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Medical ethics and literature

Literature and medicine

R S Downie *Glasgow University*

Editor's note

This new intermittent series, Medical ethics and literature, is designed to encourage authors to explore medical ethics themes via their appearance in literature. Contributions of up to 3,500 words are invited.

Author's abstract

There are various ways in which medicine and literature interact, but this paper concentrates on the contribution which literature can make to 'whole person understanding'. Scientific understanding is concerned with seeing events and actions in terms of patterns or similarities. But 'whole person understanding' is concerned with uniqueness or with what it is for a given person to have an illness. Literature can in various ways develop this kind of understanding.

How can the study of literature be helpful to the practice of medicine? There are a variety of ways in which literature has influenced medicine (and indeed medicine has influenced literature), and I shall begin by discussing these briefly, with the aim of identifying the connection between literature and medicine which is of most relevance to this journal. I shall then discuss that particular connection in more detail (1)

Four types of connection

First, many writers, including some important writers, have themselves been doctors. Chekhov, as is well known, said that medicine was his wife and literature his mistress. In many of his writings, such as in his short story, *Ward 6*, Chekhov brings to bear the insights which can come only from someone who has practised medicine. More recently Dannie Abse has expressed his medical insights in his poetry. Clearly, literature is enriched by the insights of those who are on the inside of medical situations, and the medical profession must surely be grateful that some of their number have the literary skills to convey these special insights to the general public.

Secondly, many plays, films, novels or TV serials have a medical setting. The appeal of this from the dramatic point of view is obvious: emotion and blood can spill around in equal quantities, and the idiosyncrasies of patients, doctors and nurses can provide humour as well as drama.

Thirdly, the treatment of doctors and nurses by non-medical writers can be of interest, often salutary interest, to the professions. Doctors are so used to being in positions of power over patients that it can be good for them to be made aware that they are also figures of fun. More recently, perhaps encouraged by the fashion for medical ethics, doctors have come to see themselves as practising beneficence in their profession. By contrast, they are often depicted in novels and plays as self-seeking and avaricious. This can encourage a realistic sense of proportion in those doctors who read literature. These three connections between literature and medicine can all be of interest to doctors, but to bring out the central relevance of literature to the education of a doctor we must look at a different kind of connection. The importance of this fourth kind of connection is that it illuminates the 'whole person' approach to the doctor-patient relationship, and the 'whole person' approach is regarded by many doctors as distinctive of enlightened patient care. What is it to understand a patient from a 'whole person' perspective?

Key words

Literature; medical humanities; whole person understanding.

Scientific understanding

Before discussing how we understand human beings let us begin by considering what it is to understand an event (2). To understand an event is to be able to fit it into a pattern or system of similar events. The natural sciences are concerned with discovering the types of pattern or uniformity in terms of which natural events can be understood. Obviously, patterns or orders of many varieties can be traced in nature, from the microscopic to the macroscopic. From another point of view we could say that nature can be looked at in different ways according to the purposes of the scientists. Sometimes these orders are at the level of classifications. For example, the basis on which the medical scientist begins his investigations is the series of classifications at the basis of biology. The development of science can be depicted as the process of tracing ever finer patterns or orders in nature, and

scientific understanding is then a matter of fitting events or phenomena into these patterns. It is of great interest in the philosophy of science how far these patterns are discovered in nature and how far they are imposed by the scientist on nature, but the idea of systematic patterns (or theories) is common to both ways of looking at the development of science.

A second feature of scientific understanding should be noted. Sometimes the phenomena to be understood are of very great complexity and the scientist is unsure of the systematic connections in the pattern. In this situation understanding can be created by the development of a model, or a simplified pattern which ignores some of the complexities. Models in this sense are theoretical templates. A fuller account of scientific understanding would require a discussion of the place of observation and experiment, hypotheses, and the many different sorts of patterns which are characteristic of different sciences, but this crude account is sufficient for present purposes.

Turning now to the social sciences, which are typically concerned with understanding human actions rather than events, we find that a similar account is presupposed. The social sciences attempt to trace the patterns or systems which shape human wants and objectives. Some of these patterns are economic, some political, some legal, some religious or ideological, some psychological. Knowledge of these patterns is undoubtedly of great assistance in understanding human behaviour in general terms. Like the natural sciences the social sciences also use hypotheses and models, such as 'rational economic man'.

In tracing the patterns into which human behaviour tends to fall, social scientists frequently use the term 'social role'. While there is no unambiguous use of the concept, far less a single definition of it, it is a useful tool of social science in that it can act as a bridge concept to explain the influence of society on the conduct of the individual. Thus, individuals act in society as labourers, builders, musicians, farmers, teachers, doctors, probation officers, or fathers, where the terms indicate a social function. While individuals act in these roles, thus contributing to the maintenance of society, the roles in turn shape and influence the whole personality of the persons who act in them. A knowledge of the social sciences is therefore essential for any adequate understanding of individual action, because the influence of society is present in every individual action.

Limitations of scientific understanding

Nevertheless, there are fatal limitations in this approach as a way of attaining 'whole person' understanding. First of all, an undue emphasis on one social science can distort our view of human behaviour. For example, it is accepted in social science that economic influences are exceedingly important in shaping human behaviour, whether that of individuals, groups or nations. But 'rational economic man' is an abstraction and does not correspond to any one actual person. People do not often, if ever, act from purely economic motives, or at least it is a simplistic assumption that they always do; someone may well sacrifice an economic gain for reasons of social status, love, spitefulness, or high moral principle. Of course, a doctrinaire social scientist might reply that all these apparently diverse motives can alike be classified as 'preferences' and measured economically, but this move encourages us to see uniformity in human motivation where there is in fact complexity. People certainly act in social roles, but not just in one; and the difficulty in applying social science to human behaviour is that of knowing the relevance of the different frames of reference of the different social sciences. Nothing brings the social sciences into greater disrepute than the pretensions of one social scientist – a Freudian psychologist, or a Marxist economist, say – to explain all human behaviour in terms of a few simplistic concepts. This can be said without at all decrying the great explanatory power of both Freudian psychology and Marxist economics. While a knowledge of the different patterns elaborated in the social sciences is a help in understanding human behaviour, these patterns are abstractions from the complex reality of individual human conduct, and since the doctor, nurse, dentist and social worker are concerned with *this* individual, or *this* family group, or *this* neighbourhood, there are limits to the explanatory power of social science and dangers of distortion in uncritical use of scientific frames of reference.

Moreover, there are *radical* limitations to the explanatory power of the social sciences as they apply to human behaviour. To bring these out let us consider the connection between being a person and having a role. It might first be suggested that the relationship is one of identity, in the sense that acting as a person just is acting as an X, Y or Z, where these name a social role. If this thesis were valid, then, subject to the difficulties already mentioned of knowing which explanatory frameworks to apply, it would be possible to have a complete explanation of human behaviour in terms of one or more social sciences. For there can be detailed objective descriptions of the roles which people play.

This account, however, omits to mention one essential aspect of every action – the choice requirement. People can choose to accept or reject their roles. Moreover, while playing the role of doctor, social worker, teacher, nurse, father, trade unionist, etc, a person can be detached from his roles, can laugh at himself in them. This suggests that there is an important personal dimension to action which is not caught by the concept of a social role. In other words, to understand an action it is important to know how the person him/herself sees the action and more generally what his/her attitude is to the role. And understanding of this kind does not come from applying any social sciences.

Most fundamentally of all, the understanding which comes from depicting human behaviour in terms of patterns can never, even in principle, provide us with

'whole person' understanding. It is the wrong sort of understanding. To understand in terms of patterns is to find similarities, and this is a valid perspective. But the 'whole person' perspective is concerned with uniqueness. For example, to understand Mrs Green from a 'whole person' perspective is to be concerned not with her *likeness* to other behaviour patterns but with her *this-ness*. Knowledge of patient behaviour (the role of the patient) may be a help in understanding Mrs Green (although, as we shall see, it may also be a hindrance) but it does not give us any understanding of what it is for Mrs Green to exhibit this behaviour. The understanding which comes from science and social science is 'horizontal' or concerned with things or behaviour patterns in their generality, whereas whole person understanding is 'vertical' or concerned with people in their particularity.

Whole person understanding through literature

How then, if not through the social sciences, is 'whole person' understanding to be achieved? Understanding from a whole person perspective requires two things: knowledge of the person's biography (or extended case history) and some imaginative sympathy with that biography.

The disciplines which develop and extend whole person understanding are above all history and literature in all its aspects. Indeed, they may be more effective in preparing doctors and nurses for responding to patients than the social sciences, which encourage labelling and stereotyping. The humanities, rather than the social sciences, are concerned with the *particularity* of situations and with their *meaning* and that concern is the way to whole person understanding. In this paper I shall concentrate on the contribution of literature.

Novels, plays, poems or films can make a large impact on a student or doctor and develop intuitive understanding. Heaven forbid that literature should be studied only because it is useful, but a study of literature is educative because it is able to provide insight into the particularity of situations. Whereas science, including social science, proceeds by induction from specific instances to generalised (often idealised) patterns, literature explores unique situations which may include conflicts of value. It thereby enables us to acquire insights into universal human predicaments. Study of this sort is more relevant to the concerns of a doctor, nurse or social worker than is the study of the more abstract disciplines of sociology, psychology or philosophy.

For example, there is a surprising amount of poetry and other literature dealing with mental handicap. This is perhaps the case because the creative imagination responds to the ambiguous nature of the mentally handicapped person. Thus, the 'fool' who has profound insights because of his simplicity, who remains blameless in a corrupt world, who is both comic and tragic, who inspires both possessive love and repugnance, or who is a challenge to respectable values, is an obvious source of fascination to creative writers. A study of Wordsworth's *The Idiot Boy* illustrates theoretical points about mental handicap with the immediate impact of poetry. Again, John Silkin's poem *Death of a Son* (who died in a mental hospital, aged one) expresses more clearly than any treatise the attitudes of a parent towards the life and death of a mentally handicapped child.

It is sometimes objected that the insight and understanding so achieved is unscientific. It is certainly non-scientific, because, as I have stressed, scientific explanation and understanding are concerned with patterns; they are concerned with what is repeatable. On the other hand, 'vertical' understanding is not repeatable but unique to each situation. But it does not follow from the point that 'vertical' understanding is non-scientific either that it cannot be based on any evidence or that there is no way of testing it. The evidence will be a person's own accounts of how he sees his situation or his problems, and testing one's understanding of his situation is a matter of, for example, gauging his reactions to further questions. A knowledge of social science might be a help here, but it is just as likely to be an impediment because it will encourage the carer to see unique individuals and their problems in terms of general categories and labels.

The term 'folk psychology' is sometimes invoked to disparage the kind of insights and understanding which come from literature. The assumption seems to be that imaginative writers are attempting to do crudely and unsystematically what modern psychologists do in a sophisticated and rigorous manner. This assumption needs only to be stated for its absurdity to be seen. Imaginative writers are not attempting to write systematic treatises on human behaviour, although this does not mean that what they write is not, in another sense, psychology. It is the term 'folk' that is objectionable in the expression, with its suggestion of unlearned naivety. But literature abounds in refined, accurate and sensitive identification and analysis of human beings and their relationships and need not be at all simple-minded.

Can we *learn* from literature? This innocent-seeming question conceals a dangerous dilemma. If we cannot learn from literature then it must be seen as an amusing diversion or relaxation. This is indeed how many people, including many doctors, do see literature. The price for making this move, which many doctors would not regard as a high one, is that literature cannot form part of a doctor's serious education. If, however, we take the other alternative and say that we can learn from literature then the argument becomes that literature must therefore express repeatable elements in human experience. It can then be asserted that if literature is concerned with repeatable elements it is doing unsystematically what the social sciences are trying to do scientifically, and we are back with the 'folk psychology' argument.

The answer to this is to insist that we can indeed

learn from literature, but to deny that it teaches us by generalising from experience. The important question is not 'Can we learn from literature?' but 'How do we learn from literature?' The answer to the question thus re-formulated is that we learn from literature by imaginative identification with the situations or characters in literature, and by having our imaginations stretched through being made to enter into unfamiliar situations or to see points of view other than our own. Learning of this kind is generative of a deep understanding which is essential to humane doctoring.

In more detail, the study of literature – poetry, novel, drama – can be helpful in three different ways to those dealing with illness. To begin with, it can extend and give cognitive shaping to the sympathetic imagination. The point here is that the social sciences dealing with illness, if they are to be sciences or respectable academic disciplines, must stand back from the phenomena and present their accounts in the detached prose style of science. On the other hand, literature involves us directly and makes us vividly and emotionally aware of what it is like to be in the situation the social scientist discusses. Literature develops our sympathies and makes us feel something of what it is like to be a relative or a helper of someone who is ill. It may even provide some feeling of what it means to be handicapped or ill. Literature therefore develops sympathy of the passive or empathetic kind. Now, passive sympathy easily generates motivation to act, and active sympathy, however well meaning, can be blind, clumsy or humiliating unless it is informed by a sensitive understanding of particular situations or relationships. Literature has this other aspect, namely, that it can sensitise sympathy or give it a cognitive shaping. In other words, imaginative literature can develop in a doctor or nurse a perception of real need.

Secondly, literature can be a help in coming to terms with the emotions and conflicts which are raised in anyone caring for those who are ill. The same is true of those dealing with problems of bereavement. Questions of the meaning of life, of the tragedy and tears built into human relationships, inevitably arise in such situations and require some sort of answer if the life of professional care is to seem worthwhile. Literature can deal with these issues with an immediacy lacking in the abstractions of philosophy or social sciences.

Thirdly, literature generates moral questions. It is a matter for literary theorists to discuss whether literature ought to set out to be didactic, but it is in fact the case that good literature inevitably gives rise to moral questions. For example, in dramatising a particular episode, literature can raise questions about the attitude of society to health problems, or it can challenge our own self-perceptions on these matters. The utilitarian cost-benefit approach to the problems seems plausible as presented in an academic textbook, but literature can force us to look beyond the false finality of a calculus and challenge us to refashion our attitudes. It is not that literature presents us with some unrealistic ideal, but rather that it explores for us the many facets of our ambiguous attitudes towards illness. When this happens, we find ourselves reconsidering the quality of our care and the nature of our social attitudes.

Involvement and detachment

Let us now assume that there is something that can be called 'whole person' understanding, and that it can be approached through the medical humanities. An objection might still be raised that such understanding is not *desirable* for a doctor or nurse because it carries with it personal involvement, whereas an essential feature of the doctor-patient relationship is professional detachment. Relatedly, it can be maintained that a doctor-patient relationship by its very nature is a role relationship and not a personal one. For these reasons, the objection runs, it involves a distortion of the doctor-patient relationship to insist on whole person understanding.

In reply we can begin with the second point. Certainly, the doctor-patient relationship is a role relationship, but it is *also* a personal one; persons act in roles. This point becomes convincing if we reflect that a husband-wife relationship is a role relationship; clearly it can and ought also to be a personal relationship involving whole person understanding.

As for the first point, that whole person understanding may prevent 'distance' where that is necessary, we can simply deny that it does prevent distance. One important feature of whole person understanding is that those who have it know when to be close and when to be detached. To return to the example of the husband and wife, it is obvious that whole person understanding in that situation might involve the realisation that detachment at the breakfast table is a good thing! In a similar way, the good doctor with a whole person understanding of his patient will know when to be detached and when not. The insights of literature develop this sort of sensitivity.

Conclusion

In conclusion, we can sum up the contribution which literature can make to the education of the doctor. It can develop self-perception, but, more important, it can help to generate the particular sort of understanding which is sometimes called 'whole person' understanding. Whereas the medical and social sciences develop understanding of disease processes and typical behaviour, literature can remind us that what is scientifically typical occurs in unique forms in individual patients. In cultivating this 'whole person' understanding doctors are extending their imaginations and sympathies, which their training might have encouraged them to disregard as irrelevant. But good doctoring, while it involves a role relationship, also involves a human relationship; and

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this situation for their own benefit. Brecher hints at this situation when he refers to slum-dwellers below the poverty line selling their blood, prostitutes selling their bodies because of the social security laws, and Turkish peasants selling their kidneys for £2,000 (3).

The reality of the situations that Brecher refers to is best characterised, I think, in terms of power rather than commodification. Individuals are forced into practices they would not otherwise choose to be involved in because of a lack of power, usually because of poverty and ignorance, to control their own lives. Customers who buy people's bodies, organs, blood, or labour in these situations should be condemned because they are using their greater power, usually arising from greater wealth, to take advantage of the weak and to exploit them for their own purposes.

What should be condemned, therefore, are not the practices of selling blood, kidneys, bodies, or labour, but the lack of power which forces the weak into these practices, and enables the strong to exploit them. The political prescriptions which follow from this analysis are rather more complex than Brecher's implied legal prohibitions. If people are forced into practices by their lack of power, the remedy for this must lie in addressing this situation. In broad terms this powerlessness of the weak in society requires an extensive redistribution of wealth so that people are not denied the resources which force them, for instance, to sell their kidneys. To be effective, of course, such redistributive measures would have to embrace the Third World since it is there that the greatest dangers of exploitation exist.

In the absence of such large-scale redistribution, however, it is necessary that the state should provide the weak with protection by establishing a legal framework for the regulation, rather than prohibition, of the practices we are concerned with. Regulations do, of course, exist already for working conditions and environments whereby workers are afforded some, albeit, no doubt, less than adequate, protection from exploitation. Likewise, it would be desirable if soliciting and prostitution were to be legalised so that the health and welfare of those who engage in these practices could be given some degree of protection by the state, as is already the case in many European countries. Similarly, the selling of blood and kidneys should not be banned but regulated by the state. It is with the protection of legal regulation that the poor and the ignorant might be best prevented from being exploited by those able to take advantage of them without, at the same time, the freedom of others being unduly restricted.

Dr Nicholas Buttle is Senior Lecturer in Politics, Department of Economics and Political Science, Bristol Polytechnic.

References

(1) Brecher B. The kidney trade: or, the customer is always wrong. *Journal of medical ethics* 1990; 16: 120–123.
(2) It is not clear why Brecher makes a leap from wage-labour to the physical exploitation of labour. Marx condemned the whole system of wage-labour as a system of exploitation and slavery and fought for its destruction. Perhaps the abolition of capitalism is further than Brecher wishes to go.
(3) See reference (1): 122.
(4) Consenting adults, for instance, would not, to use Robert Nozick's phrase, be allowed to engage in capitalist activities.

(continued from page 96)

literature helps us to become sensitised to the anecdotal information and 'soft' data which are essential to the two-way communication of human relationships (3).

R S Downie is Professor of Moral Philosophy at Glasgow University.

References

(1) For several years a group of doctors, medical students and others has met at Glasgow University to discuss books, plays and poems related to medicine. For an account of an early stage of this group see Calman K C, Downie R S, Duthie M, Sweeney B. Literature and medicine: a short course for medical students. *Medical education* 1988; 22: 265–269. More recently a conference has been held at Glasgow, and a second conference will be held on Saturday 26 October 1991. Details from the author.
(2) This theme is treated in more detail in Downie R S, Calman K C. *Healthy respect*. London: Faber, 2nd impression 1989.
(3) My approach to literature and its bearing on medicine has been influenced by several writers, but especially Brody H. *Stories of sickness*. New Haven, London: Yale University Press, 1987 and Cassell E J. *The place of the humanities in medicine*. Hastings-on-Hudson: The Hastings Center, 1984.