

Literature, History and the Humanisation of Bioethics

Nathan Emmerich

nathan.emmerich@gmail.com

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Abstract:

This paper considers the disciplines of literature and history and the contributions each makes to the discourse of bioethics. In each case I note the pedagogic ends which can be enacted through the appropriate use of each of these disciplines in the sphere of medical education, particularly in the medical ethics classroom.¹ I then explore the contribution that both these disciplines and their respective methodologies can and do bring to the academic field of bioethics. I conclude with a brief consideration of the relations between literature and history with particular attention to the possibilities for a future bioethics informed by history and literature post the empirical turn.

Introduction:

From its inception bioethics has been considered both a multi and interdisciplinary activity. Nevertheless it has been the case that certain disciplines have dominated the subject at certain times. For the most part these are philosophy and law but also, although to a lesser degree, theology (or perhaps theologians) also had its turn, particularly at the birth of bioethics.² Whilst the recent suggestion of there being an empirical turn in bioethics³ confirmed rather than announced something which had been going on for some time⁴ the effect has been to open up a greater space within bioethics for subjects normally confined to the periphery and

¹ I focus here on medical ethics education as opposed to nursing or healthcare ethics education as this is where my current research interests, expertise and knowledge lies. I would hope my comments are applicable to the more general field of healthcare ethics education.

² See: Part 1.2. A.R. Jonsen. 1998. *The Birth of Bioethics*. New York. Oxford University Press..

³ P. Borry, P. Schotsmans & K. Dierickx. *The Birth of the Empirical Turn in Bioethics* Bioethics 2005. 19: 49-71.

⁴ The essays collected in G. Weisz, 1991. *Social Science Perspectives on Medical Ethics* USA. University of Pennsylvania Press. (First Published: Kluwer Academic Publishers, Dordrecht, The Netherlands, 1990) for example.

for the emergence of a greater level of interdisciplinary scholarship.⁵ Whilst there may be social reasons for the emergence of a history of bioethics at this time - the founders or pioneers of bioethics have reached the age where reflection on a lifetime in the field comes naturally – recent historical scholarship in bioethics goes beyond this kind of (self) accounting and reflection. Historical research on the early days of modern medical ethics,⁶ the production of a world encyclopaedia of medical ethics⁷ and critical scholarship⁸ have all recently begun to emerge. There is a great deal of diversity in the scholarship which one might consider classifiable as bioethics and as history. On the other hand scholarship which one might consider to be literature or literary and also to be bioethics or bioethical is somewhat rarer and the certainty with which this classification can be assigned is not absolute. The use of literature in bioethics is related to two other (interrelated) ‘turns’ in the wider context of bioethics and to modern pedagogical strategies in medical education. First is the turn to the medical humanities,⁹ second is the rise of the ‘new professionalism’.¹⁰ A proper investigation of the educational contribution literature can and is making to a broadly humanist medical or healthcare education and one which pays specific attention to the area of bioethics is required before an understanding of the academic research potential of literature in the field of bioethics can be offered.

Literature and Bioethics:

At first blush one might wonder what literature could offer to academic bioethics or to the academic bioethicist such that the study of literature could be considered bioethics. On the one hand we have an interdisciplinary field concerned with the ethical, legal and normative aspects of healthcare practice and modern medical techno-science and on the other a humanities discipline primarily concerned with analysis and exegesis of literary texts.

⁵ See *Ibid* and: R.G. DeVries and J. Subedi. 1998. *Bioethics and society: constructing the ethical enterprise*. USA Prentice Hall; R.G. DeVries *et al.* 2007. *The View from Here: Bioethics and the Social Sciences*. UK. Blackwell Publishing. First Published as Vol. 28 No. 6. of *Social Health Illn*, 2006; C. Gastmans *et al.* 2007. *New Pathways for European Bioethics* Anterpen-Oxford, Intersentia. and M. Häyry and T. Takala. 2003 *Scratching the surface of bioethics*. Amsterdam-New York. Rodopi.

⁶ L.B. McCullough. 1998. *John Gregory and the Invention of Professional Medical Ethics and the Profession of Medicine*. Great Britain. Kluwer Academic Publishers.

⁷ R.B. Baker and L.B. McCullough. 2009. *The Cambridge World History of Medical Ethics*. USA. Cambridge University Press.

⁸ R. Cooter. The resistible rise of medical ethics. *Soc Hist Med*. 1995; 8: 257-270.

⁹ See: R.A. Carson. Engaged humanities: Moral work in the precincts of medicine. *Perspect Biol Med*. 2007; 50: 321-333. & T.A. Faunce. Normative role for medical humanities. *The Lancet* 2003. 9398: 1859-1859.

¹⁰ See: D. Irvine. The performance of doctors: the new professionalism. *The Lancet* 1999; 9159: 1174-1177. And D. Wear & J. Bickel. *Educating for professionalism*. USA. University of Iowa Press, 2000.

Nevertheless there is little doubt that literature can be a tool for the teaching of bioethics. Consider this passage from one of Will Self's short stories:

“Joyce washed down the chocolate sludge with a second gulp of the bitter anti-emetic. ‘Do please remember’, Dr Hohl said, ‘that any of these times, Mrs Beddoes, you are able to make the mind change, yes?’
He had said this at least three times before, and on each occasion Joyce had lied, ‘I understand.’ It was, she grasped, the very call and respond of assisted suicide: Dr Hohl was the priest, announcing the credo, and she was the congregation of one that affirmed it.”¹¹

It is difficult to express or imagine what the reality of an assisted suicide clinic might be. One can imagine all sorts of contingencies and eventualities which, from the perspective of analytic philosophy, can be dismissed as not being fatal to the possibility of an assisted suicide clinic being moral or ethical. Yet in this passage Self expresses one concern with such clinics which is that they may become banally ritualised; where well meaning mandated opportunities to bring a halt to proceedings actually become automated, ritualised steps along the way. In doing so he illustrates the challenge this aspect of ethical regulation brings to actual practice. His work also presents the alienation of the self from the self as a consequence of the protagonist being taken out of her home and of her own country in order to access the services of this clinic. Moral insights presented in literary form can of course cut both ways in ethical argument or, perhaps more often, present and engage the reader with an uncertain, ambivalent and ambiguous moral landscape. In this instance the representations of literature contextualise and particularise the assisted suicide clinic and, in doing so, can give one pause for thought in a debate often characterised by entrenched positions and polemical argumentation.

There are many cases of literature holding insight into the bioethical: J.M. Coetzee's *The Lives of Animals*¹² and Margaret Atwood's *Oryx and Crake*¹³ and its semi-sequel *The Year of the Flood*¹⁴ are three recent examples. Each, in their own way, presents an account of moral or ethical issues in such a way as to raise questions and prompt reflection in the reader. Coetzee is more explicitly presenting a kind of normative ethical argument through the direct

representation of a lecture on the ethics of eating meat. However, by presenting the lecture within a larger narrative regarding social location and relationships he raises further questions regarding tolerance and the accommodation of differing and diverse ethical perspectives. Atwood's imagining of dystopian futures, through which she presents possibilities which are not quite scientific fictions but neither are they (yet) scientific fact, raises issues considered bioethics rather than medical ethics. She presents less of an outright argument for a particular ethical judgments or conclusions than raises a series of troublingly possible futures for techno-science, particularly pharmacology and genetic engineering, under socio-economic conditions which might be described as free-reign capitalism in the context of the decline of the state and of democracy itself. Her novels raise serious concerns with notions of progress assumed by models of techno-scientific social engineering which have particular resonance if one considers the supposed possibilities of neuroscientific medicine such as ‘lovedrugs’ or ‘cognitive enhancement’. Through writings such as these modern literature is exploring the contours of the bioethical landscape. Similarly classics of literature can also bring bioethical or medical ethical insights particularly regarding the nature of the good doctor¹⁵ or the patient in their social context.¹⁶

As Downie and McNaughton put it “literature can offer a stimulus to the moral imagination, to what we might call ‘consciousness raising.’”¹⁷ The nuanced and contextualised ethical detail which literature can offer and the kind of reflection and engagement it prompts in the bioethical classroom exceed that which usually results from a discussion of the canonical cases of medical ethics. The discussion and interpretation of a literary text can assist in the development of the medical student into a mature medical doctor both in terms of ethical awareness and in regards the core communication skills required to maintain a good doctor-patient relationship. In her discussion of the essays contained in the first volume of the journal *Medicine and Literature* Hunter suggests that they focus on literature as a way of “inculcating and preserving an awareness of reality - the patient's world, the realm of values – otherwise missing from medical education.”¹⁸ Downie and McNaughton continue that

¹¹ W. Self. 2008. *Liver: A Fictional Organ with a Surface Anatomy of Four Lobes*. Great Britain. Viking: 85.

¹² J.M. Coetzee. 1999. *The Lives of Animals*. Great Britain. Princeton University Press.

¹³ M. Atwood. 2008 (2003). *Oryx and Crake*. Great Britain. Virago Press (Bloomsbury).

¹⁴ M. Atwood. 2009. *The Year of the Flood* Great Britain. Bloomsbury Publishing.

¹⁵ G.B. Shaw. 2004 (1906). *The Doctor's Dilemma*. Literary Society.

¹⁶ J. Niemi. “Some perspectives on Chekhov's short story: A Case History” *Med Humanit.* 2006; 32: 11-13.

¹⁷ R. Downie and J. MacNaughton. 2007. *Bioethics and the Humanities: Attitudes and Perceptions*. Oxon. Routledge-Cavendish:134.

¹⁸ K. M. Hunter. Toward the cultural interpretation of medicine. *Lit Med.* 1991; 10 : 4.

“[t]he analysis of a poem is a highly skilled and complex matter, especially since poems are resonant with irony and ambiguity. Indeed, perhaps the diagnosis of a patient’s illness and the analysis of an ethical problem have this in common: each is more like the interpretation of a difficult text than like either the scientific analysis of urine or the logical analysis of an argument.”¹⁹

There is also the further claim that the study of literature as part of medical education is one way, in a science dominated curriculum, to engage with the art of medicine.

This insight, that the analysis of literary texts can contribute to the humanist education of a doctor on a number of levels including ethics, indicates that the academic study of literature could be considered ‘bioethics’ in its own right. It is certain that part of the aim of the academic bioethics canon has been the development of materials for and approaches to pedagogy.²⁰ One could argue that the presentation of literature in the bioethical classroom is sufficient to demonstrate literature’s place within bioethics as an academic discipline.

However this line of argument can be developed further with the suggestion that the critical analysis of certain literary texts particularly those with pedagogic potential is part of bioethics. This would be the case particularly insofar as such analysis focuses on the ethical and normative aspects of medicine and healthcare represented in the text. These types of exegesis would rightly be described as both academic literature and bioethics.

There is a further dimension that can be explored to confirm the place of literature within academic bioethics. Chambers argues that “[bio]ethicists have generally ignored... that cases – the data by which they test the relevance of moral theories – are fictions. That is they are made up, constructed, and thus follow conventions of representation that inevitably bias how one understands this information.”²¹ If the narratives of bioethical case studies are constructed, or authored, whether they be the obviously contrived ‘counterfactual’ examples of abstract philosophers or the more ‘real’ examples of the bioethical canon (e.g. Dax, Jodie and Mary etc.) then, whilst they might not be great literature, they are certainly stories.²² This

¹⁹ Downie & MacNaughton. *Op Cit*. Note 15: 135

²⁰ K.M. Boyd & D. Pond. 1987. *Report of a Working Party on the Teaching of Medical Ethics*. London: Institute of Medical Ethics (Great Britain). R.A. Hope, K.W.M. Fulford & A. Yates. 1996. *The Oxford Practice Skills Course: Ethics, Law, and Communication Skills in Health Care Education*. Oxford. Oxford University Press. Or, as the postgraduate bioethics conference where this paper was first given was themed, ethical engagement.

²¹ T. Chambers. 1999. *The Fiction of Bioethics*. Great Britain. Routledge: 10.

²² *Ibid*: vi.

is, of course, no surprise to those familiar with ‘narrative ethics’ which suggest that those who construct such ethical narratives are exercising a degree of creative literary capacity.²³

To take a literary perspective on the world of bioethics and its representations is indicative of a postmodern approach where everything is considered to be a ‘text’. Beyond the main literary approach of narratology there is not a great deal of postmodern analyses of bioethics.²⁴ Narratology is a “branch of literary studies...[which] analyzes how stories are built, how they are told, and how they are received, the better to understand what they mean and how they exert their profound effect on us.”²⁵ Chambers suggests that he draws on a wide variety of theoretical perspectives in order to analyse bioethics, its data and the relationship between them, although his particular approach is heavily influenced by the various approaches of narrative and literary theory.²⁶

Bioethicists are often guilty of forgetting that they and their work exist in multiple uncertain historical, social and cultural contexts, contexts that they and their work represent and reproduce. This indicates that bioethics itself is available for analysis from a variety of perspectives. The empirical turn in bioethics has brought the methods of the human and social sciences into an explicit dialogue with those of normatively focussed analytic applied philosophy. This has resulted in an emergence of a degree of reflection on bioethics and reflexivity in bioethical research. The addition of literary theory and analysis to this methodological melting pot will, if successful, remind us that just as the medical professional may benefit from the humanist education offered by literature so might the bioethicist.

History and Bioethics:

Academic works which could be called histories of bioethics or medical ethics are in the main a relatively recent phenomenon and must be understood in the context of the history of medicine as a discipline. The main contemporary approach to the history of medicine is

²³ “The practice of any ethicist includes the tasks of formulating a case and interpreting it, and this requires the exercise of narrative skills and even of literary capacities” R. Charon *et al*. *Literature and medicine: contributions to clinical practice*. *Ann Intern Med*. 1995; 122: 603.

²⁴ Although see the work of Margrit Shildrick for postmodern engagement with bioethics at the highest level. See: M. Shildrick. 1997. *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio)ethics*. Great Britain. Routledge; 2002. *Embodying the Monster: Encounters with the Vulnerable Self*. Great Britain. Sage; & 2005. *Ethics of the Body: Postconventional Challenges*. USA. MIT Press.

²⁵ R. Charon. 2006. *Narrative Medicine: Honouring the Stories of Illness*. USA. Oxford University Press: 40.

²⁶ *Op Cit*. Note 19: xiv.

known as the ‘social history of medicine,’ the beginnings of which are usually identified with the 1932 appointment of Henry Sigerist, a Swiss Physician, as the first Director of the Institute of the History of Medicine at John’s Hopkins University.²⁷ Whilst scholarly work in the history of medicine before the 1930s was certainly not methodologically flawed or historically valueless, certain critiques have been levelled at it. Namely that it focused on the great men of medicine and great discoveries of medical science to the detriment of attention to the relevant wider social and cultural contexts of medicine.²⁸ This new focus on the social dimensions of medicine was influenced by similar intellectual currents in the discipline of history itself demonstrating the connection between the history of medicine which was still predominantly practiced by medical men and the autonomous discipline of history. This methodological shift to the writing of social history in both history and the history of medicine was largely complete by the mid to late 1950s. It is at this point we begin to see the emergence of a division between those historians of medicine who operate from within the structures of medicine i.e. medical professionals who also write medical history, and those who operate from within the academic discipline of history, i.e. academic historians who happen to study the history medicine.²⁹ To understand this disunity we must understand the historical relationship of the history of medicine to medicine itself. The history of medicine has, historically, been used to transmit the teachings of medicine. Consequentially the relationship of the history of medicine to medical education will have particular relevance.

Historically, the history of medicine was largely the domain of medical doctors, bound up with pedagogy and the passing on of medical knowledge. Burnham traces this period from the 17th Century until the early 1900s.³⁰ Prior to the scientific revolution in medicine the teachings of the founding fathers of medicine, particularly those of Hippocrates and Galen, constituted medical education. Thus a medical education involved the study of the history of medicine as it was a “means of presenting the eternal truths on which the practice and

²⁷ H. I. Kushner. Medical historians and the history of medicine. *Lancet*. 2008; 372(9640): 710.

²⁸ T. McKeown. A sociological approach to the history of medicine. *Med Hist*. 1970; 14: 342-351. & K.M. Ludmerer. Methodological Issues in the History of Medicine: Achievements and Challenges. *Proc Am Philos Soc*. 1990; 134(4): 367-386.

²⁹ To some extent this division still exists. Consider the American Association for the History of Medicine and the American Osler Society, whose meetings take place at the AAHM annual conference.

³⁰ J.C. Burnham. 2007. *What is Medical History?* Great Britain. Polity Press: 2-3. Although he differentiates between the former (1700-1800) and latter halves (1800-1900) of this period where medical history moved from being representative of “eternal truths on which the practice and profession of medicine was based” to “adopting the general idea of progress” commensurate with the development of scientific methods in medical practice.

profession of medicine were based at that time.”³¹ In the mid to late 19th century the rising commitment of the medical profession to a vision of medicine as a science saw the medical curriculum become dominated by sciences and scientific knowledge.³² Nevertheless Jackson, *pace* Burns,³³ contends that medical history was still being taught to medical students and suggests that in “the early twentieth century, particularly in North America, many physicians and teachers turned to medical history as a means of introducing students and doctors to humanist values in medical practice.”³⁴ The particular focus on biography in the history of medicine also allowed for the presentation of ideal or exemplary figures who could serve as exemplars or role models for the professions practitioners and students.

Post the ‘scientific revolution’ in medicine and medical knowledge the role of the history of medicine has been diminished *a pro pos* medical knowledge and pedagogy *per se*. Yet the passing on of the traditions of medicine, particularly as a counter to divisive scientific specialisation, and with regard to the ‘art’ of medicine and the creation of humanist medical practitioners, was a major focus of the calls for the continued importance of the teaching of the history of medicine in the early part of the 20th century.³⁵ More recently medical history has again been seen as a way to explore medicine in its varying social locations by demonstrating its historical contingencies. The history of medicine has, in certain locales, begun to be reintroduced to the medical curriculum, most often under the banner of teaching the medical humanities. As Lederer *et al* have it:

“History, like other humanities disciplines, can emphasise the human dimensions of the doctor-patient relationship, the social worlds of both physicians and patients reflect

³¹ *Ibid*: 2.

³² Indeed this was one of the key outcomes of the Flexner Report. See: Ludmerer, K.M. 1999. *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*. USA: Oxford University Press: 6. On the changing status of medical history in this period see: G. Rosen. The place of history in medical education. *Bull Hist Med*. 1948; 22: 601.

³³ C. R. Burns. 2000. Teaching the humanities in American medical schools during the twentieth century: a commentary on the two dominant models. In *The Health Care Professional as Friend and Healer: Building on the Work of Edmund D. Pellegrino*. D.C. Thomas & J.L. Kissell. (Eds). USA. Georgetown University Press: 259-268.

³⁴ M. Jackson. Back to the future: history and humanism in medical education. *Med Educ*. 2002; 36: 506. He continues that in “the last half of the twentieth century, however, history was largely superseded by medical ethics as a means of resolving professional crises.” 506.

³⁵ *Op Cit*. Note 30. (Rosen). Although the perspective from Germany, the intellectual home of the turn towards the social history of medicine, was somewhat different: 616-618. In the ‘response’ section of Rosen’s article E.H. Ackerknecht comments that: “The value of medical history in preparing the student for the art aspects of his [sic] calling cannot be overestimated. Medical history is one of the few counterweights for 20 years of dehumanizing education, and for an approach that makes the student look at man as if he were nothing but an animal.” 627-628.

discrete experiences and perspectives, and historical analysis can deepen and extend the appreciation and understanding of these complementary and often conflicting world views.”³⁶

The history of medicine has had a long pedigree in medical education which, alongside literature, appears to be reasserting itself in the medical humanities. The teaching of history to medical students from within the perspective of the medical humanities is focused on the human dimension of medical practice and is capable of making a contribution to medical ethics education and to the development of medical students into humanist medical practitioners. This pedagogical aim reflects a general concern for the ethics of medicine both from within and without the medical profession and is expressed most notably in the rise of bioethics itself. The discipline of the history of medicine also reflects this concern and a number of works correctly described as bioethics have been produced.³⁷

One such work and its author, *Bad Blood*, were intellectually present in the earliest years of bioethics.³⁸ Although it was not published until 1981 the book was first conceived in the early 1970s. In his acknowledgements the author, Jones, thanks the Kennedy Institute for a 1972 fellowship that allowed him to start researching and writing the book.³⁹ This is the work Caplan suggested is the “single most important book ever written in bioethics”⁴⁰ It details a longitudinal study, conducted on uninformed black males, into the effects of untreated syphilis which took place at a time when treatment was widely and cheaply available. In many instances the ethics of medicine is intimately related to the ethics of the wider society, in this case the racism of American Society. The Holocaust is, as ever, the 20th century’s case in point. Prior to the rise of National Socialism in Germany there was nothing specifically

unethical or anti-ethical about German medicine or its physicians.⁴¹ The Anti-Semitism that engulfed Germany also engulfed its medical profession. Potted histories of bioethics often cite the Holocaust as a historical contributor to the inception and rise of bioethics. They trace its consequence through the Nuremberg Trials to the Declarations of Nuremberg and Geneva to the Declaration of Helsinki and its subsequent revisions. Such histories tend to the positivistic. Whilst they have their place and use they need to be understood in the light of a more nuanced and contextualised analysis offered by social histories and historians of bioethics and medical ethics such as Jones and *Bad Blood*.

Serious social historical study has been undertaken by other founding members of bioethics. The work of Lawrence McCullough, in particular that on John Gregory, being the outstanding case in point.⁴² At the same time the social historians of medicine have not been silent on the issue.⁴³ Other historians working in bioethics have produced histories of moral reasoning,⁴⁴ histories of medical ethics⁴⁵ and are now beginning to produce histories of bioethics.⁴⁶ These are often histories which are, at least in part, self-referential i.e. they are accounts of themselves. This scholarship has implications for both the present and the history of bioethics and its historically antecedent but related (sub)discipline, medical ethics.

A particular feature of this recent ‘historical’ work in bioethics of the past two decades or so has been the reminiscences of major figures in the field. These range from short articles noting the historical accident which forged a bioethical career⁴⁷ to book length career defining works.⁴⁸ In this latter case Jonsen’s career and oeuvre is particularly interesting. Having written a number of articles and books exploring the history of medical ethics and the development of bioethics he then organised a major conference which was themed the birth of

³⁶ S.E. Lederer, E.S. More, and J.D. Howell. Medical history in the undergraduate medical curriculum. *Acad Med.* 1995; 70: 771.

³⁷ Whilst Chauncey D. Leake produced and reissued an edition of Percival’s *Medical Ethics* in 1927 his extended introduction was not aimed at any historical analysis. The history of medical ethics did not become a particular concern for the social history of medicine until relatively recently and it is not until after the birth of bioethics that serious historical work focusing on the ethical dimensions of the medical profession and medical practice began to be written. For this most part this is probably because more obvious topics deserved the immediate attention of social historians than the history of medical ethics. C.D. Leake. 1927. *Percival’s Medical Ethics*. USA. The Williams & Wilkins Company.

³⁸ J. H. Jones. 1981. *Bad Blood: The Tuskegee Syphilis Experiment*. New York. Free Press.

³⁹ A. Caplan. James H. Jones. (1981 [1993]). *Bad Blood: The Tuskegee Syphilis Experiment*. New York: The Free Press. *BioSocieties*. 2007; 2: 275-276; The acknowledgement of the 1972 fellowship as a time when Jones was writing the book is interesting as the events described only ceased in 1972 when the media began reporting the story.

⁴⁰ *Ibid*: 275.

⁴¹ If anything there was a strong tradition of medical ethical discussion and writing in Germany prior to World War Two although perhaps this was of the wrong type, see: Maehele, A. and Trohler, U. 2009. The Discourses of Practitioners in Nineteenth and Twentieth Century Germany. In Baker, R.B. and L.B. McCullough. *The Cambridge World History of Medical Ethics*. USA. Cambridge University Press. 432-438.

⁴² L.B. McCullough. 1998. *John Gregory’s Writings on Medical Ethics and Philosophy of Medicine*. *Great Britain*. Kluwer Academic Publishers. & *Op Cit*. Note 6.

⁴³ See the essays collected in: R.B. Baker & R. Porter. (Eds) 1993. *The Codification of Medical Morality: Medical Ethics and Etiquette in the Eighteenth Century (Vol. 1)*. Dordrecht, The Netherlands. Springer; R.B. Baker (Ed). 1995. *The Codification of Medical Morality: Anglo-American Medical Ethics and Medical Jurisprudence in the Nineteenth Century. (Vol.2)* Dordrecht, The Netherlands. Springer; & *Op Cit*. Note 7.

⁴⁴ A.R. Jonsen & S. Toulmin. 1988. *The Abuse of Casuistry: A History of Moral Reasoning*. USA. University of California Press.

⁴⁵ A.R. Jonsen. 2000. *A Short History of Medical Ethics*. USA. Oxford University Press; & *Op Cit*. Note 6.

⁴⁶ *Op Cit*. Note 2.

⁴⁷ L. B. McCullough. The Accidental Bioethicist. *Camb Q Health Ethics*. 2002; 11: 359-368.

⁴⁸ *Op Cit*. Note 2.

bioethics and to which he invited the ‘pioneers’ of the field. Ultimately this resulted in his book length work ‘The Birth of Bioethics’ which is a widely cited and deservedly praised work. However, this endeavour has resulted in a reappraisal of Jonsen’s standing in the field of bioethics. The result of which has been to consecrate him as one of the field’s pioneers.⁴⁹ The point here is not to debate whether or not he deserves such a place in history but rather to demonstrate that the past is not simply another country. Histories of bioethics are part of the present which are capable of affecting the past or at least our view of the past and what it *means* for us in the present. History is not a value free endeavour and the writing of history is a process of [re]creating meaning and narrative. This is particularly true in the case of bioethics whose very *raison d’être* involves the analysis of values.

In the case of Jonsen’s Birth of Bioethics the writing of history involves a degree of autobiographical narration of stories. Jonsen may not be present in the narrative but he was certainly present in the wider field of bioethics at the time. Such are the difficulties of writing ‘contemporary history’ that it has, often inevitably, a certain rhetorical function. Barraclough goes as far as to suggest that contemporary history is often a form of or outlet for politics or propaganda.⁵⁰ This is a fact that many in the field have noted, often identifying particular types of stories or ‘origin myths’ in bioethical discourse.⁵¹ The problem being encountered by historians of bioethics is not of course anything spectacularly new; such debates exist in the discipline of history itself and generally fall under the rubric of the postmodern challenge.⁵² Indeed it is not dissimilar to criticisms of those histories of medicine which concentrate on great lives and discoveries. These histories of medicine are more often than not written in a positivistic vein which can be given to the relatively uncritical [re]presentation of the medical ideal. Similarly, histories of bioethics written by bioethicists can be given to the [re]presentation of certain accounts of bioethics which appear to naturally concur or suggest certain types, approaches or interpretations of bioethics as being correct. If the rhetorical function of such medical history is to hold up normative exemplars and role models then the rhetorical function of histories of bioethics is to hold up normative accounts of and for the discipline of bioethics itself.

⁴⁹ R.C. Fox and J.P. Swazey explore this point in their (2008) *Observing Bioethics*. USA. Oxford University Press: 125-128.

⁵⁰ G. Barraclough. 1964. Introduction to Contemporary History. London. C.A.Watts & Co: 16.

⁵¹ *Op Cit.* Note 47, *Op Cit.* Note 19 & T. Chambers. Retrodiction and the histories of bioethics. *Med Humanit Rev.* 1998; 12: 9-22.

⁵² P. Joyce. The Return of History: Postmodernism and the Politics of Academic History in Britain. *Past & Present.* 1998; 158: 207–235.

Conclusion:

In the preface to *Disrupted Dialogue* Veatch reflects on his methodological approach indicating that, for some of the individuals discussed in the work, he writes in an explicitly biographical mode.⁵³ Biography itself is a literary form and one which, as we have seen, has had a strong presence in the history of medicine. However there is an added literary dimension to Veatch’s work in that “by writing about a few men [he] illustrates the cultural patterns that [he] attribute[s] to the generations whose stories are being told... [he uses] individuals *as ideal types*, individuals who *symbolises their type* in a broader culture, not pretending that they are unique, but merely suggesting that they are *archetypes*.”⁵⁴ The fact that Veatch intends to transmute the historical individuals he [re]presents into generational tropes or exemplars is characteristic of a literary approach to the writing of history.

The stories being told by historians of bioethics can be seen as academic and cultural contributions to present day discourses of bioethics.⁵⁵ The rhetorical point of origin myths is to give credence to certain accounts of what bioethics should be. Whether or not modern day bioethics is considered to be a reengagement of the physician-humanist relationship and a bridging of the two cultures, *pace* Veatch, or a conglomeration of strangers at the bedside, *pace* Rothman,⁵⁶ has implications for the project ‘bioethics’ and the future directions it might take. Histories which are retrodiction⁵⁷ are constructed around their end points. It is the ending which determines the beginning and the middle of the story rather than the other way around. This indicates that histories of bioethics are ripe for analysis from a literary perspective, particularly from narratology.

Chambers takes it, although others may disagree, that such criticism is not fatal to the validity of specific histories or to the project of history more generally; in some senses almost all history stands in relation to the presents in which they may be written and read. However the possibility of retrodiction and of anachronous readings of the past must be born in mind when

⁵³ R.M. Veatch. 2004. *Disrupted Dialogue: Medical Ethics and the Collapse of Physician/Humanist Communication (1770-1980)*. USA. Oxford University Press: vii-xi.

⁵⁴ *Ibid*: X. My emphasis.

⁵⁵ *Op Cit.* Note 8. 269-270.

⁵⁶ D. Rothman. 1991 (2003). *Strangers at the Bedside*. New York (New York). Basic Books (Walter de Gruyter).

⁵⁷ *Op Cit.* Note 49.

one is engaging with history. Most importantly, in the case of bioethics, this perspective reveals that the past and present of bioethics is multiple. The various and varying historical narratives demonstrate that there is no single account of what bioethics is. If we recognise this then we can see that literature in its creative and analytic forms can assist us in understanding not only the pasts of medical ethics but also in imagining the bioethical future.