MARTIN BUBER'S I-THOU RELATIONSHIP: PHILOSOPHICAL FOUNDATIONS AND APPLICATIONS IN THE HUMANIZATION OF HEALTH CARE

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ABSTRACT

This article analyzes the conception of the I-Thou relationship proposed by Martin Buber and its applicability to health care, particularly in nursing. By contrasting the genuine I-Thou encounter with the objectified I-It relationship, it is argued that the Buberian framework can guide more humanized practices, capable of considering not only physical aspects, but also the emotional, spiritual and existential dimensions of the patient. This perspective expands the autonomy, dignity and active participation of the patient in the therapeutic process, in addition to strengthening the ethical responsibility of the professional. Thus, by replacing mere technical execution with an integral and dialogical approach, care becomes an authentic encounter, marked by reciprocity, respect and appreciation of otherness. The article discusses philosophical foundations, spiritual and existential dimensions, as well as practical implications and challenges to incorporate the I-Thou paradigm in health practice, contributing to the construction of a more ethical, comprehensive and humanized care.

Keywords: Nursing care, Professional-patient relationships, Humanization of care, Philosophy, Spirituality.

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INTRODUCTION

In the field of contemporary health, the incorporation of advanced technologies, the improvement of diagnostic resources and the sophistication of therapeutic protocols have contributed to the increase in life expectancy and quality of life in several areas (WAMBLE; CIARAMETARO; DUBOIS, 2019; MANERO et al., 2022). However, such advances are not always accompanied by comprehensive and humanized care. In many contexts, the patient ends up reduced to a "clinical case" or an "object of intervention", favoring distancing, fragmentation and, sometimes, the dehumanization of care (CARVALHO, TOMAZ, 2020; BITENCOURT NETO; RIZZO, 2022). In the practice of care, it is necessary to balance the ethical scale, in the sense of human dignity as an absolute value and technical care itself. If this balance becomes unbalanced, the results are harmful to both the professional and the patient and, as a consequence, to a weakening of this interaction between professionals and patients. This balance is sometimes difficult to achieve. In view of this reality, it is urgent to reflect on the relational, ethical, and philosophical dimensions that should guide the encounter between professional and patient, rescuing the human essence of this relationship (CARVALHO, TOMAZ, 2020; BITENCOURT NETO; RIZZO, 2022).

In this sense, the dialogical philosophy of Martin Buber (1878-1965) – especially from his work "I and You" (Ich und Du, published in 1923) – emerges as a particularly fruitful theoretical reference (MARGULIES, 2023). Inserted in the context of twentieth-century philosophical thought, marked by phenomenological, existential, and personalist currents, Buber proposes the distinction between two fundamental modes of relationship: I-Thou and I-It (MARGULIES, 2024). By highlighting the importance of the genuine encounter, in which the other is recognized as a full and unique subject (You), Buber questions the modern tendency to objectify the other (I-It), reducing it to a function, object, or means to achieve an end (CARVALHO, TOMAZ, 2020; BITENCOURT NETO; RIZZO, 2022; MARGULIES, 2024).

By transposing this framework to the field of health, especially in the context of nursing, the Buberian approach does not deny the importance of technical and scientific knowledge, but contextualizes it in a broader horizon, in which care becomes an ethical, relational and integral event (SCHAURICH; CROSSETTI, 2008). This perspective dialogues with other currents of humanized thought in health, such as bioethics (which emphasizes the importance of respect for autonomy, beneficence, and justice), the philosophy of care (present in authors such as Leonardo Boff and Joan Tronto), and the humanization policies of the Unified Health System (SUS) in Brazil, which seek to promote person-centered care

and comprehensive care (BRASIL, 2013; DE SOUZA; GRANDSON; NETO, 2019; REIS-DENNIS, 2020; VIEIRA-MACHADO; DE LIMA, 2024)

For Waldow (2015), care is not limited to the performance of procedures; It is defined in the genuine interaction between those who care and those who are cared for. It is necessary to recognize the other as a full subject, endowed with singularity and dignity, and not as an object of intervention (VALE; PAGLIUCA, 2011). This view is reinforced by Bertarello (2011), who points out that the essence of humanity resides in the relationship of alterity, in which the I is only fully constituted in the relationship with the Thou. When this relationship is neglected, there is a distancing from the condition of humanity, which can lead to the dehumanization of care.

This article aims to analyze the conception of the I-Thou relationship proposed by Martin Buber and discuss its applicability in the context of health care, with emphasis on nursing practice. It is based on the assumption that the adoption of the Eu-Thou paradigm offers a promising path for the humanization of care, as opposed to extreme fragmentation and technification (BITENCOURT NETO; RIZZO, 2022). By recognizing the patient's otherness, respecting their beliefs, values and rights, as well as considering the emotional, spiritual and existential dimensions of illness, care becomes an encounter marked by reciprocity, moral sensitivity and mutual responsibility (GILL; FUSCALDO; PAGE, 2019; RODRIGUES; PORTELA; MALIK, 2019). It is about bringing the act of caring closer to its most genuine vocation, understanding it not only as a resolution of biological problems, but as an ethical and existential commitment capable of promoting integral well-being and rescuing human dignity (SCHAURICH; CROSSETTI, 2008).

Thus, the article will deepen the philosophical foundations of the I-Thou relationship and its relevance to rethink health care. In addition, the spiritual and existential dimension of the encounter will be explored, often neglected, but central to the experience of illness, finitude and the search for meaning. Finally, practical implications and challenges to be faced in the incorporation of this paradigm in the daily life of health services will be presented, considering institutional, formative and cultural aspects.

It can be inferred that it contributes to a more humanized, ethical and integral practice, inspiring professionals, managers, educators and researchers in the area to revalue presence, dialogue and otherness as essential elements of care (RODRIGUES; PORTELA; MALIK, 2019). In this way, health care can become not only more effective from a biomedical point of view, but truly transformative, by promoting authentic encounters in which the life, dignity, and integrality of the human being are fully recognized, respected, and cultivated (EKPENYONG et al., 2021).

PHILOSOPHICAL FOUNDATIONS OF MARTIN BUBER'S I-THOU RELATIONSHIP

Martin Buber's philosophy, systematized in his work "I and You" (Ich und Du, 1923), offers an ontological and ethical framework for understanding human relations in depth. Inserted in the philosophical context of the early twentieth century, Buber dialogues with currents such as phenomenology and existentialism, which value the immediate experience and the singular existence of the individual (MARGULIES, 2024). At the same time, his proposal stands out for emphasizing the relational dimension, in contrast to approaches that prioritize only the isolated subject or instrumental rationality (MARGULIES, 2023). From this perspective, Buberian thought anticipates and approaches authors who, in the humanistic field, would seek to understand the human condition not only as a being-in-the-world, but as a being-with-the-other, in permanent dialogue (JONS, 2024).

By proposing the concept of two principle-words – I-Thou and I-It – Buber is not limited to a mere linguistic distinction, but delineates two fundamental ways of relating to the world (MARGULIES, 2024; MARGULIES, 2023). While the I-It mode, characteristic of modern and technicist thought, implies objectifying the other and treating him or her as an instrument, the I-Thou relationship radically shifts the focus: the other is not a means to an end, but an integral, singular being, irreducible to utilitarian categories (BRITO, 2020).

Man can have a double possibility of existence and of relating to the world. This form of relationship between the Self and the world is not static, it can vary between the relationship I-Thou and I-It. There is no full-time I-Thou relationship, it will always be from the I-It relationship. The I-It relationship cannot be evaluated as negative, but part of the process of this man behaving towards the world. The integrality in this I-It relationship is what makes it negative, with man losing values that lead him to meet the other, with the other being seen in an objectified way full-time (SILVA, 2021). For Buber, one of humanity's problems is the exaggerated affirmation of the "I" and the loss of the "You" in the world of relationship. The idea of self-sufficiency of the Self can underpin the origin of today's egocentric and selfish society (SILVA, 2021).

In the I-It plane, the individual measures, classifies and uses what surrounds him, understanding reality from a functional and instrumental perspective. When relating seeing the patient as That, the I/Health Professional does not experience the relationship, the exchange between them is an experience. There is no care, since there is no relationship between the Self and the It. Actions are performed for this patient, but there is no relationship and recognition of the Thou instead of the That there is no care (WALDOW, 2015). In the I-Thou relationship, the I addresses the other, inviting him to an authentic and

mutual dialogue, in which both recognize each other as full subjects, endowed with mystery, dignity and potentiality (MARGULIES, 2024).

This I-Thou relationship is not permanent or stable, but occurs in privileged moments of openness, authenticity, and presence. It is when the Self suspends the will to control, transcending mere functionality and the tendency to instrumentalize the other, that the possibility of genuine encounter arises (CHAI, 2023). At this moment, dialogue is not only the transmission of information, but an event lived in the entirety of the present moment, in which there is no distance between the observer and the observed. Instead, two beings emerge who mutually implicate each other, even if for a fleeting time (VOGEL; KOUTSOMBOGERA; REVERDY, 2023).

The ethics proposed by Buber is not a set of external norms, but an ethics of encounter, which affirms the dignity of the other as an unquestionable value. This view is related to phenomenological and existential concerns with the singularity of human experience, but expands them by underlining the essentially relational character of existence (CARVALHO, TOMAZ, 2020). The "other" is not just a human presence: the I-Thou relationship can occur with nature and, in Buber's perspective, even with the transcendent (BUBER, 2001). However, it is in the encounter between people that this ethic reaches its maximum expression, because it is in human dialogue that mutual recognition, responsibility and reciprocity find fertile ground (BUBER, 2001).

A central element to make the I-Thou encounter possible is the "authentic word". For Buber, the authentic word is not reduced to the transmission of informative content or persuasion, but constitutes a "call" – an invitation that awakens the other to reciprocal presence, free from manipulation (SILVA, 2020). In the context of health communication, this conception of the authentic word can be applied to the dialogue between professional and patient: instead of informing the patient in a mechanical or unidirectional way, the professional opens up to genuine communication, which involves attentive listening, valuing the patient's unique experience and willingness to question each other (SCHAURICH; CROSSETTI, 2008). In this way, the authentic word enriches the therapeutic interaction, making it more welcoming, meaningful, and coherent with the integrality of care (LOPES; RODRIGUES; BARROS, 2012).

Transposing these ideas to the health domain means recovering the human dimension often lost in care systems dominated by routines, economic pressures and quantitative goals. By recognizing the other as You, the health professional sees beyond the disease or the technical procedure, considering the patient as a subject who brings with him history, values, beliefs, fears, and hopes (FERREIRA et al., 2021).

This philosophical view provides an ontological and moral basis for understanding care not only as a technical act, but as a human encounter marked by empathy, mutual responsibility and dialogical presence (BUBER, 2001).

In summary, by proposing the I-Thou relationship, Martin Buber offers an inspiring and humanistic key to rethinking the practice of health care. His philosophy reminds us that the essence of the therapeutic encounter is not found in instrumental efficiency, but in the authenticity of dialogue, in the genuine presence of the professional and in the appreciation of the patient as an integral being, endowed with existential depth and intrinsic dignity (COHN, 2001). This perspective elevates care to a profoundly ethical, relational, and integral phenomenon, compatible with the complexity of the human condition.

Thus, Buberian philosophy offers a conceptual framework that highlights the authentic relationship (I-Thou), the distinction between genuine and objectified encounters (I-Thou versus I-It), the role of the 'authentic word', the importance of the "between" as a relational space, and the ethics of the human encounter (COHN, 2001; WESTERHOF et al., 2014). These elements, presented in a systematic way, can guide reflection on health care, especially in the context of nursing. Chart 1 summarizes the main concepts of Martin Buber's thought, helping to understand how these philosophical foundations can inspire a more humanized practice.

Table 1. Essential concepts of Martin Buber's thought applied to health care – Rio de Janeiro, RJ, Brazil, 2024.

Concepts	Definition of the concept
I-Thou	Authentic and dialogical relationship, in which the other is recognized as a full subject, with uniqueness and dignity. There is no objectification, but mutual presence and reciprocity (BUBER, 2001).
I-It	Objectified relation, in which the other is treated as a means to an end, a functional object. Instrumentalization, distance and the absence of recognition of otherness predominate (BUBER, 2001).
Authentic word	Genuine communication, free from manipulation and persuasion, which invites the other to true dialogue. In health, it implies attentive listening, respect for the patient's experiences and willingness to question each other (BUBER, 2001).
"Between" (Relational Space)	Symbolic space in which dialogue takes place and the relationship is effective. It is not a physical place, but the field in which subjectivities meet, reveal and influence each other (BUBER, 2001).
Ethics of encounter	Moral perspective centered on the dignity of the other, understanding care as a relational phenomenon. The professional recognizes the patient as You, assuming mutual responsibility and unconditional respect (BUBER, 2001).
Spiritual and existential dimension	Recognition that care is not limited to the physical plane. The I-Thou encounter opens space to explore issues of meaning, purpose, beliefs and values of the patient, integrating them into comprehensive care (BUBER, 2001).
Entirety	Totality only happens in the I-Thou relationship, through the dialogical encounter between the Self and the Other, without games or barriers. Thus, this encounter takes place in its totality and originality, the Self is totally available in the relationship with the Thou (BUBER, 2001).

Reciprocity	It is a principle of the relationship between people, which takes place through the dialogical encounter, where the "I" can interfere in the "You" and be interfered by the same "You" (Buber, 2001).
Responsibility	Through the genuine relationship, the encounter in its totality, with the Thou, the Self becomes responsible for it (BUBER, 2001).

Source: Built by the authors

THE I-THOU RELATIONSHIP AND THE HUMANIZATION OF HEALTH CARE

In the field of health, the concept of humanization refers to the recognition of the patient as a full person, endowed with rights, beliefs, values, life history and complex needs (BRASIL, 2010). This approach contrasts with purely biomedical approaches, which tend to privilege diagnosis and therapy to the detriment of the relational and subjective dimension of care (BRASIL, 2010). By valuing the patient's uniqueness, humanization broadens the professional view, shifting the focus from the disease to the person who experiences it, which includes emotional, social and spiritual aspects (BRASIL, 2010).

In this context, Martin Buber's conception of the I-Thou relationship presents itself as a valuable philosophical reference. Unlike the I-It relationship, which objectifies the other and sees him as a means to an end, the I-Thou relationship implies a dialogical and authentic attitude. This posture involves recognizing the patient not as an object to be manipulated, but as a Thou: a unique human being, with their own experiences, meanings, and perspectives. Seeing the patient in this way does not mean denying the importance of technical knowledge or ignoring therapeutic protocols; on the contrary, it is a matter of harmonizing science and sensitivity, technique and empathy (BUBER, 2001; BRAZIL, 2010).

By adopting the Eu-Thou paradigm in health care, the professional not only performs procedures, but participates in an authentic encounter, marked by presence, mutual respect, and attentive listening (FLORES et al., 2019). This change in perspective expands the field of humanization, as the patient becomes an active agent in the therapeutic process, having his preferences, values and autonomy recognized. With this, a therapeutic bond is created capable of promoting greater adherence to treatment, relief of suffering, strengthening trust and cooperation between patient and health team (DIAS et al., 2024).

Chart 2 summarizes some guidelines and examples to implement the Eu-Thou paradigm in daily care.

By incorporating such principles and actions into daily practice, the health professional transcends the role of executor of technical procedures, assuming an ethical and relational posture, in tune with the patient's integral needs. The I-Thou relationship, by valuing the other as a unique subject, transforms care into a living, deep and meaningful encounter (ZUBEN, 2008). This not only benefits the patient, guaranteeing him a more

comprehensive, compassionate and respectful care, but also enriches the trajectory of the professional himself, who finds in the authenticity of the encounter a source of meaning, coherence and fulfillment (LANGARO et al., 2018).

The adoption of the I-Thou paradigm in health care consolidates humanization by rescuing the affective, moral and relational dimension of the act of caring.

Table 2. Guidelines and practical examples for the Eu-Tu paradigm in everyday care – Rio de Janeiro, RJ, Brazil, 2024.

Guideline	Principle	Practical example
Welcoming the patient in his or her entirety	Consider not only the biological aspect of the disease, but also the psycho-emotional, social and spiritual dimensions.	When receiving a patient with chronic pain, the nurse is not limited to measuring vital parameters or recording symptoms. He may start the conversation by asking, "How have you been feeling at home? Is there something that's worrying you besides the pain?" Thus, it shows openness to understand the patient's life context, fears, insecurities and hopes.
Stimulating authentic dialogue	Promote conversations in which the patient can freely express their perceptions, doubts and expectations, being listened to attentively, without judgment.	During the consultation, the nurse takes a few minutes to listen to the patient without interrupting him/her, asking: "What would you like me to know about your experience with the treatment?" This space allows the patient to expose their concerns, frustrations or suggestions, building a relationship based on trust.
Build a relationship of trust and respect	Recognize the patient's autonomy, respecting their beliefs, choices and rhythm in the therapeutic process.	Before starting a venipuncture, the professional explains each step of the procedure, listens to the patient's apprehensions, asks if he prefers one arm to the other and assures him that he can interrupt if he feels discomfort. This care demonstrates that the patient is not a passive object, but an active partner in care.
Sharing responsibilities in care	Humanized care, in the light of I-Thou, encourages shared decision-making, where professional and patient act as partners in the search for solutions.	When planning hospital discharge, the nurse involves the patient in the elaboration of the care plan, asking: "What are the activities that you value most in your daily routine? How can we adapt your treatment so that it fits better into your daily life?" In this way, the patient contributes to decisions about their own care, ensuring that interventions are aligned with their preferences and needs.
Cultivating presence and availability	Being truly present goes beyond mere physical attendance; It implies demonstrating genuine interest in the patient's well-being by dedicating time and attention.	At the end of a hectic shift, the nurse finds a few minutes to sit next to the elderly patient who is anxious. Instead of rushing the conversation, she encourages him to talk about his memories of home, family, or activities that bring him comfort. This short pause, even if brief, can generate a sense of welcome and understanding,

		alleviating feelings of loneliness or fear.

Source: Built by the authors

Recognizing the patient as You, the professional creates conditions for care to be not only a set of techniques, but a transformative experience, capable of positively impacting the experience of illness, the quality of care provided and the caregiver's own identity.

SPIRITUAL AND EXISTENTIAL DIMENSION IN THE I-THOU ENCOUNTER

The spiritual dimension in health has gained increasing prominence, especially in contexts where the patient is faced with challenging experiences such as palliative care or mental health conditions and chronic diseases (DIAS et al., 2024). In this scenario, spirituality is not limited to religiosity, but involves the search for meaning, purpose, and connection with something that transcends immediate materiality (REIS-DENNIS, 2020). It is an intrinsically human dimension, which emerges when the individual confronts anguish, fears, uncertainties, and the possibility of finitude, while seeking to understand the value and meaning of life itself (CARVALHO, TOMAZ, 2020).

The I-Thou relationship, as proposed by Martin Buber, opens up possibilities to approach this spiritual and existential dimension in a more authentic and profound way (BUBER, 2001). Unlike the I-It relationship, marked by objectification, the I-Thou relationship constitutes a genuine encounter, based on presence, listening and reciprocity (COHN, 2001). In this context, the patient is not reduced to a body to be repaired or to a cluster of symptoms, but welcomed in its entirety, including beliefs, anxieties, fears, hopes and ultimate questions about existence (WESTERHOF et al., 2014).

By recognizing the patient as a Thou, the health professional – nurse, doctor, psychologist or any other member of the team – creates a safe and meaningful space for the expression of spiritual and existential concerns (EKPENYONG et al., 2021). Listening becomes compassionate and active, capable of welcoming fears of death, anguish in the face of the loss of capacities, doubts about the meaning of life, religious or philosophical beliefs, and even questions about the transcendent, without judgment or pressure (SCHAURICH; CROSSETTI, 2008). In this dialogue, spirituality is not an appendix of treatment, but a central component of comprehensive care, enabling the patient to reframe their condition and find comfort that transcends physical well-being (FERREIRA et al., 2021).

To make this approach even more effective, one can resort to instruments for evaluating spirituality, integrating them into the I-Thou paradigm. Tools such as FICA (*Faith*,

Importance/Influence, *Community*, *Address in Care*) or SPIRIT (*Spiritual belief system*, *Personal spirituality*, *Integration with a spiritual community*, *Ritualized practices*, *Implications for medical care*, *Terminal events planning*) offer subsidies to identify the patient's spiritual and existential needs (MARGULIES, 2023). By applying such instruments, the professional demonstrates genuine interest in understanding the universe of meanings that the patient attributes to his life and illness, thus establishing a more sensitive, respectful care that is consistent with his values and beliefs (GILL et al., 2019).

This approach requires a true presence from the professional, permeated by empathy, patience and respect for the uniqueness of the other (ZUBEN, 2008). Spirituality, in this context, is not something to be imposed, superficially evaluated or treated as a nuisance, but recognized as a fundamental part of the patient's identity and narrative. The professional acts as a facilitator, helping the individual to get in touch with his deepest roots, strengthening him in the face of the existential challenges that disease and pain impose (LOPES et al., 2012).

In addition to benefiting the patient, the incorporation of the spiritual dimension in the I-Thou paradigm enriches the experience of the health professional himself. By participating in these authentic encounters, the caregiver also confronts their beliefs, values, and limits, recalling the deeper meaning of their practice (LANGARO et al., 2018). This experience can nurture motivation, ethical sensitivity, and resilience, protecting the professional from an exercise of care devoid of meaning and humanity (DIAS et al., 2024).

By assuming the I-Thou perspective, health care goes beyond the sphere of the instrumental and becomes an essentially human phenomenon, in which the spiritual and existential dimension occupies a central place. Through this dialogical and compassionate relationship, the patient finds space to express his or her pains of the soul, seeking meaning, purpose and transcendence (BUBER, 2001). At the same time, the professional has practical tools to identify and welcome these needs, integrating assessment and spiritual care into the therapeutic process (REIS-DENNIS, 2020). The result is a more comprehensive care, capable of recognizing the patient in all his complexity, promoting not only physical relief, but also the reconnection of the individual with himself, with his history, values and, when applicable, with the sacred.

PRACTICAL IMPLICATIONS AND CHALLENGES FOR BUBERIAN HEALTH CARE

The incorporation of the I-Thou framework in health care, particularly in nursing practice, is not limited to a punctual change in attitude; it is a complex process that requires reflection, self-knowledge, ethical commitment and favorable institutional conditions

(BUBER, 2001). While deeply inspiring, the Buberian paradigm faces obstacles at both the individual and organizational levels. Institutional pressures, demands for productivity, work overload, scarce time, and excessive focus on quantitative goals make it difficult to create an environment conducive to a genuine encounter between professional and patient (WESTERHOF et al., 2014).

The recognition of the importance of the other, as emphasized by Bertarello (2011), should be at the center of care practices, allowing care to be conducted by ethical and humanistic values. As Waldow (2015) states, what characterizes care is not what is done, but how it is done, involving responsibility, empathy and valuing the other in their uniqueness.

The continuous and humanistic training of professionals is indispensable. Spaces for reflection, discussion groups, ethics workshops and clinical supervision can sensitize the team to the importance of the I-Thou perspective. These strategies allow professionals to revisit their practices, question objectifying postures, and adopt tools to strengthen therapeutic communication, empathy, and authentic presence (SCHAURICH; CROSSETTI, 2008).

Some experiences reported in the literature demonstrate the benefits of more humanized approaches to health care. Studies show that person-centered communication, valuing the patient's narrative, and including existential and spiritual dimensions can improve patient satisfaction, increase treatment adherence, and contribute to the reduction of stress and burnout among health professionals (REIS-DENNIS, 2020). For example, research in the area of palliative care and oncology indicates that active listening and recognition of the patient's emotional and spiritual needs are associated with better indicators of quality of life and psychosocial well-being (FERREIRA et al., 2021). Similarly, professionals who adopt more empathetic and dialogical communicative practices report greater job satisfaction and less emotional exhaustion (WESTERHOF et al., 2014).

To consolidate Buberian care, it is possible to propose concrete actions that expand its impact on the routine of health services. Institutional policies that value the quality of human encounter, rather than just quantitative metrics, create more favorable structural conditions (BRASIL, 2010). In addition, including disciplines of ethics of care, philosophy of care, humanization, and therapeutic communication in undergraduate and graduate curricula can train professionals who are more sensitive to human uniqueness (SILVA, 2020). Chart 3 highlights some challenges and ways to address them.

Table 3. Challenges and ways to face them in the Eu-Tu paradigm – Rio de Janeiro, RJ, Brazil, 2024.

Challenges	Ways to face them
Overcoming the fragmented view of the human body	The I-Thou relationship requires understanding the patient beyond the physiological systems and isolated symptoms. Interdisciplinary approaches, which integrate biomedical knowledge and human sciences, are fundamental to build a more holistic view of the human condition (CARVALHO, TOMAZ, 2020).
Breaking with the traditional hierarchy in the health team	Caring in a dialogical way requires more horizontal relationships between professionals. The recognition of the various competencies and the promotion of an authentic dialogue in the team favor the I-Thou attitude not only with the patient, but also among the professionals themselves (WESTERHOF et al., 2014).
Create spaces and time for listening and welcoming	The overload of work and the emphasis on efficiency make it difficult to practice attentive listening. Adjusting routines, redefining priorities, and dedicating time to therapeutic dialogue are fundamental steps to establish bonds of trust and mutual respect (DIAS et al., 2024)
Develop communication and empathy skills	Investing in training in empathetic communication, active listening, and person-centered approaches helps to reduce the distance between technical knowledge and human knowledge, making the therapeutic encounter more meaningful and effective (GILL et al., 2019).
Integrating the spiritual and existential dimension into care	By recognizing the person as a Thou, care is not limited to the physical plane. Flexible protocols that include assessments of spiritual needs, access to religious leaders, or practices of comfort and reflection can be incorporated, respecting the patient's preferences (COHN, 2001).

Source: Built by the authors.

By facing these challenges, nurses and other professionals who internalize the I-Thou paradigm strengthen their moral sensitivity, broaden their understanding of the patient's integrality, and cultivate an ethical and compassionate attitude (BUBER, 2001). This more humanized care can positively impact the patient experience, providing greater satisfaction, engagement, and well-being (SCHAURICH; CROSSETTI, 2008). At the same time, professionals tend to find more meaning in their activity, reducing risks of burnout and depersonalization, and promoting a practice that is more consistent with the humanistic values of the profession (REIS-DENNIS, 2020).

Implementing Buberian health care is an ambitious undertaking, but deeply enriching. By overcoming structural and cultural barriers, investing in humanistic training, strengthening therapeutic communication, and recognizing the intrinsic value of the other, health care ceases to be a mechanized relationship between those who treat and those who are treated, becoming an authentic human encounter, in which dignity, autonomy, hope, and mutual recognition are core values (JONS, 2024).

FINAL CONSIDERATIONS

Martin Buber's dialogical philosophy, by proposing the I-Thou paradigm, offers a profoundly inspiring reference for rethinking health care. In an increasingly technological scenario, guided by rigid protocols and quantitative goals, the authentic human encounter tends to be diluted in instrumentalized and distant relationships. By placing the human being at the center of care, the I-Thou relationship recovers the relational essence of care, giving it ethical depth, existential meaning and spiritual relevance (BUBER, 2001).

By adopting the Buberian perspective, the nurse – as well as other health professionals – ceases to be a mere executor of technical tasks to become a moral agent, capable of building meaningful bonds with the patient. However, nursing, in particular, is in a privileged position to establish the I-Thou relationship in the daily care routine. By being present more continuously with the patient, accompanying him throughout his process of illness, hospitalization or outpatient follow-up, the nurse has more time, proximity and opportunity to develop dialogical, empathetic and comprehensive care (SCHAURICH; CROSSETTI, 2008). This prolonged presence makes it possible to get to know the person better, their emotional, spiritual and existential needs, as well as their preferences and values, creating the necessary conditions for the flowering of the I-Thou encounter.

However, the implementation of this humanized and dialogical care faces important challenges. Institutional barriers, work overload, pressures for productivity, and the emphasis on measurable results can reduce the space for attentive listening and authentic dialogue. Overcoming these barriers requires individual and collective efforts, continuous humanistic training, review of institutional policies, and the promotion of work environments that value otherness, cooperation, and co-responsibility (BRASIL, 2013). In addition, nursing, by assuming this vanguard role in humanization, needs institutional support, professional recognition and adequate resources to enable I-Thou care in daily practice (VIEIRA-MACHADO; DE LIMA, 2024).

Although full reciprocity, idealized by Buber, is difficult to achieve due to the asymmetry inherent to the professional-patient relationship, the search to get closer to this ideal is already a significant advance (COHN, 2001). Authentic presence, empathy, willingness to listen, and openness to spiritual and existential dimensions make care more humane, ethical, and transformative (REIS-DENNIS, 2020). Even with the limitations of real life, the I-Thou attitude contributes to the construction of a care environment in which the patient feels respected in his uniqueness, dignified in his condition and recognized as an integral being.

The application of Buberian philosophy in health care not only humanizes the practice, but elevates it to a moral and existential encounter between subjects (DIAS et al., 2024). Nursing, by being closer to the patient, plays an essential role in this process, and can lead the adoption of the I-Thou paradigm as an ethical horizon for the entire team. This perspective can positively influence patient satisfaction, the quality of the therapeutic relationship, the well-being of the professional, and the very structure of the health system, making it more welcoming, compassionate, and capable of honoring the complexity and dignity of human life. Thus, by seeing the patient as You, care ceases to be a mechanical act and becomes a gesture of presence, reciprocity, transcendence and commitment to the humanity that inhabits the relationship between those who care and those who are cared for.

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