Stories of Sickness

Technological developments within medicine continue to be impressive and to provide undoubted benefits to many patients. But the cost of an increasing reliance on technological medicine has been a lessening in the importance accorded the patient’s account of his/her experience. And the danger in this is that doctors may lose sight of the essential human experience of illness and so fail to ‘heal’ as well as treat, for healing, Brody argues, requires the narration of a meaningful ‘story of sickness’. This is the central message of the book: look to your patient’s ‘story’ to understand his experience and help him to construct a meaningful story as part of the healing process.

While this message is simple and straightforward enough, the book which Brody has produced to convey it is somewhat cumbersome. It falls into three main sections: the first four chapters set out a perhaps over-elaborate philosophical and conceptual framework, introducing us to the notion of story-telling in medicine and reviewing philosophical discussions of the concepts of sickness and self-respect. Sickness is understood as a disruption of one’s sense of self and of one’s social role. Self-respect entails a rational plan of life which is confirmed by one’s peers. It is one’s self respect, defined in these terms, which is most affected by sickness.

In the next four chapters, Brody uses this framework to analyse the stories of ‘sick people’ in literature in order to gain a better understanding of the impact of sickness on an individual. Mann’s The Magic Mountain is used to illustrate the various ways in which individuals interpret and manage the disruption in their identities and social roles; Solzhenitsyn’s Cancer Ward to illustrate the many ways in which sickness affects the life plans of individuals. Other novels are used to explore the themes of altered experiences of time, space and social relationships. Throughout, a central notion is that of sickness interrupting and changing the narrative of the characters’ lives.

In the last section Brody attempts to draw out from his literary analysis some tentative ethical implications. Much modern medical ethics, he suggests, is ‘rule’ and ‘decision’ oriented. An appreciation of the narrative of human life, however, suggests an alternative mode of analysis which he considers in relation to two main issues, the decision to prolong life and the meaning of informed consent. Taking Brody’s perspective, the nature of the individual’s life-plan and how far he can or has fulfilled it become central considerations in making judgements about allowing a patient to die. Similarly, the development of understanding through continuing ‘conversations’ between doctor and patient becomes the key to ensuring properly informed consent.

Brody is one of the more distinguished and thoughtful advocates of the benefits of a philosophical analysis of medicine. But this latest book, while being enjoyable, is in the end disappointing. The ideas are interesting but neither new nor profound and they do not adequately carry the weight of a book. There are strong parallels between the literary approach which Brody takes and the tradition in British medical sociology of identifying the narrative component of chronic illness and the need of individuals to make sense of illness in the overall story of their lives. No reference is made to this work, however, which is a pity because it could have provided a rich source of material to take the analysis a step closer to reality. One of the frustrations of the book is the shortage of real ‘stories of sickness’, for stories of ‘stories of sickness’ are inevitably at one remove. A more fundamental frustration is in relation to Brody’s consideration of medical ethics. His book is essentially a more formal and intellectually challenging way of presenting a not uncommon clinical approach, which is to say that each case is different and must be judged on its own merits. What is not clear is whether his formulation of the issues presents a more convincing statement of this position and whether the insights gained by the perspective of a narrative can be used to argue against the development of general ethical principles.

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Treat Me Right

‘Medical law used to be fun’, says Ian Kennedy at the start of one of the papers in this omnibus edition of his essays on medical law and ethics. He then goes on to bemoan the fact that with the increasing interest of the courts, lawyers like himself now have more hard work to do. Well, he has himself largely to blame, for no one in Britain has been more influential in establishing medical law and ethics as a subject in its own right.

But no one reading these essays has reason to lose a sense of fun. Kennedy writes with flair, energy and passion and whether one agrees with him or not (and with Kennedy one always suspects that for himself, he rather hopes not) the genuine excitement that comes from