value-based guidelines or a decrease in the level of human-centredness of the medical field in general. Instead, the concentration of life and death issues around value and human constants indicates the stability of the socio-cultural space in general and the medical sphere in particular.

Discussion

The problem of life and death has always been a hotly debated issue among the philosophical and scientific community. In the medical and ethical cluster, the severity of this problem is determined by the potential of medicine and its ability to withstand health problems of various kinds. The vector of orientation of medical and ethical views on life activity is also worthy of attention.

Among the medical community, there are fewer such discussions in the professional dimension, as this area is strictly controlled by standards that cover both biological and ethical aspects. For the medical profession, the issue of death is associated mainly with the mortality rate as an indicator of the

efficiency of the industry and medical personnel. At the same time, the mental aspect of the problem of life and death is usually concentrated in the personal psycho-emotional experiences of medical professionals.

The results of the study correlate with the views of De Panfilis et al. (2019), who define the integrity of the medical sphere as a guarantee of a clear differentiation of human life potential. Arras (2018) notes the primacy of procedure over morality (Čartolovni et al., 2021) in aspects of medical ethics. Socio-economic factors (Marseille & Kahn, 2019) should not be dismissed, as they influence qualitative and quantitative indicators in healthcare and directly shape the guidelines of justice in medical ethics. The peculiarity of the philosophical and ethical case in medicine is the structuring of the issue of mortality (Wadmann, 2023), according to objective dimensions. In general, the traditional nature of medicine forms a stable philosophical and ethical framework for the problem of life and death in this area (Foley et al., 2023).

Socio-cultural influences determine the policy of medical care. In a stable healthcare environment, value constants dominate in a philosophical, ethical and rationalistic standardised context. However, during periods of global crises and force majeure, the problem of life and death is exacerbated by the inability of the medical system to act according to the usual algorithm. Therefore, the principle of acting according to the equivalent of importance is formed (Ursin, 2019). Obviously, this positioning is completely inconsistent with the value standards of medicine in a developed society. However, the realities of the COVID-19 pandemic have demonstrated the possibility of such a development (Abrams & Abbott, 2020).

There has been an overload of the medical care system, albeit not a global one (Ehni, Wiesing & Ranisch, 2021). If we model the situation of a larger and more intense pandemic, it is obvious that the traditional value and anthropological principles of medical ethics have been completely destroyed, with existential dimensions of survival coming to the fore. The splits in society caused by the COVID-19 pandemic have led to a revision of the value constants of civilisational development (Xafis et al., 2020), exposing the problem of their declarative nature and unpreparedness for real threats (Sabatello et al., 2020).

Some aspects of the research findings do not coincide with the ideas of scientific and philosophical discourse. In particular, Amundson (2022) proposes a model for the dichotomy of life and death that applies to complex cases of illness (disability, incapacity, etc.). However, this does not take into account the difference in the flexibility of the dichotomy of illness and recovery and the lack of alternatives to life and death. It is clear that it is impossible to synchronise these concepts in such a starting point.

In contemporary philosophy, defined by the postmodern destruction of principles and standards, the question of the nature of the end of life occupies an important place (Arnold & Youngner, 2018), which is a counterweight to the concept of death and opens a new discourse in medical ethics. The trend of medicalisation or super-medicalisation unleashes the hands of the medical community in making existential decisions, turning them into functional characteristics of medicine (Kaczmarek, 2019).

The subject with his or her self is central to the question of life or death (Levin, 2021). This is how the ontological and anthropological dimensions in medical ethics are synchronised. However, Dunson III (2020) holds a different opinion, insisting on the preservation of human autonomy, which preserves the primacy of human status in the context of the problem of life and death.

In the scientific discourse, medical and ethical dimensions are emerging that continue the trends outlined in the current study, but in a purely professional medical context. Varkey (2021) continues the idea of ethical discourse by proposing the concept of 'clinical ethics', in which the issue of lethality

changes the philosophical positioning of death. The concept of “clinical empathy” (Vinson & Underman, 2020), on the contrary, moralises the problem of mortality in medicine. “Ethical dilemmas” (Kooli, 2021) and “ethical traps” (Gordon, 2020) will be relevant in medicine in any format of positioning human life and death.

The philosophy of the twentieth and twenty-first centuries is moving away from the dogmatic interpretation of human life and death, giving this right to other sciences (Fei, 2020) and models of science (biopsychosociology (Huda, 2020)). The alignment of the thematic focus of the medical and ethical discourse on life and death, which was obtained in the current study, confirms the pluralistic trends in contemporary philosophy.

The concept of interdisciplinarity is unlikely to solve the eternal philosophical problem of life and death. Nevertheless, the use of this approach is relevant for medical ethics, which needs new tools for sustainability in turbulent socio-cultural conditions. It is also relevant to continue the line of pluralistic dimensions in the problem of human existence due to the lack of scientific evidence for the essence of death.

Conclusions and Implications

Thus, the philosophy of medicine specifically highlights the problem of life and death, as this issue is positioned on the borderline of the medical and biological nature and the philosophical and ethical dimension. Therefore, three fundamental cases are being actualised in philosophical knowledge, which are intended to interpret the dichotomy of life and death in medical discourse: existential, value and human dimension. The results of the study indicate the dominance of the value and anthropological cluster of the philosophical problem of human existence in medicine at the turn of the twentieth and twenty-first centuries until the COVID-19 pandemic.

The socio-cultural crisis associated with the pandemic, which has become global, has actually levelled the indicators of the existential and human-centred dimension of the problem of life and death, which is a common phenomenon in cultural and historical experience. Prospects for the study include the need to model the situation of the impact of the socio-cultural crisis of the health care system on a larger scale and intensity in order to understand the potential transformations of value standards of the problem of life and death.

Suggestions for Future Research

Promising areas of research on the problem of life and death in medical and ethical discourse include activity in two fundamental scenarios:

- According to one scenario, the scientific and medical cluster makes a qualitative breakthrough in the natural and biological understanding of human life activity (which leads to a real breakthrough in the treatment of diseases, life expectancy, and the quality of medical care), or opens a scientifically based position on the realities of human existence after biological death (which potentially eliminates the all-encompassing fear of death);
- The other scenario preserves the existential uncertainty of the state of death and continues the existence of a worldview paradigm in which the problem of death in medicine develops only within a mental case that varies depending on socio-cultural realities, changing the relevance of ontological, axiological and anthropological philosophical cases.

Given the realities of modern science, in the short term, the philosophy of medicine appears to be the best resource for summarising and correlating the existing dimensions of the interpretation of the

dichotomy of life and death in the medical space. Philosophy, which uses critical, analytical thinking, combining it with cultural and historical experience, shapes current trends that are perceived by society. For example, in the matter of life and death, socio-cultural realities (such as the COVID-19 pandemic) will always bring turbulence to sustainable, balanced medical progress. At the same time, the philosophical and value case is designed to regulate this influence.

It is also important to improve purely philosophical approaches to the interpretation of medical and ethical standards. In particular, the synergistic potential that is relevant and in demand today allows for the formation of interconnections between traditionally autonomous clusters of moral and ethical standards. In particular, the human dimension is combined with the value context, forming worldview and mental stability; the synergy of axiological and ontological cases provides a strategic vision of medical development in the context of preserving human and humanity's vital activity, as well as in understanding the strategy of positioning mortality in global manifestations.

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Conflict of Interest

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