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The Art of Healing, More than Science, More than Practice

Adina MARINESCU[1]

[1] Ph.D. candidate in Philosophy, medical ethics researcher of Centre for Research in Applied Ethics, Faculty of Philosophy, University of Bucharest, Romania; e-mail: a.marinescu@yahoo.com

Abstract: Traditionally, medicine has been considered a practical art. It seeks the patient's well-being through technical means and specific skills in healing. On the other hand, healing means are connected to the life sciences, through which knowledge has developed systematically. Due to research and technological development, we can easily reveal the true meaning of medicine as science. Hippocratic practice and Aristotelian ethics have offered us a humanitarian approach, oriented to the sick person, which set the virtuous human character of each person who practices the virtues. The medicine people approached to the medicine preserving an ancient picture of the practice. They have know-how of the practice, recognize the characteristics of each field of art or science appreciating its utility and benefits, but often they don't know why or where the boundary between the two fields, science and art, falls. They are scientists and artists, too. In this article I intend to fix what science means and what art means, based on Aristotelian arguments, which lead to a perspective of a virtuous professional life. Also, it is relevant to find its common issues. No physicians can successfully practice their profession without respecting the rigor of science and training their creativity. I plead for a moral practice, for the understanding of humanity's state in any medical act. Medicine is the moral community where practice meets science and arts merge both. Medicine is not between practice and science; it is the art itself of medical practice and science.

Keywords: *art of healing; science; medical practice.*

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1. Introduction

Traditionally, medicine has been considered a practical art. It seeks the patient's well-being through technical means and specific skills in healing. On the other hand, healing means are connected to the life sciences, through which knowledge has developed systematically. Due to research and technological development, we can easily reveal the true meaning of medicine as science. Hippocratic practice and Aristotelian ethics have offered us a humanitarian approach, oriented to the vulnerable person, which set the virtuous human character of each person who practices the virtues. The medicine people approached to the medicine preserving an ancient picture of the practice. They have know-how of the practice, recognize the characteristics of each field of art or science appreciating its utility and benefits, but often they don't know why or where the boundary between the two fields, science, and art, falls. They are scientists and artists, too.

In the following I intend to fix what science means and what art means, based on Aristotelian arguments, which lead to a perspective of a virtuous professional life. Also, it is relevant to find its common issues. No physicians can successfully practice their profession without respecting the rigor of science and training their creativity. The environment where the science meets the practice has developed as a moral community with artistic features. The medical community has gained moral value on the background of humanity's demands. This moral background is acquired through an ongoing complex process of interaction, which enforces a moral practice within the medical community. Once the significance of the healing art is set, at least partially, it is also relevant for medicine to identify its applicability. The practical relevance of knowing the nature of science and healing art is an educational one and valuable in moral communication. As we know, Aristotle is considered as the greatest ethics encoder. Knowing and understanding the Aristotelian texts facilitates the process of decoding ethics in modern medical communities. Also, they aid in exposing and enlightening the postmodern philosophical school. Aristotle's "art-science" framework is an archaic topic constantly updated and reinvented by moral philosophers. The Aristotelian way activates the virtues value and boosts postmodernism to the large fields of applied ethics, bioethics, public health, and research ethics. Also, considerable, and significant improvement of the moral life of medical practice will be notice by training programmes. Bioethics is based on two apparent different cultures of science: natural and human. In fact, these sciences cannot be distinctive: ethics values cannot be separated by biological fact. Bioethics has become "a bridge to the future"

and obtained significant meaning for healing arts, connecting biology and philosophy to medicine (Potter, 1971). Bioethics has become an essential discipline of training programs in health professions education. Mentorship is the most common technic of the moral educational act. Through mentoring, many health professions training institutions have successfully incorporated institutionalized skills with public beneficence (Nobel, 2010). Bioethics "should not leave ethics behind," and it is a "complex effort" that serves more than one discipline (Pellegrino, 2002). Also, it brings benefit in private, professional, and public life through the social sciences, humanities, and the biological sciences. The development of new ethics was due to the new perspectives of medical practice: knowledge and innovative therapies. The "art-science" theme is a vast one, with valuable aims in moral culture. It has perfectly profile for develop educational skills and programmes as the academic ends of the postmodern social sciences and humanities. It is set in the ethical tools of moral life in modern medicine. The article deals with the joining of the science and art of healing with the process of moral and professional skill. The training of moral abilities leads to a rigorous ethical control in the postmodern era.

The medical community defines its practice by ancient moral ethics and diverts it to a modern one as oriented towards the patient as the final beneficiary. The best medical practice includes Aristotelian arguments, and it is used to norm the ethics and to improve the behaviours. Thus, the professional moral life and organisational climate are morally secured. Medical communication is exhibited by a moral interaction, which brings humanity into medical science and exercises it in the healing process. Being the link between medical science and practice, humanity is the key to a moral medical community. Modern medical ethics is built on the pillars of humanity, imagined on the moral obligations and keeping up of the techniques for training of practical and ethical skills and communication. The academic interest in the "art-science" matter is assigned to postmodern researchers or philosophical practitioners for developing confidence in good medical practice with their creativity.

I plead for a moral practice, for the understanding of humanity's state in any medical act. Medicine is the moral community were practice meets science and arts merge both. Medicine is not between practice and science; it is the art itself of medical practice and science.

Medicine between science and art

Medicine has developed by integrating fields of different sciences and involves in its knowledge process organizational and administrative

structures, health policies, clinical management, health economics, medical law, sociology, medical anthropology, information and communication technologies, and innovative procedures. The entire body of knowledge is used in current medical practice and promoted through the procedures of medical education and moral training. Medicine as the discipline of human study, which has the active and unbending role of maintaining community health, is fundamentally related to humanity. The native value of *medicine* comes from the complexity of science, practice, and education, as well as their interdependence. The significance of the concept of medicine seems to be like what we know about the knowledge, endowments, healing crafts, or dialogue art of the Hippocratic age.

The dimension of knowledge aims the development of technical and artistic skills through the social values of the community. Aristotle frames knowledge in the theoretical sciences (natural sciences, mathematics, and metaphysics), in the practical sciences (rhetoric, ethics and politics), or in the poetic sciences (poetry and other arts). Logic is considered a complexity that interferes with all three types of science, and it is the base of all thinking. As the stand of experimental knowledge and study, medicine plays a key role in merging of early culture. Medicine is not just science, nor just an art. I am not referring here to the plastic arts, as an art of visuals or iconographic illustrations revealing the human body, or images of healing tools, or disease evidence by painting, sculpture, drawing, or engraving. Moreover, the set of artistic representations of the literary, musical, or dramatic, as an expression of human creativity, brings worth to medical practice. Artistic representation of the human body, or in connection with it, does not itself make medicine an art, even though it is widespread and important for its aesthetic and scientific value. In its classical meaning, arts merge with medical science through valuable professional tools. These therapy tools have amazing results in patient well-being, such as art therapy, the art of dialogue and communication between doctor and patient, or in the professional community, medical education and training by simulations or artistic representations. Towards these perspectives, the medical art is interpreted as the physician's ability and gift to understand the most hidden parts of the body and mind, with the endeavour to achieve perfection of the living body, full of mysteries and sacred. Identifying dysfunctions and restoring human nature to its original physiological state - repairing organic functions - is an art itself, based on skill, dexterity, and talent. For this reason, medical scientists have agreed to assign to *medicine* dual features: scientific and artistic-creative ones.

Any action or decision is animated by a final cause, an essential goal or prime end, towards which all other subsequent aims tend and follow it. These ends are assumed in the dedicated content to man's Good (Book I, Nicomachean Ethics). The *Good* is the final goal, the prime end. Aristotelian ethics require an end for each act of knowledge. The natural goal of all knowledge is happiness, and "of medicine, the end is health". (Aristotel, EN, p. 1094a5). In the Aristotelian view, man is the centre of medical scientific concerns. The study of medicine and medical interventions targets on the Good, as supreme, or final goal. Aristotle exhibits the Good in two senses, on different levels: it is either absolute (valid for all persons), or relative (valid only to the individual), and represents either "an activity or a habitual disposition" (Aristotel, EN, p. 1099a).

By philosophical perspective, the centre of medical scientific focuses on Good, but the basic question of "What is this Good?" remains open. Aristotle offers an answer to this question by joining three kinds of goods: "the soul goods, which he considers as the first degree; body goods come in the second place, as health and vigour, beauty, and so on; and external goods as the third degree, such as wealth, good nature, fame and others" (Diogenes, 1963, pp. 257-269). Firmly, *health* is a second-order element in the production of man's greatest Good - happiness - and, at the same time, it is the specific end of medicine. In the large sense of vital actions and empathic interactions, to ensure the well-being and comfort of increasingly vulnerable people, the Good is the expression of *humanity*. It is so because of expression of the common and individual Good. Medicine only follows health, in any circumstances, due to its humanitarian nature. In the development of medical practice context, the community strictly imposes a constant moral behaviour, educated, and trained in all sites and environments. Humanity is a concept with positive connotation, which involves defending and promoting the fundamental rights of human beings as universal (applies everywhere) and absolute (the same for all), as well as the freedom to choose. Humanity is priority correlated to the public good, then to the individual good. The meaning of humanity is given by the expression of comprehensive moral features such as goodwill, honesty, tolerance for vulnerable people and respect for their rights, support for personal autonomy, empathy, compassion, integrity, prudence, and other attributes that bring value to professionals in medicine.

Humanitarian medicine captures all the public interventions on individuals of any community, which explores the individual and public Good, and thus it is the expression of moral behaviours.

Philosophical terms of the art of healing

Aristotelian texts are difficult to understand and approach that is why a deep assessment of the words' meaning in an ancient context is necessary. He sets moral content to every relevant word for shaping of characteristics of a moral life. To capture the right sense of the Aristotelian terms, some translators reveal in their comments their contextual interpretation. The archaic Greek terms are encumbered with extreme characteristics. The Aristotelian text is full of *superlatives* of the values. The Aristotelian Good is constantly translated as *supreme good* or *final good* or *the best*. The main meaning of it is given by the best or most important of everything available to human beings. The Aristotelian terms, which he has highlighted in this superlative key, is relating to the habitual disposal or action to find and do Good. By the moral good, Aristotle has assumed some features of standards of human life (Ward, 1968).

The meaning of the terms depends on the sense of the Aristotelian text given by historical translators. *Art* is more expressive and significant. The classical opposition between Aristotelian terms *epistêmê* as theory and *téchne* as practice is claimed by "intellectual activity". Aristotelian texts give to art a charter of intellectuality, which seem to "list more rational habits or potencies: wisdom (a combination of intelligence and scientific knowledge), prudence, (as power); and science - three rational potencies, but five intellectual habits" (McNally, 1971). Aristotle suggests a conciliation between philosophical terms *science*, as knowledge (*epistêmê*, in Greek and *scientia* in Latin) and *art* (*téchne* Greek, *ars* in Latin), with a meaning of skills, ability, capability, craft, and it is often translated as practice, technics, or profession.

Thus, on the one hand, art is meant to be (1) an expression of human creativity, (originally *τέχνη*, and in phonetic translation *téchne*), which expresses "any productive or poetic activity (a production)"; i.e., an external thing, a later produced thing, whose end is distinct from its action. On the other hand, art is (2) an applied area of knowledge, a form of practical science, which may also have the meaning of investigation or method (originally *μεθόδους*, in phonetic transcription *methodos*), and it is a Greek word which implies the necessary knowledge for the production or exercise of the product of creation); i.e., the "know-how of the craftsman" (Mureşan, 2007, p. 75). Some of the Aristotelian text's interpreters have assigned same signification to both words *methodos* and *téchne*. The Aristotelian signification of the notion of art (*téchne*) is exactly this *practical science*. Art as an external product has as its prime aim the causing of some aesthetic values. The classical approach and in the large way of sense, the *art* (*ars*) is understood as

a product of representation, emotional expression, and form, as result of human creativity.

This formula of art presumes a natural reflection by it imitating, as an expression or an applying ability, and involving the human imagination, which mostly appreciates its beauty or emotional strength. The bridge between science and art is settled by *practice*. In other words, *science* and *art* exist through *practices* - *téchne*.

Aristotelic arguments

The goals of medical interventions are performing and improving patients' health, leading to consequences for individual and public health. Its aims are specific and considered mediating actions to follow the Good.

Aristotle defines the Good to which all aspire as achievable, absolutely accomplished and always followed for itself, never for anything else: "the complete good is held to be self-sufficient" (Aristotel, 1998, pp. 1097b5-10). In the endeavour to establish the nature of Good, as an achievable one and accessible to man, Aristotle creates a frame of Good's means. As a result of this approach, he strongly argues the necessity to demonstrates the value of science by structuring and ordering of the ends. The Good is exposed and analysed by science "with the highest authority and the highest organization," that is politics. The other connected disciplines might be considered practical ones only under the umbrella of politics: "the disciplines that enjoy the highest prestige, such as strategy, economics, or rhetoric, are subordinate to it" (Aristotel, EN, p. 1094b). Aristotle forwards a structuring of goals, applicable to disciplines that could be reviewed and investigated theoretically, in a moral context By following specific goals, all interventions lead to moral decisions. For more efficient analysis of the structuring of goals, it is necessary to establish the specific end for each professional field and subsequent goals. Interference and intersection of these aims are also relevant. Under the umbrella of medicine's specific end – health, there are exhibited the subsequent goals, as circumstantially ordered, hierarchically arranged, or transversally settled.

A first analysis of the subsequent goals appears as result of their ranking. The common Good reflects the individual Good, as individual health determines public health. The end that Aristotle shows to the medicine people is physical and mental well-being, achieved through humanity. Humanity seeks the Good, as supreme goal of the public, which is the city's health (Pellegrino, Bioethics and Politics: "Doing Ethics" in the Public Square, 2006). Aristotle certainly states that the city's health, understood as a common Good of the public, is more valuable than

individual health. The community's Good subordinates the individual one. This Good is the same for everyone as for the city, but it is obviously more important to consider perfect and efficient to take responsibility and save the city's Good instead of individuals' health; "no doubt it is desirable to do good to one man, but it is more beautiful and inspiring to do it for an entire community or for a city" (Aristotel, EN, pp. 1094b5-10). The prime end is revealed through specific goals, settled on different levels: the city's health seems to be a higher, more inspiring, and important goal than that of each patient. A set of subordinate goals of every activity can be established, which take the form of necessary means to follow the specific goal, which also targets at the Good as the supreme aim. The medical act is performed to obtain each patient's health, and it is a subordinated activity to health, as a specific goal. (Mureşan, 2007, p. 78) By subordinating the goal and its result, the medical act concurs with the accomplishment of the specific goal (the patient's health), and in the end, the final goal (the Good). By prioritizing characteristic goals, Aristotle differentiates the arts, disciplines, and systems of activities (practice or exercise). He suggests "one art is subordinate to another, if its characteristic goal is used as its means by the other one" (Mureşan, 2007, p. 75). The specific goal of the art of healing is health, which follows happiness, in the Aristotelian terms (*eudaimonia*), as human well-being. This goal's structure invests well-being with humanity and transfers it in a mediating plane. The medical act gathers and fits knowledge, practices, and crafts, using methods and techniques, following the rules, complying with standards and trained skills, and using specific means of expression. By the healing act medicine does not exclusively follow the physical, aesthetic improvement, patient satisfaction, professional development, academic profit, or material benefits. The target of medicine is the harmony of integrating body, mind, and soul. Obtaining human well-being means fitness and security for humanity and achievement of the prime end. Through science, technique, and art, health is the nature of the whole body. If the goal is well-being, obtained by integrating the moral, aesthetic, and social values, relevant for medical acts, I consider healing as *art* (*téchne*).

Another perspective of goals shows us a set of valuable aims in a transversal plan. The performer of the medical act is also practician, scientist, or mentor. The medicine people get their specific skills involving practice, study, or mentoring. The medical goals plan integrates the specific objectives of the medical field: e.g., for professional life, the medical act targets each patient's health; for the scientific area, the act of knowledge targets the development of health means; and for the mentoring, the educational act targets the guiding and correct application of medical

interventions (medical know-how). The specific medical goals, which integrate practice, knowledge, and mentoring, are oriented to maintaining public health. Also, these are represented by humanity's actions. This aim's framework is expression of common public health. In the practical field of development and medical research, the perspective seems to be more complex. Clinical studies and medical training admit some particularities in the development and research process. The subsequent goals of medical science and training, which are partially overlapping with practice, targets knowledge, as well as professional and academic performance. Clinical study assumes medical acts within strictly and accurately decided researching, and its specific end is knowledge. The key role of these medical acts is testing innovation. One of the subsequent goals of the clinical study is for the most part fit and even might be the same as the specific end of the medical practice: public health and human well-being. The framework aims to preserve and secure humanity in the entire process. Medical training encourages education by involving medical acts themselves for personal and professional development. At the same time, the key function of the knowledge act is testing and training healing skills. The expected benefits in particular or connected to medical acts have a different specific end from a of medical practice one. Sometimes the goal's frame might contain, on a different level, the same end that medical practice follows. The most common specific aim of the research, training process, or medical practice is determined by the anticipated future benefits of public health. The humanity of each process will cause eventual universal benefits in terms of human well-being. Medical interventions under research or mentoring are best practice and effective if the goal's framework is standards compliant, assuring quality and rigorous application. In this case, medicine is a means for another end (an end to another). Thus, medical practice goals get the role of mediating means to another end, as knowledge or medical know-haw. Because it sets up these aims under the end as knowledge or know-haw, the healing practice is *science* (*episteme*).

Nature of the act of healing

The concerns for medical technics and its applicability cannot separate the two fields, science, and art, because they are complementary. One's meaning is supported to another's. A physician cannot perform the medical profession if he or she doesn't respect scientific rigour and doesn't exercise its creativities. Science and art gather and mix under the cover of the profession. Without empathy, emotion, judgment of human values, and

reverence for life, the medical act cannot be accomplished. Thus, the medical act is born as an *art of healing*.

The discourse on the art of healing began with the Greek concept of *téchne*, which contains a broad range of activities—rhetoric as well as carpentry, medicine as well as sculpture. Technology was a science of the useful arts, and in modern life, it is everywhere. Based on Aristotle's arguments, Eric Schatzberg explains the difficulties to define technology. There is a competition of meanings, one of them being just practice towards ends defined by others (e.g., scientists), and the other being more than practice, a weighty work full of dignity, creativity, and cultural worth of technicians. (Schatzberg, 2012). Per Aristotle, the art is more a science than practice. His argument for this thinking relates to meaning of the practice, as art or science: "the experience is quite similar to art (*techne*) and science (*episteme*)" (Aristotel, Metafizica [Metaphysics], p. 55 (981a)). The excellence of medical practice is expression of the experience and routine. The science and art are enhanced by testing the knowledge and training the skills. Contextually, *practice* might be the *art* (*téchne*) in particular situations, as well the science (*episteme*) is in general knowledge. The image for the best medical practice fits with the intertwining of art and science. The "art-science" framework is highlighted in an analogy of healing by finding a cure for some illness. The experience means specific knowledge for situations that might be further available for widespread use. It means that the benefits are for universal use. If the cure is for a certain disease and only for individual use, then the healing belongs to art. The experience causes and means art. The healing is the result of the reflection of the experience. If the cure can be used in similar cases, and can be applied to all people, with the same conditions, as a form of indistinguishable symptoms, the experience belongs to and means science. This is the Aristotelian argument of healing being science more than art: "experienced people better succeed than the theorists without it". Even though Aristotle asserts that there is more significance for humanity in one who gets the science, rather than the art, a theorist who has general knowledge and ignores the particulars will often make mistakes in the healing process. This is precisely because of the disconnect of the two qualities of knowledge and wisdom. The explanation comes from what knowledge means (sometimes art, sometimes science). The experienced man knows there is an effect, but he or she does not know why, while the scientist knows this "why" and understands the reason for things. (Aristotel, Metafizica [Metaphysics], pp. 55-62 (980a-983a)). Medical practice seems to be the link between the science and the art of healing. Both science and art, are perfected and accomplished by medical practice.

Over time, people had creative and scientific concerns, and set to the medical profession a different and stimulating perspective. Additionally, to the Aristotelian pattern of "art-science" framework, the art of healing constantly tempts moral philosophers, causing ethics to expose creative medical practice. Confidence in the medical practitioner's reasoning and care for the patient puts the humanity into the medical profession, the direct link between science and medical art. Science and art, represented by knowledge and understanding of the vulnerabilities of the human being, through compassion and empathy, are necessary for accomplishment of the medical act. Modern society requires a holistic approach to the patient. Healing techniques are based on interdisciplinary, scientific, and artistic sources. The integrative approach of medical cases leads to successful treatment and good medical results: "understanding from a whole person perspective requires two things: knowledge of the person's biography (or extended case history) and some imaginative sympathy with that biography" (Downie, 1991). Downie finds useful the diversity of disciplines that develop and extend this integrative understanding of the patient, especially through history and literature, in all their aspects. The doctor includes in the individual analysis and medical reasoning experiments, literature, images (painting, film, drawing), and philosophy. There is a wide concern for the role of literature in shaping human experiences. Art and science have exhibited strong ties throughout human history. There is a wide concern for the role of literature in shaping human experiences Swanger argues for a fair state of art in training and puts empathy in a key role of education. Empathy must be part of education because knowledge without it is incomplete (Swanger, 1993).

The relationship between art and medicine is possible only because the arts involve an exploration of what people have in common, as well as what individual experiences are. Anne Scott considers the arts a stimulating factor in healing and highlights the role of these results in the medical act. The three ways to connect them are "(a) insight into common patterns of response (common or shared human experience), (b) insight into individual difference or uniqueness, and/or (c) enrichment of language and thought." (Scott, 2000). Usually, professional medical ethics is based on a pre-existing philosophical system, on a social construct, such as consensus or dialogue. Pellegrino claims a medicine with unique aims as internal ones. Healing is the single goal of medicine. Any other aim in opposition to human and spiritual well-being would become "external" to medicine, and medical practice would be considered morally corrupt (Pellegrino, 2001). Otherwise, medical science is a mix of knowledge, creative arts, and expressive techniques for the enhancement of body and soul.

Practical relevance of science and art of healing

There are many other images of the "art-science" pattern. I've just framed a part of the Aristotelian perspective of the healing art on the wide stand of the field of medicine. We know the interest in understanding the science and art in the healing process is essentially a theoretical one.

The main act of knowledge is applicable in education. Are there other relevant practices to the recognition of the science and art of the healing process? I've identified at least three related topics of the awareness of science and art or humanity alike. The practical relevance of knowing the nature of science and healing art is set by several other directions. The science-art framework exists contextually or by common or distinct elements. Both, science and art have meaning in applied ethics, for just and accurate ethical regulation, in ethical training programmes, or in ethical management control.

We have already known that the specific ends are the strong items of the distinction criteria of science and healing art. The consequences of giving the meaning of the specific ends in each medical act are marked in informed consent. There is a risk of lack of complete understanding of the medical message because of the complexity of the specific ends of each medical act. It might be one of the justifications for the necessity to regulate informed consent. The patient must be informed about all specific ends, and evidence of his or her consent must be obtained. The patient needs to know all details of the medical interventions. The specific ends submit the estimated benefits and expected results that may impact or bring benefits individual, community, or public health.

Thus, the institution of informed consent is strictly regulated and must be applied as such. Also, a set of moral communication guidance needs to be explicitly prescribed, explained, and enlightened. The medicine people ask for and agree with any support for moral communication by prescription and accessibility to it. The topic of the science-art framework is suitable for comprehensive training programmes for personal and professional development. If it were accurately structured and accessible, the topic would work more effectively for medicine people. A lot of ethical concepts could be used by them in ethical counselling or on the scene of medical intervention.

Healing art is acquired in virtuous professional life. The medicine people should know what the science-art frame is, and their professional limits are. The art of healing is not just a creative one that focuses on the body. The meaning of the healing art is also claimed by confidence and moral communication. Aristotle established the theoretical foundations of

virtue ethics. He placed man's nature, as character, in the centre of moral life. Aristotelian ethics provides us an important source of character development patterns as intellectual virtues, like the plausible assumption "as you are, you live" (Mureşan, 2007, p. 27).

The Aritotelian issue of virtue (phonetic *arete*) is the character. It involves the Good, as supreme and absolute, which perfects the human being. Moral and intellectual virtues are set as ideal moral norms. Aristotelian thinking is that in ethics, the virtuous route is revealed by exercise: "the only aim of perfect life is to exercise virtue" (Diogenes, 1963, p. 267). Aristotelian virtue is a habitual aptitude, determined by judgement, and it is understood as "a disposal (state) of character, which is capable to free choosing of the just measure of its external action" (Mureşan, 2007, p. 136 (EN 1107a)). The link between virtue and medical art rewards healing. The specific goal of both is health, and they are in existence to improve the perfect life through practice.

The perfect life is obtained through practicing the relation of the moral agent and action. The moral agent is placed in the moral space by virtuous actions. The meaning of virtuous action is "the deliberate choice, which determines the goal and the practical wisdom, that sets the means to achieve the end" (Mureşan, 2007, p. 24). So, the link between virtue and medical art is practice itself. The aim of practicing the virtuous life and healing art is the individual or common Good. They come into existence due to practice, and it's meant to improve moral life. The value of the virtuous action is external: it doesn't admit the moral value, neither in the product itself, nor as acts of consequence. The acts of the moral agent are restricted by its habitual disposal. The value of the healing art is naturally intrinsic: the products of art contain the moral value in it (Mureşan, 2007). The product of excellence is adequate for the scale of the moral agent by acting with skill. But, to assess if he or she acted virtuously, it is necessary to comprehend the action, find out the facts, and understand the judgement. All these rationed elements might set whether or not the action is virtuous (Hughes, 2001). The professional field of medicine claims medical ethicists to be able "to serve as genuine facilitators in public debate and policymaking and to assist in promoting knowledge-based understanding and moral wisdom" (Solbakk, 2015).

Medical practice aims for the patient's well-being, through tested medical procedures, including moral communication techniques. Communication skills are obtained by creative practice, such as visual techniques, representative works, musical or literary. The main tasks of moral communication are exhibited by short and simple messages, using

accessible background information to patients and relatives, empathic attitude, proper vocal register, and explanation of medical concepts (often using representative visual images). Moral communication techniques involve items of patient autonomy, moral security, confidence, a veridic and convincing message, and confidentiality of medical data. The medical message must be clear and brief and the information understandable. Thus, moral communication becomes an important ethical management tool because it follows the specific goals of patient well-being. Moral communication is an effective and important means in the application of informed consent.

As technological progress evolves, medical staff explore new healing techniques using telemedicine or artificial intelligence. They focus on specializing and caring for the target patient group. Overspecialization could lead to incomplete or imperfect healthcare due to overly specific objectives, which could mean omissions in the patient's holistic care. Thus, the boundaries of the healing art stand in increased attention in ethical management tools. So science and art are fit topics for development of medical management programs. They are the basis for principles of ethical control in medical units, criteria for ethical organisational evaluation, or content of training programmes for the medical staff. The art of healing is science, as the art itself, and it subscribes to ethical control of medical management.

Conclusions

Medicine is based on knowledge, observation of signs, and rational analysis. It has become, since ancient times and to this day, science, art, and profession alike. Humanity brings to medicine a moral feature, distinct from others. To fulfil the mission of the act of healing, the medical discipline shares the practice of scientific instruments. The acquisition of knowledge is achieved through scientific methods, designed as common tools of the healing act: observation, comparative analysis or deductive interpretation, and experiment. Medical practice uses the empirical methods of observation and experiment. The medicine people interpret data by analysis or reviewing clinical studies, just as scientists do.

Medical science aims to know and obtain convincing evidence for biotechnological progress. The results of science are intended for the public Good and widely applicable. The medicine people mind to enhancement of suffering and vulnerable people by applying the good results to everyone.

Science brings new elements of knowledge and methods of exploration, and art brings the craft, ability, attitude, and involvement. The

worth of medical art is emphasized by the grace of practitioners. The medical act is fundamentally more than science, more than practice. The art of healing expresses competence, skill, and grace.

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