Medical Humanities Report

Spring, 1996

Perplexed About Narrative Ethics

by Tom Tomlinson

Stories are everywhere in the practice of health care. There are a million stories in the Naked City (an archaic reference you young people won't get); there are 400 or so in a good-sized hospital. They are often compelling stories, too, whether they are tragic or triumphant. We make hit TV shows out of them.

What might stories provide for us besides the pleasure of reading and telling them? Could they deepen our understanding of ethical problems? This is a live question in large part because the dominant mode of ethical reflection practiced within health care ethics has come under increasingly skeptical scrutiny. We postmodernists are suspicious of methods of ethical reasoning that apply foundational principles from the top down (there's a mixed metaphor for you). There are a number of complaints lodged against this "principlism", and I won't survey them all here. The one of most immediate relevance is that in their abstractness, high or even medium-level ethical principles are too removed from and insensitive to the specifics of the very particular cases to which they are "applied." By contrast, stories are all about particular people, places and events. If abstractness is the problem, stories (or "narratives") would seem to be part of the solution. And so "narrative ethics" is born.

Sounds pretty reasonable...in the abstract. When we get down to specific claims and arguments concerning just how narrative might contribute to reasoned ethical reflection, however, the water becomes a good deal murkier.

Before descending for a closer look, it will be helpful to distinguish between two different roles commonly envisioned for narratives in health care ethics. The first sees stories playing a part in moral or professional development. The reading and study of stories, it is said, has salutary effects on moral development through the enhancement of perceptiveness, sensitivity, empathy or other virtues. This claim will not be the focus of my attention on this occasion. Before setting it aside, I'll just note that my more literary acquaintances are nice to sit down with for a chaw and a chat, but I can't say that I've noticed any generally higher level of ethical acumen among them than is found in the rest of the herd.

It is the second role for narrative that interests me more. This sees narrative serving a

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In This Issue

Center for Ethics and Humanities in the Life Sciences
Michigan State University

Why a Mission Statement? by Howard Brody

Writing mission statements seems to be a contemporary fad in business, government, and academe. At the Center, we pride ourselves on resisting all contemporary fads, unless you can do them on computers, which we enjoy playing with. So why have we prepared a mission statement?

After a fair amount of initial grousing, we came to the realization that most of the negative things you might say about a mission statement apply almost solely to the product, the thing that you frame, hang on the wall, and then forget about. But the process of creating a mission statement can be good or bad, depending on how you approach it. We decided that we should design a process that really accomplished our key goals and let the product be an outgrowth or means.

What are those key goals?

1. The thoughtful review of the Center prepared last year by Jane Smith (for the Dean's Office in the College of Human Medicine) noted that Center faculty were busy, productive, and generally well respected by peers at MSU; but that few people outside the Center really understood fully what the Center did — especially its full range of activities. So we decided that in the process of writing a mission statement, we could both say more clearly and completely what we think we are about, and then ask our colleagues to react to that and advise us.

2. The Center deals with topics and issues that in today's society make it a natural for expansion and growth. But the MSU budget is likely to remain fairly flat for some time. We need a clear set of priorities to know when to say "yes" or "no" to opportunities to expand our work with our already limited faculty resources.

3. When budgets or external funding permit, and we can hire new faculty, who should we hire? Do we need additional ethicists? Or should we expand our expertise in areas of humanities not now represented? Again, we need a clear understanding of our program priorities.

4. The Guiding Principles of MSU call for both greater coordination and cooperation, and greater accountability. The Center, we immodestly believe, is already a model unit of interdisciplinary collaboration; and we think that we have achieved great progress in focusing our teaching, research, and service missions. But we are presently unable to measure those accomplishments from year to year in such a way that we can prove either to outside skeptics, or ourselves, that we are maintaining and improving quality. Since an oddball unit like ours cannot use "standard" measures like student credit hours to demonstrate our value to the university, it makes sense to be proactive and develop our own measurements of quality and efficiency, rather than try to dodge the issue and end up being measured by somebody else's chosen yardstick which may not be applicable to our work at all. But to understand how to assess and measure our own work, we need a clearer understanding of what that work is.

As we have discussed these and other issues, we have found the exercise very helpful for our own sense of who we are and where we are going. It is now time to expand this conversation to bring in our associate faculty, all other interested persons at MSU, and perhaps our colleagues in other similar programs at other universities who receive this newsletter. We welcome your thoughts and input. For those of you on e-mail I can be reached at <brody@pilot.msu.edu>. Others may contact us at the address and phone number shown on the MHR masthead.

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The Medical Humanities Report is published quarterly by the Center for Ethics and Humanities in the Life Sciences at Michigan State University. The Center is an academic unit whose faculty teach in the medical, nursing and veterinary colleges, as well as in Arts and Letters.
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The Center for Ethics and Humanities in the Life Sciences
Mission Statement
Draft

The Center is committed to supporting reflective practice in health care and in science, by bringing to these fields the resources of ethics and the humanities. We do this through teaching, writing, public speaking, conducting research and working in many other ways with students, practitioners, and the general public. Our work is integrative: each activity informs the others, and all draw upon (and draw together) the humanities, the arts, and the sciences. We seek to deepen our field's response to cultural diversity and to increase the diversity of those active within it. We are an educational resource for the university and the state, and for national as well as international audiences.

Our principal teaching commitment is to medical and nursing students at Michigan State University; we also teach other groups, especially graduate students, medical residents, and undergraduates. In all of our teaching, from semester-long courses through one hour lectures, from drawing up curricula to conducting workshops, we try to collaborate with other faculty in the colleges we serve. In our teaching, as in all our work, we emphasize the ways in which theory and practice illumine one another. Having helped establish bioethics curricula in several colleges, we now seek to strengthen the presence of other humanities disciplines in the health care and science programs. Toward this end we will work closely with the Interdisciplinary Program in Health and Humanities in the College of Arts and Letters.

Our writing and research projects are intrinsically interdisciplinary, drawing upon the insights of the humanities and the findings of science to support reflective practice. Because of our practical and integrative commitments we highly value collaborative work which reaches a diverse audience, both professional and public.

Community outreach is at the core of all we do: we are proud to be part of a major land grant institution and of health care colleges which are community based. Our outreach activities — workshops, public speaking, advising or consulting, and so on — are varied, chosen in part for their contribution to our teaching and scholarship, but also for their usefulness to practicing health care professionals and researchers. These involvements help us understand the institutions about which we teach and write, and help us develop fruitful working relationships with practitioners. We especially hope to deepen the level of public, democratic deliberation about health and science policy.

In this work the Center's core faculty depend essentially upon the contributions of its adjunct faculty. These associates participate in the Center's activities, are a source of information and advice, and serve as liaisons with their home colleges.

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central epistemic function in the discovery, justification or application of ethical knowledge -- a role that fills the gaps inherent in any analytical, rule-based method. What is that epistemic role? How does it work? Why should we have confidence in it? There are a variety of answers given to these questions.

One of the most common is that stories found in literature can enlarge our base of morally relevant knowledge. This idea is expressed in a variety of ways.

"It is the precise role of narrative to offer us ways of experiencing [the] effects [of destructive alternatives] without experimenting with our own lives as well" (Burrell and Hauerwas, p. 138).

A novel like *David Copperfield* can "enlarge the moral imagination" in a way that "makes plain [the moral] cost" of a set of beliefs, attitudes or policy. Dickens does this not so much by presenting facts hitherto unknown, but by doing so in a way that "engages" us so that we are brought to care about them (Diamond, p. 33).

The reading of literature provides "vicarious experience [which serves] as a means of sympathetically participating in the lives of others...By cultivating experience through imagination, through metaphor, through creative reading, a bridge can be established between the world of the patient (the other) and the world of the nurse or the physician or ethicist (the self)" (Radey, p. 40).

So long as we don't press any questions about how this role is to be played in the context of medical ethics, all of this seems innocuously and vaguely true. For the Victorian distant in space and class from the people of Dickens' world, a novel like *David Copperfield* may indeed be the best, and certainly the most agreeable way to gain some sympathetic understanding of people who are otherwise alien.

But reading novels is not the only way I might enlarge my understanding of people I don't know. Couldn't I do so by working with them, sharing experiences with them (real, not vicarious), talking with them? Isn't this in fact the way that we most commonly improve upon our understanding of others?

To put this question into the context of medical practice, isn't it by talking to the actual patient, seeing his real suffering, feeling sympathy for his genuine plight, that we cross the bridge between the patient on the one side and the doctor, nurse or ethicist on the other? A vicarious literary experience would be a poor substitute.

It might also be an unreliable one. As all advocates of narrative ethics observe, a good story is about a very particular set of circumstances inhabited by characters with specific and unique histories, identities and trajectories. But then how will even a very good story, even a very good story about a person in circumstances just like my patient's, provide me with useful and accurate insights about that real patient's feelings, motives, or outlook? Well, perhaps the story will suggest to me some of the ways a person in such circumstances might respond, and then I can explore those possibilities with my patient.

So the story can illustrate some general truths about human nature, which I may then tentatively apply? Well, hold the phone right there! I thought the qualifying virtue of narrative, the mark that

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distinguished it from the arid abstractions of ethics engineering, is that it remains in the world of the particular. Which kind of knowledge about patients is provided in stories -- knowledge of the particular or knowledge of the general?

Neither choice is a comforting one for those who claim narrative provides an essential source of morally relevant knowledge, useful for deliberating about real people's lives. For if the truth of the story is truth only for the characters portrayed in it, then it tells me nothing directly about those who don't live in that particular story. And if the truth of the story is alleged to be truth for all similarly situated, then the deliberately constructed particulars of the story provide scant evidence by themselves that the character is Everyman. Novels become, at best, vivid illustrations of knowledge verified through other means.

None of this is to say that stories are no source of moral understanding. Diamond comes closest to the modest truth when she points out that what is notable about Dickens' art is not the presentation of facts, like some 19th-century Children's Defense Fund, but the creation of fellow-feeling in the reader. That feeling is morally animating, and having it may be indispensable to moral judgment. Reading a story is one way to get that feeling. But the feeling can't be morally warranted merely by the internal coherence of the story that creates it. Stories are only one source of moral sentiments, and one of the weaker ones at that.

Another kind of epistemic claim made on behalf of narrative is that it bridges the gap between abstract principle and the concrete circumstances of real cases. As Hunter puts it, "Narrative negotiates the application of general truths about human experience to the individual case" (Hunter, p. 1791). Narrative understanding is essential because a "'top down' methodology, wherein one commences with high-level theory, can obscure the rich complexity of cases." Rather than whether to tell the patient the truth about his cancer, we need to know how much truth to tell, what counts as the "truth", what the patient will hear when we tell the truth, etc. "A hermeneutic approach, oriented toward the close reading of narratives, may better note the significance of such elements imperceptible from the heights of ethical theory" (Leder, p. 251).

How? What is the medium through which narrative makes this connection? The one most frequently invoked is "interpretation." So far, however, it's been impossible for me to find a clear-eyed account of what "interpretation" refers to, how it is distinct from appeals to principled moral commitment, or how it ties principles to particulars. A few examples will illustrate my perplexity.

Drew Leder describes a case of a mother deciding whether to authorize surgery for a severely deformed newborn, and asserts that the case "provokes broad interpretive conflicts...Is this newborn a full-fledged person in danger of being subjected to the cruelest form of discrimination...a dying child whose suffering may be needlessly prolonged...not a 'person' at all?" (Leder, 243-244).

How is it useful or illuminating to say that these disagreements are about matters of "interpretation", rather than about the substance and relevance of ethical principles? How will we decide among these alternatives if not by critically examining our principled commitments regarding respecting persons, having a right to life, avoiding discrimination, and so on? If interpretation is a form of reflection to be employed in addition to, rather than instead of, principled reasoning, what is it that distinguishes "interpretive" from "principled" modes of ethical judgment?

As if to clarify this distinguishing feature, Leder remarks that hermeneutics (understood here as the discipline of interpretation) is a "communal dialogue which progresses through revelatory give and take" (Leder, p. 254). In a similar direction, Charon asserts that one "locates the authority for judging a conclusion's rightness of fit [with the narrative] on its acceptability to others doing similar work" (Charon, p. 273).

Not very helpful. Any social system of reasoned reflection involves a "communal dialogue" of "give and take", including those delib-

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erately rooted in principle. Charon's Kuhnian account gets us no further: it doesn't distinguish ethics from science, anthropology or literary criticism because it glides over the question of what features govern "acceptability."

The failure to provide any more precise account of the nature and role of "interpretation" is a symptom of the tendency to wave it as a banner that flies over everything bright and beautiful being ignored by those crude and insensitive principles. In standard bioethics discussions of surrogate motherhood, for example, Leder claims that "so much remains unconsidered...market pressures and alienating labor-options that may lead women to become surrogate mothers; the fetishism of commodities described by Marx, and how this infiltrates our treatment of human beings; the way gender roles as conceived of within our society shape our notions of 'motherhood'..." (Leder, p. 253). Now if all these different inquiries involve the use of "interpretation," then the term has come to apply to virtually any account whatsoever, framed within any set of methods. Conceived so globally, "interpretation" can't be a construct useful for demarcating any distinctive way of understanding and resolving ethical problems.

So how can stories aid us in refining our ethical reflections? I'm still perplexed over the answer, but I now have a better idea where to look for it. The failures of the accounts I've examined so far have their source in an ironic cause -- discussing and defending narrative ethics in the abstract, rather than by example. If the unique virtue of narrative is its capacity for organizing particulars, then its contributions to ethical reflection will be clarified and documented only through detailed and careful analysis of a genuine narrative, not the pale and superficial cases found in the current narrative ethics literature. Only an argument by illustration can show how ethical principle is mediated in its application to complex circumstances by special narrative competencies.

If I can't find one, I suppose I'll have to do it myself. (Sigh)

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Announcements

Research Integrity, a new publication focusing on issues of research ethics will begin circulation in late April. The first issue will address questions of authorship. The newsletter is a joint project of the Graduate School, the Vice-President for Research and Graduate Studies, and the Center for Ethics and the Humanities in the Life Sciences.

Howard Brody was elected to the Institute of Medicine, a branch of the National Academy of Sciences.

Leonard Fleck has a paper "Just Caring: Assisted Suicide and Health Care Rationing" in the current issue of The University of Detroit Law Review, 873-99.

Judith Andre created and chaired a panel called "Academia, Inc." for the Association of Practical and Professional Ethics annual meeting.

Leonard Fleck did a series of presentations at the Carle Foundation Hospital in Champaign-Urbana, Illinois, February 20-22. He presented "Just Caring: Emerging Moral Challenges in our Changing Health Care System" to the medical staff and "Just Caring: Key Moral Challenges to Managed Care Executives" to the executive group of their managed care plan.

Leonard Fleck met with the staff at Holland Community Hospital on February 29 and March 1 to discuss the results of the first phase of their "Decisions at the End of Life" project.

Leonard Fleck gave the keynote address "Just Caring: Ethical Issues in Managed Care" at the conference Managed Care: Union Perspectives in Washington, D.C. on March 11.

Leonard Fleck did a workshop, "Just Caring: Emerging Moral Challenges in our Changing Health Care System," for class XVII of Leadership Detroit at Henry Ford Hospital on March 12.

Judith Andre presented "The Darker Side of Preventive Medicine for Women." Oakland University on March 12.

Leonard Fleck did a workshop, "Ethical Issues in Obstetrics and Gynecology," for OB/Gyn residents at the Office of Health Education Programs in Farmington Hills on March 13.

Leonard Fleck will give a workshop, "Shades of Gray: Ethical Issues in Providing Services to Older Persons with Mental Illness and Persons with Dementia," for the conference Mental Health and Aging in the '90s in Seattle, Washington on April 1.

Howard Brody will speak at, "The Goals of Medicine: Shaping New Priorities." Co-sponsored by the Hastings Center and St. John's Hospital in Detroit, the conference will be held in Detroit, May 10-11.

Coming Events

Wednesday, April 17: Symposium. Dr. Patricia A Marshall, Associate Director and Associate Professor in the Medical Humanities Program at Loyola University of Chicago will present "Marketing Human Organs: A Report on the Kidney Trade in India" from 3:00 to 5:00 in C-102 East Fee Hall.

Friday, April 19: Colloquium. Dr. John Douard from the Institute of Medical Humanities at the University of Texas Medical Branch will present "Nineteenth-Century Cerebral Cartography: An Archaeology of Cognitive Neuroscience" from 3:00-4:30 in 530 South Kedzie.

Monday, April 22: Brown Bag Lecture. Dr. Michael Franzblau will present "Ethical Values in Health Care: Lessons from the Nazi Period" from 11:30 to 12:45 C-214 East Fee Hall. Dr. Franzblau is Clinical Professor of Dermatology at the University of California School of Medicine in San Francisco.

Wednesday, April 24: Symposium. "Access, Control, and Management of Data," a university-wide symposium on research ethics will be held from 1:00-4:00 in the Parlor Rooms of the MSU Union. This event is sponsored by the Office of the Provost, the Vice-President for Research and Graduate Studies, the Center for Ethics and the Humanities in the Life Sciences, and the Graduate School.

May 5-10: Life Science Bioethics Institute: Program in Ethics and Environmental, Food, and Agricultural Biotechnology. This workshop is designed to aid faculty in the non-medical life sciences in integrating discussions of ethical issues into their teaching. Applicants must be tenured or tenure-track faculty members. For more information contact Dr. Fred Gifford, Department of Philosophy, MSU, 353-1993 or <gifford@pilot.msu.edu>.

May 17-18: Medical Ethics Resource Network of Michigan Annual Meeting. The conference theme is "Paradoxes on the Peninsulas." The Crown Plaza, Ann Arbor, MI. For brochure contact Jan Holmes at The Center for Ethics and Humanities in the Life Sciences (517) 355-7550 or <center@pilot.msu.edu>.

Coming Events (cont.)

The Center for Ethics and Humanities is an academic unit whose faculty teach, write, and consult about bioethics and the other medical humanities. Staff members frequently conduct public discussions about a variety of such topics and we encourage our readers to attend and participate in these forums.

June 20-22: Sixth Annual Conference, Medical Ethics for the 90's: An Intensive Skill Building Workshop. Faculty includes Thomas Murray, Ph.D.; Leonard Weber, Ph.D.; Kathryn Moselely, M.D.; E. Haavi Morreim, Ph.D.; Leonard Fleck, Ph.D.; Howard Brody, Ph.D.; Tom Tomlinson, Ph.D.; and Keith Apelgren, M.D. This workshop is designed for individuals who serve or expect to be serving as members of institutional ethics committees. Kellogg Center, East Lansing, MI. For conference details contact the Office of Continuing Medical Education, A-118 East Fee Hall, College of Medicine, East Lansing, MI 48824-1316, (517) 353-4876.

June 25: Advanced Summer Bioethics Workshop, The Americans Disabilities Act: New Challenges for Institutional Ethics Committees. Keynote address by Professor E Haavi Morreim, College of Medicine, University of Tennessee-Memphis. Kellogg Center, East Lansing, MI. For conference details contact the Office of Continuing Medical Education, A-118 East Fee Hall, College of Medicine, East Lansing, MI 48824-1316, (517) 353-4876.

June 17 - July 25: Overseas Study Program. Judith Andre and Peter Vinten-Johansen will lead "Medical Ethics and History of Health Care," in London, England. For more information contact Judith Andre at (517) 355-7553 or <andre@pilot.msu.edu>.

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