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When Care Thinks and Diagnosis Listens: A Medical and Pedagogical Epistemology of the Clinical Hypothesis. Illness as a Hermeneutic and Narrative Circle

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Abstract: This contribution offers a theoretical-pedagogical reflection on medical epistemology as an epistemic gaze that orients diagnosis, care, and professional education. Starting from the crisis of positivism in health care and from the plurality of paradigms (interpretive, critical-emancipatory, participatory, and post-critical), the article rehabilitates hypothetism: clinical knowledge advances through conjectures, trial and error, and the diagnosis takes shape as a hermeneutic site where signs, data, and biographical narratives are continuously tested and renegotiated. From this perspective follows a pedagogical proposal: to educate professionals capable of fallibilism, listening, and responsibility, and to recognise patients as co-constructors of meaning and decision-making. The aim is to shift illness from an object to be measured to a lived experience and a form of tacit knowledge, resisting the neoliberal reduction of care to performance and cost.

Keywords: medical epistemology, pedagogical epistemology, hypothetism, hermeneutic diagnosis, education for care.

Sinossi: Il presente contributo propone una riflessione teorico-pedagogica sull'epistemologia medica intesa come sguardo epistemico che orienta la diagnosi, la cura e la formazione professionale. A partire dalla crisi del positivismo in ambito sanitario e dalla pluralità dei paradigmi oggi in campo — interpretativo, critico-emancipativo, partecipativo e post-critico — l'articolo riabilita l'ipotetismo: il sapere clinico avanza infatti attraverso congetture, tentativi ed errori, e la diagnosi prende forma come luogo ermeneutico in cui segni, dati e narrazioni biografiche vengono continuamente messi alla prova e rinegoziati. Da tale prospettiva discende una proposta pedagogica: formare professionisti capaci di fallibilismo, ascolto e responsabilità, e riconoscere i pazienti come co-costruttori di significato e dei processi decisionali. L'obiettivo è restituire la malattia al suo statuto di esperienza vissuta e di sapere tacito, sottraendola alla riduzione a mero oggetto di misurazione e resistendo alla torsione neoliberale che riconduce la cura a prestazione e costo.

Parole chiave: epistemologia medica, epistemologia pedagogica, ipotetismo, diagnosi ermeneutica, educazione alla cura.

Introduction

Medicine is not only the application of scientific knowledge to the body; it is also an interpretive practice in which signs, symptoms, data, and patient narratives must be brought into relation. Diagnosis, therefore, cannot be understood merely as the assignment of a name to a disease. It is a conjectural and relational process, guided by hypotheses that orient observation, questioning, interpretation, and decision-making.

This article examines the clinical hypothesis as a central structure of medical knowledge. Its aim is to show that diagnosis develops through a fallible but disciplined movement of conjecture, verification, correction, and listening. In this sense, the hypothesis is not opposed to scientific rigour; rather, it is one of the conditions that makes clinical reasoning possible. The physician observes with questions already in mind, tests provisional interpretations against signs and data, and continually revises them in light of the patient's history and lived experience.

Rise, Decline, and Return of Hypotheses in the Scientific Method

Sir Isaac Newton (1642–1726), in the General Scholium to the Principia, declared that under no circumstances and in no way did he intend to make use of hypotheses in the course of his scientific-methodological discourse.

We may still debate whether, and to what extent, Newton remained faithful to this programmatic declaration of intent, but he nonetheless states: "I have not as yet been able to deduce from phenomena the reason for these properties of gravity, and I feign no hypotheses. For whatever is not deduced from the phenomena must be called a hypothesis; and in experimental philosophy hypotheses, whether metaphysical or physical, whether of occult qualities or mechanical, have no place" (Newton, 1687/1999, p. 21) .

This position of outright rejection of hypothetism (summed up in the famous formula Hypotheses non fingo) appears fully coherent within a historical and theoretical moment that counted many distinguished voices all in agreement in judging the method of hypotheses inadequate and in recommending alternative methods of scientific inference, such as induction and analogy. The American philosopher Larry Laudan (1981), in his *Science and Hypothesis*, explains that for several centuries the hypothetico-deductive method suffered from a kind of bad reputation: accepted in the mid-seventeenth century by Descartes, Boyle, Hooke, Huygens, and the logicians of Port-Royal, the method of hypotheses fell into disrepute during the second and third decades of the eighteenth century.

The method of hypotheses, which it is more appropriate to call the hypothetico-deductive method, or the method of conjectures and refutations, became orthodoxy only in the twentieth century, when the use of the hypothesis within every "station" of the research process came to be definitively assessed and reassessed, while at the same time the unity of the scientific method was grasped and error in the development of science was rehabilitated (Mach, 1905).

Through an increasingly forceful critique of inductivism, the twentieth century, by rehabilitating hypotheses, also acknowledged the presence of metaphysical ideas in the construction of scientific ideas. This marked a turning point in the paradigm of knowledge, for it admitted metaphysical hypotheses among plausible hypotheses, thereby allowing them once again to find a place within the theoretical and scientific reflection from which Positivism had until then excluded them (Jonas, 1992).

Within contemporary epistemology there thus re-emerges, albeit sometimes in subterranean form, the awareness that discoveries in physics, mathematics, and chemistry are all, in the end, connected to the sphere of metaphysical intuition and to conceptions of metaphysical ideas such as unity, order, harmony, and, not least, faith. The admission that science continually makes use of metaphysical ideas when it appeals to a convention or a paradigm, or when it admits first and universal principles in mathematics, allows for that "unfolding of the general conditions of the intelligibility of reality" and also makes it possible to name that "high religious and philosophical tradition from which much knowledge originally sprang" (Dubos, 1961, p. 24).

That the development of science in the West was, for example, radically determined by the development of a grand metaphysical reality—namely, the Judeo-Christian tradition—is one of Max

Scheler's great insights. According to him, Judeo-Christian creational monotheism and its victory over the religion and metaphysics of the ancient world constituted the first fundamental condition for setting the systematic investigation of nature free, by inaugurating a process of disenchantment capable of stripping nature of every divine prerogative, of every bond with Olympus. Once Christianity made clear that no god, let alone an angry god, hid behind the thunderbolt, that the echo could not be the voice of a nymph, and that the tides could not be traced back to the dispositions of Poseidon or to quarrels between Scylla and Charybdis, nature no longer bore divine names, because it would be humanity, and not God, that had the task of naming the things of the world, plants, and animals. According to Scheler, [the Judeo-Christian God] increasingly renders "cooled nature," so to speak, free to be scientifically investigated. After all, "whoever regards the stars as visible divinities is not yet mature for a scientific astronomy" (Scheler, 1924, p. 81).

One might continue at length on the consequences that the Judeo-Christian idea of divinity had for the development of science, but here it is enough to recall that, as Federico Enriques (1871–1946) wrote, religious spirit itself "stirred by the breath of eternal Truth and by the eternal hopes of humankind" has often, in history, generated the highest scientific effort (Enriques, 1936, p. 66).

Through the revaluation of metaphysical hypotheses and of error as the possible horizon of fallibilism, twentieth-century epistemology came to regard the presence of scientific hypotheses as an ineluctable term of method in every phase of the scientific process (from the formulation of theory to the experiment).

Discoveries, in other words, would from that moment onward be born in the form of supposition. Observation and reasoning are certainly indispensable conditions of discovery, but discovery itself bears a character of spontaneity and always begins in the form of supposition, because in order to discover that order of observed things—an underlying order, often hidden, unexpected, at times counterintuitive—mere observation does not suffice: one must make hypotheses. In this scenario the scientist's preliminary intuition, his or her expectations, even mistaken ones, play a fundamental epistemic role. Indeed, especially the latter: Willard Van Orman Quine (1908–2000) was said to become irritated only with those students whose work was, in his words, "not even wrong" (Quine, 1987, p. 39), and Giovanni Vailati (1863–1909) defended error insofar as "error always points out a reef to be avoided, whereas every discovery does not always point out a road to be followed" (Vailati, 1897, p. 43). Wrong hypotheses thus become pillars in the formation of theory, grounding "fallibilism," that is, the idea that in science and in knowledge one can be wrong. Or rather, the idea that every theory, if it is to aspire to the realm of scientific theories, must be controllable, criticisable, falsifiable—that is, open to refutation.

Thus, the method of hypothesis, which brings us to the awareness that observation cannot suffice, also leads us into the heart of Karl Popper's twentieth-century epistemology, for which one must combat precisely the "observationalist myth":

> "This fact, namely, that observation cannot precede all problems, can be illustrated by a simple experiment which I should like to perform, taking yourselves as guinea pigs. My experiment consists in asking you to observe, here and now. I hope you are all cooperating and observing. But I fear that some of you, instead of observing, may feel a strong impulse to ask me: what do you want me to observe? If this is your reaction, then my experiment has been successful. For what I am trying to make clear is that, in order to observe, we must have a definite question in mind" (Popper, 1935, p. 80).

This contemporary framework is in fact the child of Greek wisdom: the procedure by hypotheses roots us not only in our own time but reconnects us, we might say, to the etymological and philosophical root of theoretical formulation, insofar as the etymology of the word theory itself reminds us that θεωρεῖν means "to be a spectator" (from the Greek verb ὁράω, which means both "I see" and "I know"). For the Greeks, θεωρεῖν signified something pertaining to sight and knowledge: I behold and at the same time weigh or consider, while recognising an order, a texture, a meaning. The idea of contemplating something while recognising its order is therefore the oldest meaning that can be attributed to the word

theory. History has of course brought variations, critiques, and deeper insights, yet one may still hold to this elementary meaning in a first approximation: supposition is what makes theory possible, and the capacity to make suppositions belongs to the scientist, anchored in a determinate existential situation and endowed with a thought capable of transcending that situation and opening a breach through which to become a spectator—and a good spectator—of the things of φύσις, of the spectacle of nature, recognising their meaning. Human beings and their thought are the coordinates within which the hypothesis is situated, tracing the parabola of discovery. As Poincaré (1854–1912) wrote: "It is often said that one should experiment without preconceived ideas. This is impossible, since it would not only render every experiment sterile, but even if one wished to do so, one could not. Everyone carries within himself his own conception of the world and cannot easily rid himself of it" (Poincaré, 1902, p. 41).

It is an ever-new parabola: there is no routine procedure for finding a theory, and hypotheses are born of creativity, that is, of the scientist's bold imagination.

Only after being conceived must the hypothesis be followed through in its consequences in order to be tested: it undergoes a double scrutiny, logical in order to assess its internal coherence, and empirical insofar as hypotheses are always potentially open to refutation.

The hypothesis is therefore attacked from all sides, like a fortress under siege, in order to be examined and perhaps replaced by a better hypothesis. If hypotheses are always and only suppositions, and if they have no value other than that which they derive from experimental confirmation, then science moves through evidential paradigms and is a conjectural opus.

And this methodological perspective would develop, in the postwar period, also thanks to Karl Popper's thought, according to which all scientific knowledge is and remains hypothetical or conjectural, and what goes under the name of the scientific method consists in the procedure of trial and error. Unlike what classical and modern inductivist thought maintained, it does not begin with repeated observations but with problems. Human beings constantly stumble over problems and must therefore commit themselves to theoretical conjectures and practical actions that enable them to resolve and overcome such obstacles. These conjectures do not end at the moment of their formulation but traverse the whole elaboration of the scientific process until their confirmation or refutation. The criterion of evaluation thus lies in that space between confrontation with experimental data and the intellectual honesty of the investigator, that is, in the control of the internal coherence of ideas and in the capacity to discard them without becoming attached to them as soon as they show logical inadequacy.

Forms of Hypothesis in Medical Knowledge: Prediction and Interpretation

The scientific procedure founded on hypotheses, and situated within the horizon of contemporaneity through Popper, finds a particularly felicitous paradigm in clinical methodology.

Between the examination of a sick person and the physician's prescription there always intervenes diagnosis, that is, a true or false supposition regarding the cause of the observed symptoms.

If there is therefore a scientific genius tied to the capacity—also intuitive—to arrive at the hidden order of things through the formulation of hypotheses, and of good hypotheses, there is probably also a genius or intuition belonging to medical art and wisdom, residing in the ability to make fitting suppositions.

The physician begins from a concrete problem, namely from the disorders reported by the patient, and in every phase of the investigative process is guided by continual conjectures or hypotheses, formulated on the basis of the information available.

These hypotheses may then be confirmed or contradicted by the further elements acquired in the stages of the diagnostic pathway.

The validation or refutation of hypotheses does not belong only to the phase of interpreting laboratory or instrumental findings; it also extends both to anamnesis—that process of "reminiscence" whereby the patient recounts symptoms and retrieves the most important information concerning his or her clinical and family history—and to the physical examination, that is, the physician's observation. Both moments, far from being an aseptic registration of facts, are guided and oriented by continuous conjectures: the patient's narrative is guided by questions, and the physician's gaze is necessarily oriented by his or her suppositions.

In practice, observation of the patient and mental elaboration of information are not distinct and unrelated moments, but stages of a continuous relational process of back-and-forth and reciprocal influence, in the sense that a certain symptom or cluster of symptoms and signs may prompt the formulation of new hypotheses, but also in the sense that a conjecture may generate the need for a deeper interview or a more thorough physical examination (Croskerry, 2009; Kassirer, 1983).

Here too etymology allows us to enter the ancient dimension of the word medicine: it refers us to the Latin verb meditari, meaning to provide for and remedy, but also to devise, imagine, and plan, whence probably derives the technical meaning of caring or healing (Curi, 2017). As long as etymology can aid us on the path toward the secret of language, and thus allows us to know (using an expression by Kafka) "what the word meant to tell us and no longer tells us, while still continuing to tell us", then we shall conclude that the Greek etymology leads us toward the verb μέδω, which refers to the activity of thought and to the organisation of thought through order and rules. Precisely in the middle form of the verb we once again find that weighing, that meditating, proper to conjectural and hypothetical activity.

One of the most important French physiologists, Claude Bernard (1813–1878), regarded as the founder of experimental medicine, writes that:

> "hypothesis is the essential factor of the sciences. A preconceived idea or a hypothesis is the necessary point of departure of all experimental reasoning. Without it no research could be undertaken and nothing new could be learned; one would merely pile up sterile observations [...] Those who have condemned the use of hypotheses and preconceived ideas in the experimental method have made the mistake of confusing the design of the experiment with the ascertainment of the results. It is right to say that the results of the experiment must be ascertained with a mind free of hypotheses and preconceived ideas, but one must absolutely not prevent oneself from making hypotheses when setting up an experiment and seeking the means of observation. On the contrary, free rein should be given to imagination; the idea is the source of all reasoning and every invention; to it is due every form of initiative. It must not be stifled or driven away on the pretext that it may do harm: one must merely regulate it and give it a criterion, which is a very different thing" (Bernard, 1865, p. 39).

Every epistemic and medical truth thus appears, in its primitive and primordial form, as a hypothesis that has value only when it is verified and which, once subjected to verification, becomes either a theorem, a law, the determination of a class, a cause, an end, or, finally, a diagnosis. The embryogenesis of science would thus seem almost to establish that no discovery has ever been or ever will be made without a supposition. Again according to Bernard, "the human mind produces a multitude of vain conjectures, just as the trees of our forests produce a great number of sterile seeds; but hypothesis is the seed of every truth, and to reject it for fear of abuses is like eliminating seeds because some are infertile" (ibid.).

This awareness, in other words, leads to the recognition that human beings can indeed observe the phenomena occurring around them, but only within very narrow limits. They therefore reason, compare facts, question them, and, by means of the answers they obtain, check them against one another. The example Bernard offers in support of this thesis seems to anticipate the atmosphere described in Albert Camus's novel *The Plague*, where a physician, Bernard Rieux, battles the plague as it spreads without a precisely identifiable cause. The physician is alone with the disease and with hypotheses of contagion:

> "Suppose, for example, as has often happened, that in a country a certain endemic disease breaks out and comes under the observation of a physician. The physician will thus make a spontaneous or passive observation, by chance and without having been led to it by any preconceived idea. But if, after observing the first cases, this physician thinks that the outbreak of the disease may be related to certain particular meteorological or hygienic circumstances, he sets out and goes to other places where the same disease is present to see whether it manifests itself under the same conditions. This second observation, made in view of a preconceived idea about the nature and cause of the disease, must be called provoked or active observation" (Bernard, 1865, p. 19).

If the physician's competence consists in relating data and comparing them, then it becomes clear that what is critically at stake here is the classical methodological precept which still prescribes performing a complete anamnesis and a complete physical examination: in everyday medical practice, observation of the patient necessarily proves selective. As the biologist Peter Medawar, awarded the Nobel Prize in Medicine in 1960, states:

> "the doctor always observes his patient with an intention, with an idea in mind. From the moment the patient presents himself, he does nothing but ask himself questions, suggested by prior knowledge or by a sensory clue; and these questions direct his thought, guiding it toward new observations that will tell him whether the provisional hypotheses he is continually formulating prove acceptable or not" (Medawar, 1967, p. 39).

If the physician's observation is always selective, so too is that of every scientist: there can be no systematic, complete observation exhausting all cases, simply because an infinite amount of time is unavailable for carrying it out.

The Greeks had grasped this difficulty when they bound the human condition not to being born but to dying: human beings are βροτοί, θνητοί, ἄνθρωποι, mortals, finite beings.

Human beings are not given an infinite time within which to situate all possible observations, which, if favourable, would suffice to confirm theories.

The medical paradigm can be applied to the entire scientific procedure, with a further corollary: making a diagnosis often means not so much formulating new theories or offering explanations as recognising and historically reconstructing facts on the basis of certain reference models.

According to Augusto Murri (1841–1932), "diagnosis is not a sort of baptism affixed to a patient" and an exact diagnosis can only be established "by one who knows how to lay bare the whole complex of facts interwoven in the sick person" (Murri, 1972, p. 101). Before a patient, the physician stands within a relational dynamic in which the plot and its intertwining also reside in the patient's history.

For this reason, rare diseases are problematic, not because they are in themselves incurable, not always, not necessarily, but because they are not traceable within medical literature. And what applies to the diagnostician seems likewise to apply to every researcher devoted to the causal explanation of facts: verum scire est scire per causas.

Yet Augusto Murri himself, when sketching the profile of the modern physician, has no doubts and explains: "today's physician should no longer make either a functional judgement or an anatomical one: that aspiration has already passed. Nor can even a causal diagnosis suffice, if by this denomination one means, as is now meant, the recognition of a germ or a poison from which the illness originates: he must strive to arrive at knowledge of the whole process."

Only in this way can the physician become a good diagnostician and a good therapon: not one who performs isolated, specific services, disarticulated from one another, but one who assumes an overall disposition and who, before the patient, places himself in ob-audire, that is, in listening before someone, and thus in auscultation, a verb that, when governing the dative, belongs to the complexity of relationality and immediately evokes the dimension of believing, more precisely of "believing someone." As within the folds of a story, a narrative, a plot.

At the Heart of Diagnosis: The Hermeneutic Horizon

If this is true, then diagnosis is the place where hypotheses are validated and the hermeneutic place par excellence, as though the patient-illness dynamic were a text to be interpreted, bearing the signs of a "meaning" still to be established, and one in which there is also room for a history of error. Murri writes once more: "for the formation of a sound medical criterion, a chair in the History of Medicine—or better, in the History of Medical Errors—would be of incalculable benefit: the critical examination of these errors would constitute the most useful instruction in medical logic" (Murri, 1902, p. 102).

Just as before a text to be translated, the interpreter starts from a preliminary hypothesis of meaning, that is, from a system of expectations in which pre-understanding is articulated. As reading proceeds,

the initial hypothesis is tested against "textual evidence": if it is confirmed, it emerges strengthened; if it proves incompatible with what emerges from deeper penetration into the text, the interpreter replaces it with a more adequate hypothesis.

This circular process, known as the "hermeneutic circle," represents the very essence of interpretation.

Analogously, the interpretation of natural phenomena that characterises scientific research proceeds through a circular sequence of conjectures and refutations. Faced with a given natural phenomenon, the scientist conjectures the cause that determined its emergence; that explanation is then compared with the other experimental data available. If these prove incompatible with the expectations created by the conjecture, it is falsified and must be replaced by another explanation. If, on the contrary, the data confirm the initial supposition, it is corroborated and retained, until possible proof of its inadequacy emerges.

The interpretation of nature proceeds according to the same method as the interpretation of texts and is likewise analogous to the interpretation of historical facts.

Thus both the physicist and the historian proceed by trial and error: before them lies a text—whether it be a cell or a historical, literary, or archaeological source—and they must interrogate it. They need to ask the right questions; they need, preliminarily, already to have formulated a hypothesis; and subsequently they need to read the answer that nature or the text provides. For both, the experimental method consists in the art of asking questions and listening to the answers.

In this sense, whoever becomes an interpreter moves within a dimension that is not "technical," but borders on the territory of Hermes, he who served as spokesperson and messenger of the gods. The interpreter is a follower of Hermes, a hermeneut, because he has the same task once assigned to the messenger of the gods: he must translate while grasping all the intentions of the original message, especially the implicit ones. Preserving his own voice and mental universe, the interpreter must make explicit the voice of another, render it intelligible, yet in the awareness that he cannot "prescind from himself and from the concrete hermeneutic situation in which he finds himself" (Gadamer, 1960, p. 699), orienting himself in the recognition and valorisation of the expectations and questions, hypotheses and experiences by which he is imbued and which dwell, stratified, in his mind. Hans-Georg Gadamer calls this dimension pre-understandings. In other words, in his attempt to interpret a trace, a text, or the result of a clinical examination, the interpreter is guided by a true prae-iudicium that cannot be excluded. It does not constitute a stumbling block; paradoxically, it becomes the humus of the cognitive path. It represents a πρόβλημα, in the strict sense of an obstacle set before us, and in the broader sense of a condition for understanding.

The attitude of the interpreter, when moving through the territories of Hermes and welcoming prejudice rather than denying it, can only be guided by what Gadamer, drawing on Aristotle, calls φρόνησις, wisdom: the capacity to choose, with practical effectiveness and at the opportune moment, the means necessary to attain a good end. In the Aristotelian sense, deliberation therefore requires competence regarding both the particular and the universal; in this way the term restores to modern hermeneutics the broadened meaning of wisdom and foresight: in order to know, I must see before seeing, and the first gaze is given by the direction of the mind. It is a judicious gaze, born of judgement, sound judgement, and common sense:

> "Alongside phrònesis, which is the virtue of prudent deliberation, there is reasonableness [...] It is characterised by the fact that here it is not a question of me but of the other. It is therefore a mode of moral judgement. We speak of reasonableness when, in judging, a person is capable of placing himself fully within the concrete situation in which he must act. Here too, therefore, it is not a matter of knowledge in general but of the concreteness of a moment. This knowledge, too, is in no sense technical knowledge" (Gadamer, 1960, p. 626).

A form of knowledge that does not avail itself of routine techniques triggers, within the hermeneutic circle, that fusion of horizons involving the horizon of the interpreter and that which stands before him, setting in motion an incessant and never unidirectional dialogue between subjects of acting and knowing.

It is a fertile, non-passive dialogue between two interlocutors who are both alive, and one that can never be said to be concluded or pacified once and for all.

Likewise, if understood as an interpretive process that recursively orients one toward comprehension of the whole of the text (the clinical picture), diagnosis and questioning diagnosis lead to the heart of the relation with the patient, opening up new possibilities, avoiding the objectification of the interlocutor, relinquishing pretensions to truth, and thus widening choices and hypotheses within a process of knowledge that must be traversed without arrogance and without ὕβρις—that is, without the often ruinous hubris of immediate acquisition. "Which of you," Augusto Murri asked his students, "does not know one of those wise men who claim to make a diagnosis without even having seen the patient?" And he continued: "One will say: give me a bottle of urine and I will tell you the diagnosis; another says: let me culture the blood and I will tell you the diagnosis—pitiful pretensions, owing to their ignorance!" (Murri, 1972, p. 34).

From an authentic relational disposition between sign and meaning, enacted by the physician-interpreter, there is realised the necessary curvature that allows medical art, wisdom, and science to translate themselves into ethics, that is, into a practice to which one is subject. Ethical awareness is indeed that particular posture entailing the assumption of responsibility, that is, of taking charge.

If responsibility, as Salvatore Natoli explains, derives from sponsio—that is, promise, commitment—and if its synonym is praestatio, namely to stand guarantee for something or someone, spondet pro aliquo, to become surety for another, then responsibility is possible only within a relation (Natoli, 2004, p. 29), within a relational context that must be built and maintained and where the method by which data are gathered (diagnosis) is one of the ways in which the therapeutic context is built and maintained, and where the therapist's hypotheses serve to create the reality of the problem with which one is dealing. As Giacinto Viola (1870–1943) wrote: "Nosological frameworks seek to circumscribe the sick person, but they always remain at a certain distance from him. Scientific inferiority consists precisely in that overly large part of the patient's individuality that remains outside theoretical nosographism" (Viola, 1923, p. 98).

Diagnosis thus stands precisely at the centre, at the crossroads of a relational and epistemic dynamic, just as in ancient Greece the devotional shrines of Hermes stood at road crossings. Diagnosis stands at the semantic and hermeneutic intersection between curiosity for a problem—where being curious meant being desirous of seeing, hearing, and knowing (curiosus as cupidus videndi or audiendi or cognoscendi)—and the path of responsibility and care, where care too, in the sense of diligence and solicitude, shares the same root as curiosus in that cur which is an interrogative particle. It is at this crossroads that we may recover the whys that animate things, move things, and entail the responsible choice among hypotheses, plausible answers, and possible ethical postures.

Within the Bond of Care: Responsibility and Education

It is precisely at this juncture that the originary bond uniting epistemology and ethics becomes most clearly visible. The diagnostic act does not take shape before an inert object available for simple technical-functional deciphering, but in the presence of a life, an embodied history, a wounded subjectivity asking to be understood even before being classified. For this reason, clinical truth remains inseparable from the responsibility involved in its search: every hypothesis, while orienting attention, ordering signs, selecting questions, and disposing the horizon of therapeutic possibilities, already affects the destiny of the other and thereby assumes an irreducibly moral valence. In the exercise of interpretation there is no methodological innocence, because every act of understanding institutes a form of relation, opens a proximity, defines a posture. Error, therefore, ceases to appear as mere logical insufficiency and manifests itself rather as a dramatic trace of the finite condition of human knowing: a knowing that is exposed, situated, vulnerable, entrusted to an unstable balance among rigour, vigilance, and humility. Responsibility, in this sense, is not added to knowledge as a subsequent bond or external corrective, but constitutes its intimate substance, because to know, in medicine, always means answering for someone and before someone. From here a pedagogical implication of decisive importance unfolds. To educate for medicine means to introduce one to a discipline of judgement capable of bearing the conjectural character of knowledge without being lost either in the arbitrariness of scepticism or in the

reassuring dogmatism of rigidified evidence. Medical education is thus called to cultivate subjects capable of inhabiting limit, of dwelling within uncertainty without being paralysed by it, of exercising fallibilism as an intellectual and moral virtue, of attuning listening to the responsibility of discernment. In such a perspective, competence ceases to coincide with mastery and becomes a demanding exercise of vigilance over one's own pre-understanding, a reflective labour on one's interpretive categories, a readiness to be instructed by the singularity of another's experience. The patient, then, emerges in the full status of interlocutor: not the simple biological support of a pathology, but a hermeneutic subject, co-interpreter of his or her own suffering, a living participant in the construction of clinical meaning and in the orientation of decision-making. The relation of care thus reveals itself as a generative space in which medical knowledge, far from limiting itself to applying already constituted schemes, is continually redefined in confrontation with the irreducibility of the singular case. In this light, illness asks to be restored to its phenomenological and existential density. Within it are gathered a biographical fracture, a modification of the relation to the body, to time, to dependence, to fear, to hope; there accumulates a tacit, often voiceless knowledge inhabiting the sufferer's lived world and which no nosographic grid can ever fully exhaust. Opposed to this depth, with increasing pervasiveness, is the technical-efficientist rationality that reduces suffering to parameter, the subject to case, clinical time to performance, and care to an optimisable procedure. It is precisely against this reductive torsion that a hermeneutic pedagogy of medicine is called to safeguard the unavailable core of the experience of care: that fragile yet decisive place where interpretation and trust, word and silence, promise and waiting, vulnerability and responsibility intertwine. Here resistance to the neoliberal colonisation of medicine does not take the tone of a mere ideological protest but configures itself as a defence of the human in its excess over every logic of pure functionality. Within this horizon, diagnosis offers itself as one of the most eloquent figures of the human condition. In it one sees that to know always implies exposing oneself to what one does not yet possess, that every vision is already oriented by an anticipation of meaning, that every decision bears the weight of a truth never entirely guaranteed. Medicine, when it thinks this structure through to the end, then presents itself as an extraordinary school of epistemology, ethics, and education. It reminds us that truth does not coincide with the sovereign act of definitively grasping reality, but with an honest, disciplined search capable of correcting itself; that doubt, far from being a weakness to be removed, can become the site of a more mature fidelity to reality; and that care, finally, safeguards in its deepest core a task of understanding and response. The ultimate lesson that the hypothesis in medicine delivers to contemporary pedagogy therefore concerns the need to form not merely competent operators but interpretive consciences equal to the living. What is at stake is an education capable of holding together scientific rigour, hermeneutic wisdom, and ethical responsibility; an education that recognises in the patient a co-constructor of meaning and decision; an education that can free illness from its reduction to a measurable object and restore it to its status as lived experience and implicit knowledge. Perhaps it is precisely in this safeguarding of the fragile, the singular, and the uncertain that medicine rediscovers its highest dignity: not merely a refined technique of intervention, but a knowledge of the human exposed to the human, a practice of truth accomplished as listening, judgement, and responsibility, a promise of care that remains faithful to the irreducible complexity of life.

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