PART 2

PERSON AND BODY

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Introductory Comments

"Is my case very serious?" Ivan Ilych asks. But the physician ignores him. The irrelevance of such personal concerns only evokes the physician's contempt. The patient even accepts it, since he as judge has showed similar behaviour toward those who petitioned him in the courtroom. He recognizes in his physician the same method, reducing the most complicated case to an impersonal form.

In 1886, when Leo Tolstoy publishes his novel *The Death of Ivan Ilych*, medicine is in the midst of a tantalizing process of scientific evolution. Physiology and pathology are making enormous progress, due to the knowledge and methods of the natural sciences. Clinical medicine shows better diagnostic abilities (for example after the invention of the ophthalmoscope) and more successful therapeutic interventions (for example in surgery, following the introduction of anaesthesia and antisepsis). New disciplines such as bacteriology are developing. In short, medicine is transforming into the powerful science and technology of today.

Tolstoy, however, was very much aware of the possible drawbacks of this transformation. Every light has its shadow. The medical account of illness, though impartial and effective, is radically different from the experience of illness, the patient's story. Ivan Ilych's basic question whether his condition is very serious, - a matter of life or death -, was cruelly neglected by the physician. For the doctor the only relevant issue was whether this case was a matter of vermiform appendix or a floating kidney. The physician works as if diseases are real entities that have invaded the body, that can be recognized, localized and counteracted. The patient is identified with his diagnoses. More and more, he will have an abstract medical existence. Ivan Ilych is to his physician, then to himself, and finally for others the floating kidney (or perhaps the appendix) that is believed to be making him unpleasant and not feeling well. The diagnosis, the case is substituted for the person. The patient is impersonalized.

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In Western medicine, physicians are believed to know everything about the body. Proceeding from the Cartesian presupposition that the person can be divided into two distinct realms of mind and body, medical science has concentrated on the mechanics of the human body. In order to have effective medical interventions it is taken for granted that a difference must be constructed between the subjective, experiential story and the outsider's objective, scientific interpretation.

The rise of bioethics, as analyzed in the previous part of this book, can be regarded as an incentive to medicine to enrich its one-dimensional interest in the de-personalized body. It should re-orientate itself towards the patient as a person. Not minds and bodies, but persons, are real entities existing in the world. What is needed, is attentive care that attempts to reconcile the subjective account of the patient's suffering with the medical version of illness.

More attention therefore should be given to the relevancy of subjective experiences of illness: uncertainty, anxiety, suffering, helplessness, fear of death, loss of control, loneliness. To complement medicine's focus on the patient's body, bioethics stresses the central importance of the person of the patient.

This part of the book addresses first of all the basic views of the human body as well as the notion of person. Subsequently, examples are discussed of moral problems regarding medical interventions directed to the bodies of persons.

Wim Dekkers from the Netherlands argues that medical ethical discourse as long as it conceives the human person as autonomous, rational agent, cannot take the body seriously. The body is simply viewed as an instrument for its owner. The significance of man's bodily nature for his or her moral experiences is largely ignored. Continental philosophical traditions, notably phenomenology and philosophical anthropology, assert the bodily nature of all experience. The human body is not merely object for moral reflection, but rather the source of moral experience. Human beings both have and are their bodies. Within the interpretive approach to bioethics this view implies that the human body itself is a text for interpretation; ethical reflection should begin with an interpretation of patients' experience of bodily suffering. Dekkers shows how concentrating on human experience can bridge the gap between human corporeality and morality.

In the following chapter, Martyn Evans examines various notions of personhood which are in use in bioethical discourse. It is obvious that in bioethics the term 'person' is not used in the ordinary sense, *viz.* 'individual human being'. Bioethicists use the term in a more sophisticated, technical sense, referring to particular qualities, such as rationality and self-consciousness. Such qualifying characteristics allow for distinctions to be made between persons and non-persons. These distinctions are useful for

bioethical debate because they determine what is morally justifiable to what category of entities. Evans argues that the term 'person' is both descriptive and evaluative. In bioethics, different conceptions of personhood are used which exclude different categories of human beings. Each conception introduces a particular categorisation to treat human beings differently. Evans points out that instead of re-defining patients in or out the moral realm by focusing on conceptions of personhood, bioethics should concentrate on moral justifications for making choices among different people.

Transplantation, experimentation, and compulsory treatment are three major areas of contemporary debate in bioethics. In each area, medicine intervenes in the body of persons. The first case concerns living organ donation. Rita Kielstein from Germany discusses the moral issues involved in this case. Medical experimentation with human beings is one of the earliest controversial topics in bioethics, as reviewed by Wim Dekkers in the second case analysis. With the growing potential of effective medical intervention, the question has arisen what to do in cases where patients do not co-operate when medical treatment is indicated. Finally, Bert Gordijn from the Netherlands analyzes several cases of compulsory treatment. In all case analyses, notions of 'body' and 'person' are at stake in the bioethical evaluation.