

On Mechanisms of Human Behavior: The “Mind Blindness Phenomenon” in Philosophy, Religion, Science, and Medicine

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The phenomenon described here has no scientific title, but occurs frequently in daily living, from science to philosophy, religion, and medicine. In every field of human endeavor, when a view is expressed, sharp and profound differences of opinion ensue. Initially, we coin this phenomenon as “understanding blindness” or “mind’s awareness.” Thereafter, we decide to refer to it as “mind blindness,” a concept introduced to science by Professor Simon Baron-Cohen, who coins it for a cognitive disorder associated with autism, Asperger’s syndrome, and schizophrenia. Baron-Cohen’s usage has subsequently been extended to dementia, bi-polar disorders, antisocial personality disorders, and even normal aging. In our view, definition and identification of “mind blindness” in philosophy, religion, science, medicine, and at end-of-life care can help mankind to better understand mechanisms of human behavior, and the causes of conflicts, controversies, contradictions, and sharp differences of opinion in human life, and even to solve some of them.

Keywords: “mind blindness,” human behavior, philosophy, science, religion, medicine, conflicts and controversies

1. Introduction

The concept of “mind blindness” has already been introduced to science by Professor Simon Baron-Cohen (Baron-Cohen, Leslie and Frith, 1985). This so-called known theory of mind (ToM) has been used for a cognitive disorder associated with autism (Baron-Cohen 1995; Frith 2003), Asperger’s syndrome (Dahlgren and Trillingsgaard 1996; Baron-Cohen 1997), and schizophrenia (Harrington, Siegert, and McClure 2005). Baron-Cohen’s usage has subsequently been extended to dementia (Snowden, Gibbons, Blackshaw et al. 2003), bi-polar disorders (Tonelli 2011), antisocial personality disorders (Greene and Haidt 2002), and even to normal aging (Happe, Winner, and Brownell 1998).

“Mind blindness” can be described as a cognitive condition or disorder where an individual is unable to attribute mental states to the self and another. As a result of this disorder, the individual is unaware of the mental states of others. The individual is also incapable of attributing beliefs and desires to others.

2. “Mind Blindness:” The Author’s Perspective

In my view, “mind blindness” is an ancient, wide-ranging philosophical issue. Is man capable of understanding what transpires in the outside world or only that which occurs within himself?

Is accumulated knowledge objective? Is that which I discover with my mind and senses identical to that

discovered and sensed by others?

Which is correct: Subjectivism or objectivism; materialism or idealism?

This is an eternal debate. Nevertheless, let me turn to a period more than three millennia removed from ours, namely, 3,825 years ago, the year of the birth of Abraham, son of Terah, the first human to recognize the Creator of the universe. The entire world was on one side of this divide, and Abraham was on the other. It was due to this distinction that Abraham would receive the title the Hebrew, ha-Ivri¹ (related to side, ever²). In that era hundreds of thousands of human beings populated the globe. Did all suffer from mind blindness? Was there only one person who understood? In a word: Yes. All failed to understand, whereas Abraham, only son of Terah, did understand.

Thousands of years passed. The descendants of the patriarch Abraham were fruitful and became a nation of millions. They weathered the exile from Egypt, and after emerging became the Hebrew nation, subsequently receiving our holy Torah (Jewish scriptures) at Mount Sinai 3,327 years ago.

Throughout this period, the war continued between the Hebrews, who would come to be known as the Israelites and the other nations. The war raged tirelessly and unremittingly: A war of opinions, a war of religions, philosophy, in the media, and on the battlefield. Millions perished for the sake of God. Even now, at this very moment, this war continues between the Israelites and the other nations; a war waged by mighty armies with millions of soldiers, jets, and tanks. Thousands of missiles have been developed, manufactured, and positioned towards the State of Israel. Historical eras marked the reigns of Pharaoh, Amalek, Babylonia, Athens, Rome, the Ottoman Empire, and the expulsion from Spain, the Inquisition, pogroms in Russia, and the slaughter of millions during the Holocaust. The First Temple was destroyed; the Second Temple was destroyed; and now war is waged over the Third Temple.

What is the meaning of this lengthy process? These wars, now ongoing for more than four millennia, have all resulted from the human phenomenon that I refer to as “mind blindness.” To this day, the world’s population lacks understanding and internalization of the existence of the Creator and of the chosen people, i.e., the nation of Israel.

The Bible (1996), our holy Torah, and the Ten Commandments have been translated to the preponderance of languages spoken by the nations of the world. Yet humanity still has not changed its behavior more than 3,000 years after the foundations of human behavior were revealed to each and every person with the giving of the holy Torah, inscribed in stone in the form of the Ten Commandments. This is a classic example of “mind blindness.”

“Mind blindness” is prevalent in daily human life. Many individuals are unable to understand mathematical formulas, physics, chemistry, the elegance of music, or the beauty of a piece of art. Men fail to understand women’s feelings and thoughts, and women do not understand those of men. Adults are insensitive to the feelings and thoughts of children, and the young are insensitive to the feelings and thoughts of adults. All the aforementioned are typical examples of “mind blindness.”

Nevertheless, a pool of objective knowledge has been accumulated over the course of world history, a body of knowledge divided into branches known as the sciences. This knowledge is attained in schools, universities, and workplaces, and is unique in its consistency from one place of study to the next. Human life proceeds in accordance with this objective knowledge. Food and attire, cities and villages, industry and agriculture, art and entertainment, that most of all in current times, have converged and become similar and uniform.

Despite it all, there is more sharing and understanding of knowledge and agreement with knowledge than there is controversy. Nonetheless, humans can be parties to sharp controversies, often finding themselves in total disagreement with regard to diverse issues in this world. Conflicting points of view are prevalent in religion, philosophy, psychology, pedagogy, art, biology, medicine, science—even in astrophysics, physics, and chemistry—as well as in precise abstract sciences, such as mathematics. Perhaps this is legitimate. After all, human beings are not all identical in their composition or their opinions and feelings.

However, will the truth ultimately be revealed so that opposing opinions can at some future time reach consensus as to what is correct?

On the theoretical level, legitimate differences of opinion may well appear innocent and hair-splitting insights may appear to be pure intellectual exercises or mere opinions, especially in the areas of religion, philosophy, and politics. Moreover, when the wrong considerations enter the picture and are applied in practice, it is obvious just how destructive and lethal they can be: The causes of atrocious wars, vast destruction, and mass killing, sometimes of millions, engenders enormous human suffering, i.e., Hell on Earth.

This entire process, in which disorders in human understanding of the world result in tragic wars, can be defined as a symptom of “mind blindness.”

All in all, the progression of the past 2,000 years of human history has not been characterized consistently by progress and vibrancy. In truth, there has never been an absolute regulator to critically guide affairs for the improvement of the masses.

Rather, regulating regimes and governments typically endorses the advancement of one ruling group or another, usually a small dominant group of individuals, whose interests are promoted by governments while disregarding mass-based interests, instead of devoting their efforts and consideration for the wellbeing of entire populations.

The reality of this type of “mind blindness” is that the masses believe they are living in a democratic society, but in fact they are living under oligarchic rule.

This is a tragedy. Even when processes have allowed the masses to seize power and choose leaders to act in their better interests, these elected politicians have ceased to act for the good of the people, preferring to further the interests of an elite few. Practically, the masses suffer more than they did under the chosen regime of the communist and socialist blocs.

The correct manner in which human society ought to conduct itself is not yet known. In today’s modern capitalist societies, politics is based upon “mind blindness” of the masses that are exploited by the ruling few.

3. “Mind Blindness” in Religion

“Mind blindness” and its controversies accompany the history of existing religions (Hick 1977, 1989; Musacchio 2012; Haidt 2013). My belief is that from the time ancient man came to understand his place in the course of history and recognized that a force more powerful than him was guiding him and his environment. Indeed, boundless forms of paganism and idol worship thus came into existence. What is worthy of note is that the bulk of human civilization continues to believe in idolatry. In my view, they suffer from “mind blindness,” in that they are blind to the utter worthlessness of their faith. They remain far removed from faith in the Holy One, blessed is He.

It is difficult to understand why this is so. Perhaps one factor is that the foundations of faith in the Creator are written in Aramaic and Hebrew, two very ancient languages. I believe that few individuals perhaps only a

handful successfully navigate this barrier and become followers of the Torah, the Talmud, and other sources of the Jewish faith.

As history progresses, another section of humanity attaches itself to the written postulates of Judaism, tying its belief system to the Torah and the other books of the Tanakh (the Hebrew Bible). These religions, of course, are Christianity and Islam, and even have holy sites in the Land of Israel and in the holy city, Jerusalem.

I would say that this is a very clear case of “mind blindness.” Christians and Muslims accepted the principle of the existence of the Creator, but failed to accept Judaism and the Jews. If not for “mind blindness,” most of the world would have accepted Judaism some 2,000 years ago. It is possible that the world would be populated by only believing Jews and non-believers (atheists, agnostics). Instead, Christianity appeared, basing itself on the Tanakh, and, again due to “mind blindness,” dispersed into myriad subgroups: Catholics, Protestants, Orthodox, Anglican, Lutheran, and numerous religious denominations.

The same is also true for Islam. Due to “mind blindness,” Islam, which is premised on belief in the Creator, comprises Sunnis, Shiites, and other religious sects.

As a result of “mind blindness” within the belief systems of at least these two groups, each of which believes its own faith to be supreme, countless religious wars erupted throughout human history, with casualties in the thousands, and even millions.

This is not history of 4,000 years. This account is equally relevant to current times, in which we are witnesses to a cruel, bloody, destructive war that inflicts pain and suffering, between extremist Islamic movements waging jihad and the Western world. The war between Israel and the Arab nations is a clear example of such a religious war.

Atheism, the doctrine of those who do not believe in the existence of a higher power has become a new religion. Indeed, individuals who do not believe in a higher power are generally thought to constitute only 12% of the global population, but “mind blindness” on their part is also the cause of numerous political, philosophical, and cultural wars, including, of course, actual military wars with many fatalities.

4. “Mind Blindness” in Philosophy

The entire history of philosophy is one of “mind blindness” and controversies (Dretske 1999; Lakoff 1999; Nichols and Stich 2003; Smith and Thomasson 2005). Hundreds of ideas and theories have arisen throughout human history to try to explain philosophically, through the workings of the world. Because practical research and experimentation are totally absent in philosophy, ideas are constructed with ease and sometimes survive for a lengthy period.

Anyone who believes that these theoretical ideas are limited to paper is gravely mistaken. Philosophical ideas actively influence the conduct of human life. Occasionally, they become the banner of a movement or a political party. For instance, Communist movements, headed by the Soviet Union that once ruled many of the world’s countries, based themselves on Marxism-Leninism. Marxism-Leninism, in turn, was based on the ideology of dialectical materialism, principally on Hegelian dialectics. The “mind blindness” of Marxism-Leninism was, first and foremost, in denying the existence of a higher power, of all religion whatsoever in favor of absolute atheism.

Additional deceptions and illusions are present in the slogan of communism “From each according to his ability, to each according to his need.” The first part of the slogan is not compatible with the rules of human behavior, as there is no limit to the needs of a person and neither is the second part because individuals

generally tend to take rather than to give. The addition of leaders' practical and voluntary behavior, total corruption, and a multitude of other crimes engender the collapse of the Communist countries, proving both the mistakenness of the foundational theories and that these theories are a classic example of "mind blindness."

5. "Mind Blindness" in Science

"Mind blindness" and controversies (Varela, Thompson, and Rosch 1992; Pinker 1995; Dascal 1998; Epstein and Hundert 2002; Wright, Taekman, and Endsley 2004) occur daily in virtually all scientific disciplines. As a classic example, I would refer to the banning until 1965 in the Soviet Union of the names of geneticists Gregor Mendel, Thomas Morgan, and others in Soviet biology, medicine, and agriculture.

For nearly four decades, biology, medicine, and agriculture were disconnected from the advanced science of the West and thus brought utter destruction to that state's agriculture and with it, mass starvation, causing that tremendous state to fall behind magnificently in medicine and agriculture.

This may well have been a key reason for the failure of Communist rule and the dissolution of the Soviet Union as well as its breakup. This is a classic, tragic instance of "mind blindness" in world history that led to untold suffering of multitudes throughout that powerful nation.

The inability of science to unite the world and lead it to the resolution of poverty, hunger, a host of incurable diseases, water shortages, energy deficits, and environmental ills is a problem of "mind blindness" in science.

Overall, world is controlled by a group of entrepreneurs, usually in accordance with their own interests, and by politicians, acting as agents of the former is another form of "mind blindness." I believe world affairs should be managed by leading scientists.

6. "Mind Blindness" in Psychology

In psychology, vast studies of behavioral disorders affecting thousands or millions of people worldwide must be undertaken. Nowadays psychology is moderately superficial and passive, inundated with controversies and contradictions (Banyard 1999; Confer, Easton, Fleischman et al. 2010). The primary objective should be: the development of tools for evaluation; diagnosis of suffering levels of diverse groups in human society; and means of treating, alleviating, and preventing suffering, as well of course as performing studies of the mechanisms associated with human contentment and pleasure.

"Mind blindness" in psychology is its failure to view itself as the forefront of human suffering and contentment. It is ipso facto (by the fact itself) that psychology remains unaware of most aberrant human behavior. The use of drugs, alcohol, and nicotine, as well as depression, suicide, violence, crime, murder, war, and human suffering, all result from the inability of individuals or the masses to enjoy a normal, routine life, and furthermore, in born or hereditary defect in the mechanisms in the human brain that underlie pleasure and contentment (Aminoff 2013, 2014a, b). These may be one of the most important forms of "mind blindness" to the conduct of human life and the comprehension thereof. Diagnosis and treatment of this problem could drastically change the face of human behavior.

7. "Mind Blindness" in Literature and Art

Art and literature, for the most part, comprise the construction of an imaginary world that for many individuals replaces the grayness of reality. Instead of building a pleasant existence, the mind escapes to an

imaginary world of theater, a film, or a book. A clear explanation would be invaluable for entering reality and engaging in true enjoyment rather than engaging in “mind blindness” and controversies (Vayena, Rowe, and Griffin 2001).

8. “Mind Blindness” in Sociology

Sociologists also do not understand the origin of the aforementioned problems (Hindess 1988). These social problems appear to be personal: failure of an individual who needs help, or a group who require assistance, i.e., the lowest income deciles, those of little means, and the weak. In the view of sociologists, the weak are weak because the strong have deprived them of almost all bare essentials.

9. “Mind Blindness” in Politics

The Western world argues in favor of democracy, which is understood as being equivalent to egalitarianism. This is nothing more than an illusion. The word “democracy” means “rule of the people” or “rule of the majority.” What Western state is ruled by the people? It is interesting that both sides, the ruled majority and the ruling minority, believe in this illusion and even take pride in it. Yet, as noted, democratic rule is a mode of “mind blindness” and controversy (Kegley 1995; Horst 2007).

10. “Mind Blindness” in Medicine

Medicine is not a precise science. Accumulated medical information is based partly on the experience and impressions of the physician. Some scientific research, with scientific proof of its results, is relatively respectable. One must be aware that medicine is of a scientific level and is far from the practical clinical level of physicians. There are several reasons for this. One is a huge gap between the potential of medicine on the scientific level and the ability of human society to apply scientific achievements to practical medicine.

This is true for virtually all areas of medicine and conspicuously so in oncology, hematology, gynecology and fertility, and cardiology, among other fields. With respect to these, there is no “mind blindness.” Conversely, it is well known that appropriate treatment exists, but it is too expensive for either the masses or the individual. In this instance, the “mind blindness” is that of the physician who has no knowledge of a specific therapy or medication for a patient’s illness and, therefore, does not recommend state-of-the-art treatment to the patient.

There is a considerable gap between the general scientific level of medicine and the basic knowledge of individual physicians. Basically, some physicians have not kept abreast of innovative medical knowledge and technology. For a physician, to be fundamentally unaware of medical advances is, of course, blatant “mind blindness.”

It is possible that physicians are cognizant of cutting-edge knowledge, but may prefer not to avail themselves of this data. This is clear medical neglect. It is possible for physicians to theoretically be medically knowledgeable, but fail to use it effectively. In all such instances, the patient ultimately does not receive advanced treatment.

Most medical treatments are pharmaceutical in nature. Medications are developed and distributed by pharmaceutical companies and this is perhaps the greatest deception of current times. Pharmaceutical companies, doctors, and scientists employed by these pharmaceutical companies, senior doctors through whom new drugs are advertised and even the most prestigious and advanced medical journals, are complicit to this end.

What type of deception and how widespread is it? Does it result in medical malpractice per se, or is it an economic burden to the patient, or society at large?

In this instance, fraud constitutes the presentation of a medication as being curative, alleviative, preventive, or efficient in the treatment of a disease, but is not clinically effectual. There is an enormous gap between propaganda and practical effectiveness of a medication. Primarily this applies to severe medical problems for which there are no factual solutions. “Mind blindness” on the part of doctors in the field, patients’ relatives, and patients themselves provides billions of dollars in fraudulent profits to countless pharmaceutical companies and their innumerable executives, foremost among them doctors and professors who are leaders in the medical field.

A good example is that of Alzheimer’s disease for which several drugs are available. In scientific studies performed to convince the market, doctors and the media publish good mathematical statistical results. However, positive statistical distinction in a study does not necessarily translate into practical effectiveness. Minimal or nearly nonexistent efficacy is presented through aggressive propaganda as a major medical achievement (Qaseem, Snow, Cross et al. 2008; Casey, Antimisiaris, and O’Brien 2010). The costs of medications are extremely high with pharmaceutical companies making astronomical profits.

Millions use a drug, the effectiveness of which is in fact close to zero, and immense expenses are incurred by patients, insurers, and society at large.

Where is the “mind blindness” here? Initially, leading universal medical journals are influenced by scientists who typically play a role in development and distribution of an innovative drug. The opinions of scientist-doctors need not correspond to the actual results of studies or the effectiveness of a medication. Overall, the cost of studies is very high, sometimes astronomical. Studies are performed by pharmaceutical companies tendentiously, rather than objectively, and the manner in which results are deciphered is misleading and biased. Pharmaceutical companies, renowned researchers, and top ranking scientific journals are all involved. What do they stand to gain? Their own self-aggrandizement is in both wallet and image.

The “mind blindness” of these physicians is their deficient understanding of the relevance of the study and provision of a drug that is adopted quickly despite its minimal effectiveness. Of course, there is also the “mind blindness” of patients and their families, as well as their absolute faith in medicine and in doctors.

In the case of many classes of drugs, there is an enormous gap between what is written in the propaganda and materials that are distributed and practical medical effectiveness. As previously mentioned, many medications are ineffective or only partially effectual. Medications indicated for the treatment of diabetes, hypertension, depression, various growths, and many other disorders are still awaiting unequivocal updates as to their practical effectiveness.

Another mode of “mind blindness” is the high expectations of patients’ and relatives’ regarding treatment and of their confidence in the ability of medicine and doctors to treat diseases. It is for these reasons that they seek consultations and treatment from experts, i.e., professors, despite clarity of the prognosis and treatment options from their primary care physicians.

The phenomenon of “mind blindness” is commonplace in end-of-life issues. This may be one of the reasons for the high level of suffering experienced by most at the end-of-life. Several aspects of the topic of end-of-life call for discussion.

Initially, the patients themselves. Most dying patients have no understanding or awareness that their condition is in fact terminal and that they have a limited time to live. While there generally has been no

planning process for old age, there tends to have been no planning process for the end-of-life, whether psychological and emotional for putting affairs in order and dealing with money and inheritance, or in awareness that the majority of world healthcare systems lack the capability to supply dying patients with all state-of-the-art treatment options that may be needed, including quality nursing.

Of course, dying patients are unaware that none of those treating them, including medical and nursing staff, know how to relate to their suffering.

Medical staff suffers from severe “mind blindness” and is faced with controversies with regard to treatment of the terminally ill (Keimowitz 2010). Consequently, terminally ill patients, regardless of where they are being treated, are clearly unwanted.

Thus, in a conventional medical department, whether it is internal medicine, surgical, geriatric, or other, staff will do whatever they can to discharge the terminally ill as rapidly as possible.

Medical personnel are unconcerned about the severe medical and psychological state of end-of-life patients, or whether they will return to their homes or be transferred to an institution, geriatric home, or a hospice.

It is no longer of any interest once these patients are not their responsibility.

Terminally ill patients are also unwanted by insurance companies, because their treatment is expensive and often protracted. Despite the existence of many home care units, an insurance company itself is incapable of providing professional intensive 24-hour nursing care to the terminally ill, as such intensive care is nonexistent within the purview of these insurance companies. No research has yet been performed to show whether home care units accept patients experiencing a high level of suffering and with intensive and proper treatment, the suffering level has been successfully alleviated. It is my firm belief that this is not the case.

Most physicians are ignorant regarding the treatment of pain, anxiety, fear, and depression. This phenomenon has several causes, the first of which is the dearth of effective fast-acting medications for treatment of these mental disorders. The pharmacological effect of antidepressant and antipsychotic medications is experienced only after approximately six weeks. Due to a lack of theoretical and practical knowledge, doctors may alter an antidepressant or antipsychotic regimen after only a few days of treatment.

Another reason is lack of theoretical and practical knowledge regarding the use of analgesics, including treatment in pain units. For instance, most doctors are unaware that no effectual pharmacological treatment exists for chronic pain lasting weeks, months, or years.

Physicians are unaware that morphine treatments, as well as other drugs, are subject to restriction, namely, administration of medication should not result in death. This is considered active euthanasia.

Overall, doctors are far removed from ethical and religious questions of treating the terminally ill. There is no special sensitivity to the sanctity of life or to a doctor’s special medical-ethical responsibility to administration of drugs to such patients. Although there may currently be tremendous advancement in many areas of medicine, the field of palliative cares for the terminally ill leaves much to be desired.

Human suffering in medicine at end-of-life has been totally ignored. It is an illusion that treatment of terminally ill patients is known to all. Practically, at least according to our studies, most patients experience a high level of suffering in the last days of their lives.

Due to “mind blindness” and unawareness of suffering in daily care by internal medicine departments, levels of suffering of patients are not evaluated. The issue of patient suffering is not addressed in treatment and diagnostic regimens or in suffering-prevention programs.

The same is applicable for hospices and palliative care departments. The concept of suffering is virtually nonexistent in studies by researchers who practice palliative care. Due to “mind blindness,” suffering of the terminally ill is not addressed at many national and international conferences.

It is of interest that a topic as important and central as that of treatment of the terminally ill does not feature as a focus of research or the subject of a global conference on palliative care.

This, in my opinion, is blatant classic “mind blindness” by doctors and nurses. Medical staff is unaware that the focus of care for the terminally ill should be administered by the experienced hands and warm heart of a nurse. Doctors and nurses are oblivious to the fact that a patient’s suffering is not a function of the progression of a disease, but a function of the treatment of that disease. A patient’s suffering is the result of incorrect or unsuccessful medical and nursing care.

Where does human society fit in? In this event, there is total and absolute “mind blindness,” blind faith in the medical system, and that the care provided by doctors and nurses is accurate and sacred. This is also pertinent to treatment in most areas of medicine other than end-of-life care. Human society is ignorant to the fact that the medical profession has not yet determined just who should be defined as terminally ill. A patient may have a life expectancy of six months, but human society is unaware that doctors lack the tools and diagnostic methods to prognosis last six month of life.

The general population is oblivious that most patients, doctors, and even departments, have no knowledge regarding the end-of-life process.

In the future, difficult end-of-life dilemmas are anticipated for medicine, science and philosophy, religious leaders, and human society at large. Two relevant principles are implicit. The first is the tenet of sanctity of life and medical ethics, in that a life must not be shortened or euthanasia practiced. The second principle is that the end-of-life process should not be accompanied by suffering of patients, their families, or personnel providing treatment.

I am optimistic that, at least in this domain, humanity will overcome “mind blindness.” The future will be difficult and prolonged. Intensive efforts will be required in scientific research, and precise, practical Halakhic decisions must be made to ease the demise of the terminally ill.

“Mind blindness” in this situation is the failure of the medical and scientific professions to comprehend that it is imperative to perform additional research on the suffering of the terminally ill. Suffering of the terminally ill was broached by Professor Cassell in his well-known article (Cassell 1982) as well as in his books. Articles on suffering had been published in the medical literature prior to Professor Cassell’s articles and subsequently continued to be publicized.

The results of our studies, in effect, three separate research studies over the past 17 years, have proven that patients who experience a high level of suffering at end-of-life have a short life expectancy. My colleagues and I diagnosed patients with a high suffering level at end-of-life, as having a new medical and pathological syndrome, coined Aminoff suffering syndrome (Aminoff 2007a, b, 2014a, b). We recommended the creation of Relief of suffering units for the treatment of patients experiencing a high level of suffering with Aminoff suffering syndrome.

However, although our publications on this topic, including 20 research articles in leading global medical journals, publication of a book and publication of 50 papers that were presented at international and national medical conferences, as well as numerous lectures, only a few similar studies had been conducted worldwide.

With regard to Aminoff suffering syndrome, medical science remains absolutely silent, as if to indicate

that no such symptom exists. To date, with the exception of our personal publications, other articles in medical literature have not referred to Aminoff suffering syndrome.

I am convinced that the diagnosis of Aminoff suffering syndrome at the end-of-life and appropriate care of such patients in Relief of suffering units would provide the most elegant, humane, and efficient solution to end-of-life tribulations, while complying with the requirements of medical ethics, national laws, and religious demands (Aminoff 2009).

Why are the concepts of Aminoff suffering syndrome and relief of suffering units still not accepted in medical science and practice? This is due to the “mind blindness” experienced by medical scientists and practitioners.

11. Conclusion

Definition and identification of “mind blindness” in philosophy, religion, science, medicine, and end-of-life care can help mankind to better understand mechanisms of human behavior, and the causes of conflicts, controversies, contradictions, and sharp differences of opinion in human life, and to even to solve some of them.

Notes

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