

**Theses of the doctoral (PhD) dissertation**

# **Interculturality in health care**

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## **a philosophical hermeneutical analysis**

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## **1. Aims and topic of the dissertation**

The origination of the problem in this piece of work lays in the intersection of three disciplines: philosophy, anthropology and health sciences. It may be understood as an attempt to self-definition amongst the tension drawn from the ontological, epistemological and normative differences of these fields. In doing so, it tries to shed light on the position where the experience of interculturality appears intelligible in this space. At the same time, interculturality is taken as a methodological tool to analyse some aspects of medicine from an interpretive anthropological perspective.

By the 21st century, we are experiencing an unprecedented acceleration in the growth of knowledge, which has naturally brought to the surface a number of social and moral issues, the clarification of which is largely a task. Medicine, as an increasingly important institution of our social life, shows an even stronger accumulation of knowledge, if possible. As a result of this, the “forms of intuition” operating in it, the interpretive models of healing, man and health and disease, are regularly questioned and rewritten. At the same time, I think it is worthwhile to separate the areas that appear in different interpretations of medicine: 1) what happens within the human body, 2) what is assumed in the relationship between man and the healing process, and 3) what happens between man and her sociocultural and physical environment. These three dimensions are organically intertwined, operating in a continuous interrelationship, yet reflection is able to practically and clearly separate them from each other, setting the framework and focus for the study.

In addition to medicine, the first area falls mainly within the remit of the natural sciences and the philosophies of their epistemology. The last dimension is very complex in itself, it includes epidemiological, epigenetic and neuroanthropological research, as well as the social history approach of medicine, where healing appears as a social institution, and thus its function in human communities is the main focus. This is closely related to how medicine views itself and its relationship to man. Rudolf Virchow, a

Prussian physician – who has been apostrophized as the father of modern pathology and of public health science too – is, despite his many mistakes<sup>1</sup>, an unavoidable, emblematic figure in the history of medicine. As a surgeon, cell biologist researcher, author of more than 2,000 scientific articles, he foreshadowed the appreciation of the social and political role of medicine in the mid-19th century in the citadel of the birth of laboratory medicine, identifying it directly as a social science in its famous aphorism: “If medicine is to fulfill her great task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society? Medicine is a social science, and politics nothing but medicine on a grand scale”<sup>2</sup>

As for the field of the present dissertation, it falls into the middle area in the above made division: in my opinion, at the same time, this dimension can be considered the most sensitive, where the success of the whole enterprise (i.e., healing) is ultimately settled. A whole range of approaches of the social sciences and humanities, different research traditions in the health sciences attempt to appropriately thematize this field: from bioethics through communication theory, including the concepts of medical anthropology, nursing, and psychology. In a lecture in September 1989, Gadamer drew attention to a remark from one of his doctors: all "treatments" begin with palpus, the touch of the hand - as can be seen in the German term *Behandlung*. This traditional image, in which the physician feels the patient, perfectly symbolizes how these three distinct areas are connected: the physician, who is familiar with the internal functioning of the body, touches the patient's body as a representation of a particular historical, sociocultural, and physical environment, creating a special relationship that exists throughout the whole treatment.

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<sup>1</sup> His critiques of Semmelweis and Darwin are obviously outdated by today.

<sup>2</sup> Eisenberg, L.: Rudolf Ludwig Karl Virchow, where are you now that we need you? The American Journal of Medicine, Volume 77, Issue 3, 1984. 525. o.

Historical descriptions show that the touch found at the roots of medicine and the tendencies of medical movements<sup>3</sup> that have emerged in the last decade to re-evaluate this are consistent with social changes urging a critical reinterpretation of medical self-understanding. In touch, the relationship is grounded and expressed, and this relationship between physician and patient, which is the middle in the triple division mentioned above, also provides a broader framework for the problem of the present writing. It is through this relationship that the success of medicine can be seen: the result of the encounter between the patient and his or her lifeworld, and between the doctor and the knowledge and power he or she displays. Of course, this success is by no means measurable in purely biological or physiological units, when medicine is viewed as not merely applied biology – as it is postulated by all trends in medical anthropology. The basic measure of success in this context is satisfaction, which is articulated along the differences of sociocultural concepts and values of biomedicine and of patients. It is important to draw attention here to the development that has been increasingly prominent in the medical anthropological discourse since the 1990s: as much as biomedicine is shaped by international political and economic factors and the global community of medicine educators and life sciences scientists (bio-scientists), its practice, organization, teaching, or “use” takes place in local contexts. Thus, in the plural, we need to talk about the cultures of biomedicine.

The task of understanding the sociocultural Other<sup>4</sup> and thematizing it will certainly continue to be one of the great challenges of the coming period in the social sciences as well as in philosophy, politics, or the health sciences. This could be allowed despite the

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<sup>3</sup> see e.g. the Stanford Medicine 25 group at the Stanford School of Medicine (<https://stanfordmedicine25.stanford.edu/about.html>), or the Program for Bedside Medicine, which emphasizes and teaches the need for physical examinations at the bedside for graduate physicians and residents. Since 2015, the Stanford 25 Skills Symposium has been held annually, where the 25 most important physical examinations are presented and promoted as a place for further training. See also the global organization Society of Bedside Medicine (<https://bedsidemedicine.org/>), with similar objectives.

<sup>4</sup> I use the terms sociocultural “Other” and “Alien” synonymously in this dissertation, the capitalization follows the practice of contemporary English literature (Other) and also refers to the conceptual function that the term “alien” designates as a specific problem area displays. Both of which are well established name in the various traditions (eg. phenomenology, hermeneutics, anthropology), unless the context demanded, I tried to take into account the words used.

fact that the last half century of - mainly - social science and philosophical discourses, albeit with varying intensity, the issue of the “stranger” appears more and more stressed.

Thanks to our intensifying global processes over the last few decades and the explosive development of the technological environment, distances have shrunk radically, turning the globe more and more into a world village or a single place, heading straight for a ‘*global Menschheitskultur*’<sup>5</sup> – according to some scholars. Approximation of the space and time distance-factor to zero, which inhibits human interactions, and the social consequences of this, which can be summarized and somewhat simplistically called globalization, have led to transformations that are essentially pervasive and still not fully transparent today. As a result, encounters with other people, communities, and institutions have increasingly unravelled the veiling of the largely presupposed intellectual content that we know who the Other is and that we also have the knowledge to understand him. This obviously meant a mainly Euro-American, one-sided construction of the concept of the Other, and the attempts to make connections based on it. The epistemological crisis that grew out of this realization proved to have a fertilizing effect in both philosophy and anthropology, one of the results of which was the outline of the discourse of interculturalism and the emergence of the intercultural philosophical movement.

Therefore I place the doctor-patient meeting or linkage, for conceptual and methodological reasons, in the context of intercultural discourse and identify it as the meeting of two distant worlds: professional and lay (doctor<sup>6</sup> identity - patient identity) on the one hand, and two different sociocultural identities<sup>7</sup> on the other. This distance, in my opinion, can be interpreted as a methodological tool in which both anthropological and hermeneutical issues share, and which at the same time has a fertilizing effect on the self-perception of medicine through the research programs of medical anthropology. The aim

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<sup>5</sup> Wimmer, F.M.: *Interkulturelle Philosophie: Geschichte und Theorie*, 2nd edition, Passagen Verlag, Bécs, 2001. p.57.

<sup>6</sup> In the text, for the sake of brevity, only the doctor is often mentioned as a professional representative of the health care system, but in most cases all health care professionals in contact with the patient are included.

<sup>7</sup> By cultural identity, I mean sociocultural self-identity that is not the same as any ‘national’ or ethnic culture.

of the dissertation is therefore to examine this meeting in the outlined framework and to formulate proposals for solving the problems surrounding it.

## **2. Applied methodology**

The research is therefore based on insights from three disciplinary areas: more specifically, the philosophical hermeneutics that Hans-Georg Gadamer has marked, the interpretive anthropology initiated by Clifford Geertz and the interpretive medical anthropology that grows out of it, and the field of medicine that focuses on the relationship of patients and the healthcare system. By its basic intention, it wishes to be an applied philosophical work as it uses the tools of the thought-universe outlined by Gadamerian philosophical hermeneutics and the concept set by interpretive anthropology to interpret the key physician-patient encounter in medicine as an inherently intercultural event. It does so from a methodological point of view, which can be understood from the unfolding of the potential inherent in the functional concept of “distance” occupying a central place amongst the transcendental tools of both hermeneutics and anthropology. This is because the insights invoked by the strangeness-problematic are able to see the situation in a new light compared to the approaches thematized from doctor-patient roles: two cultures meet, for which the tools of interpretive anthropology provide an interpretive framework based on philosophical hermeneutic insights. Viewed from a history of science perspective, this field is inherently hermeneutic: the philosophical hermeneutical implications of interpretive anthropology are outlined, followed by a critique of one of the dominant interpretive models of medicine, precisely this hermeneutically inspired medical anthropology.

The problematization of strangeness in the doctor-patient encounter alone, as a philosophical topos, is broad enough to raise the question: why does the hermeneutic “paradigm” serve as the conceptual basis of the work? The aim of the dissertation is not to present a structured, systematic demonstration of the strangeness-problem, nor to collide or analyse the underlying epistemological positions. My decision was largely

driven by conceptual but also personal reasons. In my view, Cassirer was right<sup>8</sup> in capturing the *differentia specifica* of man in his ability to manipulate symbols and in finding the peculiarities of human nature to be understood on the basis of the ubiquitous symbolic forms created by *animal symbolicum* (or *homo symbolicus*). It is the ability through which, it seems, in every human community, the transformation – or duplication – of the surrounding world can be achieved, so to speak, by the power of denomination, hence anything can appear differently from itself. In this context, it is not the thing itself, whatever it is, but its associated meaning that will be authoritative in the life of the community. This complex and flexible attribution of meaning is through which he has become able to anchor in the relentless passage of time and to describe and preserve his experience in the possession of language. According to the basic assumption of the dissertation, this characteristic, i.e. attribution of meaning is representative of all human communities insofar as, albeit to a very different extent, it transforms its environment to create its home world (*heimwelt*) in which it experiences a guarantee of its own survival. In this omnipresent, ubiquitous meaning, my line of reasoning considers the hermeneutic universe to be well-founded and appropriate for its horizon of interpretation. This is consistent both with Gadamer's claim to hermeneutic universality, based on the universality of human linguistics, and with the American anthropologist (philosopher) Geertz's interpretation of semantic culture, or as he refers to it in one place: his cultural hermeneutics.

At the same time, it is important to note here that the latter approach focuses not on the study of symbolic forms, but on the epistemological (and at the same time ontological) position that is assumed in Geertz's approach to the human phenomenon and its environment. Problems concerning the production of anthropological knowledge and, in this context, the construction of the subject of anthropological cognition first brought with them the crisis of the discipline and then a tremendous change from the second half of the 20th century. Geertz played a crucial role in this process: "One of the greatest

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<sup>8</sup> cf. Cassirer, Ernst: An essay on man: An introduction to a philosophy of human culture. Doubleday Anchor P. New York, 1954. pp. 43-44.

theoretical and important research methodological turning points in the history of anthropological science in the last third of the 20th century can be traced to the person of Clifford Geertz.<sup>9</sup> It played an iconic role in the renewal of the whole discipline, and the interpretive approach marked by its name, the anthropological approach took on the role of a kind of interdisciplinary catalyst beyond narrow professional circles. From the point of view of the dissertation, the most significant development can be evaluated as a result of this effect: "Biomedicine came under comparative scrutiny in anthropology when symbolic perspectives, developed in the study of religion and psychological anthropology largely under the influence of Clifford Geertz, were incorporated into medical anthropology. The first such studies of 'biomedicine' gave it that name and applied interpretive lenses that revealed the culturally constructed nature of theory and practice."<sup>10</sup> The anthropology of biomedicine thus became an independent field of research, and then in the 1990s a distinct strategy called interpretive medical anthropology was outlined. However, the ontological and epistemological presuppositions of interpretive anthropology can, according to my thesis, be best understood through the genealogy of philosophical hermeneutics.

Thus, the dissertation draws its voice from the confusing multitude of theories and conceptual frameworks available today, in addition to two, in my opinion inherently interconnected, mutually fertile traditions, interpret the doctor-patient encounter as an intercultural event.

Finally, from a methodological point of view, I consider it important to mention here some of the essential insights concerning applied philosophies - not just because of the application (Anwendung) as a central philosophical hermeneutics concept.

The question of the nature of applied philosophy is itself, I believe, a metaphilosophical question. The questions about the essence of philosophy and the

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<sup>9</sup> Biczó, G.: A „Mi” és a „Másik”. L'Harmattan. Debrecen. 2018. p. 125.

<sup>10</sup> Gaines, A.D. Sociocultural Construction of Medical Knowledge. in: Quah, S.R. (ed.) International Encyclopedia of Public Health (Second Edition). Academic Press, Oxford, 2017. p. 612.



various possibilities, purposes, and benefits of cultivating it are as old as philosophy itself, but the trend of identifying itself as an “applied philosophy” dates back only a few decades. The authoritative *Journal of Applied Philosophy*, for example, was launched in 1983 under the auspices of the then one-year-old Scottish-based Society for Applied Philosophy. In the editorial preface to the 25th anniversary issue, we can read a concise definition: „Applied philosophy is the application of philosophical reasoning to matters of practical concern.”<sup>11</sup> In many cases, applied ethics serves as an example of it: if we go through its tables of contents, we also find a significant part of the articles dealing with moral issues. In this approach, applied philosophy refers to the use of an already elaborated, crystallized concept to solve a situation outside the traditional repertoire of philosophy: for example, when we call utilitarianism as a theoretical framework for the interpretation and solution of a social problem. Or just when we apply a general normative ethical concept, such as the principle of double effect known from deontological approaches, to solve a medical dilemma (e.g., removal of a malignant tumour with the uterus while developing a non-viable foetus on its own). In such cases, the specific goals of the external field outside philosophy are subject to the knowledge contents that can help to reinterpret and solve the issues formulated in this field. Moreover, the theoretical knowledge used in practice, hence essentially re-created in this way, can itself contribute to the development of the theory - it is not a second step, but belongs to the creation of the knowledge itself. In another, somewhat broader approach, applied philosophy stems from the recognition of the need to address a wide range of public issues - be they political, economic, health, scientific-technical, and so on - by philosophical "methods", e.g. by the help of critical thinking, the primacy of questioning, or reflection on fundamental values and presuppositions can and should be effectively illuminated.

It is clear from the above, then, that this is not about the relationship between theory and practice, as we can see in the case of other fields of knowledge, and that

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<sup>11</sup> cf. Suzanne Uniacke and Alan Carter: Editorial. *JAP*. Vol. 25./1.

applied philosophy is no less theoretical than any academic philosophy. Rather, the change in attitude of philosophy in Western societies is behind its creation. The epistemic function that philosophy occupied in modernity was mainly centred around cognition, and sought its own place in the system of sciences. From the second half of the 20th century, Rorty writes, “philosophers have made feeble attempts to shape the image of their work on the model of mathematics and the natural sciences. However, this period was really characterized by alienation from other fields of science and culture, insistence on the autonomy of philosophy”.<sup>12</sup> The apparent failure of this endeavour has created a kind of crisis in the self-perception of philosophy, which has emerged as a fundamental problem that has promoted the self-awareness of philosophy and its return to its European roots.<sup>13</sup> In this process, after the disappearance of the great demands of the system-builder, it became certain - thus Károly Veress - that intellectual achievements called philosophy in European culture are integral components of the history of a particular culture, its contemporary shapers and self-interpretations. In this way, philosophy can gain its real meaning in a participatory turn to the moments and events of existence. This, of course, is accompanied by a new perspective on the views of applied philosophy, and the emergence of a gradual reassessment.

Regarding application [*Anwendung*] as a distinguished philosophical hermeneutic concept in Gadamer’s masterpiece, we read that it should be understood as an integral part of the process of understanding, not as a separate form of implementation, as the Pietist conception that preceded Romanticism saw it. Thus, application is not only an essential part of philosophical hermeneutics, insofar as ontologically radicalized hermeneutics itself can be understood as hermeneutic philosophy too. Thus, just as the “adaptation” of the meaning of a text to the socio-cultural situation, the historical moment in which it is interpreted, is an internal part of the process of understanding (takes place), it “adapts” to the application of a philosophical train of thought to a specific problem -

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<sup>12</sup> Rorty, R.: Professzionális filozófia, transzcendentalista kultúra. In: Beck, A. (ed.) A filozófia az amerikai életben. Pompeji, 1995. p. 188.

<sup>13</sup> cf. Márkus, Gy.: A „rendszer” után: A filozófia a tudományok korában. in: Kultúra, tudomány, társadalom. Atlantisz, Budapest, 2017. p. 337.

and by it. In this sense, I would like to consider this dissertation as an applied philosophical reasoning: the soil on which it seeks to interpret the doctor-patient encounter as an intercultural event feeds on the world of thought and tools of philosophical hermeneutics. At the same time, such a thematization of interculturality also provides instructive insights for Gadamerian philosophical hermeneutics.<sup>14</sup>

### 3. Results

The dissertation formulates four main theses.

First I was to show that interpretive anthropology can be inherently interpreted as a philosophical hermeneutical undertaking, and I have outlined the concepts of the five prominent representatives of this marked research tradition. I focused on the moments in the philosophy of Schleiermacher, Dilthey, Heidegger, Ricoeur, and Gadamer, whose work can be concretely seen in Geertz's interpretive anthropology, which I presented by analysing Geertz's concept. According to my thesis, the internal interrelationship of hermeneutics and anthropology can be grasped in the central concept of strangeness: while the former primarily tries to tame historical strangeness, the latter works to make the spatial, that is, culturally distant, strange worlds understandable. Both, in their own way, place distance into a transcendental function, yet these two areas are not, of course, analogous.

My next thesis stems from this problem: the Gadamerian concept of the penetrability of time horizons based on the act of history of tradition does not follow in the same way the penetrability of cultural horizons, that is, the grasp of the sociocultural Other, or the empirical stranger. Penetrability of time horizons, or its merging can be understood essentially through belonging [*Zugehörigkeit*] in such a way that the position of the present interpreter belongs to that earlier, historical horizon through the act of history of tradition

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<sup>14</sup> See later the problems of time- and culture horizons and that of fusion of horizons.

and within its context. At the same time, this cannot be extended to the penetrability of cultural horizons in an evident way, i.e., the concepts of historically stranger and culturally stranger are to be distinguished from each other.

It follows that my third thesis is essentially a consequence of this: contrary to the prevailing opinion in the literature, i.e., which considers the intercultural applicability of Gadamer's hermeneutics to be exploitable in the concept of fusion of horizon, I have shown that the language revealed as dialogicity provides the model necessary for intercultural understanding. In the Gadamerian fusion of horizon, it is precisely through the act of history of tradition that belonging, the common aspect is possible, which is not realized in the absence of this, that is, when culturally strange traditions meet. In contrast, in the real dialogue, the truth of the thing will prevail, and this will form a new community, and in the understanding of the word we will become a community, "one in which we do not remain who we were."<sup>15</sup>

Finally, I looked at the world of healthcare from an interpretive anthropological perspective filtered through the philosophical hermeneutical insights thus gained, using interculturality as a methodological guideline and keeping it in mind as a functional topos of anthropological critique. Through these glasses, I reviewed the interpretive models of modern medicine, some important bioethical implications, and then placed the doctor-patient encounter as a distinguished event in medicine in the context of intercultural discourse and identified it as the meeting of two distant worlds. As a result, I found that using Gadamer's concept of dialogicity as a means of bridging the strangeness shown, the models of intercultural competence used in practice, as well as the models describing the doctor-patient relationship, seem fundamentally flawed if they lose sight of the patient and physician as authentic beings. In other words, there is no real opportunity for inauthentic existence to truly understand strangeness if it deems it feasible to merely master techniques outside of itself. "At the same time, there is self-understanding in

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<sup>15</sup> GW8: p. 433. quoted by: Fehér M., I: Szó, beszélgetés, dolog. Hermeneutikai tanulmányok I. L'Harmattan. Budapest, 2001. p. 62.

understanding. Like *phronesis*, 'hermeneutic rationality' has an ethical-political colour, a kind of 'embodied knowledge': neither some kind of abstract-theoretical nor technical-craft knowledge."<sup>16</sup> Gadamer notes in the context of the perfection of hermeneutic consciousness that it does not lie in some kind of methodological confidence, but lies primarily in the skill of experience, which, as is known from the Aristotelian tradition, presupposes a basic moral stance. Thus, the hermeneutic universe described by Gadamer can be interpreted in a normative sense.

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<sup>16</sup> Nyíró, M. *Medialitás, eseményontológia, gyakorlat*. L'Harmattan, Budapest, 2020. pp. 220-221.



Registry number:  
Subject:

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PhD Publication List

Candidate: Attila Dobos  
Doctoral School: Doctoral School of Human Sciences  
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### List of publications related to the dissertation

#### Hungarian books (1)

1. Szerk. **Dobos, A.**, Szántó, D.: Orvosantropológiai Kézikönyv. Artemisszió Alapítvány, Budapest, 133 p., 2018.

#### Foreign language Hungarian book chapters (2)

2. **Dobos, A.**: Neuroanthropological Turn in Bioethics? Insights from Interculturality.  
In: TBA. Ed.: János I. Tóth, Trivent Publishing, Budapest, Közlésre elfogadva, 1-11, 2021,  
(Applied ethics: from bioethics to environmental ethics, ISSN 2630-8185)
3. **Dobos, A.**: Please geben vôte consentimiento!: Informed Decision-Making in Intercultural Context.  
In: The Bioethics of the 'Crazy Ape'. Ed.: Oguz Kelemen, Gergely Tari, Trivent Publishing, Budapest, 29-42, 2019, (Applied ethics: from bioethics to environmental ethics, ISSN 2630-8185 ; 2.) ISBN: 9786158122283

#### Foreign language international book chapters (2)

4. Nagy, É., **Dobos, A.**: Risk and Sense of Strangeness in Late Modern Society: The Experience of Strangeness in the Individual-Institution Interactions.  
In: Intercultural Competences for Vocational Education and Training : Experiential Learning and Social Contexts for Enhancing Professional Competences. Eds.: F. Bignami, M. G. Onorati, EGEA, Milano, 99-112, 2014. ISBN: 9788823844193
5. **Dobos, A.**: The Use of Hermeneutics in Dealing with Cultural Diversity.  
In: Building Intercultural Competences : A Handbook for Professionals in Education, Social Work and Health Care. Eds.: Maria Giovanna Onorati, Furio Bednarz, Acco, Leuven, 55-66, 2010. ISBN: 9789033479717

#### Hungarian scientific articles in Hungarian journals (2)

6. **Dobos, A.**: A racionalitás virágai.  
Vulgo. 6 (1-2), 362-367, 2005. ISSN: 1585-0234.





7. **Dobos, A.:** Egzotikus forgatag, elméleti mélység.  
*Debr. Disputa.* 2 (4), 44-46, 2004. ISSN: 1785-5152.

Foreign language scientific articles in Hungarian journals (1)

8. **Dobos, A.:** Philosophical Hermeneutical Implications in Geertz's Anthropology.  
*Anthropolis.* 2 (3), 124-134, 2006. ISSN: 1785-2447.

Hungarian conference proceedings (2)

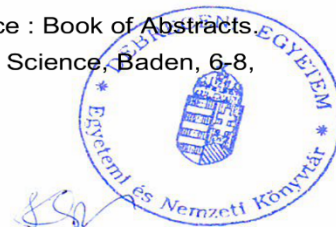
9. **Dobos, A.:** A filozófiai hermeneutika interkulturális alkalmazhatóságáról: Gadamer és a hagyománytörténés elve.  
In: Ütközéspontok V. : a Doktoranduszok Országos Szövetsége Filozófiatudományi Osztálya konferenciájának kötete : 2018. május 18-19., Szeged / főszerk. Ruszkai Szilvia Éva, JATEPress, Szeged, 54-65, 2019. ISBN: 9789633153949
10. **Dobos, A., Nagy, É.:** Idegenség és egészség: antropológusi pozíciók a biomedikális modell értelmezésében.  
In: "Együtt a biztosabb tudományos karrierért, a jövőtervezésért" : PEME VII. Ph.D. konferencia. Szerk.: Koncz István, Szova Ilona, Professzorok az Európai Magyarorszáért Egyesület, Budapest, 373-377, 2013. ISBN: 9789638991508

Hungarian abstracts (2)

11. **Dobos, A.:** Interkulturális filozófia az egészségügyben.  
In: Ártó-Védő Társadalom Konferencia és XV. Magatartástudományi Napok: Absztrakt könyv. Szerk.: Dávid Beáta, Feith Helga Judit, Lukács Ágnes, Susánszky Éva, Semmelweis Egyetem Egészségtudományi Kar, Budapest, 31, 2017. ISBN: 9789637152955
12. **Dobos, A.:** Moralitás és nyelviség összefüggéseinek kérdései.  
In: Ártó-Védő Társadalom Konferencia és XV. Magatartástudományi Napok: Absztrakt könyv. Szerk.: Dávid Beáta, Feith Helga Judit, Lukács Ágnes, Susánszky Éva, Semmelweis Egyetem Egészségtudományi Kar, Budapest, 31, 2017. ISBN: 9789637152955

Foreign language abstracts (1)

13. **Dobos, A.:** An account of hermeneutics in/of medicine.  
In: Conference of the International Society for Hermeneutics & Science : Book of Abstracts. Ed.: Günter Fleck, Paul Ertl, International Society for Hermeneutics & Science, Baden, 6-8, 2017.





### List of other publications

#### Hungarian book chapters (9)

14. **Dobos, A.:** Általános etikai elméletek: Normatív etikák.  
In: Társadalmi normák az egészségügyben 1.. Szerk.: Garaj Erika, Akadémiai Kiadó, Budapest, 47-64, 2020. ISBN: 9789634545163
15. **Dobos, A.:** Az allokáció etikai dilemmái.  
In: Társadalmi normák az egészségügyben 2. / Dobos Attila, Feith Helga Judit, Némethné Gradwohl Edina, Marácz Ferenc, Sztrilich András, Akadémiai Kiadó Rt, Budapest, 83-92, 2020. ISBN: 9789634545156
16. **Dobos, A.:** Az erkölcsi tudás természete.  
In: Társadalmi normák az egészségügyben 1.. Szerk.: Garaj Erika, Akadémiai Kiadó, Budapest, 28-46, 2020. ISBN: 9789634545163
17. **Dobos, A.:** Principalizmus - A bioetika alapelvei.  
In: Társadalmi normák az egészségügyben 1.. Szerk.: Garaj Erika, Akadémiai Kiadó, Budapest, 83-92, 2020. ISBN: 9789634545163
18. **Dobos, A.:** Szerv-és szövettranszplantáció.  
In: Társadalmi normák az egészségügyben 2. / Dobos Attila, Feith Helga Judit, Némethné Gradwohl Edina, Marácz Ferenc, Sztrilich András, Akadémiai Kiadó Rt, Budapest, 275-290, 2020. ISBN: 9789634545156
19. **Dobos, A.:** A haldokláshoz, gyászhoz és az élet végéhez kapcsolódó szertartások különböző kultúrákban.  
In: Orvosantropológiai Kézikönyv. Szerk.: Dobos Attila, Szántó Diana, Artemisszió Alapítvány, Budapest, 123-130, 2018.
20. **Dobos, A.:** Önszelektív mechanizmusok: intézményi betegpályák az artériás betegségek (arteriosclerosis obliterans) kezelésében : a romák helyzete.  
In: Orvosantropológiai Kézikönyv. Szerk.: Dobos Attila, Szántó Diana, Artemisszió Alapítvány, Budapest, 12-20, 2018.
21. **Dobos, A.:** Eszmék és kapuk: A kulturális antropológiai szemléletmód.  
In: Antropológiai felütesek - egy kortárs szemléletmód fejezeteiből. Szerk.: Mészáros Judit, Semmelweis Egyetem Egészségtudományi Kar, Budapest, 11-55, 2007. ISBN: 9789639129689
22. **Dobos, A.:** Vallásantropológiai alapfogalmak.  
In: Antropológiai felütesek - egy kortárs szemléletmód fejezeteiből. Szerk.: Mészáros Judit, Semmelweis Egyetem Egészségtudományi Kar, Budapest, 137-155, 2007. ISBN: 9789639129689







Hungarian scientific articles in Hungarian journals (1)

23. Böcskei, A., Lipienné Krémer, I., **Dobos, A.**: A szülésznő szerepe mozgásukban korlátozott várandós nők szülészobai ellátásában.  
*Egészségfejl.* 56 (5-6), 34-39, 2015. ISSN: 1786-2434.

Other journal articles (1)

24. **Dobos, A.**: Szakmai beszámoló az "Az új évezred betege: Egészségügy, antropológia és diverzitás" című nemzetközi interdiszciplináris konferenciáról.  
*Mentálhigiéné és Pszichoszomatika.* 19 (4), 395-398, 2018. ISSN: 1419-8126.  
DOI: <http://dx.doi.org/10.1556/0406.19.2018.020>

Hungarian abstracts (1)

25. Vingender, I., **Dobos, A.**, Feith, H., Hevér, N., Horkai, A., Lukács, Á., Marácz, F., Nagy, É., Szalóczy, N., Pálvolgyi, M.: Ápolók szocio-ökonómiai (SES) státusa.  
In: Ártó-Védő Társadalom Konferencia és XV. Magatartástudományi Napok: Absztrakt könyv.  
Szerk.: Dávid Beáta, Feith Helga Judit, Lukács Ágnes, Susánszky Éva, Semmelweis Egyetem Egészségtudományi Kar, Budapest, 25, 2017. ISBN: 9789637152955

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