
Teaching medical ethics symposium

Teaching ethics in the context of the medical humanities

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Abstract

Careful reading of imaginative literature teaches an attentiveness fundamental to the care of the sick.

Reflecting on the nature of medical ethics more than twenty years ago, moral theologian Paul Ramsey remarked, ‘... unless we mean to make medical education more literate, indeed more literary, ethics can find no proper place in it...’. Setting aside what he considered some common misconceptions of ethics – ethics as passionate social concern, ethics as law, and ethics as a procedural method for deciding hard cases – Ramsey asserted: ‘Ethics is ... an intellectual inquiry. Therefore, education in medical ethics must necessarily be primarily literate’ (1).

One need not adopt Ramsey’s own normative ethic of care to be stimulated to further thought by his insight that medical ethics as intellectual inquiry requires certain literacies of its practitioners. There are of course many types of literacies, but in the main we use the term in bookish contexts. To be literate is to be lettered, to possess the skills necessary for communicating in a particular language – in our case, a language of morality. The mastery of such literacy, according to Ramsey, is a minimum requirement of medical education. But he goes further: ‘... unless we mean to make medical education ... more literary, ethics can find no proper place in it...’. ‘More literary’ refers to something beyond language ability. It implies being versed in a broad range of moral experience, steeped in the stuff of imaginative literature.

Why is literacy of this sort a precondition for the proper practice of medical ethics? Because without a sensibility attuned to what people’s lives are like outside the auspices of medicine, absent a sense of what matters to people before they get sick and after they get well, the best efforts of physicians to heal the sick are likely to be morally compromised and, especially in cases of chronic illness and disability, therapeutically ineffective as well. Contemporary

bioethics has been insufficiently mindful of this fact. Much of its discourse is curiously disembodied. The doctors and patients who populate its case discussions tend not to be full-blooded characters but stand-ins for ethical concepts, one-dimensional moral agents. One does not come away from a consideration of many of the current debates in bioethics with the impression that patients and doctors have moral lives. And yet into what does medical ethics as intellectual inquiry inquire if not into the moral dimensions of the relationship between doctors and patients? Here is where literature can help.

Ronald Blythe has observed that reading stories prepares us for more stories. It primes our imagination, enlarges our capacity to imagine, and shapes our sensibility. Writers, poets, and dramatists tend to be astute observers of human nature and discerning interpreters of human experience. By means of metaphor and the cognate devices of literary expression, they probe experience for the possible sense it makes. Experiences of illness and injury, disability and death are no exception. To suggest how this is so, I have selected three poems dealing, in turn, with a degenerative condition, arrested development in a child, and a recent death.

The Worst Fear

Some days I do feel better. Then I know
It couldn’t come to this, it never would.
I’m much the same as I was long ago.
When I could walk two thousand yards, and stand

Upright at parties, chatting. When the men
At petrol stations understood
The words I mouthed. Now is the same as then.
It isn’t, though. These are the days when food

Falls from my grip, drink chokes me in my throat
And I’m a nervous nuisance, prone to tears.
The time has come when I put on my coat
With fumbling fingers, grappling with my fears

Of God knows what. Well, I know one that’s worse
Than all the rest. My wife’s become my nurse (2).

Key words

Ethics; teaching; medical humanities.

What sort of experience is revealed in this poem by George MacBeth? On the days when he feels better, he can fool himself into thinking it never could come to what it has in fact come to. On those days he can still persuade himself that the things he enjoyed in his former life – before it came to this – are still possible. Ordinary things, such as taking a walk, gassing up the car, going to parties, standing on his own two feet, making himself understood, and being a husband. Surely, ‘Now is the same as then’. But most days now the self-deception is unsuccessful. Most days he is painfully aware of losing his grip. He spills his food, gags on drink, and is generally unsteady and teary. He is beset by fears ‘Of God knows what’. But one fear he knows well, the worst of all, the hardest to bear. He is no longer husband but patient to his wife as nurse.

Waiting

The best place, when he is fractious,
is the British Museum, Egyptian Room.

There she sits on a bench
waiting for him, waiting for the time to pass.

She has waited for him in surgeries,
in special schools, in workshops;

waited for signs of improvement;
for the tide to turn.

Now he is peering at the embalmed animals
close-banded in their leak-marked linen.

He knocks on the glass with his knuckle
at the skinny cat sitting up tall,

the baby bull, the ducks and,
next to the crocodile, his own face

matching grin for grin. He raps harder
and she takes his arm.

Leave them alone. They won't wake up.
Hand in hand they walk away down the stairs,

out past the pillars. She winds his scarf
tightly round him against the cold (3).

In Connie Bensley's poem we are brought to the Egyptian Room of the British Museum. The full significance of this choice of place will be shortly disclosed by the poet (poets do not make such selections at random, neither do patients). There 'she' waits for 'him' – apparently a mother waiting for her son though, significantly, the relationship is never described and the two people are never further identified. She also waits for time to pass. The impression created is that the time for hope is

past. The clinic visits, the attempts at rehabilitation have been exhausted. Through those she waited hopefully. Now, aware that the tide will never turn, she bides her time and thinks of ways to occupy him when he is unruly, such as visiting the Egyptian Room. There he looks searchingly at the mummified animals, well-preserved but lifeless, bearing signs of the life that has seeped from their bodies. When he mirrors the crocodile's idiot grin and bangs on the glass to wake the full menagerie, she loses patience, explaining, 'They won't wake up', and takes him by the arm out of the Egyptian Room. As they exit the museum her irritation seems to have subsided. They are holding hands. As they step into the outside air she (his 'Mummy') moves in motherly fashion to protect him from the cold. All that remains is to brace against the cold. As 'She winds his scarf tightly around him ...' we realize that for her he is as though embalmed.

From The Fascinating Room *an essay by Janet Samuel, aged 11*

Her bedroom hardening to a fresh museum;
Stilts of light breaking the clouds at dusk, freckled
with dust
And quietly rusting the wallpaper;
The mattress and the sheets rippling with her
shape;
The burning bedside lamp. ... I log these
observations
By repeating them to myself
Like the nine times table or learning quotations.

On the desk, the shadow of her pencil deepens
Minute by minute like a bruise. She has sharpened
it
To within three inches of nothing. Now,
I watch saliva evaporate where teeth have
Cracked the red paint irreparably. Her plump
handwriting
Swims across a sheet of foolscap
Capable of cutting skin. I cut my finger,

Then run my tongue along the thin and bloodless
crack.
In a dish of liquid sugar, five dead honey bees
Have folded their wings like hairy full-stops.
In the corner, her lemonade is going flat;
Bubbles rise from the side of the tumbler to vanish
On the surface. I count them for
A while, then turn to her essay. *Floral curtains,*

She begins, frame the window and six crystal birds
Stand upon the sill. There, the rays of the morning sun
Make them flash with an iridescent light.
A family of china rabbits lives upon
My bedside table, under the shelter of the lamp.
Tucked in an alcove, on his bed
Of moss on the shelf, a horse's skull grins at me.

Brick upon brick, her paragraphs crumble down the page:

Everything her room contains is falling into place.
And with a tact her father would admire,
She does not mention the tree. Pushing up to her
(From the foundations and through the dining-
room) spreading
Branches on her ceiling, leaning
Against the sill. Her carpet peels back from the
trunk.

In the undergrowth of scribbles, *I remember*,
She has written, *the warm summer afternoon when we*
All went into the countryside, looking
For a sheep's skull to put with my books. My brothers
Have one in their room and I was envious, for I
Collect things too. Instead, I found
The horse's skull. Now they are the envious ones!

And still not a word of the tree – how it widens
The hole in the floor year after year; how branches
twist

Round the legs of her desk and chair; how still
It is, being so excluded from every breeze ...
As the sun fades from the runnels of the trunk, I
Rise and listen to the thunder;
Like the Twenty-third Psalm mumbled in assembly
(4).

The rhetorical complexity of this poem by Stephen Knight is considerable. An essay composed by an eleven-year-old girl is embedded in a poem narrated, as it were, from within 'the fascinating room', this being also the subject and title of Janet Samuel's essay, excerpts from which are woven into the text of the poem and remarked upon by the narrator. The narrator is located in Janet's bedroom but not further identified except as someone who knows her father well enough to make the inference recorded in the poem's fifth stanza.

I imagine him to be Janet's physician who has attended her during an illness, probably, in light of the poet's choice of metaphor, an incurable cancer that has just ended in death. Sitting at the desk in her bedroom, everything he notices reminds him that Janet was there only moments ago and is now gone for good. 'Her bedroom [is] hardening to a fresh museum.' The bed bears evidence of her recent presence. Saliva is still evaporating from her small pencil sharpened to near nothing. She has gnawed on the pencil as youngsters will do, cracking its red paint beyond repair. The language is of 'dusk' and 'dust' and 'rust'. Everything signifies death. Things come to a full stop, go flat, vanish. The narrator is lost in dulled thought, immersed in grief, repeating observations by rote, without fully taking in what he sees. Then, absent-mindedly he fingers a sheet of writing paper, and glimpsing its childlike calligraphy through his tears, he cuts his finger, which is as though lifeless.

After being preoccupied for a time with these portents of death, the narrator realizes that what is written on the paper is an essay, 'The Fascinating Room'. As he reads he takes us into Janet's thought-world prior to her death.

Floral curtains ... frame the window and six crystal birds

Stand upon the sill. There, the rays of the morning sun
Make them flash with an iridescent light.

A family of china rabbits lives upon

My bedside table, under the shelter of the lamp.

Tucked in an alcove, on his bed

Of moss on the shelf, a horse's skull grins at me.

The sudden reversal of sentiment in this last phrase jars the narrator back to his grief, but also sheds light on something he had missed before. Although the bricks of Janet's paragraphs 'crumble down the page', 'Everything her room contains is falling into place' – not apart, but into place. Everything is beginning to make a kind of sense to the observer that he had not glimpsed before.

Before reading on, the narrator notes that Janet does not mention the tree spreading its branches throughout the house of her body, silently squeezing her life from her. She does not write of her cancer – from our adult perspective the overriding, overwhelming fact of her life. Instead,

I remember ... the warm summer afternoon when we
All went into the countryside, looking

For a sheep's skull to put with my books. My brothers

Have one in their room and I was envious, for I

Collect things too. Instead, I found

The horse's skull. Now they are the envious ones!

Janet's experience was not of death encroaching, but of her fascinating room with flowered curtains, iridescent crystal birds, a family of china rabbits sheltered, a horse's skull – Janet's horse's skull, nestled on a bed of moss tucked in an alcove, grinning at its proud possessor. The skull does not mean death to Janet, it means triumph, the memory of the warm summer afternoon when she and her family went into the countryside to search for a sheep's skull like the one in her brothers' room. The one she envied them. That day, Janet outdid her brothers. She found a bigger prize, a horse's skull, which now sits among her books, its grin reminding her of that glorious day. The essay reveals that Janet's experience as she met death was not of the cancer that was killing her, but of her fascinating room and all that it suggested to her of shelter and comfort and good times. As he realizes this, the narrator rises and listens to the thunder, not ominous, but reminiscent of the Twenty-third Psalm ritually recited, promising peace, comfort, and mercy.

Medical ethical conflicts are symptomatic of differences in vision, in the ways that parties to these

conflicts read the realities of sickness. The lived experience of illness may be profitably approached as a text requiring reading – ideally, by a patient and a doctor comparing notes. Thus construed, the patient-physician relationship is collaborative, and the work of healing commences not when the doctor gets the diagnosis but when text and readers converge in a common narrative. Narrative evolves by projecting a limited set of possibilities, each with moral implications. It proceeds by creating expectations and by plausibly situating them and unfolding them in the direction of future expectations. In just this way, most medical practice is, in Brian Wicker's felicitous formulation, 'story-shaped' (5). Contrary to the impression created by the stainless steel apparatus and vital sign monitors of rescue medicine, what is required of doctors is less often swift judgement and deft action than a discerning reading of the situation at hand. Most medical encounters are not emergencies, but many of them are puzzling and all are morally significant. What does the ailment mean in the context of the patient's life? Is the suffering to be relieved or endured, and in what measure? What can one reasonably expect to be the result of this or that intervention? Are there fates worse than death? Such questions must be thought through and livable answers arrived at person by person – case by case, as doctors say. It is in this process of reflection and conversation that defensible courses of action evolve and recommend themselves.

Careful reading of imaginative literature teaches an attentiveness fundamental to the care of the sick. As I hope to have demonstrated in briefly analyzing the three poems, such reading can broaden medical students' moral vision, deepen their understanding of illness and injury as disruptive events in people's lives, and it can shape their sensibilities. This last is perhaps the crux of the matter. Literature shapes sensibility by giving form to feeling and by revealing the narrative structure of experiences of love, loss, loyalty, and the like, in sickness as in other life events. Nowadays medical students are taught to keep their feelings to themselves because feelings are believed to

muddle the mind. Clinical distance is commended by medical teachers as the price of objectivity. But literature – experience narratively structured, feeling formed by imagination – allows one to understand what sick people are going through, what their illness means to them, and what means they have at their disposal for dealing with it. Only with such understanding can the doctor hope to heal.

The modern dissociation of sensibility, as T S Eliot called it, according to which reason and emotion are compartmentalized, does a disservice to doctors. To care for the sick in a morally responsible manner, the doctor must delve into the patient's experience, imagine the patient's future, integrate thought and feeling, and, with the patient, co-author the next chapter in a life story whose story-line has been interrupted by illness or injury. For this, literary skills are needed, the skills of close reading – a feel for pathos, a discriminating ear, a discerning eye, an analogical imagination, a way with words (6). In order for ethics to find a proper place in the education of physicians, medical education must become in this way more literate, indeed, more literary (7).

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