

## Research Article

### MEDICAL NIHILISM: THE BIOLOGICAL CAPTURE OF HUMAN EXISTENCE

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#### ABSTRACT

Medical nihilism (Stenga Jacob, 2018), traditionally conceived as skepticism about the efficacy of medical interventions, can also be understood as a structural reduction of human existence to biological and pathological categories. The pervasive medicalization of daily life and the expansion of biomedical technologies transform not only treatment practices but the very perception of human life. Ordinary experience—emotions, behaviors, and bodily states are increasingly pathologized, producing what can be described as the “biological capture” of existence. This process obscures subjective meaning, diminishes autonomy, and substitutes scientific criteria for traditional frameworks of value. Drawing on Foucault’s biopolitics, Illich’s critique of medicalization, and Jonas’ ethics of responsibility, this study argues that medical nihilism entails both epistemic and normative consequences. To counteract these tendencies, it advocates reintegration of subjectivity, narrative approaches in care, and bioethical frameworks that reconcile scientific rationality with existential significance. Recognizing medical nihilism thus requires recalibrating medicine’s role to place human dignity, ethical reflection, and the search for meaning at the center of health practices.

**Keywords:** Biotechnology, human existence, medical nihilism, medicalization, pathologization, philosophy.

#### INTRODUCTION

Modern medicine has gradually established itself as an omnipresent discipline, expanding its scope well beyond strictly organic pathologies to encompass a multitude of aspects of human life. This phenomenon, referred to as the “medicalization of the world,” reflects a dynamic where all human experiences be an emotional well-being, stress management, bodily performance, or even ordinary mood fluctuations are analyzed and interpreted through medical categories. From this perspective, life itself becomes an object of technical control. Medical norms, originally designed to diagnose and treat specific pathologies, now extend to structure social practices, regulate individual behaviors, and even influence moral judgments. This process contributes to a redefinition of what is considered “normal” or “deviant,” granting medicine a central role in regulating human relations. This trend also reveals a contemporary form of nihilism. In a world where spiritual, philosophical, or existential benchmarks are increasingly eroded, medicine seems to assume the role of a universal answer to the quest for meaning. Scientific or technical criteria—often perceived as objective and neutral—replace traditional frameworks of significance, relegating the value of existence to measurable or quantifiable parameters.

Thus, medicine progressively substitutes other forms of existential inquiry, leaving little room for a more subjective or transcendent reflection on the meaning of life. This phenomenon raises fundamental questions about the limits of medical knowledge and its growing influence in personal and social spheres. What are the ethical, philosophical, and cultural implications of such power? Can medicine legitimately monopolize the definition of happiness, health, or even the “good life”? These questions invite reflection on the place that this discipline should occupy in contemporary societies.

#### THE MEDICALIZATION OF THE WORLD: TOWARD AN OMNIPRESENCE OF MEDICAL SCIENCE

##### Medicine as a hegemonic discourse

Practical medicine, currently bolstered by technological and biological advancements, has become a dominant paradigm in contemporary society. Its interventions, extending to almost all aspects of human existence, reflect a hegemony that is no longer confined to clinical contexts. According to Ivan Illich in *Medical Nemesis* (1975), this dominance signifies a tendency to interpret everything through the lens of medicine, leading to an “expropriation of health” by institutions, profoundly redefining the relationship between individual health and social structures. Illich critiques what could be described as pan-medicalism in modern societies, where medicine becomes a form of power that extends beyond hospitals or medical offices. Instead of protecting health, modern medicine imposes interventions that transform how individuals perceive and experience their own bodies and well-being. This medicalization shifts phenomena that were once considered private or cultural into the realm of medical and technical norms. This societal medicalization also echoes Michel Foucault’s work, which examines how institutions, including hospitals, contribute to constructing normative knowledge and power. In *Discipline and Punish* (1975), Foucault emphasizes that medicalization, far from being a simple care service, becomes a mechanism of social control and discipline. Individuals are thus transformed into objects of examination, surveillance, diagnosis, and treatment based on the health norms dictated by medicine.

Additionally, medicine has increasingly replaced older visions of health that were often rooted in spiritual or communal explanations. For example, events such as birth, death, and even human emotions or behaviors are now interpreted through medical categories like diseases, pathologies, or disorders. This evolution is enabled by technological advancements, such as medical imaging, which offers physical representations of the human body, and biotechnology,

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which promises to transform fundamental aspects of human biology. The development of pharmaceutical industries and health technologies also plays a major role in consolidating medical hegemony. The proliferation of specialized and personalized treatments fosters a growing dependence on medical institutions, often aligning with a trend of commodifying health, where access is controlled by economic factors rather than ethical or social considerations.

Critics such as Illich, Paul Farmer, and movements advocating for community health question this logic of medicalization and dependence on health institutions. They argue that seeking medical solutions for all societal problems risks overlooking other factors, such as economic and social inequalities, that also influence population health. In this context, rethinking medicine's role in society becomes essential—not only in terms of care and treatment but also regarding its effects on individuals and social structures. A more critical and multidimensional approach to health could better address contemporary challenges in well-being and social justice.

### The role of biomedical technologies

Biomedical technologies, such as medical imaging, genetic tools, and other diagnostic and treatment devices, have radically altered our understanding of the human body. These technologies enable detailed observation of internal bodily functions, opening new avenues for disease detection, treatment monitoring, and personalized care. However, this evolution profoundly affects our perception of health and the human body. Michel Foucault, in *The Birth of the Clinic* (1963), highlights how these technologies contribute to the objectification of the body, reducing the human being to a set of biological functions. This focus on biology often overlooks subjective and existential dimensions of illness, such as suffering, pain, or anxiety, leading to a reductive view of the individual. Foucault advocates reintegrating human and cultural dimensions into the medical field, emphasizing that health is not merely a matter of bodily functions but also involves social and personal interpretations. Moreover, the rise of biomedical technologies poses significant ethical challenges. Access to these technologies may exacerbate social and economic inequalities, as they are often costly and unevenly distributed. This reliance on technology can also overshadow the human element in care relationships, altering how doctors and patients interact.

## THE PATHOLOGIZATION OF LIFE: A DRIFT OF MODERNITY

### The expansion of diagnostic categories

The expansion of diagnostic categories has significantly impacted how we understand and address human life, particularly in mental health. This trend has fostered a pathological view of human existence, where behaviors, emotions, and experiences once considered normal are now classified as mental disorders requiring clinical intervention. One striking example is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), produced by the American Psychiatric Association. This manual, which serves as a key reference for mental health professionals, has grown from listing 106 disorders in its first edition in 1952 to over 300 in recent versions. While this expansion reflects psychiatry's effort to better understand human complexity and offer appropriate treatments, it also raises concerns. Ordinary emotional states, such as sadness or anxiety, are increasingly labeled as disorders to be treated, contributing to the medicalization of everyday life. This inflation of diagnoses redefines

mental health norms, transforming what was once considered a normal response to life's challenges into conditions requiring medical attention.

The consequences of this phenomenon are felt on both individual and societal levels. While it provides access to treatments that can genuinely improve lives, it also fosters a fragile perception of humanity, where individuals increasingly see themselves as "sick" due to behaviors or feelings previously deemed normal.

## MEDICAL NIHILISM: A DEHUMANIZATION OF THE HUMAN CONDITION

### The reduction of human existence to biology

The reduction of human existence to a mere biological dimension, disregards the existential, spiritual and cultural aspects that give life its meaning and value. This approach, privileging the management of life in biomedical terms, neglects the richness of human experience beyond its biological components. Michel Foucault's philosophy, particularly his concept of "biopolitics," offers a critical perspective on this reduction. According to Foucault, biopolitics refers to the practices through which modern institutions organize and regulate populations based on medical and sanitary criteria, often for the purposes of social control and public health management. This medical model, by focusing solely on physical health, devalues the spiritual, philosophical, and social aspects of existence, which are essential to fully understanding the human condition. The biomedical reduction overlooks subjective experiences and the meanings individuals attribute to their lives. It fails to consider the quest for meaning, spiritual aspirations, social connections, and self-construction through cultural practices. By prioritizing the bodily dimension alone, the biomedical model risks reducing individuals to dehumanized machines governed by biological and medical laws, instead of recognizing the complexity of human beings in their entirety.

Foucault's approach to biopolitics invites deeper reflection on the implications of this reduction, emphasizing that the management of populations through medical and sanitary practices is not neutral. These practices are intertwined with power dynamics, where institutions seek to normalize, control, and often subordinate individuals. Beyond the mere biological management of life, it is crucial to consider how institutions, through their medical and social policies, shape human existence in all its richness and complexity. Thus, it becomes necessary to rethink medicine and health by expanding the understanding of the individual—not only as a biological being but also as a social, spiritual, and cultural entity. Only by acknowledging the full scope of the individual can we truly understand and value human life in all its depth.

### The question of autonomy

Medical nihilism as articulated by Hans Jonas, profoundly impacts individual autonomy. Autonomy, understood as the ability of a person to make informed decisions about their own life and well-being, becomes particularly vulnerable as medical interventions multiply and grow increasingly specialized. In *The Imperative of Responsibility* (1979), Jonas criticizes excessive medicalization, arguing that it disempowers individuals, stripping them of their decision-making power and autonomy. The constant expansion of medical technologies and biomedical knowledge tends to render individuals dependent on medical authorities to determine what is "good" or "correct" for them. This phenomenon, Jonas contends, can lead to alienation from one's own body and personal choices.

This extension of medical authority into daily life creates psychological dependence on medical decisions that could otherwise be made autonomously. Patients, overwhelmed by an abundance of advice, treatments, or medical interventions, may find themselves unable to distinguish between therapeutic necessity and societal pressures dictated by scientific imperatives. This situation fosters passivity, where individuals submit to an omnipotent "medical knowledge," feeling incapable of making independent choices without prior scientific validation. Moreover, this dynamic leads to the internalization of norms imposed by medical institutions, such as health establishments, biomedical professionals, or public health policies. For instance, the systematic reliance on preventive medical exams, medications, or standardized treatments gradually becomes a social norm that is difficult to contest. Individuals become increasingly vulnerable to these norms, losing the ability to resist or question interventions they might perceive as unnecessary or even harmful in the long term. One of the most troubling effects of this process is the reduction of individual resistance to invasive or excessive medical practices. In a hyper-medicalized society, opting out of care or refusing certain interventions becomes increasingly difficult, both personally and socially. Individuals face constant, direct, and indirect pressure to accept a permanent medicalization of their lives, sometimes at the expense of their own understanding of what is beneficial or healthy for them.

This situation can also erode individuals' ability to make sound personal judgments about health issues. As they become increasingly subject to medical norms and scientific imperatives, individuals gradually lose control over their own existence, becoming mere receptacles for external decisions. In this context, autonomy, which should be based on active and informed decision-making, collapses. Jonas, while warning against these trends, emphasizes the importance of restoring autonomy in health and well-being decisions. He advocates for a model of responsibility where individuals are empowered to make informed decisions about their own lives, without being deprived of their capacity to judge what is in their best interest. This involves recognizing individuals' right to refuse or question proposed medical interventions and asserting greater freedom from the prescriptions of dominant medicine. It is not about rejecting medical science outright but rather about maintaining a balance between medical expertise and the individual's ability to make personal, informed choices. In a society where increasing medicalization is accompanied by growing social pressure, individual autonomy in medical decisions becomes a fundamental issue. It requires rethinking the relationship between the patient and the medical system, ensuring that medicine serves as a tool to support individuals in their development and ability to decide for themselves what is best for their health.

## PROPOSALS FOR CONSTRUCTIVE CRITICISM

### Reintegrating subjective experience

In an increasingly technological and scientific medical context, it is crucial to reintegrate patients' subjective experiences to counteract medical nihilism, which tends to reduce the ill person to a collection of symptoms and pathologies. To achieve this, a more humanistic and holistic vision of health must be embraced, where patients' subjectivity, emotions, histories, and values are fully considered. This requires adopting medical practices that view the person as a whole rather than solely through the lens of disease. Humanistic approaches, such as narrative medicine, play a central role in this reintegration. By focusing on patients' stories, this practice values their personal histories and unique experiences. Narrative medicine provides a space for patients to express their feelings, fears, hopes,

and aspirations—elements often overlooked in conventional medicine. Active and empathetic listening enables caregivers to achieve a deeper understanding of the individual in their complexity, facilitating more tailored and respectful care.

However, reintegrating subjectivity is not limited to adopting practices like narrative medicine. It's equally essential to expand the education of healthcare professionals to include psychological, social, and ethical dimensions in their training. Such an integrated approach not only strengthens the therapeutic relationship but also prepares caregivers to approach health more comprehensively, considering the cultural, economic, and social factors that shape the experience of illness. Additionally, this broadened education allows for a better understanding of the impact of chronic or serious illnesses on patients' daily lives and promotes care strategies that are less focused on rigid protocols and more oriented toward individualized treatments.

Implementing these changes requires a shift in mindset within the medical profession, which could be achieved through revising initial and ongoing training for healthcare professionals. Emphasis would be placed on authentic dialogue between caregiver and patient, addressing the emotional and existential dimensions of illness, and integrating patients' concerns into care plans. Ultimately, such an approach fosters a more complete and nuanced understanding of patients' subjective realities, restores mutual trust and respect, and provides a more humane and effective response to the challenges of modern medicine.

### Reevaluating ethical priorities

As an interdisciplinary discipline, bioethics plays a crucial role in defining the principles that should guide modern medical practice. In an ever-changing medical world, marked by rapid technological advances and complex social issues, bioethics offers an essential framework for reassessing and adjusting the priorities governing clinical decisions. It enables medicine to be oriented towards more holistic objectives, taking into account not only the technical and scientific dimension of health, but also the human, social and cultural aspects of care.

One of the most influential models in this field is that of the "four principles": *autonomy*, *beneficence*, *non-maleficence* and *justice*. These principles, developed by bioethicists Beauchamp and Childress, aim to provide a balance between the different dimensions of medical practice. The principle of *autonomy* recognizes the importance of respecting patients' choices and decisions, ensuring that they are well informed and free to make their own choices. The principle of *beneficence* stipulates that the actions of healthcare professionals should aim to maximize the patient's well-being, always seeking to do good. *Non-maleficence*, on the other hand, requires practitioners to minimize risks and cause no harm to the patient. Finally, *justice* insists on equity in access to care, ensuring that all individuals, whatever their origin or situation, have fair access to medical resources and treatment. These four principles, while widely applied, are not always easy to reconcile in complex clinical situations. One of the central missions of bioethics is therefore to seek balanced solutions, particularly in cases where these principles come into tension. For example, respect for a patient's autonomy may sometimes conflict with the objective of beneficence, as in cases where a patient refuses life-saving treatment.

In such situations, bioethics calls on professionals to reflect deeply on the implications of their decisions, taking into account the patient's cultural, social and individual values, while respecting the legal and

ethical framework. Integrating bioethics into medical training is therefore an essential lever to help practitioners better understand and apply these principles in situations that are often unpredictable and morally complex. Bioethics training should be seen as a pedagogical tool that enables healthcare professionals to develop a thorough understanding of ethical issues, as well as the skills needed to navigate situations where decisions are not based solely on medical or technical criteria. This includes training not only in bioethical principles, but also in the ability to analyze ethical dilemmas, communicate with patients and their families, and negotiate decisions that respect everyone's values. Another fundamental aspect of bioethics is the need to rethink clinical practices, valuing a truly person-centred approach. In a patient-centered model, medical decisions are not limited to a simple clinical assessment of symptoms and treatments, but also integrate the patient's individual needs and cultural values. Healthcare professionals must therefore adopt an attitude of dialogue and collaboration, while respecting each patient's personal and cultural convictions. This means going beyond standardized approaches and taking into consideration the whole person, in all his or her complexity. This approach requires attentive listening, sincere empathy and a deep commitment to the 's well-being, which must take precedence over any purely technical logic. With this in mind, it is essential that modern medicine evolves towards a vision of healthcare that is truly inclusive and respectful of individual diversity. Decision-making criteria must take into account the cultural, social and even economic specificities of each patient, to ensure that care is both equitable and appropriate. This paradigm shift could also lead to a reassessment of priorities in the training and practice, where interpersonal skills and emotional intelligence are just as essential as technical skills.

Ultimately, reassessing ethical priorities in the medical field presupposes a strong commitment to rethinking clinical practices, so that they are both scientifically rigorous and profoundly humane. This requires not only a transformation in the way healthcare professionals are trained, but also an evolution in the way they think about and interact with patients. Beyond traditional ethical principles, bioethics must also open up areas for reflection on practices that place the dignity, rights and respect of every patient at the heart of the medical relationship.

## CONCLUSION

Medical nihilism represents not merely a crisis of meaning within the healthcare system, but a structural transformation in which the very horizons of human existence are reshaped by biomedical rationality. The progressive medicalization of life and the expansion of diagnostic categories have redefined what is considered normal, deviant, or pathological, producing a form of life in which subjective experience, personal agency, and existential significance are increasingly subordinated to clinical and technical norms. This "biological capture" of existence has profound ethical, cultural, and philosophical implications: it challenges autonomy, erodes the capacity for self-determined meaning-making, and positions medicine as a dominant interpretive framework for the human condition.

Countering medical nihilism requires a deliberate reintegration of human subjectivity into medical practice. Narrative medicine, holistic approaches, and interdisciplinary bioethical frameworks can help restore the individual as a moral and existential agent, rather than a mere object of treatment. Moreover, these strategies call for a recalibration of institutional and societal norms, ensuring that technological and scientific advances serve rather than constrain the richness of human life. Ethical reflection, respect for personal dignity,

and the recognition of diverse cultural, social, and existential values must guide clinical decision-making, not only to enhance care but to preserve the capacity for autonomous meaning-making.

Ultimately, addressing medical nihilism is both a theoretical and practical challenge: it demands reconceptualizing the role of medicine as a servant of human flourishing rather than as an instrument of reductive biological control. By placing meaning, subjectivity, and ethical responsibility at the center of healthcare, contemporary medicine can move toward a model that respects the complexity, singularity, and dignity of human existence while still harnessing the benefits of scientific and technological progress. Such a transformation is essential not only for the well-being of individuals but for the cultivation of a society in which health, ethics, and humanism coexist in a balanced and reflective relationship.

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