

LAW PHILOSOPHY MEDICINE – THE ANCIENT MAXIM *LATRÒS PHILÒSOPHOS ISÒTHEOS* AND THE CURRENT PANDEMIC

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Abstract

The recent health emergency caused by covid-19 has, in its way, highlighted the fundamental interweaving between law, philosophy and medicine, as well as the need to resort the ancient principles – disclosed by philosophical questions – which must represent the basis of both legal and medical issues.

Keywords

Law. Philosophy. Medicine. Pandemic.

Summary

1. The order, the diagnosis, the essence of things. – 2. *Activities-for*, born for humanity and at its service. – 3. The doctor-philosopher: serenity in judgment, profound morality, in love with his art. – 4. The covid-19 pandemic reveals *what is human*.

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1. The order, the diagnosis, the essence of things

There is a deep bond between philosophy and medicine, and intuitively there is one, equally intense, that unites law and medicine. It is not just a question of the same fate, as for example, the one which befell the three famous and cursed works (*Philosophie, Medizin, Jurisprudenz*) by Gustav Klimt. Nor is at stake only a biographical path – as the one which, for example, Karl Jaspers did, moving from law studies to medicine and philosophy, looking for a comprehensive psychology of nature and human experience. Rather, it is a fruitful marriage, *law-philosophy-medicine*, that improves their different approaches and perspectives, specific arguments and distinct objectives.

It is not difficult to immediately see the thin thread that unites law and medicine: both tend to preserve order or to restore it, one in society, the other in the human body. The term diagnosis, even before any other expression, constitutes the link between one science and the other. Law and medicine first of all indicate which elements constitute the case (i.e. the legal nature of the event, or the clinical nature of the disease) referring to a general and abstract category.

In general, jurists and doctors start from a concrete event and in evaluating it apply schemes and laws. Jurists and doctors, in a more particular way, pronounce a diagnosis and decide the treatment, so as to overcome the various pathologies. In other words: both are concerned with remedies (treatments) by administering medicines in order to cure and restore a compromised order². Hence the ancient metaphor: justice is for the diseases of the soul what medicine is for the diseases of the body. Hence the significant convergence: justice is what heals the soul from its illness, it is therefore both good and useful. So that the one who has a healthy soul is

² About justice administration, religion and Church, from an historical and anthropological point of view, see MARTYN 2019, pp. 230-271.

happy and the one who is sick can be cured and healed, maybe paying the penalty for his crime³.

Similarly, it is not difficult to immediately see the thin thread that unites philosophy and medicine. Both of them tend to connect the parts in order to consider the whole. The first in the effort to understand the essence of the things by recalling principles and points that overcame concrete and specific matters, aiming at the universal ones. The second in the effort to understand the human being who is not reducible to his physiology, as well as to his biology or chemistry⁴.

³ The judge settles disputes, ascertains the facts, gives right or on the contrary wrong, acquits or instead condemns. In his own way, he administers a treatment, drugs, and this happens both in the civil trial, where, with his decision, at least he calms the parts because of his impartiality, and in the criminal trial, where, with his judgment, he establishes the (procedural) truth and, in the event of a conviction, restores the order which has been broken by the action *contra legem*. From the latter point of view, think about the penalty: it is the punishment provided by the legal system and inflicted to the offender. It is, of course, an instrument of affliction which shall be proportionate to the gravity of the crime and aimed at compensating the criminal for the evil he has caused – in order to restore the violated legal symmetry. Hence the close connection between legal predetermination of crimes and penalties, proportionality of the punishment, legal certainty and safeguarding of rights. It is also an instrument of affliction that, inflicted on the guilty party, must aim at his re-education – as provided for by art. 27 of the Italian Constitution – so as to be, in addition to being a punishment, also an instrument of moral and spiritual repentance, with which one repairs an error committed and heals the amended offender (regarding the role and importance of the criminal sanction, see: AMATO MANGIAMELI 2014, pp. 57-102; BRANDÃO 2018, pp. 1-43; ALVES 2019, pp. 75-127; BECHARA 2020, pp. 40-65).

⁴ The doctor creates programs suited to the needs of their patients for a short and a long term, excludes the disease or on the contrary ascertains it, and in this hypothesis choose the remedies for the cure. Both the drug and the scalpel serve to heal, to free the patient from his infirmity wherever possible. Physicians and surgeons, in their own way and with their skills, protect health, which, as required by art. 32 of the Italian Constitution, is both a fundamental right of the individual and an interest of the community, so as to make it necessary to guarantee free care for the indigent.

It is in the name of this fundamental right that the doctor is entrusted with extremely complex tasks. In fact, he cannot only limit himself to the diagnosis, but must also know

The philosopher meditates on reality and wonders what is this world we inhabit (and in which we live, enjoy, suffer, die). The doctor studies the human body and deals in his own way with many impenetrable and essential terms - such as 'life' and 'death'. He also promotes life, cures and prevents disease, alleviates suffering, not persists in the therapeutic treatment.

Philosophers and doctors both investigate and operate on realities that at first glance reveal their materiality, but which instead are made by a set of material and immaterial factors, of mechanical activities and creative ones. For example, man's organism is a system of mechanisms, but his life is not a mere mechanical process, nor can it be understood without overcoming the limits of the elementary and the particular. Hence the ancient metaphor: as in the art of sailing it is required that those who pilot observe the sky and worry about the seasons, beyond the narrow confines of their boat, philosophy, unlike science, cannot be limited to the phenomenal concatenation of mechanisms (experientable and measurable), but rather it must tend towards in search of the foundation. Even more so if it intends to be a regulating ideal for actions. This metaphor is well suited both for ethics - which, as a search for the foundations that allow us to distinguish good and right from bad and unjust, is a part of philosophy - as

how to communicate with his patient – since therapy's success depends in part on this, all one with the patient's belief that he can defeat the disease. In other words, the doctor-patient alliance demands a suitable communication to re-emerge all those resources that the individual has available and that in particular moments (think in the case of bad diagnoses) – and due to bad (insensitive and hasty) communication – could not resurface. Moreover, in many hypotheses it is easy to see how a drug that is not very effective, and yet convincingly proposed by a trusted doctor, can work, if not better, in the same way as another more effective one. Here the conditioning carried out by the doctor is evident. Is the doctor who, in addition to the drug, with advice and various encouragement, helps his patient in dealing with the disease. And this is possible, provided that the doctor does not mistake his patient for an object or a number, as can sometimes happen in hospital wards. He instead has to consider him a subject who has frailties and needs.

well as for medicine, which, studying men, knows very well the difference between its (*su-*) *object* and all the other.

2. *Activities-for*, born for man and at his service

Law and medicine have in common the fact that they are *activities-for*, born for man and at his service. Thanks to the law, in fact, relationship can develop and maintain peaceful characters, denying what in an instant can become conflict and barbarism. Thanks to medicine, health and well-being can be strong enough to defeat what in an instant can become pain and cruelty. Both activities originate from the many shortcomings that afflict humanity, making its bodies (social and individual) precarious and corruptible. Hence the important and exclusive service that law and medicine provide, each in its field of action, with respect to problems that arise and impose themselves. Problems which must be included in their essence and, if there is no way to live with them, must be circumscribed or overcome.

Law is certainly an *activity-for*. It originates from relationship and, in order to guarantee it, cannot neglect or impair justice. Because justice is above all mutual recognition of otherness: *iusitia est ad alterum*, and has its own structural elements. For the theme of this essay the following are immediately relevant: the *equality* of subjects for their simple and common belonging to the human race; the *proportionality* between needs, responsibilities and merits on the one hand, and attributions and remuneration, on the other - so as to respect the differences between the implied subjects; the *impartiality*, as the measure which does not benefit anyone. In this sense: a) no one can be *index in causa propria*, b) the judge must not side with either party, c) the dispute is based on the contradictory: *audita altera pars*)⁵.

⁵ For further considerations AMATO MANGIAMELI 2012, pp. 15-24.

Law concerns the universally extended human environment, and therefore, potentially, all relationships between men, between peoples, between states. It teaches us to live *according to just rules*. Conforms to the rule is above all an action that allows the freedom of one within the freedom of each other, recognizing his *proprium*. And to recognize it, it is not at all required to be friends, to share the same feelings, ideas, faiths, or even to belong to the same *us*. In order to recognize what's *mine, yours, hers*, it is necessary and sufficient to be men⁶.

Medicine is undoubtedly *activity-for*. It is the science that studies disease in order to guarantee health, that is why it cannot ignore or compromise the human being, who must first of all be recognized for what he is: the holder of certain rights and specific duties, who, due to his natural needs and his very nature (*ζῶον λόγον ἔχον*), succeeds with the help of others and through the work of reason and hands to overcome his many and evident shortcomings. Nature has not provided him with defense weapons, nor with particular speeds, nor with instincts so rigid such as to develop automatic forms of behavior. In short: man is naked, devoid of claws, yet his nakedness, his lack of natural weapons and defense techniques, is filled by the intertwining of vital drive and reasonable-discursive activity.

All those elements that, as I've already said, are immediately relevant to law-justice (equality, proportionality, impartiality) in medicine are translated into the formula: act in such a way that you treat humanity, whether in your own person or in the person of any other, never merely as a means, but always at the same time as an end. Since every patient has the right to treatment, to his cure, and only the disease, no other consideration – as, for example, those relating to binomials such as: beauty/ugliness,

⁶ On this point (and, in particular, on the characteristics that are proper to the law as an *activity-for*) see: AMATO MANGIAMELI 2019, pp. 128-160; CAMPAGNOLI 2020, pp. 92-134.

capacity/incapacity, ability/disability, literacy/illiteracy, wealth/poverty – comes into play⁷.

It goes without saying that medicine must look at the human being without any distinction, trying to contrast – as far as possible – disease and death. It is no coincidence that medical art and science are represented by the staff of Asclepius which, as known, has the form of a snake coiled around a rod, symbolizing the first, rebirth and fertility, while the second is the tool that can or must be used to achieve the objectives of medicine: the fight against diseases and infirmities, and on the other hand, the attention to a more complete physical-mental-social well-being.

2.1. Law and medicine are particularly close⁸, despite their diversity. Indeed, there is a sort of interpenetration between one discipline and the other – we could identify in one, a part of the other. This interpenetration is also proved by a current of thought, developed in the last century, which

⁷ Not in a few occasions physicians and surgeons turn into a sort of confessor, as the most intimate thing is confided to them: the body, the suffering, the emotion. And on the other hand, such an assignment develops a strong and general obligation on the doctors, because it concerns all patients and for all their pathologies, which is that of professional secrecy, the violation of which could be justified only by a cause provided by the legal order or by the fulfillment of a legal obligation.

Like physicians and surgeons, also the lawyer is a sort of lay confessor. As an expert in valid law and as a representative of the interests of his clients, he engages in defense with all legal means permitted, certifying the mistakes of the opponent, interpreting some facts to his advantage, highlighting the most significant elements and more hidden aspects of the truth. Both in his studio and tribunal, the lawyer can become a ‘brother’ and a ‘confessor’ for his client, lending him his company and comfort more than his doctrine and eloquence (see CALAMANDREI 1989).

These latter combinations should not be surprising, however, confirmed by the popular saying, according to which there are three kind of people to whom we must always tell the truth: the priest in order to obtain absolution, the doctor in order to receive the right treatment, the lawyer to ensure a better defense.

⁸ Further and broader considerations in AMATO MANGIAMELI 2020, pp. 3 ff.

proposes the so-called ‘legal clinic’, or better legal clinics, in law teaching⁹. Julien Bonnecase in *Clinique juridique et Facultés de droit: l’Institut clinique de jurisprudence*¹⁰, as well as Jerome Frank in *Why not a clinical lawyer school?*¹¹ and Francesco Carnelutti in *Clinica del diritto*¹², reflected – albeit with different approaches and solutions – on the fact that the jurist, like the doctor, is called to solve problems that in real life involve and even torment the man. Hence, on the one hand, the need to adapt the method of the medical clinic to the study of law, so as to provide law students with the same opportunities as medical ones, or the possibility of attending the so-called *legal operations*. On the other hand, the attention to justice and the difficult access to it by weak subjects. An attention based on the consideration that law is not only a subsumption of the concrete case within the general rule, but is much more: the meeting point of art, technology, science, and also of *know* and *know-how-to-do*. Since cases are ‘alive, real, in flesh and blood’, just like Tom, Dick and Harry are not puppets, nor A, B, C, of algebra and logic, but men.

Both for jurist and doctor, the matter and the object are the same: they operate on ‘divine humanity’. Of course, the approach varies, since the first considers man in relation to other men, and therefore as a citizen, as a partner, as a part. While the second considers him in himself, and therefore as an individual, as a whole. But beyond this different point of view, and their different clothes (the toga for one, the gown for the other), both (jurist and doctor) ‘cut on the living flesh’. Since dealing with the *mine, yours, ours* (as the legislator, the judge, the lawyer does), or in analyzing *me* and *you* (as physicians and surgeons do), it is not possible to separate *to be* and *to have*.

⁹ Among the precursors: FROMMHOLD 1900, LUBLINSKY 1901, RUNDSTEIN 1904.

¹⁰ 1931.

¹¹ 1933, pp. 907-923.

¹² 1935, pp. 169-175.

3. The doctor-philosopher: serenity in judgment, profound morality, in love with his art

Calm, serenity in judgment, profound morality and great honesty, in love with his art, an art practiced for the good and relief of the sick. These are the primary requirements of physicians and surgeons, as conceived by Hippocrates.

The doctor is a man who leads a regular and reserved life, puts the interest of the sick before his, does not speculate on diseases and is committed to life, refraining from any corrupting action on the body of his patients.

The ancient maxim: *iatròs philòsophos isòtheos* makes clear the idea that the miraculous intertwining of medical capacity and philosophical capacity makes the doctor-philosopher equal with a god. Since the combination of specialized knowledge and philosophical knowledge (wisdom), is certainly able to give to physicians and surgeons a global and more effective competence in preserving patient's health.

Being quite different from a mere repertoire of ideas and concepts, philosophy ensures that medical knowledge is able to penetrate the different meanings and multiple values that are at stake. That's why it could be very useful to the patients, giving them an emotional support. As it is clear, it is not a question of a psychological competence, that is to apply defined interpretative models and to follow precise intervention strategies, but rather it means using the method of approach and analysis typical of philosophy, which, in addressing fundamental issues (life, death, happiness, suffering), is free from prejudices, from particular conditionings, from rigid schematisms.

It is no coincidence that the philosopher aspires to knowledge while at the same time, he is aware that he cannot reach it definitively. *He knows he doesn't know*. He is never satisfied, his research is permanent. And always unfinished. He is continuously listening to the things of the world. This attitude could be seen as very distant from that of the doctor, who has been accustomed since almost ever to objective evidence, clinical evidence,

procedures and schemes. In reality, it is thanks to his attitude (continuously listening to the patient and aware of a continuous research) that he can overcome schematisms and technicalities. That's why a physician can understand the infinite variety of cases and the heterogenous experiences of the patient, beyond all possible and graspable objectification.

Doctor-philosopher: it can be defined this way who is oriented towards *totality*, rather than particularity, towards the essence of things which, as an essence, could be grasped only by infinitely questioning. After all, the doctor-philosopher is constantly confronting with important issues and challenges, in which the stakes are decidedly high. He faces the patient, whose infinite value implies questions such as: how to listen to and how to treat the other? what rules should be followed to protect human life in what it has of irreducible, other than biological life? what to do with freedom?

3.1. In the age of technology, when concepts must be continually revised, due to their deconstruction (e.g.: 'deconstruction of death', reduced to illness or accident, 'deconstruction of immortality', annulled in a present made up of moments, where transitory and lasting are confused)¹³, it is required that philosophy and medicine combine and complete each other in order to face their critical situations and underlying questions. For these purposes, philosophy cannot be an end in itself, or simply theoretical and abstract, or limited to mere intellectual exercises and therefore unable to grasp what is concrete and particular; and medicine cannot be a health technique, far from the problems and questions that existence poses and, consequently, not very good at stimulating the patient's logical and rational processes, as well as not able to activate the multiple potentialities and the numerous resources that human beings have and could have.

There are issues that, due to their depth, require philosophical contribution. Such are those of the contemporary bioethical, bio-juridical and biopolitical debate. For example: the ontological and juridical *status* of

¹³ See AMATO MANGIAMELI 2020, chap. 3.

the embryo, abortion, euthanasia, genetic manipulation, assisted reproduction, medical experimentation and its limits (rights of human patients, as well as animal rights). Furthermore, it is the same doctor who, facing some particular problems (e.g. state(-s) of consciousness, awareness of oneself and of the environment, etc.), considers necessary referring to humanistic fields of research as philosophical anthropology, which are one with medical ethics – an already philosophical discipline.

The exchange is continuous and profitable. It could not be otherwise. The fields of knowledge coexist and integrate each other, consequently philosophical knowledge and medical knowledge need each other. Both highlight prospects and developments, and, in the meantime, make moral dilemmas clear. An example is the current attention to mental processes, that is to the choices and actions resulting from the so-called somatic markers, or today's discoveries of neuroscience, which, in disclosing the fundamental aspects of the functioning of the brain and the contents of the mind, have also shown many possible and relevant repercussions in the field of morality, religion, law and politics. Opening up a debate of general interest given the multiple aspects of intersection between neuroscience and society. So we speak currently of neuro-culture, neuro-law and neuro-rights.

Philosophy and medicine, therefore, could be united in understanding the disease from the patient's point of view and not only from that of those who are investigating it; in accompanying the patient on a path of reflection and leading him beyond the vast repertoire of pharmacological and/or surgical solutions. The doctor-philosopher, similar to a god: *iatròs philòsophos isòtheos*, tries to do all this, aware that the meaning and value of his action depends on the centrality of the person(-patient) in his inseparable unity: *a body, beyond the body*.

4. The covid-19 pandemic reveals *what is human*

The health emergency, and more precisely the covid-19 pandemic, in its own way, shows the fundamental intertwining that exists between law,

philosophy and medicine, as well as the need to resort ancient principles, created by philosophical questions and placed at the basis of legal and medical reconstructions and choices¹⁴.

Because of the pandemic, individuals, peoples, States, albeit with different accents and styles, have had the opportunity to reapproach multiple issues, all of which are truly important. From the problem of seeking appropriate care and suitable vaccines, as well as the problem of the access to both, to the tragic one of taking care of patients who is no longer possible to treat. From the needs of public health to the meaning of the state of emergency; from the sense of the statal action to its limits. From the reorganization of work to the very dialectic of capital. Obviously, these are only a few themes which, together with many others¹⁵, constitute the

¹⁴ They are: the imperative to respect *autonomy*, or the decision-making capacity of the human being to self-determine; to implement *beneficence*, that is, to carry out only those treatments that produce benefits, balancing them with risks and related costs; to develop *compassion*, that is, to suffer-with-the- other, to act-for-the-other, to heal-the-other; to observe the *justice* that establishes the equitable distribution of the benefits, risks and costs; to support *non-maleficence* (*primum non nocere*), so as to avoid interventions that could cause a useless harm.

¹⁵ Think of the current ecological emergency: the rising temperatures, due to the greenhouse effect; the increasing extinction rate of thousands of species caused by a single species; the expansion of arid areas due to prolonged periods of drought; the increasingly evident reduction of forests; the over-exploitation of fishing areas, such as to make regeneration impossible; the scarcity of drinking water supplies; the increase in energy needs; and last but not least, the increase in the world population, with relative patterns of nutrition and consumption. Without the observance of the principles indicated above (see footnote 14), the mentioned phenomena, which *consume* nature, could not find any solution, since the indicators for a suitable use, or on the contrary for an unregulated consumption, in the relationship between man-animal-environment are yet the principles of autonomy-self-determination (of the individual and of peoples), of beneficence, of non-maleficence, of compassion (with respect to the human, the non-human, to nature), of justice (towards individuals and peoples, non-humans and nature).

Today's consumption of nature and the *wounded earth*, in the invitation addressed to all by Pope Francis, require an *ecological conversion* (*Laudato Sì, on the care for our common home*).

meeting point of the semantics of law and politics, medicine and technology, economics and science. Directly or indirectly, these issues show how much human beings and their rights are nowadays at risk, despite progress, in the most disparate fields.

For our theme is of great importance the renewed confrontation with the ideas of death, poverty and suffering. The current pandemic, like every catastrophe and tragedy of humanity (from deadly diseases to natural disasters and to those caused by war and technology), reveals what is human. It reveals the limits our Promethean nature tries to overcome.

First of all, the renewed confrontation with the idea of death. Understanding its meaning is an obligatory duty for the human being. Unlike any other simple living being, who simply ceases to live, human death or deaths are not only cases, events, accidents. They are not a mere event that certainly concerns every living being in the world. Death never seems to concern anyone on its own. That is why we use to say that *one dies*. One or many, few or several, death or deaths are not just facts that unite us to every other living creature, but a dimension endowed with a deep meaning that dominates us. It belongs to us, both in our more own to-be-able-to-be and in our to-have-to-be. He is the man in flesh and blood, with a precise identity, a first person (*I*) with a network of formal and/or substantial relationships, present or past (father-mother, son-daughter, brother-sister, husband-wife, boyfriend-girlfriend, and so on), with his own skills and passions, who dies and leaves this world for good.

Hence the disturbance and discouragement. The human being, in looking away from a body no longer vital, is touched by the death of the other. Not only because there is no task (large or small) not completed on

Again, according to some studies, the current health emergency is linked to the climatic one, since for example the abandonment of wild species from their natural habitats would increase the probability of pathogens jumping towards species, including man (so in *The 2019 report of The Lancet Countdown on health and climate change*).

this earth which will ever be able to avoid one's death¹⁶, but also because death is the certain and unconditional goal of our most authentic and common being. The human being thinks he is crying for the other (and the others). In reality he cries first of all for this goal, this goal (awaited and at the same time feared), which belongs to our own must-be¹⁷.

The pandemic, in its own way, has had and still have a tragic impact. In addition to force us in confronting with deaths and activating dormant questions about death and its meaning, it indeed lays bare many social dynamics, economic inequalities, class and race differences. In other words: the great divide between rich and poor people, between rich and poor States. Hence the need – always felt, to be honest – to deal with the composite expression of poverty (since it is not only an economic concept), so as to face it, rather than ignore it. And after all, the pandemic, beyond personal and social events, it's uniting the most fragile ones, the weakest and the poorest, in the world. All of them to whom many of the fundamental rights are often denied¹⁸.

Numerous social theories highlight different causes, facets and relapses of poverty. For the object of this essay it is worth remembering how the modern paradigm has contributed in creating a great rich/poor division. And in fact, despite its great inventions, despite it has putted *the self in the center and the world on the periphery*¹⁹, it has conceived the development and justification of law under the sign of possessive individualism. My

¹⁶ As it is known: when he had apparently made every preparation for death, after he had verified that his coffin was the right size, Queequeg suddenly recovered, because he had just remembered a small chore that he could not bring to term, and therefore had changed his opinion regarding his departure. He declared that *he couldn't die yet* (MELVILLE 1851).

¹⁷ Regarding the difficult relationship with a no longer vital body (and, in general, the complex relationship with death), see AMATO MANGIAMELI 2007, pp. 57-65.

¹⁸ On fundamental rights and the subsidiary welfare state, see MANGIAMELI 2020, chapters V and VI; 2019, pp. 161-206.

¹⁹ For further considerations regarding the individualist perspective and the centrality of the subject see AMATO MANGIAMELI 2017a, pp. 101-113.

possession excludes yours, my property excludes yours, my desires occupy every sphere, dimension, space. In any case, my needs have to be considered prevailing over every other desire, interest, right, good. That is why wealth, power, prestige, and any other so-called exclusive good, are nowadays considered as the only real goods, and increasing conflict and exclusion²⁰.

A poverty alarm in every country of the world has been launched by many parties and it's somehow justified by the pandemic, as by the demand for a fair use of resources (including vaccines, drugs, treatments and therapies). This alarm could find an adequate response moving from the techniques of humanization that respond to the need for real inclusion (think about social rights)²¹. Such need becomes even more pressing given the contemporary developments of our societies. We could also face this emergence by envisaging forms of solidarity which, in adapting markets to human needs (and not vice versa), interpret the idea of good (goods) as inclusive goods. These goods, going beyond the limits of traditional politics and economics, put relationship at the center, preferring spirituality over materiality.

The image that better than any other shows the relationship between goods-rights-solidarity²² is that of the human *shaking hands*. An action which the pandemic, due to the need of physical distancing, pending scientific results, has nowadays put in brackets. *The hand* is a seismograph of affective reactions (we say, for example: *with the heart in the hand, to have tact, to be touched, to give one hand, to ask for the hand*), an admirable instrument of man's intelligence – indeed the instrument of instruments, neither thing nor

²⁰ On exclusive and inclusive goods, as well as on the duty of solidarity, see AMATO MANGIAMELI 2017b e 2018.

²¹ Regarding social rights and new social divide, see SARACENI 2012 and 2020, pp. 66-91.

²² Therefore including human rights. See BRANDÃO 2019, pp. 7-20; KIRSTE 2019, pp. 21-59.

object²³. The hand it's all of this and more, for its characteristics and for the important role it plays as an expression of identity (*I am my hand*) and of relationality (*I shake hands with the other, I hold the hand of other*)²⁴.

In the pandemic, in every pandemic that human history has ever known, when science shows its limits, disease attacks and feeds suffering. The sick knows that no one will come to his aid and those who are not infected know that to survive they will have to isolate themselves. In a similar situation, a hand that leans on one other's, that holds and supports the other, that asks why it is suffering or that it abandons itself, exhausted, to suffering, is a hand that conquers further meanings. Such meanings cannot be reduced to the body (of the doctor and of the patient) to which it belongs. Just think of *the handshake*, a sign of closeness and loyalty. A handshake is enough to seal an agreement (economic, legal, political), it creates something new or reinvigorate something old. Thanks to it, one can entrust one another and try to grasp and stem suffering.

Law Philosophy Medicine: *iatròs philòsophos isòtheos*.

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²³ In this sense, "il faut penser la main. Mais on ne peut la penser comme une chose, un étant, encore moins comme un objet. La main pense avant d'être pensée, *elle est pensée*, une pensée, la pensée" (DERRIDA 1987, pp. 426-427). Still on the importance of the hand, it is impossible not to remember the work of Auguste Rodin, that the poet RILKE (2004) defines as *the dreamer whose dream got into his hands* (cf. AMATO MANGIAMELI 2007, p. 88).

²⁴ For further considerations AMATO MANGIAMELI 2013a, pp. 67-68; 2013b, pp. 2-4.

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