Original article

Travelling companions – ethics and humanities in medicine

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The question of whether medicine is essentially a technical science, or rather an existential practice with a centrally ethical task, is one of the mainsprings of the field of enquiry known as «medical humanities», in which ethical and other questions concerning medicine are explored over a broader disciplinary canvas than philosophical medical ethics alone. Here, humanities disciplines (which take human experience as their avowed subject matter, and allow significance to subjectivity as a source of knowledge) focus attention on individual and collective experiences of health, illness, disability and healthcare.

Medical humanities recognises that art and imagination can «transfigure the ordinary» in the ethical arena (as well as in contemplating medicine's ontology and epistemology), thus reminding us that ethical attention (and analysis) has an imaginative as well as an intellectual dimension. Thus, medical humanities offers a broader interdisciplinary engagement that can open and enrich our grasp of the ethical.

Key words: medical humanities; medical ethics; interdisciplinarity; wonder

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Nearly twenty years ago Stephen Toulmin followed up his own earlier, controversial, suggestion that medical ethics had rescued philosophical ethics from irrelevance [1] with a comparable claim that medical epistemology could enlighten the philosophy of science, if not (in some respects) overturn it [2]. In both these challenges, not only medicine but medical *ethics* are central and formative. In the later challenge, he invites us to see that the way we think about medical knowledge must take seriously the essentially ethical nature of medicine's task, in that it is directed towards the individual patient's good. This requires us, he says, to conceive of concrete particular knowledge concerning times and places and personal contexts and purposes – he calls it «historical knowledge» – as being equally integral, alongside abstract scientific knowledge, to any satisfactory epistemology of modern medicine.

A number of features of his argument are interesting here. Scientific medical knowledge fully matters – and indeed it is fully acquired and learned – only in the context of addressing the individual patient's condition and concerns (see [2], p. 236–8). The true physician is not so much the scientific specialist as the individually-engaged attendant physician, above all the physician who *takes the patient's history* (see [2], p. 240–2). Only this physician unites in his mind the specialist referral reports; the medical situation is an «intersection of nature and history» found expressly in the mind of the attendant physician (see [2], p. 243–4). Thus medical science (and any philosophy of medical knowledge) must be situated and understood in its application to the patient's individual «historical features» (see [2], p. 244). These features combine to make medicine's meliorist and compassionate purposes (familiarly expressed as the relief of suffering [3]) central to the proper ordering of its sources of knowledge. Medicine's *episteme* is to be conceived in relation to its ethical nature as a *techne*.

Now Toulmin was not writing in a vacuum. Among his concerns was the moderation of three controversies between easily- (and unhelpfully-) exaggerated polar positions. The socio-political analysis of professionalism in medicine from the 1970s onwards had involved allegations of authoritarianism and elitism on the part of medicine's technocratic and specialised experts, immersed in large organisations and inaccessible to the individual patient; but the consumer-led responses via self-help groups and alternative therapies were self-certifying and accordingly could be dangerously ineffective (see [2], p. 232–3). A parallel controversy concerned grounding the epistemic core of clinical medicine: here the contrasting extremes lay on the one hand with the generalising abstractions of scientific doctors, for whom individual patients were interesting only as cases sufficiently distinct as to be research-worthy; and on the other hand with the comfortable old-style practitioner providing personal longitudinal care, who accordingly risked being ineffective through lack of up-to-date knowledge (see [2], p. 233–5). Both these controversies are reflected in a third, with a familiar ring to it in medical ethics: is personal medical care best grounded in technical excellence or in the warmth of an empathic personality? Again the twin dangers are, respectively, those of skilled detachment bordering on coldness (Toulmin notes that «pitiless» is one of the wider connotations of «clinical») and those of sentimentality and even clinical blindness resulting from a physician's intense personal involvement and hence an

excessive closeness to the patient-as-person (see [2], p. 235–6).

The key point here is that this third controversy – whether medicine is essentially a technical science, or essentially an existential practice – is also one of the mainsprings of the field of enquiry known as «medical humanities». The question has crucial ethical significance as Toulmin shows; but like many ethical questions it invites exploration in several disciplines, simultaneously and if possible jointly or concertedly, including philosophy, anthropology, literature studies, history, theology, politics, social policy, linguistics and cultural theory, to name only the most prominent contenders. Therefore the first thing we might say about medical humanities in relation to medical ethics, is that medical humanities offers the exploration of ethical questions over a broader disciplinary canvas than philosophical medical ethics alone [4]. In what does this broader canvas consist?

The humanities and the medical humanities

I will here summarise observations that I have made at greater length elsewhere. Humanities disciplines (we have named the principal examples above) are those forms of systematic intellectual enquiry that take aspects of human experience as their avowed subject matter – in the process taking seriously (indeed, celebrating) individual subjective experience as a legitimate source of understanding. That understanding may not be straightforwardly generalised in the sense recognised by the natural sciences; but it may be transferred – made coherently available – to the understanding of experiences beyond the context of those initially studied.

Now, allowing a wide and liberal denotation to the term «medical» (including for instance the activities not merely of doctors but of the full range of clinical health carers) then the medical humanities are, I think, simply those same humanities disciplines paying their characteristic form of attention to a rather particular area of human experiences, namely those arising in connection with health, illness, disability and health care. These experiences may be those of patients, professional carers, informal carers, and the family, friends and colleagues of patients; the experiences may concern direct therapeutic clinical interventions or general measures aiming at the well-being of whole communities. The experiences will be highly diverse, in some individual cases being idiosyncratic and perhaps impenetrable to the observer, in some cases being widely shared and widely recognised.

As for what is said or written in response to these experiences, they may for instance be reported, discussed and plausibly analysed at first-hand, by the person having them: first-hand accounts of illness have precipitated a burgeoning genre in itself, the «pathography»[1] (exhibiting, it must be admitted, wildly varying results in terms of quality and interest[2]). Or these and other experiences may be collected and examined by others as a source of clinical reflection [5], or they may simply form the backdrop to excursions readily recognisable in contributing humanities disciplines [6, 7].

More adventurously, such experiences may instead be the prompt to a more general kind of enquiry or interrogation. The project with which I am myself most closely involved seeks to understand the long-recognised, but very stubborn, paradox that health care's ever-increasing therapeutic repertoire (and associated consumption of resources) seems to produce in western societies an ever-increasing dissatisfaction and anxiety concerning physical health generally, and an ever-increasing reliance upon medicine to supply our sources of happiness and flourishing. This is a «medical humanities» enquiry simply by virtue of bringing the combined forces of a number of humanities and social sciences disciplines to bear upon the questions in a concerted way – but the questions themselves are familiar within medical ethics, and have certainly been addressed (though not resolved) under an enlarged conception of medical ethics prior to the advent of medical humanities as a self-conscious field.[3]

Some criteria for medical humanities

This «self-conscious field» is by no means uniform. I think one may undertake a variety of intellectual tasks and in each case claim legitimately to be engaged in medical humanities work. I have previously summarised [8] a number of these tasks as follows (the list may not be at all exhaustive), taking a particular enquiry or intellectual task to constitute medical humanities work if

(i) it illuminates the practice of medicine using distinctive insights normally associated with thinking in the humanities or social sciences; or it illuminates the human, experiential, side of medicine in a way that is not usually accessible through scientific descriptions and explanations;

or if

(ii) it is a self-conscious engagement of one (or more) *disciplines* from a list of characteristic humanities or social sciences disciplines, with medicine;

or if

1 For instance, Toombs SK. The Meaning of Illness: a phenomenological account of the different perspectives of illness and patient. Dordrecht: Springer; 1993.

2 Celebrity «pathographies» have had a mixed reception; for instance Welch D. Pulling Myself Together. London: Sidgwick & Jackson; 2010.

3 Most conspicuously in: Illich I. Medical Nemesis. London: Calder & Boyars; 1974.

(iii) it illuminates the human side of medicine in a way that is not usually accessible through enquiry in an *isolated* humanities or social sciences discipline;
or if
(iv) it helps us understand one or more «subjectivities» within the experience of medicine, or of health, illness, suffering or disability;
or if
(v) it makes a specific educational contribution, characteristic of a humanities discipline and not normally expected from a scientific education, to preparing doctors and other clinical health care professionals for the human side of clinical medicine;
or if
(vi) it specifically uses some aspect of medicine (health care, etc.) to achieve some gain in our understanding of the human condition, or of embodied human nature;
or if
(vii) it is *transferable* to our understanding of other subjectivities in their experience of health, illness, suffering or disability: we gain something which we can meaningfully relate to other insights gained on other occasions of comparable enquiry into such experiences, allowing us to be systematic, albeit in a rudimentary way. (see [8], p. 205.)

This is, to emphasise, a *disjunctive* list: meeting any of these criteria invites a decent claim to be doing medical humanities work, and I believe the list offers a useful collective specification for the bulk of work currently claiming to be medical humanities. Even so, some work in medical ethics could also plausibly meet some of these criteria. The first two readily lend themselves to work in medical ethics; the fifth reflects the place of ethics in the medical educational curriculum [9]; and at least the fourth is implicit in the way that ethics *matters* as a human value.
Perhaps it is with this recollection, that at stake in the experience of illness and medicine there are other significant human values than moral values alone, that we can start to make more explicit the relation between medical ethics and medical humanities.

Medical ethics and medical humanities

My general claim is that, in a logical as well as (loosely) a historical sense, medical ethics has been a kind of herald for the medical humanities. It has been the specific manifestation of humanities-based enquiry into the ethical nature of medicine as a practice. In this role it has both *announced* the pertinent interests of the humanities, and has *invited* reflection upon a wider range of human values. It is perhaps natural then for both fields to share a number of similar characteristics.
One – already alluded to by Toulmin in the case of medical ethics – is that both fields are in some sense «counter-cultures» to the expanding conception of medical practice as a form of applied natural science. Such applications are rarely ethically neutral, but they are also unlikely to be neutral with regard to other human values – aesthetic, social, epistemic and so on. The counter-culture of medical ethics expresses among other things a protest at paternalistic neglect of the moral importance of the individual's preferences and goals. The broader counter-culture of the medical humanities extends this concern to an appreciation of the diagnostic and therapeutic importance of a richer attention to the patient's story, a keener listening to his voice [10].
A second shared characteristic is the importance of certain prominent – even key – disciplines. It is mildly, but no more than mildly, controversial to say that two obvious examples are philosophy and literature studies. Philosophical medical ethics has to some extent given way to more anthropological, historical and (to my mind, regrettably) legal forms of medical ethics enquiry, but philosophical reflection remains I believe foundational to medical ethics – and I shall claim here that it is equally central to medical humanities in that many key enquiries in the field are effectively excursions proceeding from philosophy of medicine, but straying across a broader canvas [11]. Literature studies, too, have become prominent in moral philosophy more generally[4] and have given rise to the idea of narrative ethics in relation to the experience of the ethical dimensions of illness and medical care [12]. This in turn has prompted the further suggestion of a narrative conception of the practice of medicine as such [13], and the attention to narrative structure and analysis informs not only some areas of substantive medical humanities enquiry but also (and heavily) one of its more obvious applications, namely medical education and the attunement of doctors' skills of attention and interpretation in the clinical consultation[5] .
If medical ethics has in these respects «flowered» into medical humanities, then a third linking feature might involve a reciprocal contribution from humanities to medical ethics. The humanities are after all a potent range of resources for exploring some substantive ideas in ethics – seen clearly in the modern resurgence in virtue ethics, but not only there [14]. Consider how one might draw upon the study of literature or history preeminently, in order to explore many substantive ideas in ethics in general and medical ethics in particular – ideas such as «the person», responsibility, action and agency, freedom and the will, intention, consequence and effect, chance and luck, the body and embodiment[6].

4 For instance, Nussbaum MC. Love's Knowledge: essays on philosophy and literature. New York: Oxford University Press; 1991.
5 For instance Hunter KM, Charon R, Coulehan JL. The study of literature in medical education. Acad Med. 1995;70(9):787-94.
6 In the case of embodiment, an interesting analysis is offered in: Dekkers W. The body as a text: the interpretive tradition. In: Evans M, editor. Critical Reflections on Medical Ethics. Stamford Ct.: JAI Press; 1998. p. 209-28.

A fourth shared characteristic is perhaps more challenging (certainly, intriguing): that of ambiguity concerning its nature and goals. The ethics component of «medical ethics» has both descriptive and normative uses, corresponding to the distinction between a report about who as a matter of fact believes what, and a more editorial view as to which (ethical) belief is to be preferred. Standing yet further back from these is the philosophical or «meta-ethical» form of medical ethics, a critical enquiry into how we ought to analyse and understand ideas concerning what we (or, perhaps, health carers) ought to do. Roughly, these three subdivisions might be illustrated respectively by the questions of (i) what proportion of doctors believe their first duty is to relieve suffering; (ii) whether their first duty plausibly is indeed to relieve suffering (rather than, say, to preserve life); and (iii) from what conception of the moral good such a notion of duty derives. Now whilst the humanities component of medical humanities refers to a division of disciplinary or scholarly endeavour, the altogether more troubling term «humane» seems to lurk nearby, and it threatens to carry the sort of normative burden carried by the term «ethical». Thus there is *perhaps* a loose parallel in that we might use the expression «critical medical humanities» to identify a philosophical form of medical humanities (corresponding to (iii) above) distinguishing this from a more normative conception of medical humanities, which might consist in a kind of advocacy (as in the familiar calls, for instance, for medical curricula to include study of literary analysis and the study of narrative in the pursuit of more empathic clinicians) corresponding to normative forms of medical ethics as in (ii) above. «Critical medical humanities» plausibly refers to epistemic and metaphysical enquiries such as those into the foundation of the clinical encounter, its interpersonal and dialogic character, and the range of diagnostically or therapeutically relevant aspects of the patient's life that supply the «intersection of nature and history» to which Toulmin alerted us.

Intriguingly, advocacy in both ethics and medical humanities raises the puzzle of whether or not ethical conduct and humane intent are *internal* to the goals of medicine. Cassell [3] famously identifies these with the relief of suffering, in which case ethical and humane practice define medicine, properly considered; Toulmin sees medicine's task as «essentially ethical» [2]. It is hard not to sympathise with this view, but the difficulty is that unethical or inhumane medical practice becomes a contradictory or even an empty category, whereas sadly we know that examples abound [15].

The simplest resolution of this is to acknowledge also that humane practice merits ethical applause – «humane» is in itself a term of ethical approval [8]; to explore the human concerns of medicine is, as we have already said, *inter alia* to explore the ethical concerns of medicine [4].

«Travelling in company»

I believe we have now established that medical ethics and medical humanities have some common purposes albeit broadly conceived, and that they journey together in a way that is both companionable and conversational.

I will conclude, by way of illustration, with an example of a conversation that they might enjoy together, a conversation prompted by the significance of humans' sense of wonder. By «wonder» I mean that compellingly-intensified attention to something outside ourselves: something encountered and recognised as important, without full understanding; something whose immediacy pushes aside our own concerns. Long a matter of fascination for philosophers (Plato thought it the beginning of all philosophy; Verhoeven in our own age thinks it the «radicalisation of philosophy» [16]) it has more recently drawn attention from theologians (such as Fuller, taking a developed sense of wonder to be essential to a rich experience of life [17]), historians of science (such as Daston and Park who trace its chequered career in the move from rationalism to empirical science [18]) and writers in environmental ethics: Moore sees it as an essential grounding for ethical action towards the world around us [19].

This ethical connection is of course the one that concerns us most here, and I believe it is interesting to ask whether there are parallels between developing a sense of wonder and developing habits of virtuous thought and action [20]. At first sight, both seem to involve the cultivation of certain kinds of sensitivity, in which the ethical and the aesthetic commingle. Developing habits of respectful and imaginative attentiveness are likely to render one more readily aware of both occasions of wonder and occasions for virtue. As against this, the awareness is perhaps fundamentally different in the two spheres: ingrained dispositions of the virtuous character rest on an unconscious fluency that might be quite at odds with the intensification of consciousness that is characteristic of wondering attention. Virtue theory offers us what would seem to be only partial, and partly-paradoxical, help in thinking about the inculcation of wonder.

On the other hand, it does seem plausible to think that wonder can itself be an ethical source [20]. Being habitually open to the striking, the captivating, the enchanting in human embodiment requires of the doctor a special mindfulness of what is at stake in the clinical encounter. After all, no matter how compromised a patient's autonomy may be, that patient is nonetheless fully-embodied and therefore fully a subject of wonder insofar as any human embodiment is wonderful – and it surely is. Moreover, intense attention and imagination can «transfigure the ordinary» [20] reminding us that ethical attention has an imaginative as well as an intellectual and emotional dimension. This is underscored when we recognise that in a state of wonder we

attend to wonder's object for its own sake, and not for the sake of our own gratification: in effect we momentarily diminish ourselves in favour of the object of wonder, and in this way wonder leads us towards humility. The humanities have a tradition – not simply in philosophy, though conspicuously there – of puzzling over the mainsprings of ethical action. We find something of this in Jane Bennett's exploration, via Kant, Schiller and Foucault, of the relation between ethics, aesthetics, flourishing and what she calls «enchantment» [21] providing a clear instance of how a broader humanities engagement (here, bringing philosophy and anthropology into collision with fantasy as well as politics) can open and enrich our grasp of the ethical. Even without the specific context (Bennett considers gender change and chimaeras among other provocative phenomena) such adventures are equally relevant to medical ethics as to any other branch of applied ethics. Her immediate concern is the source of ethical action.

«Ethical energetics» for Bennett means the motivation, will or drive to act ethically. The unavoidable question, she says, «is whether dispositions and sensibilities are ethically dispensable» (see [21], p. 152); she concludes that they are not. Kant's ethics, for instance, needs an account of how moral intention is somatised into moral action. («Consider what respect *is* – isn't the feeling or experience of respect essential to it? Without the somatic gearing up, the tensing of muscles, the change in breath, the alteration in chemical-neural flows, what is left of ‹respect›?» (see [21], p. 135)) Unlike Kant, Schiller recognises this, and offers aesthetic experience as something that «heals the self and thus enables the free will to exercise itself morally» (see [21], p. 143). For Foucault, aesthetic experience attunes our perception and experiential discrimination: in Bennett's words, «as one becomes practiced in experiencing natural objects in their unique specificity, one, in turn, becomes more competent at recognising other selves for their own sake … the characteristic quality of the self under the sway of an aesthetic mood is an appreciation of the freedom (i.e., the self-determining potential) of others» (see [21], p. 147).

Without committing herself to a hierarchy of aesthetic experience, Bennett also find this «energetics» (turning moral will into action) in what she calls *enchantment* (corresponding to aspects of the experience of wonder) and in enchantment's aesthetic impact upon us. In response to the obvious dangers here of contingency or caprice, she acknowledges that the aesthetic dimension of ethics «is clearly susceptible to misuse, but so is the commitment to moral command or to the scientific method of to the exercise of authority» (see [21], p. 152). And she is surely right.

Concluding thoughts

Perhaps I may end with a conjecture of my own, recalling four «principles» of conduct and approach in medical humanities enquiry that I have previously offered [11], but noting here that they too involve companionship between ethical and broader humanities elements. In effect, my conjecture is that the way we conduct and conceive medical humanities has itself an ethical dimension: it involves ethical responsibilities to fellow-enquirers, to the subject-matter under consideration, and – if we ever influence the conduct of clinical practice – to practitioners and patients alike. This is, I think, plainly true in medical ethics (sometimes uncomfortably so, if the exponents of hard-line or uncompromising utilitarian ethics are to be taken at their word, for instance) but I think it is true also in medical humanities. We accept scholarly funding for what we do: it behoves us to steward that funding well. We hope to be listened to: it behoves us to speak constructively and responsibly.

My «four principles» (any gently ironic homage is accidental here) enjoined us to: remain open to ways of seeing that are proper to disciplinary perspectives other than our own; to be ready to recognise in all humility the value of others' enquiries; to take seriously the subjectivity of experience (whether of enquirers, practitioners or patients); and to be reverently open to what is or contains something of wonder. I hope that these principles would help both conversation and companionship as medical ethics and medical humanities travel together.

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Résumé

Compagnons de voyage – l'éthique et les sciences humaines en médecine

La question de savoir si la médecine est essentiellement une science technique ou plutôt une pratique existentielle centrée sur une tâche éthique est l'un des sujets principaux de la discipline connue sous le nom de «sciences humaines en médecine», qui explore diverses questions concernant la médecine d'un point de vue plus large que celui adopté par l'éthique biomédicale philosophique. Les sciences humaines en médecine se proposent l'expérience humaine comme sujet d'investigation et considèrent que la subjectivité est une source de connaissance; elles dirigent leur attention sur les expériences individuelles et collectives de la santé, de la maladie, du handicap et des soins.

Les sciences humaines en médecine reconnaissent que l'art et l'imagination peuvent «transfigurer» l'approche ordinaire dans le champ de l'éthique (aussi bien que dans celui de l'ontologie et de l'épistémologie de la médecine), en nous rappelant que l'attention et l'analyse éthiques ont une dimension imaginative aussi bien

qu'intellectuelle. Ainsi, les sciences humaines en médecine proposent un engagement interdisciplinaire plus large susceptible d'ouvrir et d'enrichir notre conception de l'éthique.

Zusammenfassung

Reisebegleiter – Ethik und Humanities in der Medizin
Die Frage, ob Medizin im Wesentlichen eine technische Wissenschaft oder eher eine existentielle Praxis mit einer zentralen ethischen Dimension sei, ist eine der Kernfragen im Bereich der sogenannten Medical Humanities. In dieser Disziplin werden ethische und andere Fragen rund um die Medizin vor einem Hintergrund diskutiert, der weit über eine blosse philosophische Medizinethik hinausgeht. Die geisteswissenschaftlichen Disziplinen, die die menschliche Erfahrung zum Gegenstand haben und Subjektivität als eine Quelle des Wissens anerkennen, fokussieren auf individuelle und kollektive Erfahrungen auch bezüglich Krankheit, Behinderung und Gesundheit. Die Medical Humanities anerkennen, dass Kunst und Phantasie im ethischen Bereich «das Gewöhnliche verwandeln» können (wie auch bei der Betrachtung der Ontologie und Erkenntnistheorie der Medizin). Dadurch werden wir daran erinnert, dass die ethische Aufmerksamkeit (und Analyse) eine phantasievolle ebenso wie eine intellektuelle Dimension hat. Die Medical Humanities bieten folglich ein breites interdisziplinäres Engagement, das unser ethisches Verständnis öffnen und bereichern kann.

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